

Centers for Medicare & Medicaid Services  
Medicaid and CHIP Renewals Webinar Focused on Reaching Special Populations:  
Reaching Out to People Who Live in Rural Areas  
August 24, 2023  
3:00 PM-4:00 PM ET

Webinar recording: [https://cms.zoomgov.com/rec/share/t3z8IH3-u\\_H1gCiQBUImsibCCX07bbPkLmpSgCHk\\_Nghgn\\_LO\\_o\\_yRYzzzT6WWVW.HhmyVgAfOtzSAr2z](https://cms.zoomgov.com/rec/share/t3z8IH3-u_H1gCiQBUImsibCCX07bbPkLmpSgCHk_Nghgn_LO_o_yRYzzzT6WWVW.HhmyVgAfOtzSAr2z)

Passcode: Wb4\*%1.@

**Tasha Bradley:** [not recorded] *Hello and welcome. I am Tasha Bradley—I am a Senior Technical Advisor with the Office of Communications at CMS. Thank you so much for joining us today for our stakeholder webinar on Medicaid and Children’s Health Insurance, or CHIP. Today’s webinar is focused on partners and stakeholders who work with rural populations. As you may know, states have recently restarted their regular Medicaid renewals now that the pandemic-era protection for Medicaid coverage has ended. Between now and mid-2024, everyone with health care coverage through Medicaid or CHIP will need to renew their coverage. If an individual is no longer eligible for Medicaid or CHIP, they can transition to another form of health insurance coverage, such as Health Insurance Marketplace or employer-sponsored coverage. This summer, HHS and CMS are hosting webinars focused on providing partners with strategies to share information with diverse communities and audiences about Medicaid and CHIP renewals and how to help people retain coverage.*

Everyone should be able to see today’s agenda on the screen. First, we will hear from Kerri Cornejo, who is the Policy Coordinator at the Federal Office of Rural Health Policy at Health Resources and Services Administration, also known as HRSA, who will provide some opening remarks on why it’s important to make sure that people living in rural communities are aware of Medicaid and CHIP renewals. Next, we have the training portion of the webinar, where Jonathan Blamar, Deputy Director of PRG will walk through a set of slides that you all can use in your outreach and education work in your communities. Then we will have Lisa Carr from CMS, who will walk through the new rules fact sheet that houses important information related to Medicaid and CHIP, in what enrollees need to know, as well as strategies for reaching out to people who live in rural areas. Fourth, we will hear from partners who will share best practices for reaching out to people living in rural communities. We will hear from Alexa McKinley, who is a Regulatory Affairs Manager at the National Rural Health Association. We will hear from Samantha Black, who is our Population Health Program Coordinator, and Olivia Ingalsbe, who is a Prevention Service Specialist, both at Ellenville Regional Rural Health Network. Lastly, we will have time to answer some questions before we close out the call today.

Before we begin today’s training, I wanted to share a few housekeeping items. The webinar today is being recorded. The recordings, transcript, and slides will be available on a Medicaid and CHIP renewals outreach and educational resource webpage at [Medicaid.gov/Unwinding](https://www.medicaid.gov/Unwinding). The link to the webpage will be posted in the chat. Also, while members of the press are welcome to

attend the call, please note that all press and or media questions should be submitted using our media inquiry form, which may be found at [www.cms.gov/newsroom/media-inquiries](http://www.cms.gov/newsroom/media-inquiries). All participants are muted; closed captioning is available via the link shared in the chat by our Zoom moderator. As I mentioned, we will have time to answer a few questions today. You can submit questions using the Q&A function from the menu below. Questions that we do not have time to answer today will be used to help inform topics covered on future calls. With that, I now would like to transition over to Kerri Cornejo from HRSA. Kerri?

**Kerri Cornejo:** Thank you so much and good afternoon, everyone. I am the Deputy Director of our Policy Research Division here in the Federal Office for Rural Health Policy. I'm also a Lead in our Office for Medicaid and CHIP renewal issues with the ending of continuous enrollment. I do want to thank the Center for Medicare and Medicaid Services for inviting me to speak today and for hosting this event specifically geared towards reaching rural communities. I also want to thank all of you for joining us here today to discuss the important topic of the Medicaid and CHIP renewal process and reaching rural residents with Medicaid and CHIP so they can take steps to continue their health coverage or find other coverage options.

