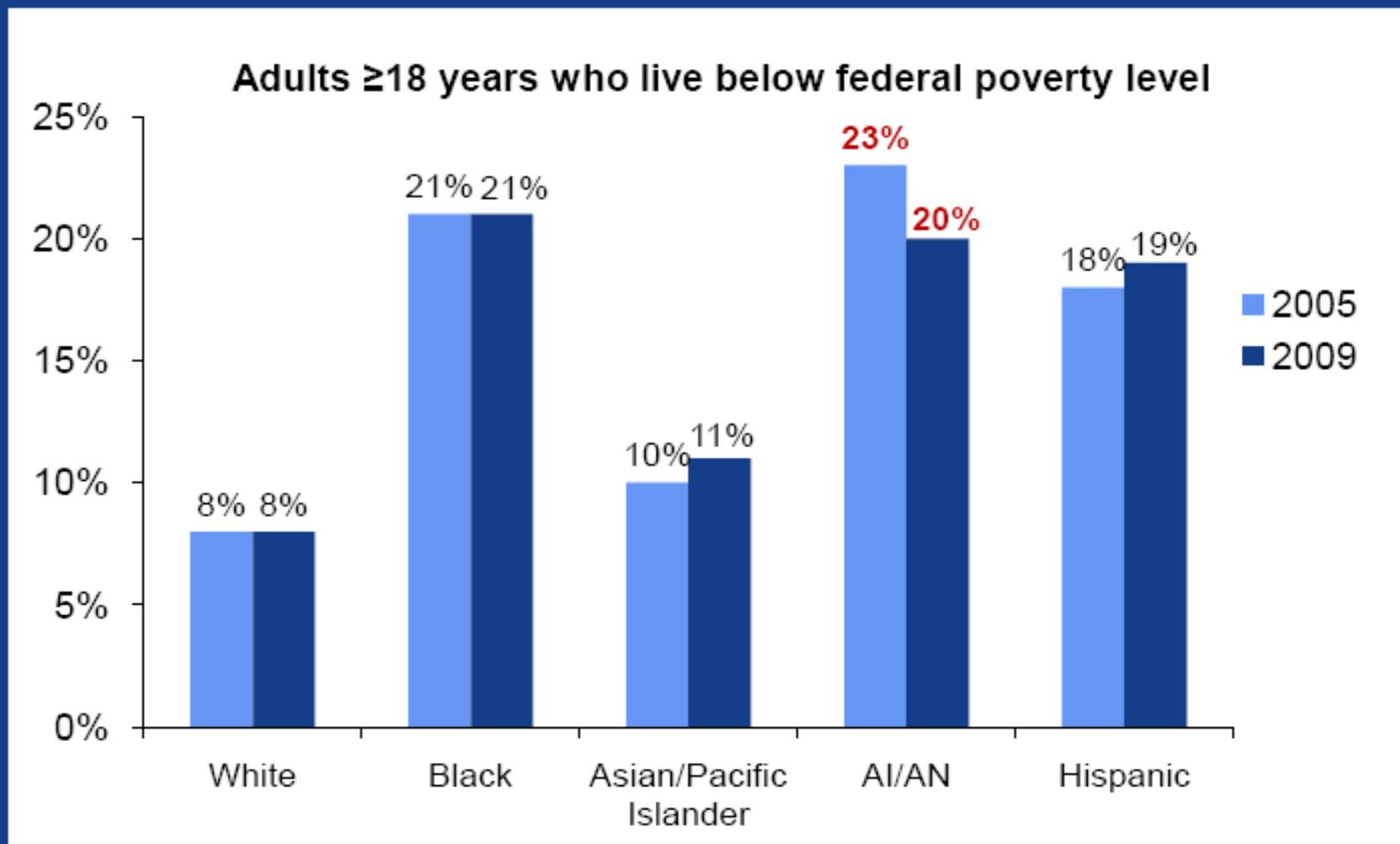


AI Population in ND

(US Census, 2010)

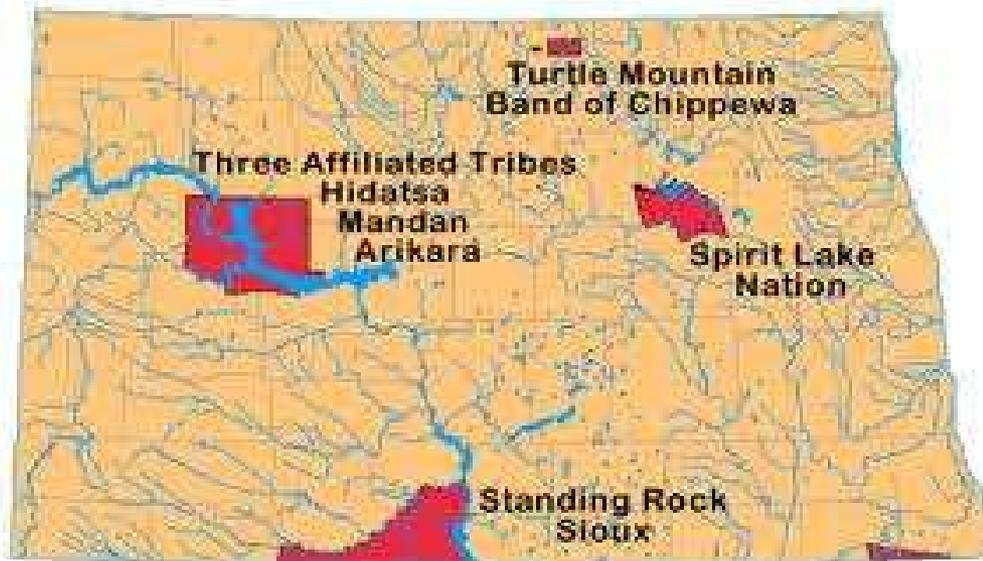
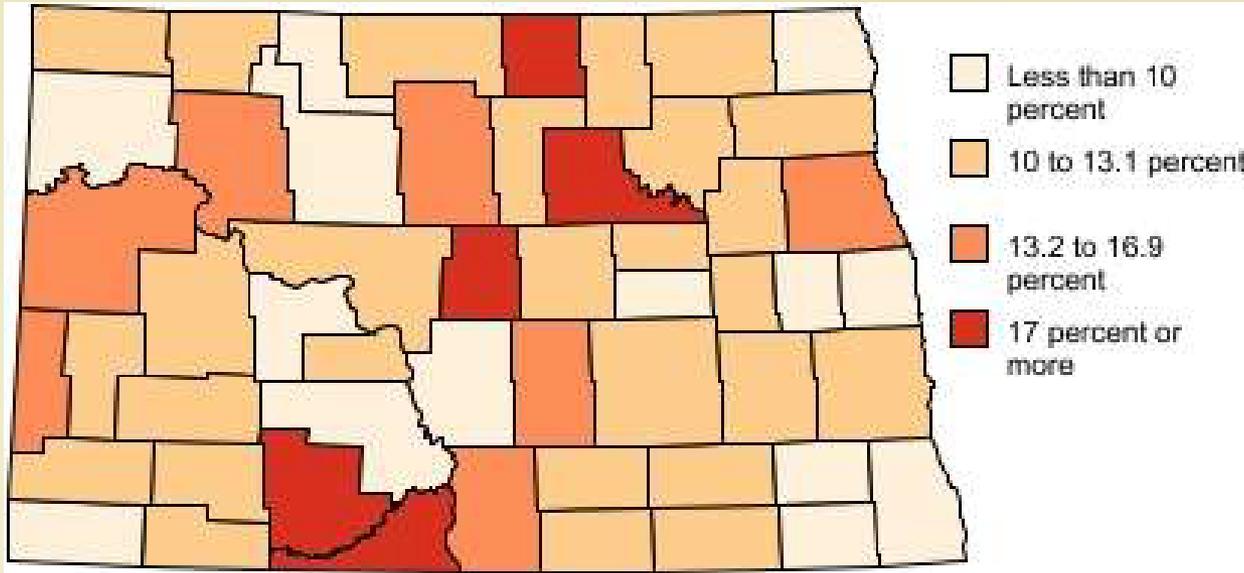
Population by Age Group				
Age Group	American Indians		North Dakota	
	Number	Percent	Number	Percent
0-9	7,935	21.7%	84,671	12.6%
10-19	6,898	18.9%	87,264	13.0%
20-29	6,227	17.0%	108,552	16.1%
30-39	4,674	12.8%	77,954	11.6%
40-49	4,445	12.1%	84,577	12.6%
50-59	3,471	9.5%	96,223	14.3%
60-69	1,782	4.9%	61,901	9.2%
70-79	875	2.4%	39,213	5.8%
80+	284	0.8%	32,236	4.8%
Total	36,591	100.0%	672,591	100.0%
0-17	13,323	36.4%	149,871	22.3%
65+	1,890	5.2%	97,477	14.5%

