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## ***CMCS Informational Bulletin***

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**SUBJECT:** Strategies to Enroll American Indian and Alaska Native Families and Children in Medicaid and CHIP

The purpose of this Informational Bulletin is to provide strategies and helpful information for states, Tribes, Tribal organizations, Indian health care providers, and application assisters to increase enrollment of American Indians and Alaska Natives (AI/ANs) into programs administered by the Centers for Medicare & Medicaid Services (CMS). The first section of this Bulletin identifies strategies states can employ, in concert with Tribes and Indian health care providers. The second section outlines outreach and enrollment best practices for assisters and others working in or with Tribal communities.

### **Background**

The Indian Health Service (IHS),<sup>1</sup> a federal agency within the Department of Health and Human Services, has primary responsibility to provide health care to AI/ANs. In addition, the Social Security Act requires that Medicare and State Medicaid programs provide payment for covered services furnished by IHS facilities (whether operated by IHS or by an Indian Tribe or Tribal organization). In addition, Congress enacted Indian specific provisions in other laws, such as the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), the American Recovery and Reinvestment Act (ARRA) of 2009, and the Patient Protection and Affordable Care Act (ACA). These laws provide special protections for AI/ANs to remove barriers and ensure improved access and enrollment in Medicaid and the Children's Health Insurance Program (CHIP).

Even with these statutory provisions that address barriers to enrollment for AI/ANs, and despite major coverage gains subsequent to the implementation of the Affordable Care Act that have reduced rates of un-insurance to their lowest levels in our nation's history, additional efforts to enroll AI/AN individuals are needed. AI/ANs have high rates of un-insurance in the United States. For instance, in 2015, 21 percent of AI/ANs (down from 43 percent in 2013) were uninsured, nearly twice the rate for African Americans, and approximately 12 percent more than

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<sup>1</sup>The IHS delivery system is comprised of hospitals and health centers operated by the IHS, Tribes and Tribal organizations under the Indian Self-Determination and Education Assistance Act, and Urban Indian organizations under title V of the Indian Health Care Improvement Act. These providers are collectively referred to as Indian health care providers.

the rate of non-Hispanic whites<sup>2</sup>. In addition, AI/ANs experience greater health disparities (e.g. diabetes and chronic liver disease) and higher mortality rates than other Americans. For more information, please see <https://www.ihs.gov/newsroom/factsheets/disparities/>

The opportunity for states to expand Medicaid coverage to adults earning up to 133 percent of the federal poverty level (FPL) has increased enrollment of AI/AN families and children who were previously eligible but not enrolled in Medicaid or CHIP. In addition, the ACA contained provisions that simplified and streamlined the enrollment and renewal process for Medicaid and CHIP coverage generally. Specifically, states are now required to implement streamlined enrollment and renewal processes, greater outreach and availability of enrollment assistance, electronic data matching, and simplified verification procedures.

Despite these eligibility and enrollment improvements, AI/ANs still encounter enrollment challenges due to remote geographic locations, lack of access to reliable internet and phone service, distrust of government programs, language and health literacy barriers, and cultural differences. Understanding the history of the Indian health care delivery system is a key component to successful enrollment of AI/ANs into a state Medicaid program or CHIP. Many AI/ANs believe they should not have to enroll in a State Medicaid program or CHIP because health care is viewed as a treaty right or federal obligation.

However, enrollment in Medicaid and CHIP benefits AI/AN individuals, their families and their communities. Enrollment in Medicaid and CHIP helps reduce health disparities by providing AI/ANs with greater access to preventive and specialty care. Treatment of chronic care conditions on a continuous basis reduces the likelihood of AI/ANs facing unexpected or emergent care, and improves quality of life. In addition, increasing enrollment of AI/ANs into Medicaid and CHIP improves the health status of Tribal members and strengthens Tribal communities. IHS, Tribal, and urban clinics that enroll their patients can use the saved funding and resources on other uninsured patients. Moreover, when Indian health care providers receive Medicaid and CHIP reimbursements for direct care services, more money is brought into the Indian health care system to hire doctors and nurses, purchase equipment, renovate facilities, and meet accreditation and certification standards.

