



## Connecting American Indian and Alaska Native Children to Health Coverage

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### Connecting Kids to Coverage National Campaign

### Webinar Transcript December 15, 2016

**Gabby Duran:** Welcome to the Connecting Kids to Coverage National Campaign Webinar. The topic today is Connecting American Indian and Alaska Native Children to Health Coverage. I'm Gabby Duran, and I work closely with the Connecting Kids to Coverage Team to support the enrollment of more children and parents in free or low cost health care coverage. Nearly 5 million non-elderly individuals self-identify as American Indian or Alaska Native alone or in combination with some other race. This group represents nearly 2% of the total non-elderly population of the U.S. and experiences greater health disparities, for example diabetes and chronic liver disease, and higher mortality rates than other Americans. Even with the provisions that address the challenges to enrollment for AI/AN populations, and despite reduced rates of uninsurance to their lowest levels in our nation's history with ACA enrollment efforts, additional work to enroll AI/AN individuals and improve health outcomes is needed. Our webinar today will provide you with tips for connecting AI/AN children to health coverage and support to conduct outreach and enrollment activities with and in these diverse communities. In just a moment, Kitty Marx, the Director of the Division of Tribal Affairs in the Centers for Medicare and Medicaid Services, will walk us through the agenda. But first I just want to repeat a few housekeeping items to get us started. Your control panel is located on the right side of your screen and will automatically minimize if you are not using it. If you need to expand the panel, click the orange and white arrow button on the control panel grab bar. There are two ways to listen to the audio of this webinar. In the audio section you can either select telephone or mic and speakers. Your audio line will be muted for the entire presentation. Feel free to type a question in the question section at any time during the webinar, and we'll address these at the end during the question and answer session. With that being said, I'm going to pass it over to Kitty to begin. Kitty?

**Kitty Marx:** Thank you Gabby. Why don't we go to the next slide please. Let me go over the agenda that we have today. We're going to have some



overview and introductions, and then, let me get my slide back, and then our office is going to provide an overview of the strategies to enroll American Indians and Alaska Natives, that's an informational bulletin that we just developed. We'll have an overview of the Indian Health Service and an overview of the American Indian/Alaska Native Digital Engagement Strategies, and then some work on connecting American Indian and Alaska Native families to health coverage. Then of course we'll talk about some of the campaign resources that are available through the Connecting Kids to Coverage National Campaign. Then we will open up the phone for questions and answers. So why don't we get started, next slide please. Gabby, do you want to go ahead and take this? We're going to do a quick poll.

**Gabby Duran:** Thank you Kitty. So we're going to answer a poll question. We want to know, do you or your organization have outreach experience with AI/AN communities? You're going to submit your vote by clicking on an answer that is on your screen. You can go ahead and close that poll now, and thank you everyone for your responses. It looks like about 67% of the audience have worked with these communities, and about 33% have not. So we are excited to hear about how you all have connected AI/AN children to health coverage via Medicaid and CHIP. And if you answered yes, please tell us a little bit more about your experience in the little question section of the meeting control panel. We'd like to really know what your experience is and with what particular groups. And then from then on, we can close that poll now, and we look forward to hearing more about your experience, your geographic regions, target populations, and your level of success as well. Our first speaker today is Kitty Marx, who will begin by discussing overall strategies to enroll American Indian and Alaska Native families into Medicaid and CHIP, and the work that the Division of Tribal Affairs does where she serves as Division Director. Kitty, back to you.

**Kitty Marx:** Okay, thank you Gabby. Next slide please. It's a pleasure to be here on today's call. I am the Director of the Division of Tribal Affairs within the Centers for Medicare and Medicaid Services. And joining me on today's call is my colleague, Bonnie Hillsberg. And the Division of Tribal Affairs serves as the point of contact on Indian health issues for the agency. One of our key roles is to support the enrollment and increased enrollment of American Indian/Alaska Native families into Medicaid and CHIP and to all the CMS programs. And we do that through webinars such as this and development of outreach materials. And Bonnie will be sharing that information with you later in our presentation. So let's get started. Next slide please. On November 28, CMCS, that's the Center for Medicaid and CHIP