2.5 times as many AI/ANs as whites live below poverty level



Source: CDC Health Disparities and Inequalities Report 2011, MMWR, Vo. 60

Poverty in North Dakota



ND AI Income and Poverty

(US Census, 2010)

Income and Poverty Status by Age Group, 2006-2010					
		American Indians		North Dakota	
Median Household Income		\$25,255		\$48,670	
Per Capita Income		\$11,967		\$26,021	
		Number	Percent	Number	Percent
Below Poverty Level		13,230	39.8%	84,895	13.0%
Under 5 years		2,249	58.2%	8,373	19.0%
5 to 11 years		2,128	49.7%	9,748	17.2%
12 to 17 years		1,586	38.4%	5,995	12.5%
18 to 64 years		6,877	35.1%	49,610	12.1%
65 to 74 years		390	28.1%	11,169	12.1%
75 years and Over		111	30.2%	7,072	14.0%
Total Known Children in Poverty		5,963	48.6%	17,485	11.7%
Total Known Age 65+ in Poverty		501	36.1%	11,221	11.5%

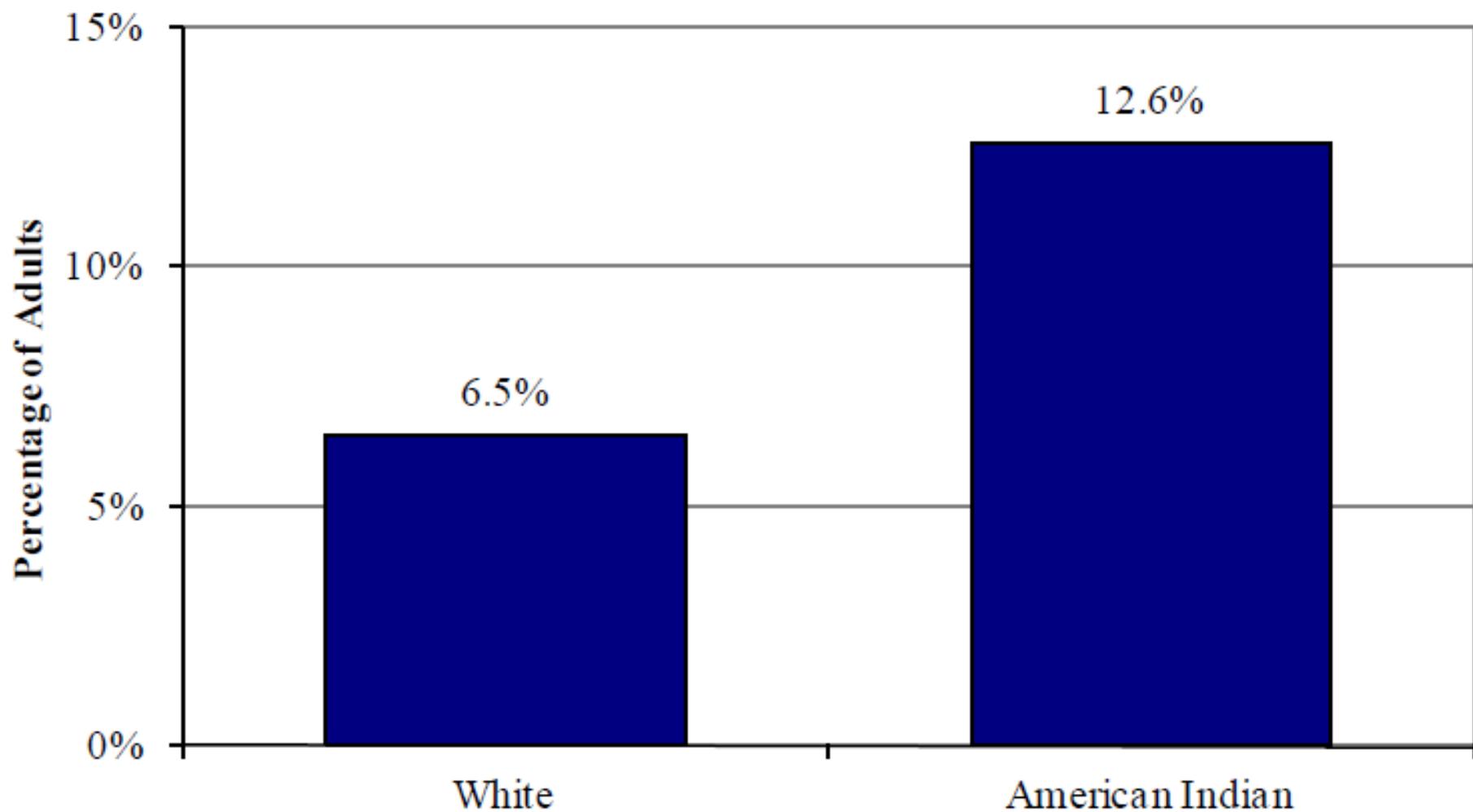
AI Health Disparities

Average age at death in ND (2010 – 2014):

