



Connecting Kids to Coverage National Campaign

Improving Access to Health Care Coverage in Rural Communities with Medicaid and CHIP

WEBINAR TRANSCRIPT | NOVEMBER 9, 2023

Helen Gaynor: All right, it is 2 o'clock, so we are going to go ahead and get started. Good afternoon and welcome to the Centers for Medicare and Medicaid Services, Connecting Kids to Coverage National Campaign webinar, improving access to health coverage in rural communities with Medicaid and CHIP. My name is Helen Gaynor from Porter Novelli Public Services, and I work closely with the Campaign and the team at CMS as a contractor to support education and outreach to families eligible for free or low-cost health coverage through Medicaid and the Children's Health Insurance Program or CHIP. I'm really looking forward to moderating the discussion today.

Helen Gaynor: We have an excellent panel of speakers who are ready to share their expertise. When it comes to reaching communities in rural areas, families who live in rural communities can face barriers that negatively impact their access to healthcare, and coverage through Medicaid and CHIP can give children and teens a better chance at accessing the care they need. Our speakers will discuss important strategies, resources and best practices for rural community outreach and enrollment and address health equity challenges as well. We'll discuss the importance of partnerships, provide actionable tools and share materials from the Campaign's rural health initiative to support outreach in your own communities.

Helen Gaynor: Before I transition over for an official welcome, I do want to touch on a few housekeeping items. So if you've joined this webinar on the WebEx desktop platform, you'll see a few features that will be helpful for you during today's presentation. We encourage you to submit any questions that you have into the Q&A box and we will either respond back directly in the Q&A or respond during a Q&A session at the end of this webinar. We have 10 minutes reserved for questions and answers, so we will collect the questions and wait till the end to present to them live. If we don't get to your question, we will follow up after the webinar with individuals separately via e-mail. This webinar is going to be recorded and will be posted on [InsureKidsNow.gov](https://www.insurekidsnow.gov) in the coming weeks.

Helen Gaynor: So thank you again for being here today. I would now like to introduce Meg Barry, Director of the Division of State Coverage Programs at the Children and Adult Health Programs Group at the Centers for Medicaid and CHIP services at CMS for an official welcome.

Meg Barry: Thanks Helen. Welcome everybody. Like Helen said, I'm Meg Barry. I'm the Director of the Division of State Coverage Programs at CMS. Thank you so much for joining us for this Connecting Kids to Coverage Campaign webinar on improving access to healthcare coverage in rural communities. As we all know, having health coverage is important when it comes to staying healthy no matter where you live, but reaching children and families who are eligible for Medicaid and CHIP can be really challenging, especially in rural areas across the country. Families who live in those rural communities can face many barriers that negatively impact their access to healthcare, like higher poverty rates, unemployment and distance to providers. These barriers are particularly acute, we know, for American Indian and Alaskan native children, many of whom reside in rural areas, including on Indian Reservations.

Meg Barry: Getting rural families enrolled in programs like Medicaid and CHIP can give children and teens a better chance at accessing the healthcare they need. So we have a number of experts on these topics joining us today to discuss strategies, resources and best practices for rural community outreach and enrollments. So you'll be hearing from Darci Graves from the CMS Office of Minority Health, Alexa McKinley from the National Rural Health Association, Stefanie Costello from the CMS Office of Communications, Beverly Lofton from our CMS Division of Tribal Affairs, and Helen Gaynor who already introduced herself. So with that, I'm going to turn it back over to Helen to get us started.

Helen Gaynor: Awesome. Thank you so much, Meg. I'd now like to pass it to Darci Graves, Technical Advisor in the Office of Minority Health to get us started. So over to you, Darci.

Darci Graves: Thank you so much and thank you all for joining us today. I think it's going to be a rich and robust discussion and I'm very happy to be here.

Darci Graves: So on this slide, as most of you probably know, CMS is the largest provider of health insurance in the United States responsible for ensuring that more than 160 million individuals supported by CMS programs, millions of whom reside in rural, tribal and geographically isolated communities are able to get the care and health coverage they need and deserve. As mentioned, I'm with the CMS Office of Minority Health, which is one of eight offices of Minority Health within the larger Department of Health and Human Services. Each office is aligned with their respective agency's mission. Our office serves as the principal advisor to the entire CMS agency on the needs of minority and medically underserved populations, including people of racial and ethnic communities, people with limited English proficiency, lesbian, gay, bisexual, transgender, and queer persons, persons with disabilities, persons who live and work in rural areas and persons otherwise adversely affected by persistent poverty or inequity, and obviously all of the individuals who may be represented by a multiple of those lenses.

Darci Graves: Our mission is to lead the advancement and integration of health equity in the development, evaluation and implementation of CMS policies and programs and partnerships. Our vision is to see all those served by CMS achieve their highest level of health and wellbeing, and we have eliminated disparities in healthcare equality and access.

Darci Graves: In this slide I'm just going to touch on some of the challenges which Meg and Helen have already alluded to, but also some of the opportunities in rural communities, so next slide. They mentioned the challenges that there are higher rates of poverty and unemployment. There can be higher rates of un-insurance or under-insurance. There's longer travel times to their healthcare practitioners. Many have limited access to modern technology and high-speed internet.