For background, my Federal Office of Rural Health Policy serves as a focal point for rural health activities within the Department of Health and Human Services. We've played two distinct but complementary roles with HHS health resources and services and administration. The first is to advise on Rural Health Policy issues across the department, including interactions with the Medicare and Medicaid programs. The second is to administer grant programs focused on supporting and enhancing health care delivery in rural communities. Because of that dual role, we've been able to work with grant teams and partners to spread this important message and also to fund work to support Medicaid and CHIP renewal activities at the rural community level. We expect rural populations to be especially impacted by the Medicaid and CHIP renewal process, and retaining eligible people and coverage is a top priority. Medicaid is an important source of health coverage for approximately 61 million Americans living in rural areas. In fact, according to recent stats, Medicaid covers nearly a quarter of rural residents under age 65, at least 50% of all rural areas. At the same time, we know that people living in rural areas often face weak barriers to access, including longer travel distances and lower rates of internet connectivity. Community-based organizations, outreach workers, case managers, and enrollers embedded in communities across the country, including rural areas, play a vital role in reaching the millions of people affected by the end of continuous coverage in Medicaid.

In fact, earlier this year, we were able to award approximately \$1 million in supplemental funding to existing grantees in a small health care provider quality improvement program to support community benefits and counseling activities in rural health care settings. We are fortunate to have representatives with us today from Ellenville Regional Health Network, one of our grantees, to share best practices and strategies from their work providing outreach and education to their communities in rural New York State. Across the agency, we continue to support our programs and share policy updates to help affected individuals re-enroll into Medicaid or CHIP. You can visit [www.hrsa.gov/library/got-transition](http://www.hrsa.gov/library/got-transition) for more info and the fact sheet we developed outlining some of the agency's key activities related to Medicaid and CHIP renewals. HRSA, the Federal Office of Rural Health Policy, our CMS colleagues, and partners are committed to supporting health care coverage for rural and other historically underserved

populations, especially as Medicaid continuous enrollment provisions wind down. With that being said, I am honored to be able to kick off the call today so we can share resources and insights from CMS, the National Rural Health Association, and the Ellenville Regional Rural Health Network. I will now turn it over to Jonathan Blonar from CMS. Jonathan?

**Jonathan Blonar:** Great, thanks, Kerri. Good afternoon, everyone. The slide is up, thank you Nnedi. So today, I want to share information with you all about what is happening with the Medicaid program and CHIP program and how we make sure people keep healthcare coverage over the next year. Medicaid and CHIP have been a lifeline for many families during the pandemic. States are now checking to see if each person enrolled in Medicaid and CHIP programs still qualify for coverage. We know that you all may work with or serve people covered by Medicaid or CHIP, and we want to make sure that you have all the information that you need to share with your partners, colleagues, and other people in your community to help people remain enrolled in these programs or find alternate health care coverage. Next slide, please.

Before we get into today's content, I want to provide some framing about today's training and why this information is important to get out to your communities and how you can use the materials we walk through today to train other organizations and people enrolled in Medicaid and CHIP about what actions they need to take. Next slide, please.

So, what are Medicaid renewals? During COVID, people could keep their Medicaid coverage so they wouldn't be at risk of losing care in the middle of the pandemic. Prior to COVID, states engaged in regular renewal processes with people coming on and off Medicaid regularly, whether it is because of administrative challenges or changes in life circumstances that made them eligible for other types of coverage. This process is now resuming for the first time in three years. Next slide, please.

So, what we want to take away from the training is one, we want you to leave this training as a local expert in your community so that you can educate your neighbors, friends, family members, coworkers, other community organizations, and people with Medicaid and CHIP about actions that people enrolled these programs need to take. The key takeaway from today's training are understanding why this information is important and the impact that Medicaid and CHIP renewals have on people in your community; learn about steps that you need to take to renew Medicaid or CHIP coverage; review of the health insurance options for people who would no longer be eligible for Medicaid or CHIP; and understand your call to action and how you can help people with Medicaid or CHIP keep their health insurance coverage. Next slide, please.

Why is this training important? Because people enrolled in Medicaid and CHIP need to take action now, or else they could lose their health insurance coverage. Many people enrolled in Medicaid and CHIP do not know that they need to take action or what action they need to take to keep their health coverage. You are a trusted voice in the community, and you have the ability to make sure people receive the information that they need to keep their Medicaid or CHIP coverage or find another health coverage option if they no longer qualify. Next slide, please.