76.6 Years in the White Population

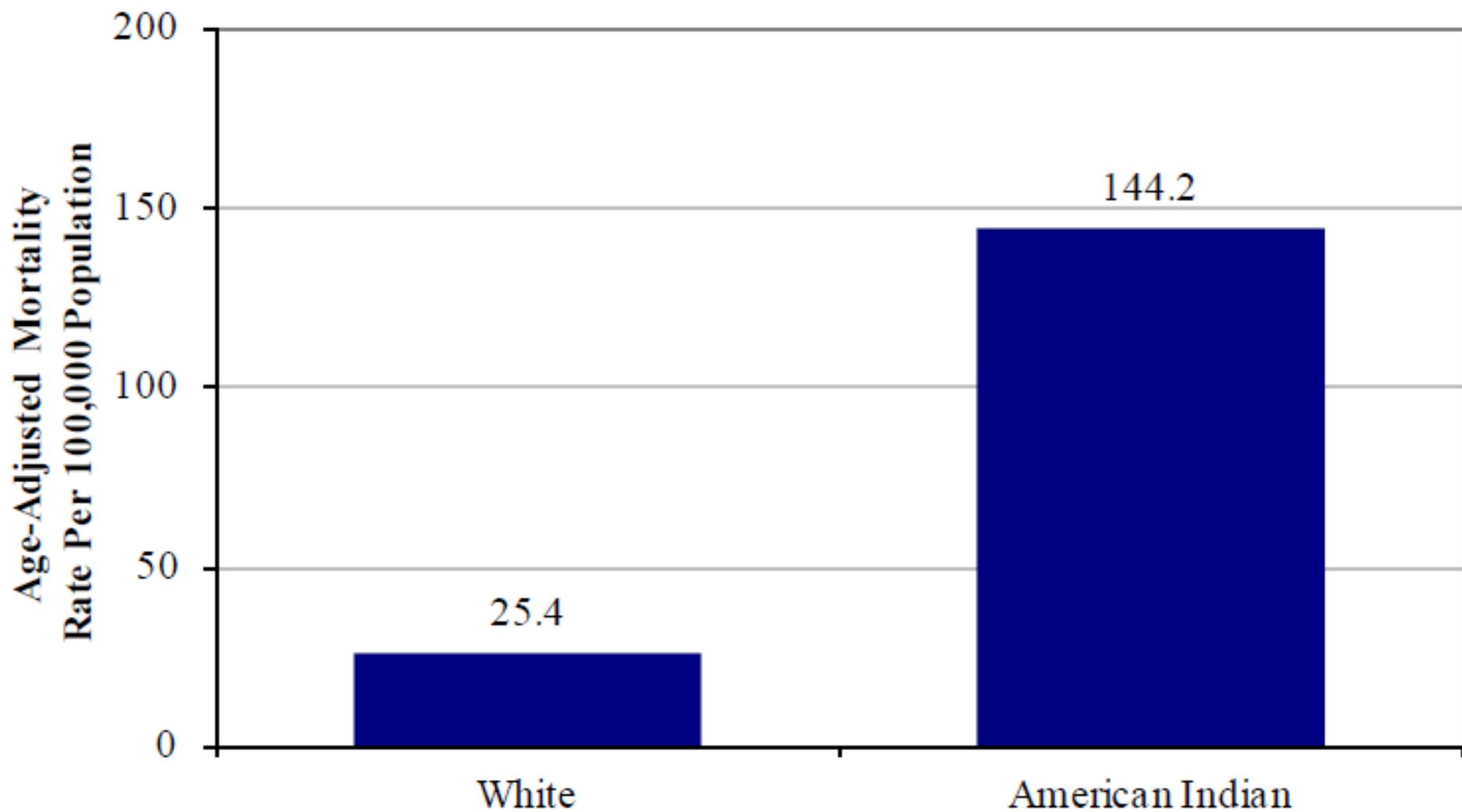
56.8 Years in the AI Population

**Figure 43. Diabetes Prevalence by Race
North Dakota Adults 2005-2008**



Source: Behavioral Risk Factor Surveillance System

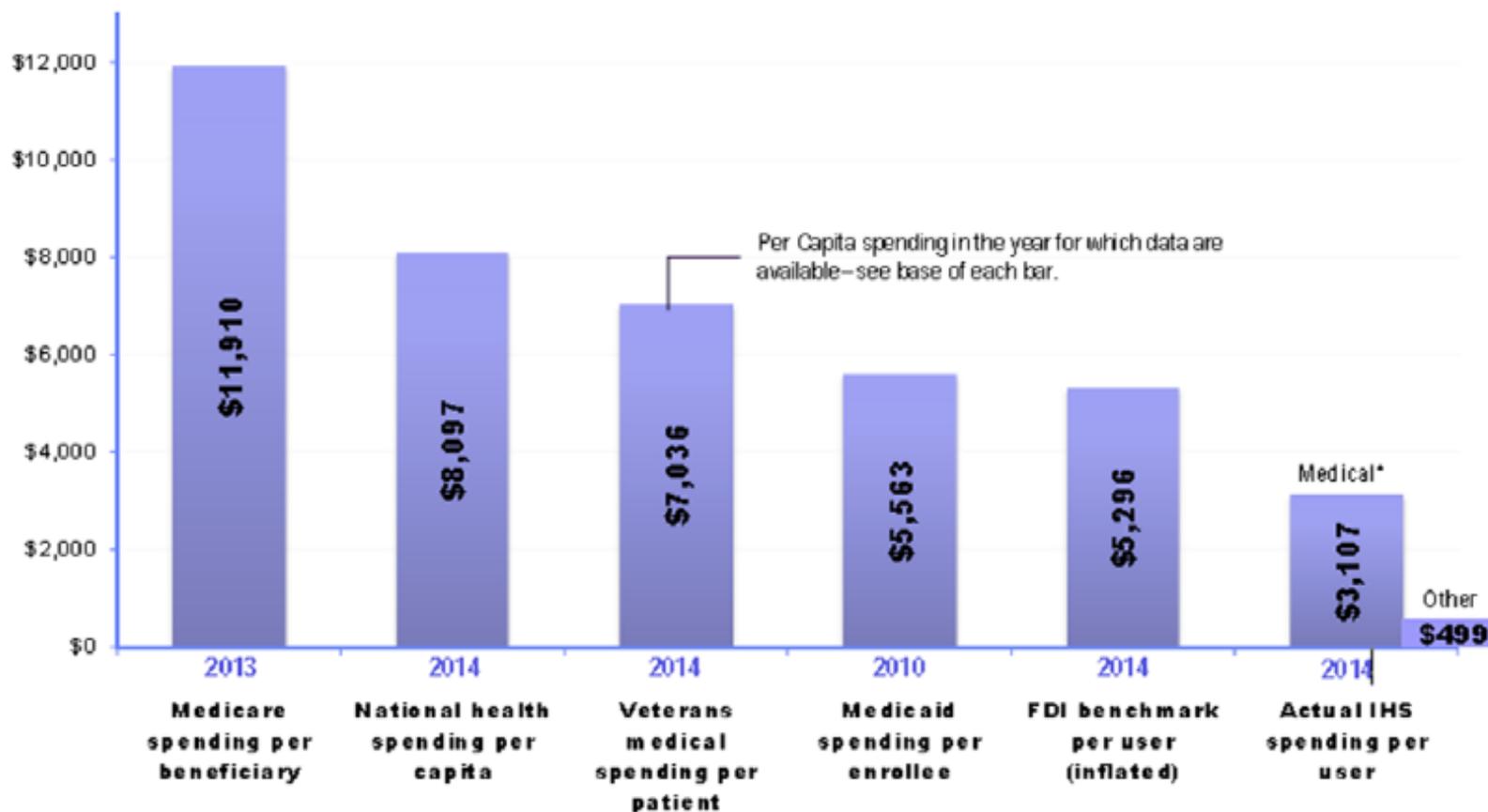
**Figure 44. Diabetes Mortality Rate by Race
North Dakota 2000-2007**