Darci Graves: Next slide please. But it is not all doom and gloom. There is also numerous opportunities. There's growing diversity, there's a wealth of natural resources. Rural and geographically isolated communities have shown time and again their ability to innovate, adapt and be more resilient in the face of all sorts of challenges. They have immense social capital in their community. And so all of these are strengths that I think folks can lean into as we're working to help connect people to coverage and care.

Darci Graves: Next slide please. So I just wanted to mention real briefly our geographic framework, and this is the CMS framework for advancing healthcare in rural, tribal and geographically isolated communities. And with this effort, those who are familiar with CMS' past work, we used to have a rural health strategy and when we did this update, we wanted to elevate and explicitly name rural, tribal and geographically-isolated communities to not only reflect what we may typically think of as rural, but also frontier tribal nations, island communities, as well as US territories because while no two geographically diverse communities are alike, these communities often face similar challenges related to the social drivers of health, recruitment and retention of health and healthcare providers, not to mention an aging healthcare workforce and often facing barriers to accessing comprehensive high-quality and affordable healthcare services.

Darci Graves: This framework includes six priorities. One is to apply a community-informed geographic lens to all of CMS' programs and policies. Two is to increase the collection and use of standardized data to improve healthcare. Three, strengthen and support healthcare professionals. Four, optimize medical and communication technology. Five, and really what brings us here together today, is to expand access to comprehensive healthcare coverage, benefits and services and support for individuals in rural, tribal and geographically-isolated communities. And Six is to drive innovation and value-based care across these diverse geographies.

Darci Graves: Next slide please. So I'm not going to dwell here as I know other panelists will also be speaking to this, these numbers so to speak, but I just wanted to share this to illustrate the strong role that public coverage plays in the medium, small metropolitan and non-metropolitan areas. If you look at the blue and light blue areas, particularly for those who are, the percentage of children 0 to 17, you can see how important the programs that we're talking about today are to these communities.

Darci Graves: Next slide please. Now we're going to transition into outreach and enrollment strategies for rural communities. So as we go on to the next slide, there's some areas of consideration. The areas to consider include limited number of provider networks, affordability, communication limitations and transportation. Next slide please. Coverage to Care or C2C is a health literacy initiative focused on increasing the consumer connection to care and in turn, bettering health outcomes. Regardless of the consumer insurance type, everyone can use C2C. We want consumers to understand their health coverage and actually use it to make appointments with a provider who takes their coverage to receive preventive services and primary care, and this will help consumers to live a longer and healthier life. The goal of these products that I'm going to touch on are really to start the conversation, using the Roadmap to Better Care as a tool to help people understand their new coverage and understand the importance of getting the right preventive services, helping consumers understand that the Roadmap to Better Care, which I'll talk about in a few moments, has a lot of information for consumers and you can help them use it as a resource to refer to and as a journey to better health and well-being and you also have the opportunity to personalize it so you know your community the best. Consider adding local resources and information.

Darci Graves: So on the next slide, here we are, Roadmap to Better Care, C2C has many resources available to assist partners and consumers in their journey, all of which were drafted and designed with stakeholder and community feedback in mind. We wanted to ensure that the materials we created reflect the needs of the communities that we serve, which is why we hold listening sessions at roundtables to present materials, gather feedback from those working directly on the front lines and implement it into our programs' resources and policies across the agency. With this feedback in mind, we created materials like C2C's signature pieces, Roadmap to Better Care, which outlines eight steps to connect to care and lead to a healthier life.

Darci Graves: In addition to the eight steps, there is also a variety of cost-saving tips, an example insurance card with labels pointing out key information and an example explanation of benefits, also labeled with key information that can help patients better understand their healthcare options. We also have the roadmap to behavioral health, which is on the next slide, and this resource is specifically designed to help consumers understand what behavioral health is, as well as how to use their health coverage to receive these care and services. CMS OMH work very closely with our colleagues at the Substance Abuse and Mental Health Services Administration or SAMHSA to complete this resource. We recommend using it in conjunction with the Roadmap to Better Care to show how health coverage can care for both mental and physical health. And as you can see on this slide, like the Roadmap to Better Care, it also outlines eight steps consumers should take to use their health coverage for behavioral healthcare.

Darci Graves: Next slide please. Just want to highlight some of our prevention resources. So in addition to the roadmaps, we've tailored these resources to highlight preventive care services available to most consumers for free under their health plan. These resources are a great starting point for anyone who is looking to start focusing on healthy living since they're outlined services to stay on top of your health. We have prevention flyers for adults, women, men, teens, children and infants, all of which are available in eight languages. Each

flyer outlines free preventive services for each of the groups I've previously mentioned, and the flyers also outline free vaccines that are applicable to each group with cost-saving tips. I encourage you to check them out and share them with those that you serve.

Darci Graves: Next slide please. Now that I've covered some of the key C2C materials, I'd like to highlight some new and upcoming resources and some changes to our websites. Pictured on this slide is one of the two resources that we've tailored for college students. Put Your Health First College Students is listed on the resources that are for screenings that are available to college students at most student health centers and stands for no cost under most health coverage. This includes mental health screenings, alcoholic drug screenings, well woman visits and others. In addition to these screenings, the resource also provides available vaccines and tips that students can use in the event that they are charged for services.