So, this next set of slides are the slides that CMS put together that are available on our website that partners can use and people can use to educate their communities, and we are going to walk through them today. Next slide, please. So, what is Medicaid? To start off, we would like to talk about what Medicaid is. Medicaid provides health coverage to over 86 million Americans, which includes low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is also the single largest source of health care coverage in the United States. Each state runs their own Medicaid program, and they all have different names. It might be called something else in one state; for example, the Medicaid program in Tennessee is called TennCare. Feel free to fill in the blanks with your own state Medicaid name so it resonates with the community. Visit [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals) for more information about your state's Medicare program. Next slide, please. What is the Children's Health Insurance Program, otherwise referred to as CHIP? CHIP provides health coverage to over 7 million uninsured kids in low-income families. Just like Medicaid, each state runs their own CHIP program, and they have different names as well. For example, the CHIP program in Georgia is called PeachCare And again, feel free to fill in the blanks if you use this slide presentation to put in the state's name of your CHIP program—as you can see on the slide here, for example, in Georgia it is called PeachCare. So, this is a customizable slide that folks can use to make it very specific to your state. Next slide, please.

For the past three years, people on Medicaid and CHIP programs were not required to renew their coverage because of the COVID-19 pandemic. During this time, we paused renewals to ensure as many people as possible stayed covered during the pandemic; this was referred to as continuous enrollment condition. It ended on March 31st of this year, and states have now resumed the yearly process of Medicaid and CHIP eligibility renewals and are contacting people to determine if they are still eligible. Over the next 12 months, everyone with Medicaid or CHIP coverage will need to renew their coverage. The expiration of the continuous enrollment conditions is the single largest health coverage transition event since the first open enrollment period in the Health Insurance Marketplace. Next slide, please.

As mentioned, states are now contacting individuals to see if they are eligible for Medicaid and CHIP. If an individual is no longer eligible for Medicaid and CHIP, they can transition to another form of health insurance coverage, such as finding coverage on [HealthCare.gov](https://www.HealthCare.gov), which is the Affordable Care Act Marketplace. If they are eligible, they can apply for Medicare or employer-sponsored insurance coverage. Again, over the next 12 months, the states will spread out renewals, which means not everyone will have their Medicaid or CHIP coverage renewed at the same time. Each state has a different timeline, and you can find those timelines on [Medicaid.gov/unwinding](https://www.Medicaid.gov/unwinding) under the Planning Tools and Template section. You can also add your own state timeline on this PowerPoint slide. The next slide talks about how this impacts people in my community. Over 15 million people are expected to lose Medicaid or CHIP coverage, which includes nearly 5.3 million children. Nearly 4.6 million people are predicted to lose coverage and identify as Latino, and 2.2 million people identify as Black. People enrolled in Medicaid and CHIP need to take action now to renew coverage if eligible. If found not eligible, people will be able to transition to the Marketplace or another form of coverage, and we need partners like you to help make sure that people enrolled in Medicaid and CHIP complete the steps to renew their coverage or know what options that they have for other health insurance coverage. Next slide, please.

So, what do people enrolled in Medicare and CHIP need to do to renew their coverage? So, first, states will use information that they already have to decide if people are still eligible for Medicaid or CHIP. If the states need more information, they will send a renewal letter in the mail. We are asking people to check their mail to see if their Medicaid or CHIP office sent a renewal form. This may be the first time renewing coverage for some people—we want to make sure people know what steps they need to take to renew coverage if they are still eligible. The Biden-Harris Administration is committed to maximizing the number of people with affordable, high-quality coverage. We want to make sure people stay covered, whether it is to Medicaid, Medicare, Marketplace, or employer-sponsored coverage. Next slide, please.

So, what steps do folks need to take? One of the first steps is people need to make sure that their contact information with the state Medicaid or CHIP office is up to date. This includes current address, phone number, e-mail, or any other contact information that their states collect. Second, people need to check their mail, and look for any mail from the state Medicaid or CHIP program. The letter will let them know if they need to complete a renewal form to see if they're eligible for Medicaid or CHIP. Next slide, please.