### **Part 1: Effective Enrollment Strategies for States**

There are a number of enrollment strategies that states may elect to provide expedited pathways to coverage and/or reduce administrative burdens. For more information about these enrollment strategies, please visit <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/outreach-and-enrollment/enrollment-strategies.html>.

We encourage states implementing these enrollment strategies to reach out to Indian health care providers located in their states. Please visit [www.ihs.gov](http://www.ihs.gov) for more information and location of these Indian health care facilities.

### ***Tribal Access to State Medicaid Eligibility Portal:***

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<sup>2</sup> AI/ANs who indicate the Indian Health Service or Tribal health program as their only source of health coverage do not have comprehensive coverage and are considered uninsured.

Many states are able to conduct real-time eligibility determinations for some applicants, allowing eligibility workers to enroll patients in real time at the clinic and in the field. For that reason, Indian health care providers with direct access to a state's Medicaid eligibility portal or those that have an eligibility or outreach worker onsite may be able to help patients get Medicaid coverage on the spot. Many Indian health care providers that conduct real-time eligibility determinations have seen an increase in Medicaid and CHIP enrollment of AI/AN families and children.

Access to state portals for eligibility information results in effective outreach and enrollment because:

- Using online applications and accessing state portals to see a person's Medicaid enrollment status streamlines and expedites the application process.
- Outreach workers with portal access can help prospective, re-enrolling, or renewing beneficiaries more easily navigate the application and renewal process.
- Outreach workers may be able to utilize mobile hot spots to assist families, located in remote Tribal communities, in applying for or renewing coverage in real time.
- Outreach workers can connect individuals to other support services they may be eligible for beyond Medicaid or CHIP. This type of service in AI/AN communities can help forge trusting relationships between beneficiaries and organizations.

#### ***Outstationing in Federally Qualified Health Centers (FQHCs)***

- Regulations at 42 CFR 435.904 require states to provide the opportunity for low-income pregnant women, infants, and children under age 19 to apply for Medicaid at outstation locations other than traditional eligibility offices, including FQHCs and DSH hospitals. Outstation locations must provide for the receipt and initial processing of Medicaid applications, including assistance in completing the application, providing information and referrals, obtaining documentation to complete processing of the application and conducting any necessary interviews.
- Indian health programs operated by Tribes under P.L. 93-638 and urban Indian organizations are entitled to be treated as FQHCs by statute. Providing state workers at outstation locations or entering into agreements with Indian health organizations to provide other arrangements for outstationing are effective strategies for enrolling AI/AN in their own communities. For more information, please see the State Medicaid Director letter entitled: Outstationing in Tribal and Urban Indian Healthcare Facilities, located at <https://www.medicaid.gov/Federal-Policy-Guidance/downloads/smd071901.pdf>

#### ***Tribal Medicaid Administrative Match***

Under Medicaid, states receive federal matching funds for certain activities related to the administration of their Medicaid programs. These activities can include, but are not limited to, outreach, application assistance, referrals, and coordination of covered medical services.

Tribes and Tribal organizations may partner with state Medicaid agencies to administer the Medicaid program, and receive partial payment (Medicaid Administrative Match, or MAM) from

the state for these activities. Under such a partnership, Tribes and Tribal organizations can certify their expenditures for Medicaid administrative activities authorized by an agreement with the state. The agreement must provide that the state pass on to the Tribe no less than the federal matching funding that the state receives based on that certified public expenditure. For example, a Tribal program could certify that it expended \$80,000 on Medicaid administrative activities authorized under its agreement with the state, and would receive from the state no less than \$40,000 in return. Tribes should be cautious in entering into such partnerships, to ensure that any tribally-funded administrative activities supplement rather than supplant state-required activities. We note that costs can only be recognized as allowable Medicaid administrative expenditures only to the extent that the expenditures are consistent with the agreement between the tribe and the state, are claimed consistent with Federal allocation principles and are supported by documentation demonstrating that the expenditures were both allowable and allocable as Medicaid administrative costs.