Darci Graves: Next slide please. I also just wanted to highlight a few additional ways to learn and engage with CMS, particularly as it relates to diverse geographies, specifically for rural. So participate in our rural open door forums. Each of the CMS regions, so there's 10 CMS regions and each of the regions has an individual who is charged with serving as a CMS rural health coordinator. And you can also sign up for the CMS rural health lister. You can do all of that at the website go.cms.gov/ruralhealth.

Darci Graves: And with that, I'll now hand things back over to our moderator, Helen Gaynor. Helen?

Helen Gaynor: Thank you so much Darci and apologies for any technical difficulties. We really appreciate you highlighting the health equity challenges as well as the opportunities when it comes to rural health outreach and the strategies and tools for community outreach from OMH are going to be super helpful for everyone on the call. So thank you so much. I'd now like to introduce our next speaker, Stefanie Costello, Director of the Partner Relations Group in the Office of Communications at CMS. So, Stefanie, over to you.

Stefanie Costello: Great. Thank you so much. So today I'm going to talk through a little bit of our toolkit that we have. I'm going to share my screen in just a moment to show you how to get to our resources and show you some of the resources we have that can help the rural populations. So we have the resources on the slide here.

Stefanie Costello: So, as many of you know, because of the pandemic, states had stopped doing redeterminations of Medicaid. That has resumed, those redeterminations and eligibility reviews, as of April 1st. So states have started contacting individuals, as you know, over the last few months, and we want to make sure that all of our partners and individuals out there get the information they need to reply to any letter that they receive from their state Medicaid agency, and that if they're no longer eligible for Medicaid, they might be eligible for CHIP.

Stefanie Costello: If they're no longer eligible for Medicaid or CHIP, that they find another health insurance option like the Health Insurance Marketplace. So I'm going to go through some of our materials now. I think we're going to switch sides.

Stefanie Costello: This is our main outreach and education resources for the Medicaid and CHIP renewals. Hopefully you all are familiar with this. If not, it's on [Medicaid.gov](https://www.Medicaid.gov). On there, we have resources for states unwinding and returning to regular operations.

Stefanie Costello: If you look on the left-hand side, you can find an outreach and education resource tab, and it pulls up this page. We have general resources available here. Today I'm just going to take the time to go over the resources that really can work well for the rural population and for children as well.

Stefanie Costello: We do have two decks here focusing on children. One is a training slide for partners to use. This is general, does Medicaid and children. Then we have another slide deck right here for community groups

to use, that include talking points to do outreach to children and families about what's happening right now with Medicaid and CHIP. So those two are really good resources.

Stefanie Costello: We, of course, have our social media on here. Then down in this section here, when you look at additional materials and resources, we have it grouped by where an individual might be in the process of unwinding.

Stefanie Costello: So the first one is helping people get ready for the renewal Medicaid and CHIP health coverage. If you click on that, it drops down information. That's all for people who might not have received the letter yet in the mail. They're still updating their address.

Stefanie Costello: The second set is for helping people who've lost Medicaid or CHIP coverage. This talks through the different health insurance options. We have a partner tip sheet. This is one of my favorites. I'm just going to pop it up real quick. Anyone who's a frontline person who might be working with or interacting with someone who might be impacted by the Medicaid unwinding, then you can have this as like a cheat sheet, as a talker to tell an individual what they need to do, which is encouraging them to update their information, if they've already done that, they need to open and read the letter from their state, and then let them know that they have other healthcare options.

Stefanie Costello: So this is a really great one here. So we have more information under this tab for people who have received their letter or who have lost coverage.

Stefanie Costello: We have specific messaging for families and kids. That's right here. We have the postcards and fillable postcards. Essentially the difference is fillables. You could put your state Medicaid office. So if you're in Georgia, you can say, "Did you lose PeachCare? Contact the website and phone number for Georgia PeachCare."

Stefanie Costello: All right. So then the next one is this outreach to special populations. A little while ago, we created one-pagers for several of the audience groups that have been impacted particularly hard during this unwinding. So we have our AANHPI resource here. We have one for reaching Black Americans, one for reaching out to Hispanic and Latino people. That one's in English and Spanish. We have reaching people with disabilities. Then we have one on reaching people who live in rural areas. Then we also have one on American Indians and Alaska Natives.

Stefanie Costello: If we open the one on rural areas, it basically provides you with information on what's happening right now. So this is messaging you can give to your partners or to beneficiaries who might need to know what's happening right now. How is this impacting me? What's going on?

Stefanie Costello: These are our four main messages that we're focused on right now with unwinding. First is updating your information, responding to a message. Parents should respond even if they don't think their kids are eligible, because kids can still be eligible. So that's a big one. Then considering other health options. So these four messages are for any population. We definitely want to make sure the rural population gets that.