Services, issued an informational bulletin, and you can see the link on [Medicaid.gov](https://www.Medicaid.gov) where you can download this CIB. And what this CIB does, it's divided into two parts. The first part identifies strategies that states can implement in development with Tribes and Indian health care providers in their states. And the second part outlines various outreach and enrollment practices that we know that enrollment assisters and navigators and others working in or with Tribal communities have implemented. So I'm just going to provide a brief overview of the CIB. But we really encourage you to download this informational bulletin, it has a lot of information. Next slide please. And as many of you know, the Affordable Care Act contains many provisions that simplified and streamlined the enrollment and renewal process. And what this informational bulletin does is explain in detail some of these new processes, such as streamlining of the enrollment and renewal processes, greater opportunity for outreach and enrollment assistance through grant funding, improved electronic data matching, and simplified verification of income and other items. Next slide please. But we know that despite these eligibility and enrollment improvements, the number of uninsured American Indians and Alaska Natives still remains higher than most American populations. American Indians still encounter enrollment challenges due to where they reside, due to a lack of access to reliable internet and phone service, and a historic and longstanding distrust of government programs. What we found in our outreach work is that many American Indians/Alaska Natives, especially those who utilize services through the Indian Health System, whether it's a hospital operated by IHS or a hospital clinic operated by tribes, or an Urban Indian program, many American Indians and Alaska Natives believe that they should not have to enroll in a Medicaid or CHIP program because health care is a treaty right, and an obligation of the federal government. And so that's one of our key barriers that we have to overcome and an understanding of that historic and longstanding opposition to enrollment in federal programs is there when we do outreach to these families. But at the same time, we know that enrollment in Medicaid and CHIP benefits American Indians and Alaska Natives on an individual basis by greater access to specialty services, to their families through a greater access to benefits, and to their communities as well, because IHS and tribes can bill for Medicaid and Medicare services delivered in these facilities, and that revenue comes back and helps supplement and support their programs. Next slide please. And so let me go ahead and start discussing this informational bulletin, we call it a CIB for short. Part 1 outlines various state enrollment strategies that states that have already elected or have the option to elect to improve and expedite



coverage and also to reduce administrative burdens. And the CIB encourages states to work with their tribes and their Indian Health Care Providers located in their states to see how these various strategies can be implemented in the Indian Health Care System. And one effective way is providing tribal access to state Medicaid eligibility portals. Through this strategy, IHS staff, tribal staff can have direct online access to eligibility and can learn in short time whether an individual or family is eligible for Medicaid and CHIP. Under regulations, states are required to place outstation eligibility workers at Federally Qualified Health Centers. And CMCS has issued guidance to clarify that that means tribal and urban health programs, because they fall within the definition of a FQHC. Many states have implemented a tribal Medicaid Administrative Match, where states receive a percentage of federal funding for activities such as outreach and application assistance. And tribes and tribal organizations can partner with states to perform these same types of outreach activities and receive at least 50% reimbursement for these expenditures. And of course, many states have adopted Express Lane eligibility for children, and some of these programs have been very effective in Indian Country as well, where Express Lane agencies can use income and household size and other factors from such entities as TANF or SNAP or WIC to determine Medicaid and CHIP eligibility. And then of course presumptive eligibility. Since 1997, states have had the option to use presumptive eligibility to enroll pregnant women and children into Medicaid and CHIP, and tribes and tribal organizations qualify as qualified entities to participate in this PE program. Under the ACA, all states are required to implement a hospital presumptive eligibility for Medicaid. And again, Indian Health Service hospitals and Tribal hospitals qualify to participate in hospital PE. We know that several IHS and Tribal hospitals are currently participating in this program in their states. And of course, for those of you on the phone who do enrollment, we know that continuous eligibility is important to ensure that health coverage continues and coverage does not lapse. So states have the option to provide twelve months of continuous Medicaid and CHIP eligibility. So those are some of the state enrollment strategies. States have the option to adopt many of these, and some of them are required. And we do encourage states, and we also encourage Indian Health Programs to reach out to their states to see how some of these programs could be employed at their local level if they are not currently being utilized. Next slide please. And then the second part of the CIB outlined various enrollment best practices. Many of these ideas and strategies came from our interview of enrollment assisters who work out in Indian Country. We work with the Indian Health Service and their Business