If you have folks who have received renewal letters from the state, please read the letter. Make sure that they read the letter in its entirety. Make sure they complete the renewal form; they need to fill out the form and turn it back in to the state Medicaid or CHIP office right away to help avoid gaps in coverage. We are asking parents to still complete the renewal form as their kid may still be eligible for Medicare or CHIP even if the parents are not. After completing the renewal form, look out for follow-up information from the state above the coverage. States will let people know if they are no longer eligible for Medicaid or CHIP and when their coverage will end. Next slide, please.

So, what steps do people need to take if they lose Medicare or CHIP coverage? Step one, look over your notice from your state and see why you lost Medicare or CHIP coverage. If your state ended your coverage because they did not have the information that they needed to complete the renewal, then you can contact the state to provide the missing information. You can find your state's contact information at [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals). If the state ended your coverage because you are no longer eligible for the program, you will need to find another option for health care coverage. Step two, the beneficiary has the option to appeal the decision or reapply for Medicaid or CHIP. If they think they are still eligible for Medicaid or CHIP and the state wrongly ended the coverage, they can appeal the decision and ask the state to do a second review. If there is a change in a situation, such as an income change, you can reapply for Medicaid or CHIP at any time. Visit [Medicaid.gov](https://www.Medicaid.gov) to find out how you can contact the state to reapply. Next slide, please.

The last step is to look for other health insurance coverage if you are no longer eligible for Medicaid. This can include the Health Insurance Marketplace, Medicare, or employer-sponsored coverage. For the Health Insurance Marketplace, most people can find plans for \$10 or less with financial help. All plans cover doctor visits, prescription drugs, emergency care, and more. People can apply for Marketplace coverage as soon as they lose Medicaid coverage; you don't have to wait until open enrollment. For more information, you can visit [HealthCare.gov](https://www.HealthCare.gov). For Medicare, people 65 and over can enroll in Medicare without paying a penalty if they miss their

initial enrollment period; for more information, visit [Medicare.gov](https://www.Medicare.gov). And for employer-sponsored coverage, check with your employer. People can enroll in the plan outside of open enrollment if they recently lost Medicaid or CHIP. Next slide, please.

So, what can I do to help people with Medicaid or CHIP in my community? We are calling on all state members of Congress, the health care industry, faith-based, other community organizations, rural organizations like yourselves, advocacy coalitions, and other public and private partners to do everything in their power to help people stay covered. This work is all-hands-on-deck and will continue to be. We urge our partners in the public and private sectors to directly reach out to Medicaid enrollees and help them complete the renewal and help connect them to the appropriate healthcare coverage. On this slide, we list four ways to help people with Medicaid and CHIP in the community. We encourage you to help raise awareness. You can do that by using the slide presentation that's available on our website. You can download it, you can do this presentation to members of your organization, and you can do it in your community at local committee organizations. Share resources with the community and begin incorporating information about Unwinding materials, presentations, and work plans you have in development. Lisa Carr from CMS will go to the resources that we have available on the CMS Unwinding webpage—there are a lot of great resources out there, a lot of them are tailored to certain populations. We have a school-based toolkit out there, a faith and community-based toolkit, so a lot of great resources out there that are available for people's use. Let people know where they can go to get more help. We will walk through this again in the next couple of slides. And partner with other organizations in your state, region, or community to reach people with Medicaid and CHIP coverage. Think about organizations that might not consider themselves Medicaid experts, such as food banks, who work with a lot of people that likely have Medicaid and CHIP. Next slide, please.

Where should I direct people to if they have a question? On this slide, we include where we can direct people if they have questions. For questions about Medicaid or CHIP, contact your Medicaid or CHIP office directly. For questions about the Health Insurance Marketplace, visit [HealthCare.gov](https://www.HealthCare.gov) or find local help in your area by going to [localhelp.healthcare.gov](https://localhelp.healthcare.gov). You can also call the Marketplace call center at 1-800-318-2596, and help is available 24 hours a day, 7 days a week, with more than 200 languages. For questions about Medicare, visit [Medicare.gov](https://www.Medicare.gov) or call 1-800-Medicare. If you need help with the enrollment form, you can contact the local Social Security Administration field office by visiting [www.ssa.gov/locator](https://www.ssa.gov/locator) or by calling 1-800-772-1213. I know Tasha has been dropping a lot of links in the chat while I have been speaking. Again, the slides are available on the website; they are a great resource for partners to download and help spread the messaging about what Medicaid is, what CHIP is, and why it is so important for people who are currently covered by Medicaid or CHIP to make sure that their contact information is up to date, they are checking their mail regularly for information from the state, and they are submitting the renewal form as required. With that, I would now like to turn it over to Lisa Carr, who will walk through some of the resources that I mentioned. Lisa.