Stefanie Costello: Then down here we have specific pieces of materials that would be really helpful for this population. You can download these. They're also able to be ordered for free from our ordering warehouse. You can order up to 50 copies of these. They'll ship them for free to whatever address you provide. Then you can distribute these in any manner you want. So then we have strategies on how to spread the word in the community. We know that you all are trusted messengers and influencers. We know that faith and community leaders, and local rural health clinics and local federally-qualified health centers in rural areas as well as community centers, schools, child care centers, libraries, neighborhood associations are really helpful. Even places like grocery stores, small businesses, and other local organizations where people tend to gather.

Stefanie Costello: Or in rural areas, if they're going to be leaving a rural area and it takes them an hour to two hours to get to the nearest grocery store or city, we want to make sure that when they get to that place, there's information about Medicaid at the buildings, businesses that they're going to be frequenting when they get there, thinking through that.

Stefanie Costello: We want to share messages on different communication channels. Now with rural populations, as you know, if there's going to be maybe broadband issues, social media might or might not be the best. But you might be able to use local newspapers, radios, TV, bulletin boards.

Stefanie Costello: I'm going to show you, we have a drop-in article that you can take and actually share with your local newspaper. Just drop that right in the local newspaper and that can go out. Then, of course, handout materials. We also, again, have one for the American Indian and Alaska Natives.

Stefanie Costello: To accompany these one-pagers, we also did webinars. If you were unable to attend our webinar, the recording is right here for rural populations. Then we have American Indians and Alaska Natives right here.

Stefanie Costello: We also have educational videos, and these can be posted in waiting rooms. So if you have a rural health clinic and you want to post these in a waiting room, you can do that. You can put them on your social media and any other closed-circuit TV. Then we have ... Let's see. I have to find one more ... The resource for the drop-in article. It is helping people who've lost Medicaid and CHIP. Here's our drop-in article for English and Spanish. Again, you can send this out on listservs. You can work with your local papers to drop it in the local paper. But this is really great for rural audiences as well.

Stefanie Costello: Then last but not least, I mentioned the product ordering. This is the instructions for how to do that, the link right here to the website. If you don't have one set up, you can set it up for free. Then you can go in and order unwinding materials. You just need to enter the word unwinding and it'll pull up all of the materials. We do have them in English and Spanish and some additional Asian languages.

Stefanie Costello: So that's a run through of the resources we have right now. I'll be around to take any questions later. So I'll go ahead and stop sharing and turn it over to our next presenter.

Helen Gaynor: Awesome. Thank you so much, Stefanie. We really appreciate it and appreciate you going through the resources for Unwinding. I'd now like to introduce our next speaker, Alexa McKinley, Regulatory Affairs Manager at the National Rural Health Association. So over to you, Alexa.

Alexa McKinley: Thanks, Helen. Again, I'm Alexa McKinley. I'm the Regulatory Affairs Manager with the National Rural Health Association. On the next slide, if you're not familiar with us, the National Rural Health Association is a nonprofit membership organization. We represent really anyone with an interest in rural health. Particularly, we have a huge provider base. So that's everything down from hospitals and health systems to individual practitioners, researchers, academics, and everyone in between. We're also an umbrella organization, so we really cover all issues related to rural health.

Alexa McKinley: On that note, on the next slide, because we deal with so many different policy areas, my team, the government affairs team, organizes our work into three buckets. So I'll just quickly run through those. The first focus is on supporting our providers and facilities, and making sure that they stay sustainable and, most importantly, stay open to maintain access to care for rural communities. Our second focus is on workforce, because all rural areas have dealt with persistent workforce shortages for physicians down to front desk and administrative staff. Then the third is really the focus today, which is our health equity bucket, where we work on policies to reduce and eliminate health disparities, including healthcare coverage between rural and non-rural populations.

Alexa McKinley: So I wanted to give a bit of context on what rural populations look like, especially when it comes to socioeconomic factors and coverage. I know some of the presenters have already done a pretty good job of this. So I'll try not to repeat too much. But this is really just setting up the context on the importance of getting and keeping children covered.

Alexa McKinley: So about 46 million Americans live in rural areas. This really depends on the definition of rural that you use, and there are many. But this is the typical number that we rely on. 22% of that rural population is made up of children. I think it's important to highlight how much of the rural population is children, because often people say, and even at NRHA, we say that rural populations are older, sicker, and poor, which is a generalization with some truth to it. But we can't ignore that about a quarter of rural residents are children.

Alexa McKinley: Then going off of that older, sicker, and poorer line, like I said, there is some truth to it. So about 64% of rural counties are classified as persistent poverty counties. What this means is that the county has had 20% or more of the population living in poverty for the last 30 years. In addition, rural counties had the highest child poverty rates when compared to metro counties. So of the hundred US counties with the highest childhood poverty rates, 95 of those are rural.

Alexa McKinley: Then on the next slide, there's a bit more context on the coverage in rural America. Because rural communities tend to have lower socioeconomic status, residents are more likely to be uninsured, as has been mentioned already, or underinsured and they're less likely to have private or employer-sponsored coverage. So public payers, Medicaid and Medicare, for older populations are really the dominant source of coverage in rural areas.