Office coordinators to identify various outreach activities. And these are all outlined in Part 2 of the CIB. For instance, some Indian Health Care Providers know that patients are coming in for medical appointments, and they take that opportunity to talk to those patients about their potential eligibility for Medicaid and CHIP. Many tribal programs use their local radio stations and newspapers, and some hold enrollment events at health fairs and Pow Wows to encourage their tribal members to enroll. And of course, with technology there is always social media that is available to remind people that their coverage is coming up and encourage them to renew. And then state Medicaid agencies have the ability to share data with the Indian Health Service and Tribal Health Providers in their state, so there can be a concentration of outreach efforts to those who are not enrolled. And again, just to emphasize that many Indian Health programs have found that reaching out to beneficiaries on a face to face basis, building up that trust, helps with enrollment and helps to ensure that beneficiaries renew their coverage to prevent a lapse of coverage. Next slide please. And then also included in the CIB are some best practices for working in Indian Country. What we did was summarize some very helpful hints that were developed by SAMHSA, our sister agency, Substance Abuse and Mental Health Agency. They developed a culture card that outlines the do's and don'ts that people should know when interacting with members of the tribal communities. And all of those, all that information can be found on the culture card. But what we did with the CIB was to just kind of highlight some of those so it can be easily found in one place. So we encourage you to read that portion of the CIB. Next slide please. And then we do want to remind everybody on the phone that there is a funding opportunity up on the screen that went out in November, and proposals are due January 17, 2017. And this is a funding opportunity for grant awards to develop outreach opportunities, enrollment strategies, activities to enroll American Indian/Alaska Native families into Medicaid and CHIP. Awards will be in the form of cooperative agreements ranging from \$250,000 up to \$500,000 for a two year period. We anticipate the awards to be issued in May. And this is really the third round of American Indian/ Alaska Native Connecting Kids to Coverage Grant Awards that were first authorized by the Children's Health Insurance Program Reauthorization Act and then reauthorized through the Medicare MACRA Act. So we really encourage those on the phone if you are eligible to apply to do so. And the eligible entities include Indian Health Service Providers, Tribes and Tribal Organizations that operate health programs, and Urban Indian Health Programs as well. And you can find more information on the InsureKidsNow.gov website, and that link is showing right now on the slide.



So may we move to the next slide, and I'm going to turn this over to my colleague Bonnie Hillsberg, and she's going to give an overview of our Tribal Affairs resources. Bonnie?

**Bonnie Hillsberg:** Thank you Kitty. Next slide please. My name is Bonnie Hillsberg, and I work with Kitty in the Division of Tribal Affairs. And I wanted to just go over some of our resources that we have. One of the ways that we can improve the barriers is through outreach and education, and through resources. And what we have here is a picture of our CMS American Indian/Alaska Native Website. This website can easily be found at [go.cms.gov/AIAN](http://go.cms.gov/AIAN). And make sure you capitalize these letters, it's really important. This is where we house a lot of our resources, and you can find the links to our YouTube videos that include our PSAs and our Long Term Supports and Services videos and other resources. Please also remember that we have the [www.healthcare.gov/tribal](http://www.healthcare.gov/tribal). And you'll be able to find lots of resources from just these two sites. We tried to name the websites with an easy way to remember the title so people will have easy access to use them. Next slide. We also have customizable flyers, and we have available four versions of these Medicaid/CHIP flyers that you can request to customize for your individual location. You may choose to insert your program name, your website address, or your phone number, and up to two logos. And there are actually four versions that are available. As you can see, there is a mom kissing a daughter, there's one with a male, and there is one with a boy riding a bicycle and another one with a mom and a very cute baby. So these fact sheets can be used in outreach and enrollment assistance efforts to help families and individuals understand the basic information about Medicaid and the Children's Health Insurance Program. And they describe who may be eligible for Medicaid and CHIP, the valuable health coverage benefits the programs provide, and how to apply. And the fact sheets also discuss specific protections for American Indian and Alaska Native applicants and beneficiaries and highlight the advantages of enrollment for families and for the community. So you can request a customized flyer from our office, and it usually takes close to four to five weeks to send you a customized flyer that you are able to print. And if you want to request this, you can request it through our mailbox, which is [tribalaffairs@cms.hhs.gov](mailto:tribalaffairs@cms.hhs.gov) with the subject as Medicaid Enrollment Factsheet Customization Request. And again, it takes a little while to get it set up, it usually takes four to five weeks. Next slide please. So in collaboration with CMS's Technical Tribal Advisory Group, ACA and Outreach and Education Subcommittee, our office reviewed and provided inputs to the navigator training slides, call center scripts, and the