Source: North Dakota VitalRecords



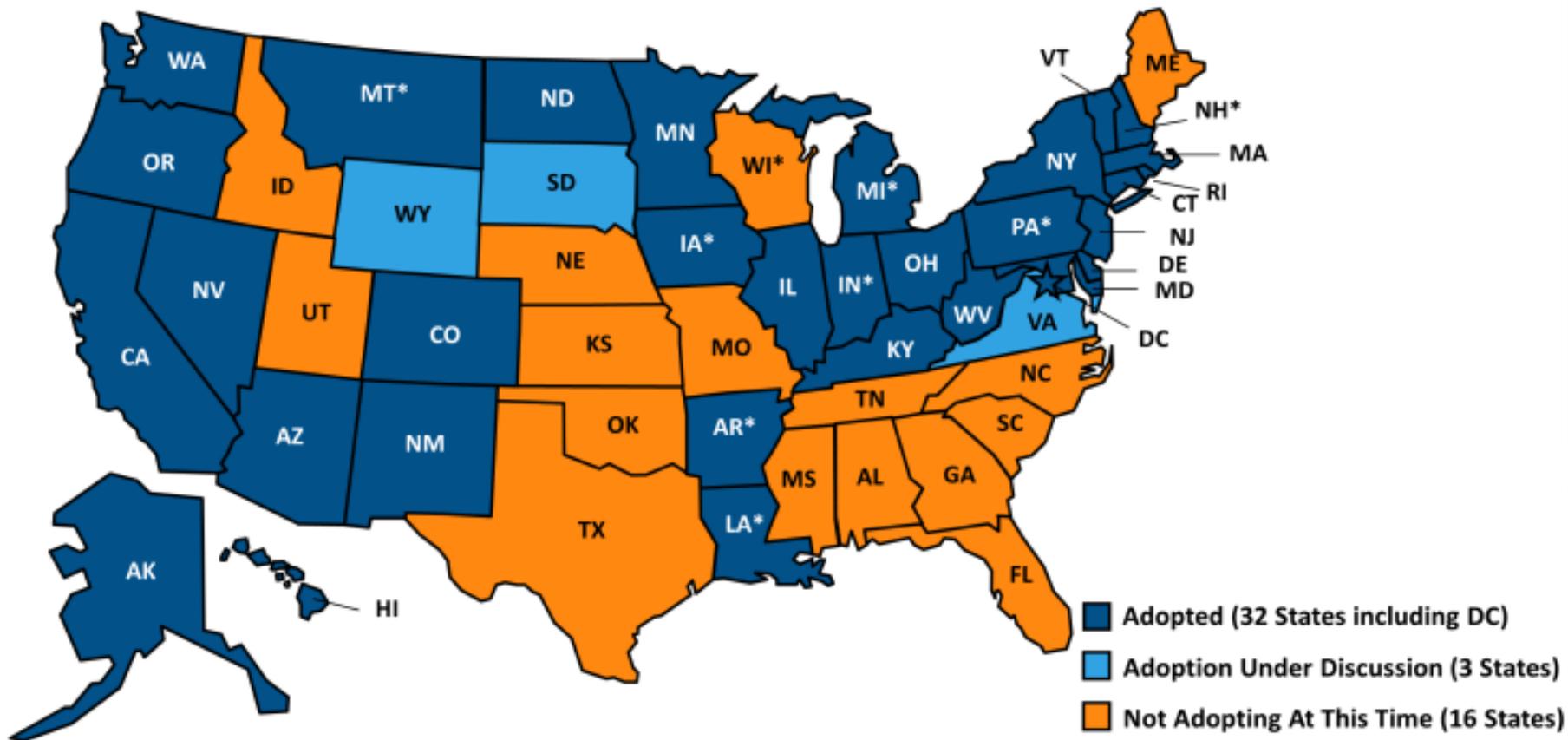
2014 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita



See page 2 notes on reverse for data. *The extent of payments by other sources for medical services provided to AIANs outside IHS is unknown.

2/13/2015

Current Status of State Medicaid Expansion Decisions, 2016



NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. *AR, IA, IN, MI, MT, NH and PA have approved Section 1115 waivers. Coverage under the PA waiver went into effect 1/1/15, but it has transitioned coverage to a state plan amendment. Coverage under the MT waiver went into effect 1/1/2016. LA's Governor Edwards signed an Executive Order to adopt the Medicaid expansion on 1/12/2016, but coverage under the expansion is not yet in effect. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion. See source for more information on the states listed as "adoption under discussion."

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated January 12, 2016.

<http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

States Ranked by AI/AN Percentage of Total Medicaid Population

State	AI/AN % of Medicaid Population
Alaska	35.61%
South Dakota	33.09%
Montana	21.72%
North Dakota	21.29%
New Mexico	13.09%
Oklahoma	12.35%
Arizona	10.62%
Wyoming	6.14%
Minnesota	3.48%
Utah	2.76%
Washington	2.51%
Idaho	2.23%
Oregon	2.19%
Wisconsin	1.57%
Nevada	1.41%
Colorado	0.84%
Michigan	0.50%
New York	0.45%
California	0.38%
Massachusetts	0.20%

FEDERAL POVERTY LEVELS

(For Open Enrollment Period - Nov 15, 2014 - Feb15, 2015)

Size of Household	100%	138%	150%	200%	250%	300%	400%
1	\$11,670	\$16,105	\$17,505	\$23,340	\$29,175	\$35,010	\$46,680
2	\$15,730	\$21,707	\$23,595	\$31,460	\$39,325	\$47,190	\$62,920
3	\$19,790	\$27,310	\$29,685	\$39,580	\$49,475	\$59,370	\$79,160
4	\$23,850	\$32,913	\$35,775	\$47,700	\$59,625	\$71,550	\$95,400
5	\$27,910	\$38,516	\$41,865	\$55,820	\$69,775	\$83,730	\$111,640
6	\$31,970	\$44,119	\$47,955	\$63,940	\$79,925	\$95,910	\$127,880
7	\$36,030	\$49,721	\$54,045	\$72,060	\$90,075	\$108,090	\$144,120
8	\$40,090	\$55,324	\$60,135	\$80,180	\$100,225	\$120,270	\$160,360

*Add \$4060 to income for each additional person above 8

North Dakota

33 State Average	Total-AI in ND		
36%	under 138	20,844	49%
42%	138-300	15,822	37%
21%	over 300	5,873	14%
100%	Total	42,539	100%