Alexa McKinley: Medicaid and CHIP cover almost half of rural children. Interestingly, rural and urban children are equally likely to have health insurance, but rural children, again, are more likely to be covered by Medicaid or CHIP. Fortunately, as many states have expanded Medicaid, that has, of course, led to lower uninsurance rates in rural communities. Now I'm going to transition to some specific Medicaid issues. So this has been touched on as well. The Medicaid redetermination process began this year after a pause in eligibility redeterminations throughout the public health emergency. So now all enrollees are having their eligibility redetermined at the same time.

Alexa McKinley: So it's really important to think about how to reach out and ensure rural residents, including children, stay covered, whether that's continuing coverage through Medicaid, switching to the marketplace or another source, especially considering some sources say that rural residents are more likely to be wrongly disenrolled. So the strategies I'll talk about in a minute will get at some of this.

Alexa McKinley: But when I say wrongly disenrolled, I mean a procedural disenrollment. That means a determination on their eligibility to remain covered by Medicaid or CHIP was not actually made, but the household or the individual did not respond to a notice, or they didn't send in the needed documentation to verify their eligibility. So that's really troubling, especially as we've seen that children have accounted for about 4 in 10 disenrollments. Now that's average across the country. States really vary in that.

Alexa McKinley: CMS is taking some steps to ensure that determining eligibility is done correctly by states. Earlier in the fall, there were some letters sent to state Medicaid directors because some states were determining eligibility based on the household level. So even though parents were no longer eligible, children were still eligible, but were being disenrolled nonetheless. So there's been some actions taken to protect children's coverage there.

Alexa McKinley: And so, now I'll transition to reaching rural populations, which, again, is really important in the context of the redetermination process that we're seeing and getting some accurate information down to rural communities, so they know what they need to do, but also generally for keeping children covered at any time, not just during this process. So what I like to say when it comes to reaching rural is that you need to meet people where they're at. What I mean by that is reaching out to populations through a medium that is most

well-known and accessible to them. So a lot of times that means not relying as much on social media or internet resources, but rather looking to radio or print or in-person outreach. This could be for a variety of reasons why internet outreach may not be as effective. I think this has also been touched on, but broadband infrastructure, it's not always built out in rural communities and where it is built out, there may still be affordability challenges or even reliability. About 75% of rural households have wrong broadband access, but again, that varies. There are some counties where they're at less than 60% or less than 40% of households that have internet at home. Rural communities and rural residents may also be less likely to have a smartphone or a computer in the household to use to access information.

Alexa McKinley: Distributing resources and meeting people where they're at is key and another point I always like to make is that connecting with providers and using healthcare facilities in the rural community is super important. Providers are a really trusted source of information in rural communities, and they're trusted community members in general, which is a great transition to some of the other points that I'm going to make on reaching rural residents. As Darci said earlier, I really liked this, rural communities are adaptive and resilient, and it isn't all do and gloom. That's such an important point to make. There are really great attributes of rural areas, especially the general sense of community and trust that rural and small towns have, and that's a huge asset that can be leveraged when working on outreach on critical issues like healthcare coverage.

Alexa McKinley: Again, trusting community are so important to rural areas and rural residents. You have to think about who is a trusted person or resource? Is that the church or other religious organization in the town? Teachers, physicians, who is that person who is a trusted voice in the community that can bring the message to other residents and they'll be more inclined to give it kind of credibility coming from that person. Which leads me to the next point that it's really important to use those trusted voices in the community versus coming in from a big federal organization or the government coming in and telling them what to do. If you can get those messages from federal organizations or the government like CMS to a trusted community member, that's really key.

Alexa McKinley: Also identifying those frequented locations for in-person outreach. When community-based organizations are doing this, it's important to think about where in the community do residents frequent every day. It's the school year right now, so leveraging schools is really important. Also, other places like pharmacies or grocery stores, libraries, any kind of community center is a great place to reach a lot of people at once. Last, always consider other populations that intersect with the rural identity. Rural is not a monolith, so you have to make sure that you consider the other identities or characteristics in the community. Are there a large group of limited English proficiency or non-English speakers in the area and how will that impact outreach and messaging and those specific outreach toolkits for special populations that Stefanie highlighted are a really great resource for that.

Alexa McKinley: Last, I'll go through a couple of resources that I find myself looking at all of the time to get information on coverage and the topics that we've talked about today. Our HI Hub or Rural Health Information Hub has topic guides on so many rural health issues, but they specifically aggregated all of the CMS, HHS and other resources on the unwinding or redetermination process into the link on the first bullet that I put there. The Georgetown Center for Children and Families has really great research on Medicaid coverage for all populations, including children and rural, and they're kind of some of the data points that I referenced throughout my presentation. We also have a policy paper written by NRHA members that provides an overview on rural children's health and then there's a couple more resources on the redetermination process from some partner organizations that we work with.

Alexa McKinley: That's it for me and I'll turn it over to the next speaker. Thank you.

Helen Gaynor: Thanks so much, Alexa. We really appreciate you sharing and kind of putting some of this into context and sharing these actionable tools and strategies with everybody. Again, really appreciate it and I'd now like to pass it over to our next speaker, Beverly Lofton at the Division of Tribal Affairs at CMS. Beverly, over to you.