tips for assisters working with the American Indian and Alaska Native Communities. The Division of Tribal Affairs has developed brochures as well as fact sheets, and some of the titles that we have include Health Insurance Marketplace: What it means for American Indians and Alaska Natives, we have Native Communities Can Heal, one fact sheet on Essential Health Benefits, another one, CMS: Important Dates for American Indians and Alaska Natives. We have a fact sheet on Assisters Tips, one on MAGI and Indian Trust Incomes, another one on Market Protections for American Indians and Alaska Natives, one on ACA and Youth, ACA and Urban Indians, ACA and Men, ACA and Women, and so forth. So I really encourage you to look at some of these materials. We also took advantage and tweaked two additional resources that are specific to our community. One was a Tribal Glossary, and the other one was a Tribal Care to Coverage brochure. And these products are also available on our website, and are available to be ordered through our warehouse for use in your community. Next slide. I've mentioned several times that you can order materials from CMS, and again these materials are free of charge. They don't cost anything, and they can be ordered in any amount. And if you've never done this, it's pretty easy, it's in three easy steps. First, go to [www.productordering.cms.hhs.gov](http://www.productordering.cms.hhs.gov) to create an account. Secondly, you log on, and lastly you order the materials. And you can do a search for specific American Indian/ Alaska Native materials, and you will see a thumbnail or a small picture of the product. And usually we ask you to allow two weeks for your materials to arrive. You can also download materials from the Division of Tribal Affairs website. You can reach our website by again going to <http://go.cms.gov/AIAN>. Next slide please. So here are several useful links that we think are very valuable to you. One is on [Medicaid.gov](http://Medicaid.gov), another is on the CHIP program state by state, another is [InsureKidsNow.gov](http://InsureKidsNow.gov), and of course our [go.cms.gov/AIAN](http://go.cms.gov/AIAN) website. I highly encourage you to go on these resources and links, because there is a wealth of information on all of these for your benefit. Next slide please. So if you have any questions about any of these resources or the material that Kitty and I just went over, please feel free to contact me at [Bonnie.Hillsberg@cms.hhs.gov](mailto:Bonnie.Hillsberg@cms.hhs.gov), or you can send questions and comments to our [tribalaffairs@cms.hhs.gov](mailto:tribalaffairs@cms.hhs.gov) website, or mailbox I mean. Thank you very much.

**Gabby Duran:** Thank you so much to both of you Bonnie and Kitty for sharing that information, including the funding opportunity and the multiple resources that you all have on your websites and other CMS and Medicaid sources. That's great. Our next speaker today is Carol Chicharello. She is the



Acting Director of the Division of Business Office Enhancement at Indian Health service. Carol will share an overview of the agency and some challenges and successes to positive health outcomes in American Indian and Alaska Native communities. Carol?

**Carol Chicharello:** Thank you so much. As indicated, my name is Carol Chicharello, and I serve as the Acting Director of the Division of Business Office Enhancement at the Indian Health Service Headquarters Office. I am also joined by my colleague, Mr. Forest, a Management Analyst within the division as well. However, I will be the primary presenter for today's presentation. Next slide please. I'm going to be providing an overview of the Indian Health Service, and really its role in the delivery of health care to American Indians and Alaska Natives today. The Indian Health Service is an agency within the Department of Health and Human Services and is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally recognized tribes grew out of a special government to government relationship between the federal government and the Indian tribes. This relationship was established in 1787 and is based on Article I Section 8 of the Constitution. It has been given form and substance by numerous treaties, laws, Supreme Court decisions, and executive orders. The Indian Health Service is the principal federal health care provider and health advocate for Indian people. The goal of the Indian Health Service is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for American Indians and Alaska Natives. The IHS is unique in that we are a health system that is more comprehensive than just a health care facility. We also include a public health and community focus. As you see on the slide, we do have our mission, our goal, as well as our foundation. Next slide please. We do have as the Indian Health Service some agency priorities, and this is really developed with input from staff and Tribes as a strategic framework to focus our agency's activities on priorities for changing and improving the Indian Health Service. The first is assessing care. Improving how we deliver health care services is the second. Addressing behavioral health issues is the third. The fourth is strengthening management. The fifth is bringing health care quality expertise to the Indian Health Service. And the sixth is engaging local resources. Next slide please. This slide goes over the Indian Health System, as Kitty and Bonnie were alluding to earlier. The Indian Health Service is really a part of the Indian Health System. The Indian Health Service can provide direct health care services to American Indians and Alaska Natives.