Under a Tribal MAM arrangement, payment to the Tribe for administrative activities performed on behalf of the state Medicaid agency would come from the state, pursuant to a written agreement between the Tribe and the state. The agreement would define the activities that would be allowable (such as helping potential beneficiaries fill out Medicaid applications), and the applicable cost principles for determining certified expenditures. The state would be able to submit claims for the Federal share of the expenditures certified by the tribe for such activities pursuant to the agreement. Some states, such as Alaska, California, Montana and Oklahoma, have successfully partnered with their Tribes and Tribal organizations to implement Tribal MAM programs. Please contact your state Medicaid office to see whether your Tribal program could participate in a Tribal MAM program.

### ***Express Lane Eligibility for Children***

Express Lane Eligibility (ELE) allows states to rely on findings for income, household size, or other factors of eligibility from "Express Lane" agencies to efficiently enroll and renew eligible children in Medicaid and CHIP, which can increase Medicaid and CHIP enrollment, reduce administrative burden for states and families, and simplify the renewal process. States have flexibility in implementing ELE policies to best fit their circumstances, including identifying eligible ELE entities, such as the Supplemental Nutrition Assistance Program (SNAP), School Lunch programs, Temporary Assistance for Needy Families (TANF), Head Start, and the Women, Infant, and Children's programs (WIC). Please visit our [Express Lane Eligibility](#) page at Medicaid.gov to learn more about states that have adopted strategies related to Tribal TANF and Head Start programs.

### ***Presumptive Eligibility***

Since 1997, states have had the option to use presumptive eligibility (PE) to enroll eligible pregnant women and children into Medicaid and CHIP without having to wait for their application to be fully processed. Under PE, states authorize "qualified entities," which can include health care providers, community-based organizations, schools, Tribes and Tribal organizations, and other entities to screen for Medicaid and CHIP eligibility based on

preliminary information provided by the family and immediately enroll children and pregnant women who appear to be eligible.

Under the ACA, all states are required to implement hospital PE for Medicaid. IHS and Tribally hospitals can participate if they qualify under state plan requirements. Through PE, hospitals are able to immediately enroll patients – children, pregnant women and other adults – who are likely eligible under a state’s Medicaid MAGI eligibility guidelines for a temporary period of time while a single streamlined application is completed and eligibility is determined.

States can promote Medicaid and CHIP enrollment for AI/ANs by implementing hospital PE as well as adopting a broader PE policy for children and pregnant women. Implementation of such policies will also help ensure AI/ANs have timely access to care while a final eligibility determination is made. IHS and Tribal hospitals interested in participating in PE, should contact the state Medicaid office or visit our [Presumptive Eligibility](#) page on Medicaid.gov.

***Continuous Eligibility for Children***

Since 1997, states have had the option to provide 12-months of continuous Medicaid and CHIP eligibility for children, guaranteeing a full year of coverage regardless of changes in family circumstances, such as income or household size, and eliminating moving in and out of coverage. Guaranteeing ongoing coverage ensures that children get appropriate care, helps doctors and other health professionals develop relationships with children and their families, and reduces state administrative burden. Many states with significant Indian populations and Indian health care providers have adopted the state plan option for continuous eligibility. For more information, please contact your state Medicaid office or visit <https://www.medicaid.gov/medicaid/outreach-and-enrollment/continuous-eligibility/index.html>.

**Part 2: Effective Enrollment Strategies for Indian Country**

The following strategies and best practices can be used by any enrollment assisters working in or with a Tribal community.

<b>Best Practices for Increasing Enrollment in Medicaid and CHIP for AI/AN Communities</b>	
<b>Varied Outreach Strategies</b>	Enroll uninsured patients who receive services in emergency rooms and hospital clinics by using hospital presumptive eligibility.
	If patients are coming in for a medical appointment, provide easy access to information about programs they might be eligible for, such as Medicaid and CHIP.
	Use local radio stations and newspapers to run advertisements and public service announcements. Or, post informational flyers on community boards at local supermarkets and post offices where Tribal members gather.
	Share Medicaid and CHIP information at Tribal events and community activities, such as health fairs, powwows, cultural events, and schools.