Beverly Lofton: Thank you so much. I appreciate it. As mentioned, I'm Beverly Lofton. I'm a senior policy advisor here at CMS in the Division of Tribal Affairs. The CMS Division of Tribal Affairs serves as the point of contact for Indian health issues for CMS. We work closely with the Indian Health Service, other federal partners and tribal community leaders. One major component of our work is to support outreach and education activities to ensure enrollment of eligible American Indian and Alaska Native families into Medicaid and CHIP. The Indian Health Service has primary responsibility for providing healthcare services to 2.6 million American Indian and Alaska Natives located on or near Indian reservations in some of the most rural and remote areas of the country.

Beverly Lofton: The IHS delivery system includes hospitals and health centers operated by IHS tribes and urban Indian organizations, and this is often referred to as ITUs. ITUs had the authority to bill Medicaid and CHIP for services provided in its facilities to American Indian and Alaska Natives enrolled in Medicaid and CHIP. Payments are used to supplement ITU programs to meet accreditation standards to purchase equipment or to hire more staff. As a result, American Indian and Alaska natives enrolled into Medicaid and they will have greater access to services. American Indian and Alaska Natives continue to head the highest uninsured rates compared to other populations. Therefore, outreach and enrollment is a very critical component to our work.

Beverly Lofton: Next slide, please. Since 2009, CMS issued \$29.5 million in Connecting Kids to Coverage grant funding to tribal organizations and urban Indian health programs to reduce the number of uninsured American Indian and Alaska Native children who are eligible for were not enrolled in CHIP and to improve the retention of American Indian eligible children, parents, and pregnant individuals who are enrolled in the programs. On March 30th 2023, CMS announced the Connecting Kids to Coverage HEALTHY KIDS American Indian and Alaska native 2023 outreach enrollment preoperative agreement grantees. CMS awarded \$5.9 million in funding to seven tribal and urban Indian health programs in six states seen here on the slide.

Beverly Lofton: The funding will support innovative research strategies aimed at the following; increasing the enrollment and retention of eligible American Indian and Alaska native children, parents and pregnant individuals in Medicaid and CHIP, educating families about the availability of free or low cost health coverage under Medicaid and CHIP, identifying children likely to be eligible for these programs and assisting families with the application and renewal process during the COVID-19 public health emergency unwinding period. Next slide please.

Beverly Lofton: Now I'd like to go over some of our outreach materials and resources. Several years ago we held focus groups to test materials and found that utilizing graphics and pictures of tribal beneficiaries and communities increase the likelihood of the material being picked up and used. Our materials are developed to encourage American Indians and Alaska Natives to enroll in Medicaid and CHIP and are culturally appropriate and intended to be used by tribal healthcare facilities and other tribal programs such as Headstart. We developed several one page fact sheets due to feedback from tribal partners that we needed more simple messaging. These fact sheets have activities on the back that are great for children to use while they're sitting in waiting rooms. Some of the fact sheets have a coloring page and some have a game on the back.

Beverly Lofton: Next slide, please. Each year we develop a 18-month calendar. Our 2023 through 2024 calendar covers July 2023 through December 2024. This calendar features health information, website links, and other helpful tips to improve your overall health. The information on the calendar is intended to assist tribal families in taking better control of their health, including enrollment in health coverage through Medicare, Medicaid, CHIP, and the health insurance marketplace. The calendar is available to order through our website at go.cms.gov/aian. Next slide please.

Beverly Lofton: DTA also produces monthly public service announcements. We use two platforms for those monthly messaging and those platforms are tribal newspaper and radio ads. We air on the radio because based on our focus group testing, we found that radio is still an effective means for reaching our tribal populations. Our PSAs are translated into 10 tribal languages, as you can see here on the slide. We also have

an English version with local speakers from those areas that are aired along with the traditional language PSAs. Next slide, please.

Beverly Lofton: We heard from many tribal organizations that they would like to customize a fact sheet with their own information. We developed four versions of a Medicaid and CHIP flyer that can be customized to include their program name, their website address, phone number, and up to two logos. You can see here on the slide that we have four versions, and those four versions are a mom kissing a daughter, a man, a mom and baby, and a boy on a bike. The message is the same on all of the fact sheets, and that is enroll in Medicaid for yourself, for your family, and for your community. These fact sheets can be used in outreach and enrollment activities to help families and individuals understand the basic information about Medicaid and CHIP. The fact sheets also cover specific protections for American Indian and Alaska Native beneficiaries and highlight the advantages of enrollment for families and for the community. You can request a customized flyer from our office, but keep in mind that it will take up to five weeks to receive. Please send your request to tribalaffairs@cms.hhs.gov with the subject: Medicaid enrollment fact sheet customization request.

Beverly Lofton: Next slide, please. The CMS Division of Tribal Affairs has a great website and you can find it easily again at go.cms.gov/aian. This is where you'll be able to find the link to our YouTube videos and public service announcements under the outreach and education resources tab. Next slide. We also have a helpful outreach and education newsletter that you can sign up and receive by going to Outreach and Education, that section of our website, so the outreach and education section of the website. You would scroll down to public service announcements and then click on the signup button. Next slide, please.