We also have purchased referred health care services as well for services that cannot be provided within our facilities. We also contract out with the tribes. There are tribes that operate their own facilities and they provide health care services to American Indians and Alaska Natives through Titles I and V of the Indian Self-Determination and Education Assistance Act. This provides the option for Tribes to assume control and management of their programs. Today, over half of the IHS appropriation is administered by Tribes, primarily through self-determination contracts or self-governance compacts. We also have a relationship with the Urban Indian Health Program. They provide and deliver health care services and other resources to the Urban Indian population as well. Next slide please. This next slide just goes over a few statistics of the Indian Health Service. As I indicated earlier, the Indian Health Care System entirely is made up of the Indian Health Service, the Tribes and the Urban Indian Health Programs. We serve members of 567 federally-recognized Tribes across the nation. We serve over 2.2 million American Indians and Alaska Natives. The Indian Health Service (IHS) has a headquarters office located in Rockville. We also have 12 area offices throughout the nation as you can see: Alaska, Albuquerque, Bemidji, Billings, California, Great Plains, Nashville, Navajo, Oklahoma City, Phoenix, Portland and Tucson. We have over 170 IHS and tribally-managed service units as well as 34 urban programs. Next slide please. The Indian Health System faces a number of challenges, and one of the primary challenges is the location and the rural nature of many of our facilities. Many are located on or near reservations. We do face other challenges as indicated on this slide here. There is population growth and increased demand for services from the Indian Health System. Rising costs and medical inflation, difficulties recruiting and retaining medical providers, especially in rural areas. Increased rates of chronic diseases among the population. Challenges in providing rural health care. Aging facilities and outdated equipment, as well as lack of sufficient resources to meet the demand for health care services. Next slide. This last slide pertains to outreach and education specifically. Just as some background, the Indian Health Service is funded through congressional appropriation, and often times the level of need outweighs the budgetary resources for the Indian Health Service. So we really rely on third party reimbursement for health care services we provide to supplement the budget that we have to provide health care services for our population. So in terms of outreach, education and enrollment, it has become an essential function of the revenue cycle and has also placed additional demands on staff in the field. With the passage of the Affordable Care Act and new health care coverage opportunities, there



are additional opportunities for a patient to become enrolled, often times at little to no cost. So that places an additional demand on staff. Having health care coverage means more options for our patients. Success stories have been posted on the IHS Blog and by the Tribal Self-Governance Advisory Committee. Some of the efforts that have been employed by IHS Headquarters pertaining to the Affordable Care Act include an ACA webpage, an ACA Implementation Listserv, National Q&A Calls that are held on a biweekly basis and leverage our partners, including the partners on the phone, CMS as well as NIHB. And we also have a National Indian Health Outreach and Education Initiative. NIHO grants have been funded since 2010, and they provide funding to national Indian organizations to conduct ACA and Indian Health Care Improvement Act training and technical assistance throughout Indian Country. Grantees conduct training and offer technical assistance throughout Indian Country to ensure that the Indian Health Care System and all American Indian and Alaska Native communities are prepared to take advantage of the new health insurance coverage options. Since the ACA was passed in 2010, IHS has sustained an increase in the percent of the user population that has some form of insurance coverage, and we will continue our efforts and work with partners to get more children and families insured. Next slide please. The next slide just provides my contact information in case you have questions pertaining to the slides that have been presented. Thank you.

**Gabby Duran:** And thank you Carol and Sarah. We really appreciate all that really helpful information and the links to some of your other blog and other available information for success stories. So thank you again. Our next speaker today is Win Reilly. Win is a Tribal Healthcare Reform Outreach and Education Program Associate at the National Indian Health Board. He will share information about successful digital engagement strategies for American Indian and Alaska Native communities. Win?

**Win Reilly:** Hello everyone. My name is Win Reilly, and I work with the National Indian Health Board. I'd like to thank everyone for giving me your attention today on this call. Today I'm going to briefly discuss message acceptance of health care concepts amongst the American Indian and Alaska Native community and using digital media strategies to encourage acceptance. Next slide. Storytelling is an important aspect to many American Indian and Alaska Native communities, and who is the storyteller and how it is delivered both influence the ultimate lesson of the story and acceptance of the story. There is a wealth of stories for American Indian and Alaska Native families about what public programs like Medicaid and the Children's Health



