Impact of Medicaid Expansion in the Northern Cheyenne Community

Access to Health Care

840 American Indians in the Northern Cheyenne Community are enrolled in Medicaid Expansion. Members can access health care services in Lame Deer at the Northern Cheyenne Indian Health Service Health Center, the Northern Cheyenne Board of Health, or at a provider of their choice.

Northern Cheyenne Indian Health Service Unit

The local IHS facility has a five-level priority system for care and has historically operated at a Level 1, often referred to as "life or limb." Due to Medicaid Expansion, they are currently operating at a Level 4 and can now either offer or refer for additional services such as prenatal care, mammograms, colonoscopies, hip replacements, and other essential specialty consultations and surgical procedures. Referrals increased by nearly 143%. This change affects all American Indian people living on or near the Northern Cheyenne Reservation, not only Medicaid recipients.

Access to Quality Health Care Services

In the Northern Cheyenne Community, Medicaid Expansion allowed for:

- 583 American Indians to receive preventive services.
- 27 American Indians to receive colonoscopies, and 7 possible cases of colon cancer to be averted.
- 20 American Indian women to receive breast cancer screening.
- 7 American Indians to be newly diagnosed and treated for diabetes, which will prevent many costly complications such as kidney failure and dialysis in the future.
- 164 American Indian adults have received outpatient mental health services.
- 64 American Indian adults are now in treatment for substance use disorders.

Increased Revenues

Medicaid Expansion has increased revenues for the Northern Cheyenne Tribe and the Northern Cheyenne IHS Service Unit. Over the last two state fiscal years, these IHS and Tribal Health organizations have received an additional **$4.3 million** dollars 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 and supports the overall mission of a healthy membership while reducing the health disparity that exists in Montana.

Background: Health and Healthcare Challenges for American Indians

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, 18 years younger than other Montanans[i].
- 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.[ii]
- American Indian people in Montana suffer high rates of mental distress and suicide. 15% of American Indian people in Montana report frequent mental distress compared with 10% of all Montana adults. The suicide rate for American Indian people in Montana is estimated at 29 per 100,000 Montana residents, compared with 23 per 100,000 all Montanans, and 13 per 100,000 for U.S. residents.[iii]

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

- The Indian Health Service (IHS) budget allows for $4,078 per capita, compared with $10,692 for the Veterans Health Administration, and $13,185 for Medicare. This long-standing underfunding of health care for American Indian people makes it difficult or impossible for people to access medically-necessary health care services.[iv]
- Health care for American Indian people living in urban areas is even more severely underfunded, accounting for less than 1 percent of the total IHS budget.[v]
- Before Medicaid expansion, 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*."

About the Northern Cheyenne

The Northern Cheyenne Indian Reservation spans approximately 440,000 acres in southeastern Montana and is a part of Rosebud and Big Horn counties. With a tribal enrollment of just over 12,000 members, about half reside on the Northern Cheyenne Reservation. The closest major health facilities are in Billings (102 miles) and Great Falls (319 miles). The Northern Cheyenne Tribal Council is the governing body of the Northern Cheyenne Tribe and is responsible for exercising all powers of government under the Northern Cheyenne Constitution and By-laws. Tribal headquarters is in Lame Deer, Montana.

---

[i] 2016 Montana Vital Statistics report, Fig 8, Table D-9

[ii] 2017 SHIP, Figure 11

[iii] 2017 SHIP, Figures 42, 43

[iv] 2018 GAO: Indian Health Service: Spending Levels and Characteristics of IHS and Three Other Federal Health Care Programs. https://www.gao.gov/products/GAO-19-74R

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