<b>Best Practices for Increasing Enrollment in Medicaid and CHIP for AI/AN Communities</b>	
	Use culturally appropriate fact sheets and brochures and include a point of contact –name, phone number and location.
	Call patients – make personal contact and build trust. Individuals will want to talk to a particular outreach person that they know and trust.
	Hand out business cards with name and contact information for application assisters. To help facilitate the enrollment process, some Tribal programs provide a list of documents or information they might need, such as social security numbers, monthly income, etc. Most of this information can be verified electronically, but by having these documents, the enrollment process may be faster and less confusing.
	Provide giveaway items as incentives, such as food, water bottles, hats, t-shirts, or coolers, to encourage individuals to apply.
	Have a staff person dedicated to helping families apply for children’s coverage.
<b>Technology in Outreach</b>	Use Facebook, Twitter, a blog, or email blasts to a developed listserv to promote programs and provide information about renewal.
	Use social media to remind people to apply and renew.
<b>Internal Technological Infrastructure</b>	State Medicaid agencies have the option to share AI/AN Medicaid enrollment data with Indian health care providers as long as personal health information is protected. This searchable database can be used to target outreach and enrollment efforts, to track patient enrollment status, and to send reminders and contact patients about renewal.
	Provide laptops for outreach workers conducting application and renewal activities to allow workers to visit client homes and complete the application face-to-face. This addresses some clients’ transportation barriers and helps prevent clients from forgetting necessary paperwork or documentation.
<b>Help Beneficiaries Renew So they do not have a lapse in Coverage</b>	Inform individuals when renewal is required, and remind them what materials are necessary to complete the renewal process.
	Track when patients are due for renewal (information is generally sent between 30 and 60 days prior to the end of the renewal cycle) using electronic spreadsheets or databases.
	When renewal is due, help patients fill out forms in-person to make the re-enrollment process as easy as possible.

## Best Practices for Cultural Competency and Working in Indian Country

If you are new to working with Tribal communities, there are some cultural differences that are important to understand before you start your outreach efforts. We have summarized and highlighted a few helpful hints from the Culture Card developed by the Substance Abuse and Mental Health Services Administration. We encourage you to review the Culture Card for more detailed information. You can view the Culture Card here:

<https://store.samhsa.gov/shin/content/SMA08-4354/SMA08-4354.pdf>.

Do's	Don'ts
Learn how the community refers to itself as a group of people (e.g., Tribal name).	Avoid stereotyping based on looks, language, dress, and other outward appearances.
Listen and observe more than you speak.	Avoid intrusive questions early in conversation.
Learn to be comfortable with silence or long pauses in conversation by observing community members' typical length of time between turns at talking.	Do not interrupt others during conversation or interject during pauses or long silences.
Casual conversation is important to establish rapport, so be genuine and use self-disclosure (e.g., where you are from, general information about children or spouse, personal interests).	Do not stand too close to others and/or talk too loud or fast.
Avoid jargon or slang. An AI/AN community member may nod their head politely, but not understand what you are saying.	Be careful about pointing with your finger, which may be interpreted as rude behavior in many Tribes.
It is acceptable to admit limited knowledge of AI/AN cultures, and invite people to educate you about specific cultural protocols in their community.	Avoid frequently looking at your watch and do not rush things.
If you are visiting the home of an AI/AN family, you may be offered a beverage and/or food, and it is important to accept it as a sign of respect. Sharing food is a way of welcoming visitors, similar to offering a handshake.	During a formal interview, if the person you are working with begins to cry, support the crying without asking further questions until they compose themselves and are ready to speak.
During formal interviews, it may be best to offer general invitations to speak, then remain quiet, sit back, and listen. Allow the person to tell their story before engaging in a specific line of questioning.	Do not touch sacred items, such as medicine bags, other ceremonial items, hair, jewelry, and other personal or cultural things.
Be open to allow things to proceed according to the idea that "things happen when they are supposed to happen."	Do not take pictures without permission.

## APPENDIX A: HELPFUL RESOURCES

MEDICAID and CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP): Medicaid and the Children's Health Insurance Program (CHIP) offer free or low-cost health coverage for eligible children and other family members. These programs may be called by different names in your state. is a State-Federal program that offers health insurance to eligible individuals.

Visit [www.Medicaid.gov](http://www.Medicaid.gov) or visit <https://www.medicaid.gov/medicaid-chip-program-information/by-state/by-state.html> and click on your state on the map for more information about each state’s Medicaid programs.

