The Impact of Medicaid Expansion in the Northern Cheyenne Community

The Northern Cheyenne Indian Reservation is home to about 5,000 members of the Northen Cheyenne Tribe. The reservation, headquartered at Lame Deer, encompasses 440,000 acres in southeastern Montana spread across Rosebud and Big Horn Counties.[i]

Since Medicaid expansion was implemented in 2016, our Tribe has made progress toward improving the health and well-being of tribal members by enhancing the quality and availability of health care services.

The state of Montana has been a strong partner in this effort. Medicaid expansion creates a reliable source of revenue for the services we provide previously uninsured members, ensuring that we can build stable, successful healthcare programs. Montana created the Tribal Health Improvement Program, which has allowed us to reach, serve, and improve outcomes for some of our most medically complex members.

We appreciate that DPHHS is a strong and committed partner as we pursue shared goals of a healthier Tribe and State. Together, since the passage of the HELP Act in 2015, we have made a lot of progress, but there is more work to be done.

Access to Health Care

Approximately 770 American Indians in the Northern Cheyenne Community are enrolled in Medicaid expansion.[ii] Members can access health care services in Lame Deer at the Northern Cheyenne Indian Health Service (IHS) Health Center, the Northern Cheyenne Board of Health, or at a provider of their choice.

Medicaid expansion is allowing us to make major improvements to our healthcare system:

- We recently broke ground on a new dialysis center to serve residents with severe kidney disease; we anticipate beginning to provide services in 2025.
- The Medicaid Tribal Health Improvement Program has allowed us to provide case management services for 1,899 tribal members.

Northern Cheyenne Indian Health Service Unit

The local federal IHS facility has a five-level priority system for referrals and has historically operated at a Level 1, meaning they could only pay to refer patients with life or limb-

threatening emergencies. Due to Medicaid expansion, they are currently operating at a Level 4. This means that they can now refer for additional services such as elective surgeries, mammograms, colonoscopies, hip replacements, and other essential specialty consultations and surgical procedures. **Referrals increased by nearly 127%.** This change affects all American Indians living on or near the Northern Cheyenne Indian Reservation, not only Medicaid recipients.

Revenues to Support Better Health Care

Medicaid expansion has increased revenues for the Northern Cheyenne Tribe and IHS Service Unit. **Over the last two state fiscal years, these IHS and tribal health organizations have received an additional $12.9 million in 100% federal reimbursement.** This increased revenue is the means to provide additional services to individuals within the Northern Cheyenne Community. Having the ability to provide preventive care services within the community is making a difference in the lives of people. It supports the overall mission of a healthy membership while reducing the health disparity that exists in Montana.

Access to Quality Health Care Services

In state fiscal year 2023 (July 2022 – June 2023), prior to the steep decline in coverage due to redetermination, in the Northern Cheyenne Community, Medicaid expansion allowed for an estimated:[iii]

- 619 people to receive preventive services.
- 22 people to receive colonoscopies, with six potential cases of colon cancer averted.
- 25 women to receive breast cancer screening.
- 29 people to be newly diagnosed and treated for diabetes, which will prevent many costly complications such as kidney failure and dialysis in the future.
- 144 people to receive outpatient mental health services.
- 66 people to receive treatment for substance use disorders.

Background: Health of American Indian People in Montana

American Indian people in Montana face serious barriers to receiving health care, including:

- The IHS budget amounts to $4,078 per capita for American Indian people, compared with $14,750 for the Veterans Health Administration and $16,700 for Medicare.[iv, v, vi] This longstanding underfunding of health care for American Indian people makes it difficult or impossible for people to access medically necessary health care services.
- Health care for American Indian people living in urban areas is even more severely underfunded, accounting for less than 1% of the total IHS budget.[vii]

- Before Medicaid expansion, tribal members could not access most medical services except basic primary care and, in many cases, could not receive, for example, cancer screenings like mammograms and colonoscopies, consultation with specialists, surgeries such as hip replacements and gall bladder removals, and many others. This is because the IHS budget only allowed referrals for life-threatening emergencies, specifically *"emergent or acutely urgent care services that are necessary to prevent the immediate death or serious impairment of the health of the individual and if the diagnosis and treatment of injuries or medical conditions is left untreated, would result in uncertain but potential grave outcomes."*

American Indian people in Montana have substantially higher rates of illness and mortality than other Montana residents. For example:

- American Indian people in Montana die, on average, 17 years younger than other Montanans.[viii]
- The death rate for American Indian people in Montana is far higher than other Montanans for many common illnesses, including heart disease, cancer, injuries, and diabetes.[ix]
- American Indian people in Montana suffer high rates of mental distress and suicide; 26% of American Indian people in Montana report frequent mental distress compared with 18% of all Montana adults.[x] The suicide rate for American Indian people in Montana is estimated at 42 per 100,000, compared with a rate of 28 per 100,000 for all Montanans and 14.5 per 100,000 for U.S. residents overall.[xi]

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[i] https://tribalnations.mt.gov/directory/northerncheyennetribe

[ii] This estimate is based on AI/AN expansion enrollees in Rosebud and Big Horn Counties as of Oct 1, 2024 and 2020 census data on the population within reservation boundaries.

[iii] These numbers are estimates using Medicaid claims data based on county of residence, and census data on race and ethnicity in counties that overlap with reservation boundaries.

[iv] https://www.ihs.gov/newsroom/factsheets/ihsprofile/#:~:text=Fiscal%20year%202023%20IHS%20expenditure,Health%20Expenditure%20per%20person:%20$13%2C493

[v] https://www.cbo.gov/publication/57583

[vi] https://www.kff.org/interactive/the-facts-about-medicare-spending/

[vii] https://www.hhs.gov/about/budget/fy2017/budget-in-brief/ihs/index.html

[viii] 2024 Montana Vital Statistics Analysis Unit, Common Causes of Death in American Indian People in Montana.

[ix] 2024 Montana Vital Statistics Analysis Unit, Common Causes of Death in American Indian People in Montana.

[x] https://www.cdc.gov/brfss/brfssprevalence/.

[xi] CDC WONDER, Underlying Cause of Death, 2018-2022, Single Race Results