Beverly Lofton: I've mentioned several times that you can order materials from CMS. The materials are free and you can order as much as you like and as often as you'd like. To get started, you would go to our products ordering page to create an account, then log on and order materials. You can do a search for tribal specific materials, and you'll be able to see a thumbnail of the product before you order it. Please allow up to two weeks for your materials to arrive. You can also download materials from our website at go.cms.gov/aian. Next slide please. Here are some helpful links and webpages that we use in the Division of Tribal Affairs for the external public. Our next slide please. Here's our contact information here on the slide, so that's that website that I mentioned several times. It's go.cms.gov/aian, and then if you have any questions, you can always send that to tribalaffairs@cms.hhs.gov.

Beverly Lofton: Thank you very much. That's the end of my presentation. I'll hand it back over to Helen.

Helen Gaynor: Thank you so much, Beverly. Really great to have these resources specific for American Indian and Alaskan Native communities, so thank you again for your time and expertise. I will now be sharing a couple of resources from the Connecting Kids to Coverage National campaign that may be helpful during your outreach as well. So the Connecting Kids to Coverage Campaign reaches out to families with children and teens eligible for Medicaid and CHIP to encourage them to enroll their kids in the programs, and also just to raise awareness generally about the health coverage under these programs. We have a number of initiatives that we conduct throughout the year from oral health to mental health, and then of course rural community outreach and multicultural outreach. Currently, we have a number of priorities, of course, including our Rural Health Initiative, which we are speaking about today. But we also have a couple of priorities that are relevant right now, including the unwinding, which was talked about today, encouraging beneficiaries to update their contact info and look out for their renewal letter. We continue to emphasize the importance of vaccines, including the flu vaccine and the COVID-19 vaccine, and showcasing the benefits of those immunizations.

Helen Gaynor: In our messaging, it's really important right now to underscore that even if your kid is eligible for CHIP, parents may be eligible for Medicaid, too, or in the case of the unwinding, if parents have lost coverage, their children may still be eligible. And lastly, we have a couple of new resources to reach out to pregnant individuals who may be eligible for Medicaid and CHIP, including videos and posters on InsureKidsNow.gov. For our Rural Health Initiative, we have a number of resources that you can find on our website, again, focused on reaching families in areas of the country where access to healthcare may be

challenging. Some of these resources include previous webinars, social media graphics, and pre-written social copy, and a specific rural communities outreach toolkit. We also have resources specific for outreach to American Indian and Alaskan native populations, including a poster focused on maternal health and reaching pregnant individuals. And as Beverly shared earlier, the Department of Tribal Affairs is a really excellent resource for tailored materials, including items like flyers, brochures, and social media graphics to reach this population.

Helen Gaynor: So our website, [InsureKidsNow.gov](https://www.insurekidsnow.gov), is where you can find all of these materials. You can either visit the Outreach Tool Library, which is the bubble on the left, or the initiative, which is the bubble on the right. The Outreach Tool Library, you can search by material type. We have such a wide range of resources in there. And then the initiatives tab is where you can search by topic area. So if you're looking for mental health specifically or oral health specifically, you can go through the initiatives and of course, our rural health resources are there as well. So again, lots of good stuff on the outreach to a library. This first image you'll see on the screen is our new poster focused on reaching pregnant individuals, and we have posters, palm cards, videos, PSA live reads, that can all be found on our Outreach Tool Library. We also have a customization guide, so organizations can request free customized versions of many of our resources by adding the organization's name, logo, or maybe relevant state information to some of our resources.

Helen Gaynor: So to request customization and review available materials, you can find the customization guide at the Outreach Tool Library. Review the guide and email CMS Division of Multimedia services at multimediaservices@cms.hhs.gov with your requests and information. So here's an example of what could potentially be customized. You can see your program's name, a website or phone number, and then up to two logos on specific resources. So if you would like more information on the campaign after today's webinar, you can email us at connectingkids@cms.hhs.gov. If questions come up after the webinar as well and to stay up to date with activities, we encourage you to follow IKNgov on Twitter and sign up for the campaign's e-newsletter, which is where we announce future webinars and things like that. So if you do hashtag or share any of the campaign's resources, we would appreciate you to tag us and use the hashtag enroll65. So that wraps up the presentation for today, and we do have 10 minutes left for questions.

Helen Gaynor: If you have any questions, now is a great time to put them in the chat and we can ask our panelists to provide a response. So if you haven't had a chance already, please take the time to add some questions to the box. One that we have had come through already is about if the webinar will be available online. So yes, both the recording and a copy of the slide deck will be posted on [InsureKidsNow.gov](https://www.insurekidsnow.gov) in about two-ish weeks. So you can find the webinar recording and transcript all available to share with maybe other colleagues who were unable to attend today or to just reference some of the resources that were shared by our presenters. So I will pause and see if we get any questions from in the Q&A box. I'll just give it a minute and if not, we can close out early.

Helen Gaynor: All right. Okay. Here is a question. Are materials available at a lower reading level or with common language? I can open this up to all of the presenters who shared specific resources, if anybody has anything to add in terms the reading level or the type of language utilized in the resources that you shared today.

Darci Graves: Sure. Helen, this is Darci. Oh, go ahead. I'm sorry.