A Path Forward for Indian Health in North Dakota

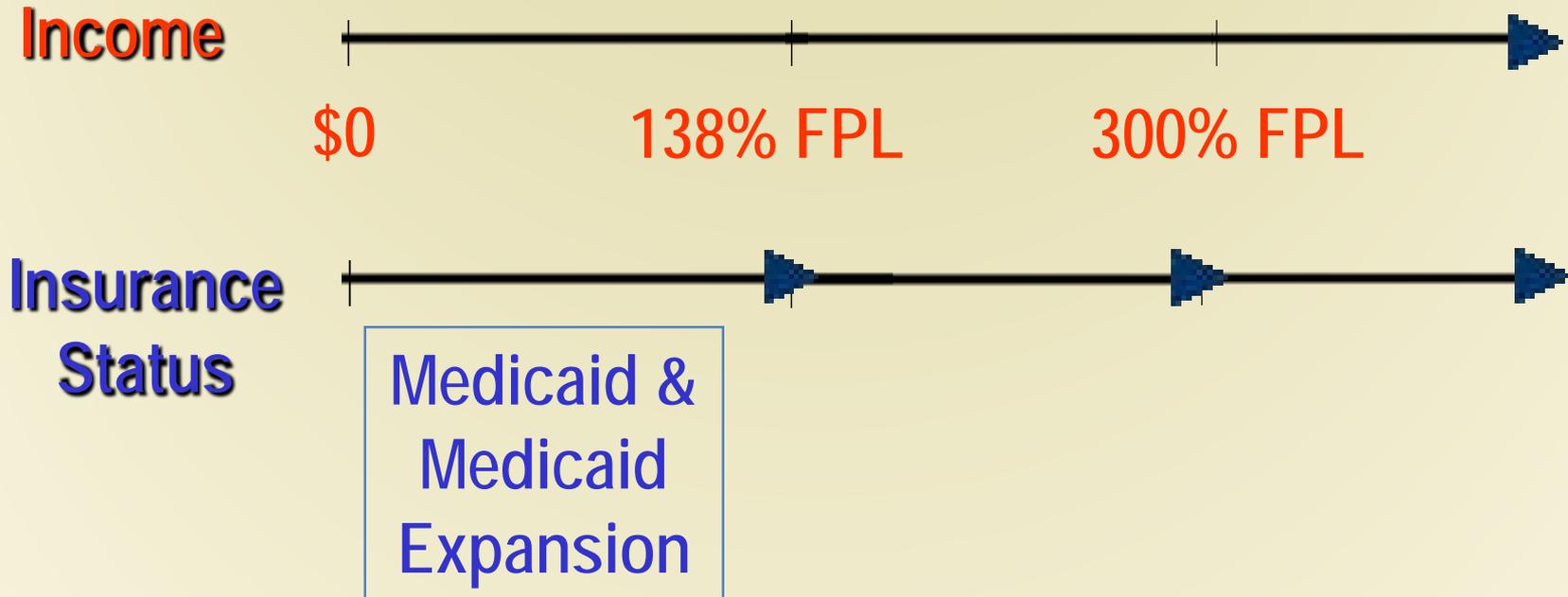
Income



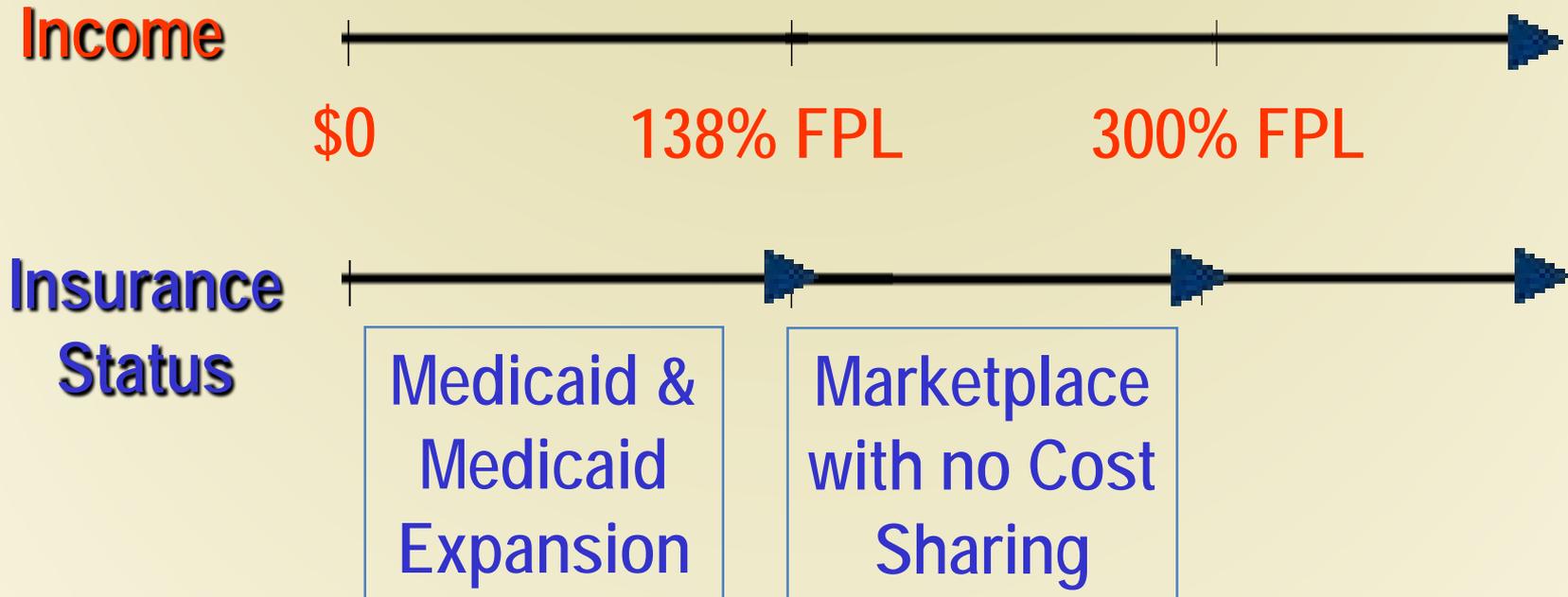
A Path Forward for Indian Health in North Dakota



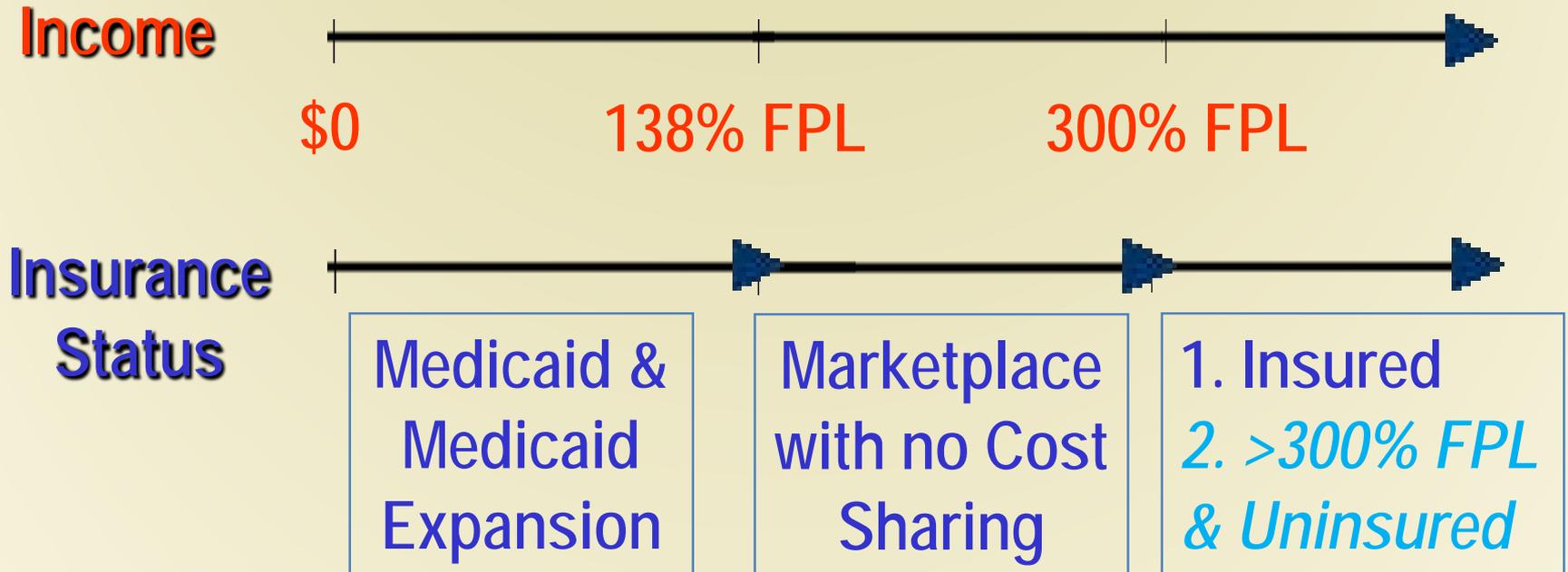
A Path Forward for Indian Health in North Dakota