**Lisa Carr:** Wonderful Thank you so much, Jonathan, and if we can go to the next slide. You will see this is, “What strategies that I can use to reach out to people who live in rural communities?” CMS recently released a new fact sheet to help spread the word to help people who live in rural communities. This new fact sheet provides important information people need

to know about Medicaid and CHIP renewals and strategies for partners like you to reach out to people who live in rural communities. Here are some of the strategies that you can use to reach out to people in rural communities. You can partner with trusted messengers and influencers, such as faith-based and community leaders, local providers and local health clinics, federally qualified health centers, community centers, schools, daycare, childcare centers, libraries, and neighborhood associations, even grocery stores and small businesses, and other local organizations in your area, to share resources and post outreach events. You can share messages on local and different communication channels such as your local newspaper, radio, TV, bulletin boards, and on social media. You can hand out materials at local events such as health fairs, or you can get the help of local enrollment assisters to help people enroll. To find role enrollment assisters in your area, go to [localhelp.healthcare.gov](http://localhelp.healthcare.gov). This fact sheet can be found on [Medicaid.gov/unwinding](http://Medicaid.gov/unwinding), and this is a website that is under the Outreach and Educational Resources section; we will drop that link in the chat.

If you go to the next slide, you will see CMS has created a series of resources to help raise awareness about renewing Medicaid and CHIP coverage. On the slide, you will see a sampling of some of these materials, such as fillable flyers for states to customize, conference cards, postcard material for health care providers, social media graphics, and more. These materials are meant for people who have not received their renewal forms from their state yet. The messages in these materials focus on updating your contact information with your state and keeping an eye out in the mail for anything from your state Medicare or CHIP office. All materials are available in English and in Spanish, and select materials are available in other languages, such as Chinese, Hindi, Korean, Tagalog, Vietnamese. All of these materials can be found on the [Medicaid.gov/unwinding](http://Medicaid.gov/unwinding) website under the Outreach and Educational section. So, if we go to the next slide.

CMS has created a series of resources to help people who have lost Medicaid and CHIP coverage learn about the next steps for finding other health insurance coverage options. And so, on the slide, you would see a sampling of this material, which includes a tip sheet for partners and a fact sheet on what to do if you no longer qualify for Medicaid or CHIP; a fact sheet on the transition from Medicare, the program for people age 65 and older; and one of the social media graphics that encourages people to visit [HealthCare.gov](http://HealthCare.gov). We also have some additional materials for employers who may have employees who are losing Medicaid coverage. These materials are also available in English and Spanish, and select materials are available in those additional languages. All of these materials can be found on the [Medicaid.gov/unwinding](http://Medicaid.gov/unwinding) website under Outreach and Educational Resources.

If we go to the next slide, CMS has created messages and resources for kids and families, which include fillable and non-fillable cards. We have postcards for kids with Medicaid and CHIP and for renewing kids with Medicaid or CHIP. These materials focus on making sure families know what steps they need to take to renew their kids' coverage. Parents should respond to the renewal letter. Even if they don't think they are eligible, their kids could still be eligible. CMS recently released a new toolkit to help early education professionals share information with parents and families about what is happening with Medicaid and CHIP renewal. This toolkit includes letters, text, and e-mail messages, robocall scripts, and sample social media, flyers, postcards, and other resources to help schools and early educational professionals reach out to families and children.

All of these materials can be found on [Medicaid.gov/unwinding](https://www.Medicaid.gov/unwinding). This is our website, and under the website, you will see the Outreach and Educational Resources section on the left side of the screen.

If you go to the next slide, you will see how I can use these materials; print materials can be posted or handed out in office spaces and community centers, at congregation and other faith-based organizations, or at local events. Flyers can be posted in the community where people regularly visit. They can be handed out to businesses to increase awareness, events, and community events where families gather is a great place to share this information. You can send the information out through a listserv notice, and send messages to members, customers, patients, or constituents about Medicaid renewal. You can post graphics on social media. The CMS communication toolkits provide social media graphics and text to make it easy to share on social media channels, and that is available in English and Spanish. Many states also have their own social media toolkits for partners. You can also repost information shared by CMS or your state Medicaid office. And finally, use CMS materials as inspiration for your own material. Use the information in these materials to help your organization create customized materials that are most useful to the people that you serve.