Insurance Program can do for them and their children. As educators on these programs, creating and delivering this content to our target audience is an important role we fulfill. However, often, even when the messaging is clear and delivered effectively, we find it still might fall short of being accepted completely across the targeted community. And this is a barrier to enrollment that we have encountered during our work to encourage outreach and education on health services across Indian Country, and that is receptiveness of messaging on the Affordable Care Act, Medicaid, Children's Health Insurance Program, and other aspects of Tribal health care reform. So I'd like to talk to a study run by the marketing agency Ipsos on millennial receptiveness to ads and marketing. During the study, they found that millennial users trust user-generated content, or content created by individuals, just as much as professional reviews. And if we look at the data on the far right on the chart there, and the column in the far right, conversations with friends have a 74% trust rating amongst millennials in this study. So we can also call this peer-to-peer messaging. Generally, millennials trust information delivered by their peers more than other sources, delivered both in person and through social media. And so in our experience here at the National Indian Health Board, these points are not only confined to the millennial age bracket, but they also hold true to strategies connecting with many tribal communities. As a result, in our digital messaging we have begun to consider the source. Where is the message coming from and who is it intended for? Who is the storyteller and who is the listener? Here, our storytellers might be known or prominent Tribal community organizations who have a stake in the work of connecting kids to coverage to help share the messages. We've also begun to consider trustworthiness. Many communities are built on trust and relationships, and perceived trustworthiness changes how the information is seen as accurate and used in the community. So strive to build trust with your audience through your outreach and education efforts. And then lastly, targeting a peer-to-peer model. To challenge message acceptance in tribal communities, we've highlighted peer-to-peer sharing as an effective model that completes the circle between the first two points. And by attempting to digitally engage with our consumer audience through their peers it becomes from a trustworthy source and potentially encourages a positive acceptance of our messaging. So to go back to our point, young people trust their peers. Tribal community members trust their peers and will often look to their peers for information. So effective engagement scenarios are ones that are able to involve known supporters or members of tribal communities to be the primary messenger and educator for the programs available to families and



children, and ultimately, to have tribal community members tell their stories to their own community. Next slide please. So here are some points to consider in creating your own digital engagement of American Indian and Alaska Native communities. We want to look for popular themes or images in your intended community. There is a lot of recognizable popular culture references that you can use as well. Colors matter in your design and marketing. Native color schemes. Make sure your intended audience identifies with your message. CMS has some great products, they really utilize the color schemes well in their products. For instance, the Medicine Wheel is a great example of both a theme and a color scheme for tribal audiences in creating materials. Not all social media has the same reach, influence and acceptance amongst tribal members. We want to make sure we are using the right social media platform to build coverage. A large population of tribal members rely on their phones for accessing digital media. So app based sources are best usually for rural audiences. And again we see the point of using trusted sources and peer-to-peer messaging models. Now, one way to ensure that you have trust in a peer-to-peer model in your work is to actually engage American Indian and Alaska Native community members directly in your outreach work. Try hosting events, prizes, and encouraging tribal members to share the word, to share your messages into the communities. We definitely want to encourage you to be authentic in your approach to working with the American Indian and Alaska Native community. I want to stress the importance of building trust within the communities that you serve. And connecting kids to coverage is important for healthy tribal communities. We want to adopt a dual approach to our engagement strategy, and this is possibly one of the most important points that we have focused on for overcoming barriers of acceptance to messaging in Indian Country. On one hand, you have your digital engagement, which follows the points outlined. But then you actually have to go in the field and engage consumers face to face, ensure that your messages are being understood clearly and to encourage acceptance. This is particularly important when you consider outreach to rural communities. NIHB and IHS and CMS, we participate in many community events throughout the year. That's how we ensure our dual approach. And then lastly to partner up. By partnering up with local tribal or Indian organizations, you are able to pool your resources and spread your digital engagement coverage. Today is a great example of a strong partnership for American Indian and Alaska Native communities. Next slide please. The Tribal Health Reform Resource Center is a project of the National Indian Health Board. Through the Resource Center, NIHB hosts a variety of