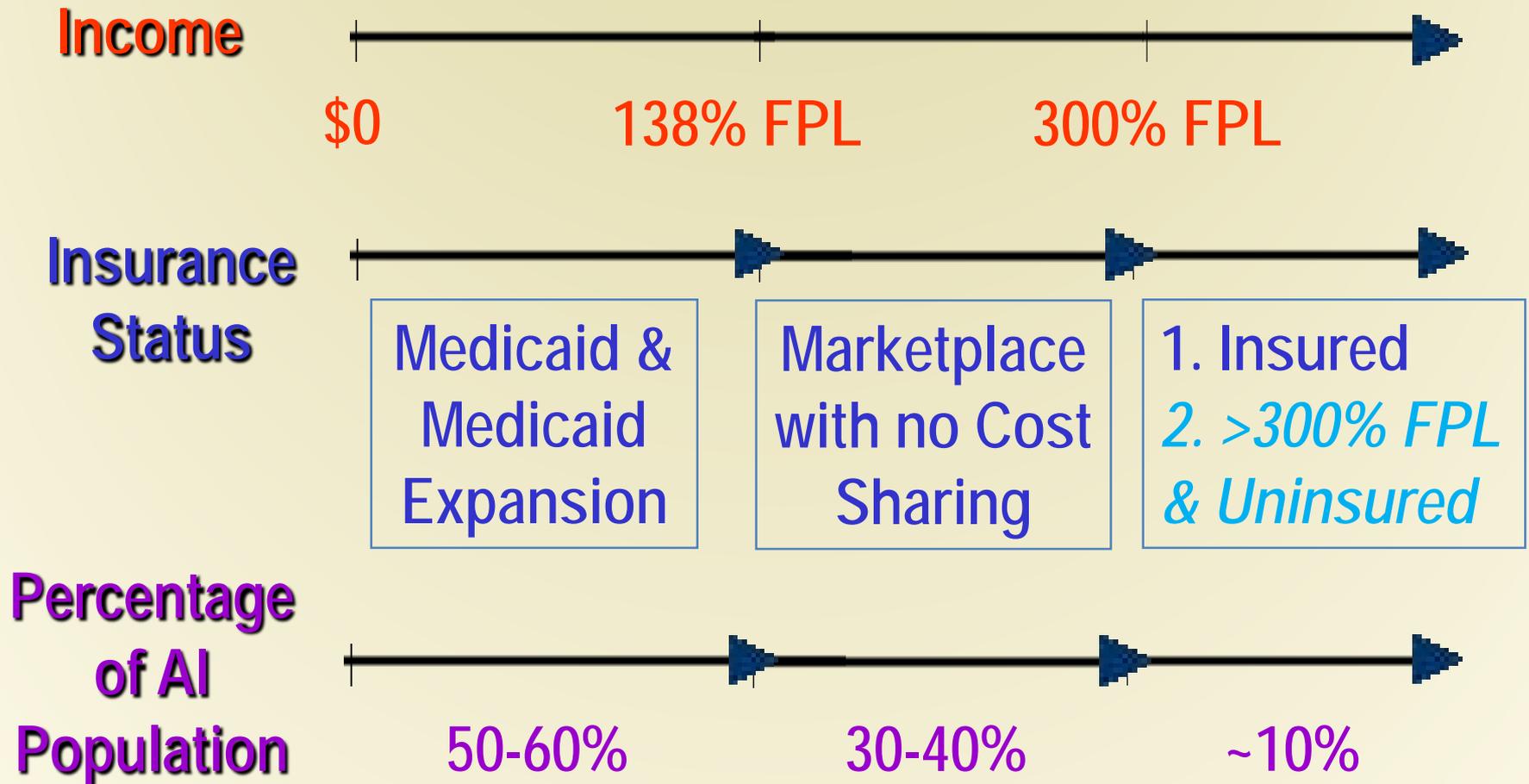
A Path Forward for Indian Health in North Dakota



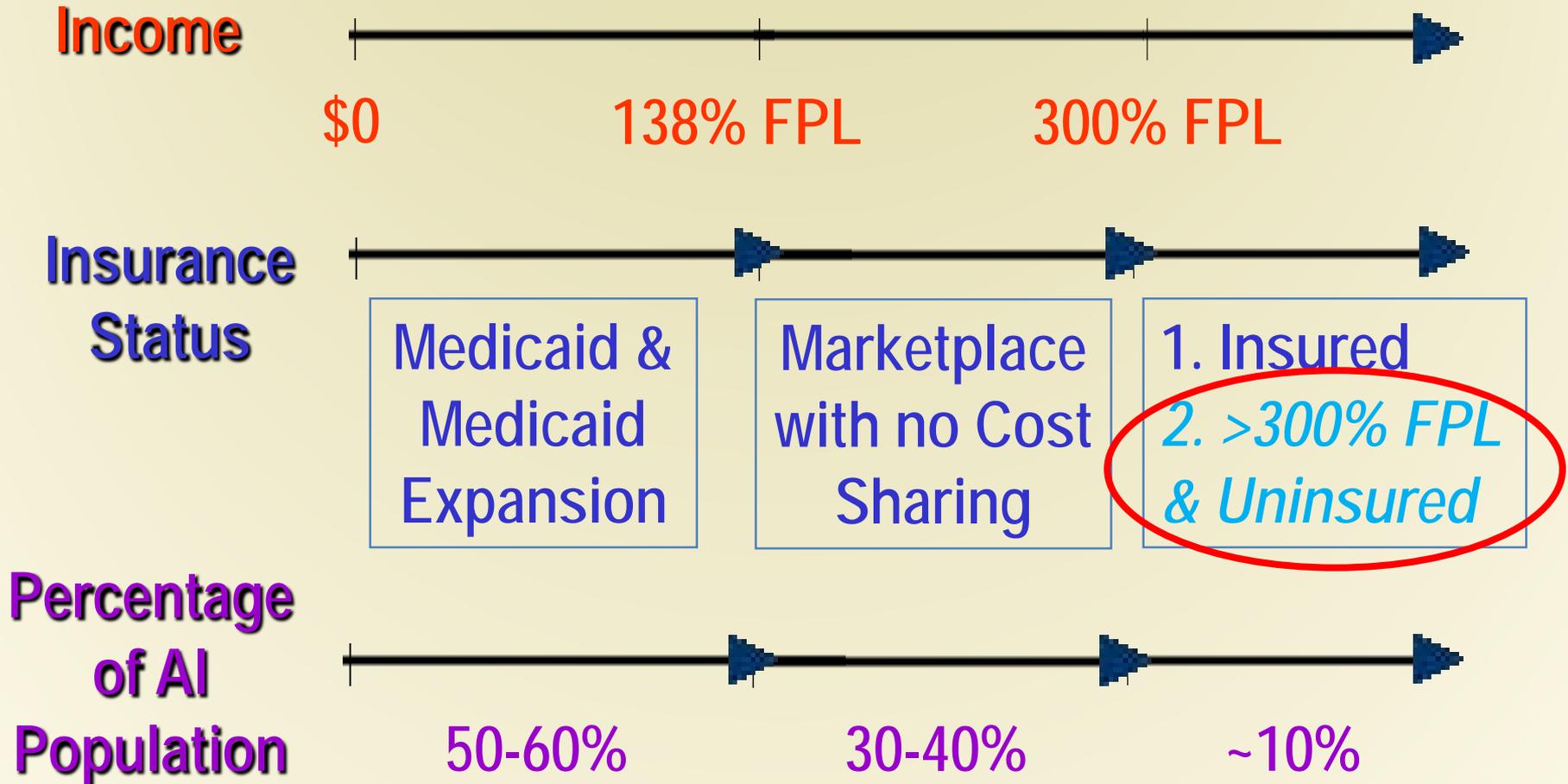
A Path Forward for Indian Health in North Dakota