Visit [www.InsureKidsNow.gov](http://www.InsureKidsNow.gov), a website operated by the [Centers for Medicare & Medicaid Services](#), provides information for:

- Families seeking health insurance coverage for children and teens and families needing help locating a dentist
- Organizations interested in getting involved in the Connecting Kids to Coverage National Campaign, a national outreach and enrollment initiative initially funded under the Children's Health Insurance Program Reauthorization Act (CHIPRA) and the Affordable Care Act, and now through the Medicare Access and CHIP Reauthorization Act (MACRA).

### CMS TRIBAL AFFAIRS:

The CMS Tribal Affairs office has its own website, <http://go.cms.gov/AIAN>, which serves as a resource for AI/ANs Tribes, Tribal organizations, and Federal agencies. CMS Tribal Affairs develops and produces outreach and education resources, such as brochures, posters, training materials, webinars, and video and radio public service announcements (PSAs), to increase awareness and understanding of health insurance benefits available to AI/ANs. Many of these materials are developed in collaboration with HHS, IHS, CMS Tribal Technical Advisory Group, and national Indian organizations. For example, PSAs are developed monthly in the form of drop-in ads for Tribal newspapers and magazines translated in five native languages to air on Tribal radio stations (Zuni, Yupik, Navajo, Lakota, Ojibwe). We encourage Tribal communities to download these PSAs, print them in their local newspapers, newsletters, and play them on local radio stations or at outreach events. For more information about CMS Tribal Affairs outreach and education resources, please visit, <http://go.cms.gov/AIAN-OutreachEducationResources>.

Here are a few of CMS’s most helpful fact sheets for Outreach and Enrollment:

- Detailed fact sheet describing the protections for AI/ANs in the Medicaid program, “Medicaid Basics” <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/Medicaid-Basic-Fact-Sheet.pdf>
- Detailed fact sheet describing the protections for AI/ANs in the Children’s Health Insurance Program, “CHIP Basics” <https://www.cms.gov/Outreach-and->



[Education/American-Indian-Alaska-Native/AIAN/Downloads/AIANCHIPFACTSHEET.pdf](https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/AIANCHIPFACTSHEET.pdf)

- Summary of the special protections available to AI/ANs as a result of the Affordable Care Act and the Indian Health Care Improvement Act, our “AI/AN Special Protections Fact Sheet” <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/AIANSpecialProtections1902-N-FactSheet.pdf>
- Many AI/ANs may qualify for Medicaid because most Indian trust income is not counted when determining eligibility for Medicaid. This process for determining income eligibility is based on Modified Adjusted Gross Income (MAGI), “AI/AN Trust Income and MAGI Fact Sheet” <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/AIANTrustIncomeandMAGI-FactSheet1903-N.pdf>
- Medicaid Estate Recovery requires state Medicaid programs to assess claims against the estates of some Medicaid beneficiaries who have died. Many AI/ANs are exempt from Medicaid Estate Recovery. This fact sheet explains how, “Medicaid Estate Recovery Rules and Protections for Indians” [https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/CMS\\_AIAN\\_Medicaid\\_Estate\\_Recovery\\_brochure\\_11905-N\\_PrintReady.pdf](https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/CMS_AIAN_Medicaid_Estate_Recovery_brochure_11905-N_PrintReady.pdf)
- CMS developed a Tribal Glossary that explains commonly used health insurance terms in plain language and in a Tribal context, “Tribal Glossary Brochure” <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/Tribal-Glossary-Brochure.pdf>
- CMS developed a Tribal specific tip sheet for navigators and assisters working with AI/ANs, “AI/AN Assisters Tips” <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/AIAN-Assisters-Tips.pdf>

Please see our Helpful Resources fact sheet for more resources: <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/AIAN-Resource-Links-January-2016.pdf>.

**NATIONAL INDIAN HEALTH OUTREACH & EDUCATION (NIHOE):** [www.tribalhealthcare.org](http://www.tribalhealthcare.org)  
NIHOE is a national partnership between Indian Health Service (IHS), the National Congress of American Indians (NCAI), and the National Indian Health Board (NIHB). Its website provides AI/AN consumer-oriented education materials and training tools to assist in enrollment of AI/AN families and children into the Marketplace, Medicaid and CHIP.