materials for work in Indian Country through the enrollment process of Medicaid, CHIP, and the health insurance marketplace. So on this page are flyers, brochures and toolkits, all free for use in Indian Country. And if you just follow the link on the screen there, [nihb.org/TribalHealthReform](http://nihb.org/TribalHealthReform). Then if you go to the Resources tab and go to Outreach and Educational Materials, you can access all those materials for use. Next slide please. Lastly, I just wanted to highlight some specific messaging that you can use in person or through your digital engagement strategies to encourage our American Indian and Alaska Native consumers to see the importance of public programs like Medicaid and the Children's Health Insurance Program. We like to think about the enrollment assisters as selling a product in a way. Although it is free, you can really pitch the benefits of health coverage for tribal communities in so many different ways. These tips on the screen were taken from our recently released Enrollment Messages Toolkit that was created in partnership with the Indian Health Service, and it serves as a groundwork document for enrollment assisters working in tribal communities. That is also available at the web page that I discussed on the last slide. But there are just some points that you can consider when working with consumers, both face to face and digital engagement, reminding them that having Medicaid and CHIP coverage counts as minimal essential coverage, highlighting that they have more choices, they are able to go to their I/T/U as normal. So these are just some great points. Next slide please. And there is my contact information. So if you have any questions about the content I presented today, please feel free to shoot me an email. Thank you for having us.

**Gabby Duran:** And thank you Win for sharing tips on effective messaging and the resources from the National Indian Health Board. Our next speaker today is Katherine Anderson from the the Southcentral Foundation. Katherine?

**Katherine Anderson:** Hello, good morning, thank you for having me. I am Katherine Anderson. I have with me a coworker, Chad Bowen.

**Chad Bowen:** Hello.

**Katherine Anderson:** I am a Patient Accounts Manager at Southcentral Foundation. Next slide please. We want to briefly go over our mission, which is working together with the Native Community to achieve wellness through health and related services. We operate in the Southcentral Region of Alaska and in multiple community health centers throughout the state. Next slide. For me specifically, I work in the RASU unit, which is the Rural Anchorage



Service Unit, which consists of twelve village communities throughout the state. I travel to them and encourage customer owners at the health care clinics to enroll in Medicaid. We have connected over 250 customer owners within this year. It is the new initiative that just recently started, so we have me as one full-time manager and then a health benefits specialist also that is dedicated to doing Medicaid applications, follow up and education. Next slide please. In 2016, Southcentral Foundation took on multiple initiatives and partnerships to implement tools to help increase Medicaid enrollment. Outreach efforts included rural outreach, which is the twelve community health care clinics. Local events and focused incentive-based events. Conducted targeted projects. Increased resources in SCF Pediatrics. Next slide please. And how did SCF increase enrollment? Through rural outreach. We contacted the twelve community health care clinics. The clinics advertised that a Family Health Resources representative would be coming out, generally for three to five days at a time so they could spend and make appointments for one on one time. We incorporated outreach activities at the local health fairs. So when a health fair would occur, let's say in Port Alsworth, we would go participate in the health fair with brochures and informational items, incentives. Then we also rewarded customer owners that completed a Medicaid application with incentives. Results are reported in monthly Contract Health meetings, which includes reports on the increase in the payer mix and testimonies from customer owners that really needed the help and stories of how Medicaid changed their life. Those are really cool. Next slide please. Local events and focused incentive-based events. We participated in newly acquired clinic grand openings. As I mentioned, there are twelve Contract Health clinics in twelve various villages. We went to their grand openings and set up a booth and again informational brochures, answered questions. Then we established a travel schedule based on customer owner needs in the clinics. The clinics that had a higher volume of customer owners of course would be probably a week's stay of appointments. And then also we have incentive based items based on geographic locations. An example would be if you are out in the bush it is not like you are going to have Fred Meyer around the corner. So a lot of customer owners order things from Amazon. So we would, I would go ahead and once they've done an application they would get an Amazon card so they could go online and order items that they could use. Next slide please. Then I'll go ahead and let Chad talk about the targeted projects that we are working on.



**Chad Bowen:** Hello. We conducted targeted projects locally, in the Anchorage Service Unit, to Beans Cafe and the Covenant House. Covenant House is a teen-based, almost just a house to take them in. I think that goes up to a certain age, and the Beans Cafe is also a homeless house. The renewal project, we realized we needed to increase effort in keeping people on Medicaid. So we dedicated three full time employees to contact customer owners on their Medicaid renewals, within the month of renewal, and get that ball rolling. Then the Rural Anchorage Service Unit, there were two FTEs, one regularly traveling to the RASU clinics, one providing back end support as well. Next slide please. So we increased our resources in the SCF Pediatrics Clinic. We realized one full time employee was not enough, so we ended up putting two, and just recently the Pediatrics Clinic expanded even more. So we are looking into possibly expanding our own coverage as well. We run a daily report schedule for people coming in with Indian Health Services only, they don't have another insurance type. And we connect with customer owners prior to their appointment to determine eligibility, see what avenues we can take to get them on health care coverage, complete the Medicaid applications and possibly process temporary benefits if applicable with possible presumptive eligibility. Next slide please. Building relationships and trust. In an effort to expand opportunities to enroll in health coverage for Alaska Natives and American Indians, Southcentral Foundation Benefits Enrollment built relationships with several organizations in Anchorage. These included homeless shelters, soup kitchens, and youth homes. A youth home would be that Covenant House and others. They regularly visit each organization to enroll individuals without coverage or high medical needs or without transportation.