A Path Forward for Indian Health in North Dakota



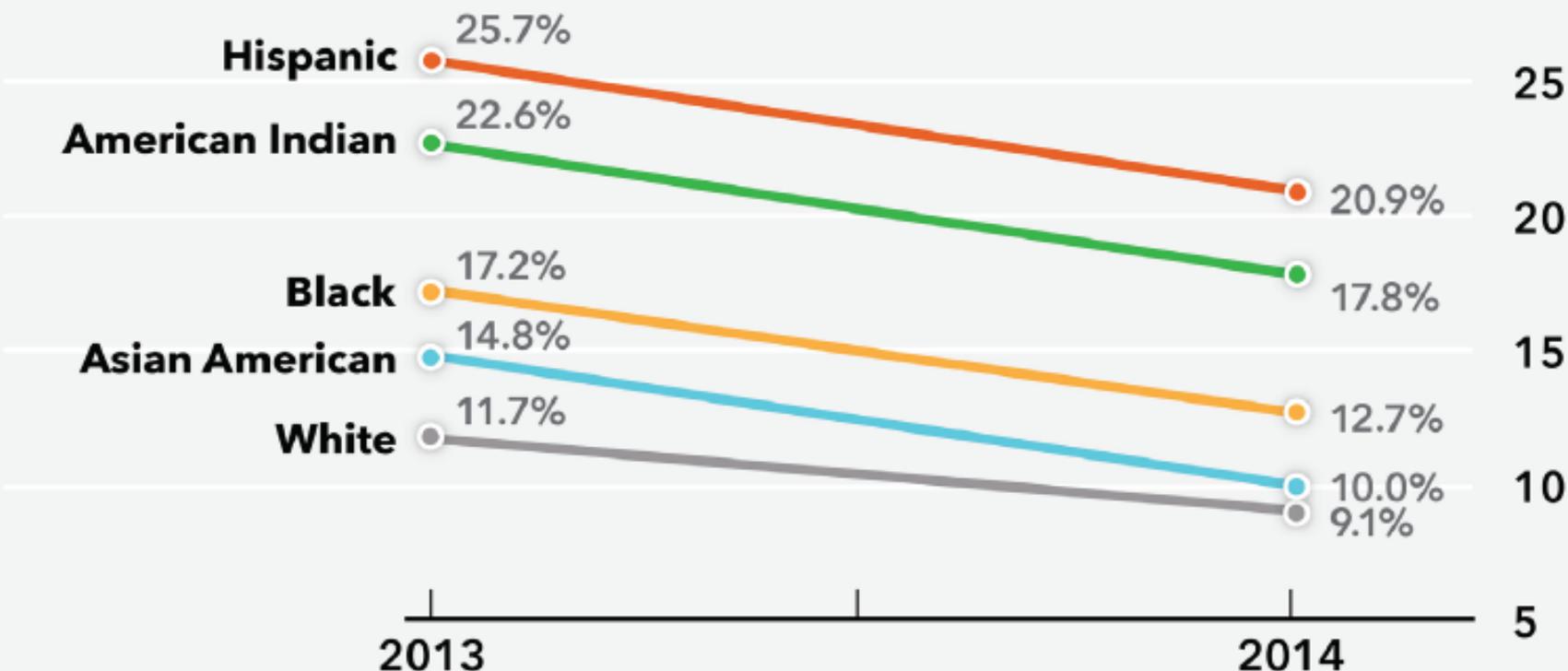
A Path Forward for Indian Health in North Dakota



Tribes can "638" CHS funds to pay for cost sharing—eliminating the need for CHS in the State of ND

Figure A. Percent of People Uninsured by Race, 2013 and 2014

(Under 65 years old)



Note: All racial categories are single race and non-Hispanic except for "American Indian" which includes biracials, multiracials, and Hispanics.

Source: Current Population Survey, Annual Social and Economic Supplement, 2014 and 2015.

Percent of People Uninsured by Race

	2013	2014	Change 2013 to 2014
All	15.3%	12.0%	-3.3
White	11.7%	9.1%	-2.6
Hispanic	25.7%	20.9%	-4.8
Black	17.2%	12.7%	-4.5
Asian	14.8%	10.0%	-4.8
American Indian	22.6%	17.8%	-4.8

Potential Revenue

North Dakota IHS Hospital:

- **28,120** living patients served by Hospital
- **5,625** patients enrolled in Medicaid (20%)

Potential Revenue

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- Potentially 10,000 more eligible for M/ME

Potential Revenue

North Dakota IHS Hospital:

- **28,120** living patients served by Hospital
- **5,625** patients enrolled in Medicaid (20%)
- **14,060 – 16,872** eligible (50-60% <138%FPL)
- Potentially 10,000 more eligible for M/ME
- 10,000 X 3 visits X \$365 = ***\$10,950,000***

100% Federal Funding

New Opportunities to Consider

100% FMAP:

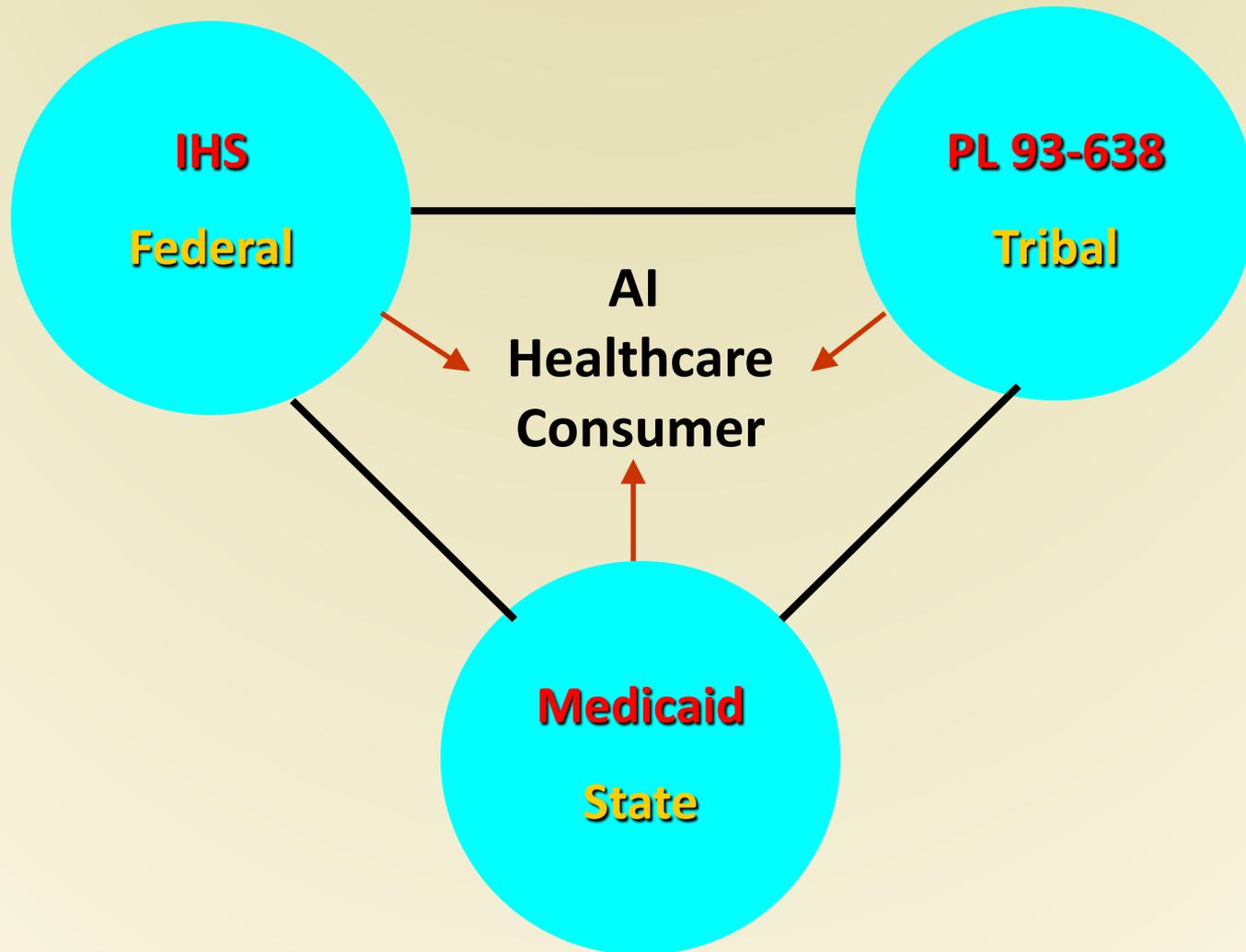
Medicaid Services “Received Through” an Indian Health Service/Tribal Facility: A Request for Comment

Centers for Medicare & Medicaid Services

Center for Medicaid and CHIP Services

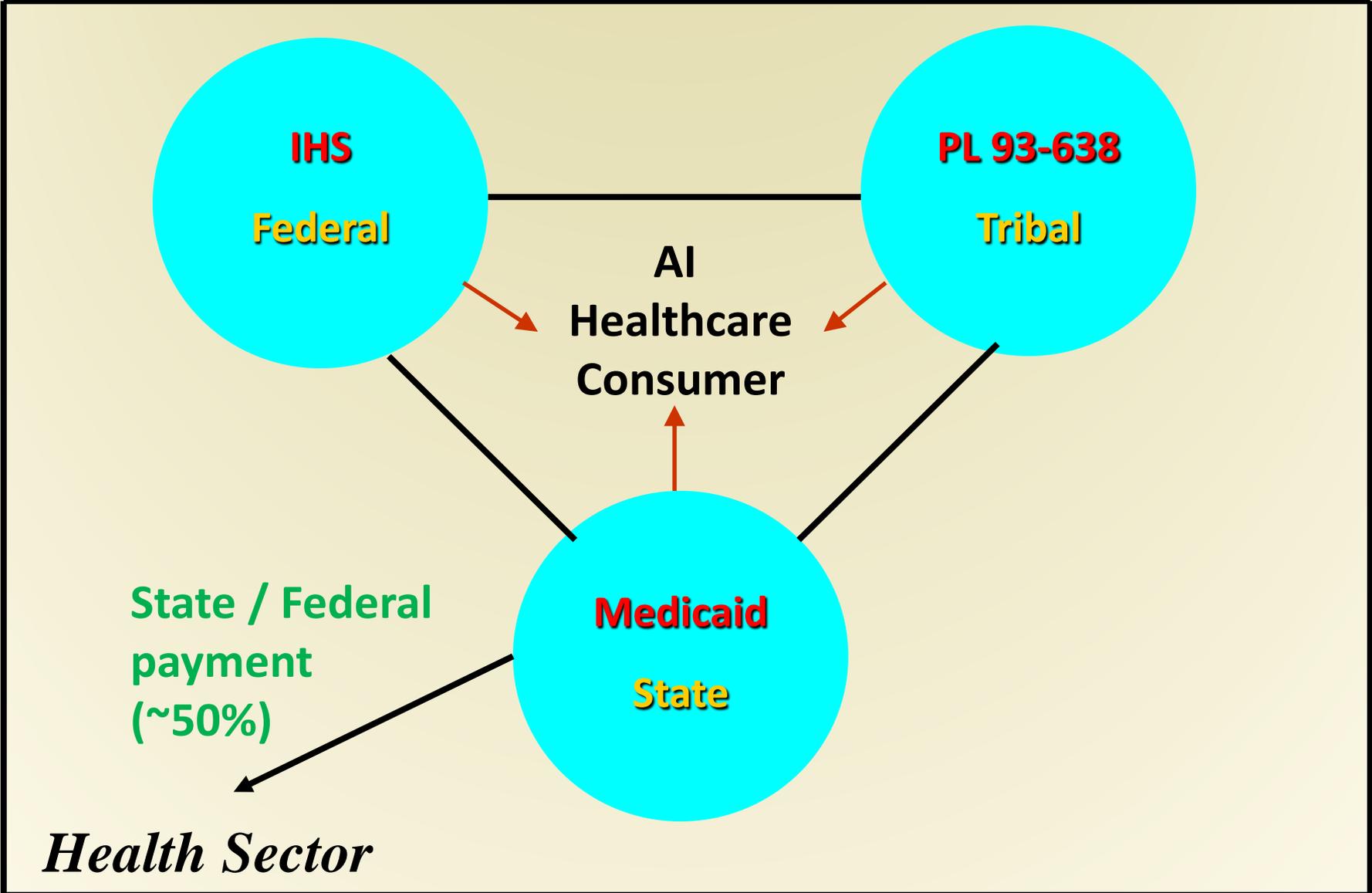
October 2015

New Opportunities to Consider



Health Sector

New Opportunities to Consider



New Opportunities to Consider

100% FMAP:

- 100% Federal funds follow the patient
- “Win – Win”
 - Private sector hospitals/providers
 - State budget
 - Seamless for the patient
 - Improved Care Coordination
 - Trust Responsibility
- More stakeholders to benefit from AI O & E!!

Key Points

- Return on investment >9:1
- Revenue and jobs for ND
- Lives will be saved
- Revenue for IHS and tribes—improve access and quality of services
- Coordinate 100% FMAP in ND=less state funding for Medicaid and Medicaid Expansion