Stefanie Costello: You go Darci and then I'll follow you up.

Darci Graves: Okay. Thank you to whomever entered that question. The Coverage to Care pieces that I mentioned are written with literacy as well as health literacy in mind. So they're all written in plain language and then tested with our various... As I mentioned, many of the resources are available in eight languages, and so the translations are done meaning to meaning and then tested with communities. So they are all written and geared with the intent of ensuring easier understanding and intake. Now, I'll pass the virtual mic over.

Stefanie Costello: Great, thank you. So our material is similar to Darci's because CMS policy is to have them in plain language. I will say some of our materials for our partners might be at a higher reading level, perhaps sometimes they can be more technical in the explanation of CMS policies or initiatives, but the consumer postcards and fillable postcards and flyers are really meant to be at a reading level that individuals can understand. We also find that the postcards particularly are really helpful because there's very small amounts of language. It has very direct action on there. We know if you can give a consumer one direct action, they're more likely to take that action. And so postcards are really popular for that reason.

Stefanie Costello: And I also saw that there was a question about materials being out of stock on our webpage, so just refresh it. Sometimes if you refresh your browser, that will populate that there are materials. Sometimes materials are out of stock because we are just waiting on printing and sometimes we're actually updating the materials, but the marketplace materials and unwinding materials should be in stock. If you have trouble with any of those, I think there's a web email address on there that you could email and ask, and they should be able to send you an update on that. It's helpful when you request materials, even if they really are out at signals to our group that we need to replenish those. So hopefully that answered that question as well.

Helen Gaynor: Awesome. Thank you so much both of you for following up on that question. Another question that I can answer quickly is will we be receiving an email with information, so when it comes to the webinar recording and slides, we send that information out in our e-newsletter, our campaign notes that you can sign up for at [InsureKidsNow.gov](https://www.insurekidsnow.gov), where we will send the deck with all of the links to the resources following the webinar and when it's posted online in a couple of weeks. So please make sure you are signed up for the campaign notes e-newsletter and we'll share that information. The next question, I believe would be for Alexa, but maybe for some of the CMS folks as well. How is care delivery via mobile clinics being supported by CMS and NRHA mobile unit? They're partnering with community sites, so this can have substantial impact. Does anybody have thoughts on this question?

Alexa McKinley: This is Alexa. I can jump in here. So broadly as a care delivery method, NRHA supports mobile units. If it's expanding access to remote and hard to reach areas that don't have a permanent provider, we are supportive of that. And in terms of partnering with community sites, the mobile units and moving around, I think that's a great opportunity to use some of the printed materials from CMS and other resources that we've gone over today and making sure someone in a mobile unit is able to talk about, let's say the redetermination process and what enrollees need to do to make sure that they have the right information sent in for determining their eligibility or just any resources related to coverage. That would be a great way to spread this information to areas, like I said, that may not have a permanent outpost for it.

Helen Gaynor: Awesome. Thank you so much, Alexa. Another question about materials and resources. Are resources available in languages other than Spanish if requested? I can confirm that a lot of the resources on the outreach tool library on the campaign's [InsureKidsNow.gov](https://www.insurekidsnow.gov) website are available in up to 22 languages. So please take a look at the Outreach Tool Library, and if there's a language that you often have a need for that you don't see any available resources for on our website, please feel free to reach out. We really appreciate learning that and being able to potentially incorporate new languages as we develop resources. I can pass it to a number of other panelists if there are other languages available for some of the resources they shared. Stefanie, I know the unwinding, we have at least seven languages, I believe.

Stefanie Costello: Yeah, so for the unwinding toolkit, we have it available in five Asian... So English and Spanish, the full toolkit. And then we have the fact sheet and postcard and drop in article in Chinese, Hindi, Korean, Tagalog, and Vietnamese. And just this week, we posted the new postcard in Ukrainian, and we have two additional languages we're working on, which should be posted in the next week.

Darci Graves: Awesome. And Helen, this is Darci again. I can also jump in and say that many of the resources I referenced, including the Roadmap to Better Care, in addition to being in English, is also available in Arabic, Chinese, Haitian, Creole, Korean, Russian, Spanish, Ukrainian, and Vietnamese. And again, much

like the same process that the other CMS colleagues have mentioned, all of those resources are available and can be ordered off of the website.

Helen Gaynor: Excellent.

Beverly Lofton: This is Beverly, also, just to let you know that we do have 10 native languages that we have our public service announcements recorded in, and then we only can do 10 for now, but if you need it to be translated into a different language, you can always give us a reach out and you can reach out to the information that we provide on the slide.

Helen Gaynor: Excellent. All right. I believe that's all we have time for today. We have recorded all of the questions that came through from the Q&A and we'll be able to follow up with folks individually to get answers if we were unable to get to your question on today's webinar. But I just wanted to take the opportunity to thank everybody for joining us today, to thank our panelists for sharing their expertise. Again, we'll follow up if we were unable to get to your question. And if you have anything that comes up after the webinar questions, issues accessing any of the resources, please feel free to reach out to us, and we'll share the webinar slides and recordings when they are posted in a couple of weeks. Thank you again everybody, and have a great rest of your day.