**Katherine Anderson:** And then I would like to step in and also mention that building relationships also comes within our own SCF. For example, we have a dental team that goes out to the villages regularly and they spend two weeks at a time. So if we were to team with them, what I did was educate the dental staff on what Medicaid dental benefits could do for the customer owner. That way, when they ran across somebody that needed specific dental items or care that they can refer them directly to me to see if they were eligible and get them on and get them an appointment in town so they could come in and get their care taken care of. Next slide please.

**Chad Bowen:** So for resources and tools, we implemented an internal audit and tracking tool to aid in Medicaid enrollment and retention. This tool allows SCF to identify training needs for staff based on audits and findings on the audit. We focus training needs on specific items. Accurately track households



and application types, so we could say, with expansion this is the outcome. Track renewal dates, and can identify resource needs based on location. So we are recently tracking, where did these apps come from. Was it the clinic in dental or was it the pediatrics clinic specifically. Next slide please. The results: in 2016, Southcentral Foundation increased our FHR presence throughout the state. Outreach efforts provided information to almost 4,500 customer owners and, of those, 2,946 submitted an application for benefits. Next slide please. So, we want to say thank you from Southcentral Foundation from myself, Chad Bowen....

**Katherine Anderson:** And from me, Katherine Anderson, for letting us participate. Thank you.

**Chad Bowen:** Thank you.

**Gabby Duran:** Great, thank you both Kathy and Chad. We really appreciate all that very helpful information that you shared today. Next slide please. Now we're going to talk about the Connecting Kids to Coverage National Campaign and the variety of resources we have available to you. Next slide. The campaign has a number of downloadable resources to help enhance your outreach and enrollment work. These include tip sheets, eNewsletter and ready-made article templates, PSA radio scripts, and more. Next slide. While you are reviewing our Outreach Tool Library, you can download some of our social media materials as well. We have social media content and graphics you can share on your social channels and eNewsletters that you can share with your network. In addition, the Connecting Kids to Coverage Campaign Materials cover an array of topics including oral health, vision, teens and sports. And all these materials are available for download at [insurekidsnow.gov](http://insurekidsnow.gov). In addition you can also customize most of our materials to support your outreach efforts, and we provide materials in both English and Spanish for all our materials, and a number of other materials are available in up to nine different languages, so please feel free to reach out. The process to customize materials takes about two weeks, so please keep that time in mind. All of our outreach videos and previous webinars are also available in the outreach tool library on the Insure Kids Now website. The outreach videos are short videos that showcase a variety of outreach and enrollment activities from groups across the country. There are several ways you can stay up to date with the latest Medicaid and CHIP outreach strategies and stay connected to the Connecting Kids to Coverage Campaign. To expand your outreach, connect with the campaign on social media. You can follow us @IKNGov on Twitter for campaign updates and



share resources across your social media channels. Also share or tag messages using the hashtags #Enroll365, #KidsEnroll, #Medicaid and #CHIP. You can also sign up to receive our campaign eNewsletters at the bottom link. They are distributed throughout the year and provide updates on campaign activities. We would also love to hear from you. If you have any questions or just want to share an outreach and enrollment strategy or story you can email our team at [connectingkids@cms.hhs.gov](mailto:connectingkids@cms.hhs.gov). And we have been monitoring your questions throughout the webinar and want to take the opportunity to also reach out to some of our, we have some champions on the line as well. We would like to see if anyone would like to share any best practices they have. I know we have some of our grantees from Cherokee Nation that have wanted to share some of their outreach opportunities. Connie, do we have you on the line? All right. In terms of the questions that we have asked, again the webinar will be available to everyone, including the slides, to download on [insurekidsnow.gov](http://insurekidsnow.gov). It will be posted in about two weeks, and it will be available there to you. Other than that we will be addressing everyone's questions individually that came through during the webinar. Thank you again for participating in the webinar today. Remember all the campaign resources are available for download on the Insure Kids Now website. Thank you everyone for joining today.

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