Now if you go to the next slide, “What is my call to action now that I have completed this training?” We hope that you will educate other organizations in your network or community about Medicaid and CHIP renewals and about the importance of getting this information out to people enrolled in Medicaid and CHIP. Use the slide deck as a guide to train other people about Medicaid and CHIP renewal and the options available for people who are no longer eligible for Medicaid or CHIP. You can share that information and resources with clients, consumers, or patients. Use the information shared today to help start conversations with people that you serve. The CMS handouts are great conversation guides to walk through the next steps, no matter where someone is in the process for renewing their coverage. We have written the material to be easy to understand by people who are on Medicaid and CHIP and for people and communities, so it is simpler than some other information that you see today—we encourage you to check it out. Think of the different ways that you might be able to reach people in your community that have not got the information yet. Use your existing connections and communications to share the information but look into forming new partnerships to make sure everyone in your community receives this very important information.

If you go to the next slide, you will see the additional resources that are available—these are the links for our [Medicaid.gov](https://www.Medicaid.gov) Unwinding page. On the [Medicaid.gov](https://www.Medicaid.gov) renewal page, you will see a state map, and you can click on your state and learn more about renewals in your particular state. You can see the communications toolkit in English and Spanish. We also have a CMS Medicaid renewal outreach and education page—that's where all the resources are, where you will see the two new toolkits—our school-based toolkit and faith-based toolkit. And you can use this to reach out to schools and faith-based organizations that can use these toolkits to share the information with people and their schools and educational institutions or daycare centers, or in their congregations. So, please check that out—I think it'll be helpful. I will now turn it over to Alexa McKinley with the National Rural Health Association.

**Alexa McKinley:** Thank you Lisa. So again, I am Alexa McKinley with the National Rural Health Association, and today I will go over general outreach and messaging strategies for reaching the rural population during the redetermination process. Next slide, please. Really quick before I begin, if you are not aware of NRHA, we're a membership nonprofit and we represent rural providers and patients across the country. Next slide, please.

So, before I go into strategy, I want to set the context for how important Medicaid is in rural areas, and Kerri did a good job of that, so I will reiterate. Medicaid covers about a quarter of rural adults under 65 and almost half of all children in rural areas are covered by CHIP. So, this really underscores how important it is to make sure that rural residents maintain coverage, whether it looks like staying on Medicaid or transitioning to another source of coverage. Second, in general, rural residents are more likely to be uninsured for a variety of reasons. During this time, again, it's incredibly important to ensure that they maintain coverage, so we don't lose the gains that we have seen in insurance coverage over the last several years. Also, rural residents face many unique social determinants of health that those living in urban or suburban areas may not. So, some that are relevant for today's discussion are less access to the internet or less broadband buildout and rural areas and accordingly less access to cell service. This means that a lot of rural residents are more reliant on print publications or other forms of media like radio versus things like text message campaigns or social media. For those reasons, some preliminary research shows that rural residents are more likely to lose coverage during this process for procedural reasons versus actually being ineligible for Medicaid. So, this kind of shows us that they may not receive the information that they need in order to stay on Medicaid because they are still eligible. Next slide, please.

So, just a couple of things to keep in mind when thinking about reaching rural populations. First, I just want to highlight that NRHA has really been focused on getting the message about how important it is to stay up to date on re-determination information to providers because it is a huge chunk of our membership. And we've really been in an outreach and education position throughout this process so far. And providers are likely aware of what is going on, but they should really be a target of your outreach as well because they serve as an important resource for Medicaid patients. So, that is something to keep in mind during this time when you're spreading information and going into communities to help. You may want to reach out to those providers as well as Medicaid enrollees.

Then, when I go over strategies on the next page, something to keep in mind is that to reach rural people, it is key to meet them where they're at. What I mean is doing outreach that is effective and most guaranteed to reach them. So, what I talk about on the last slide in terms of less internet access, you need to consider finding other communication channels in order to reach them. This looks like print and paper resources, radio, things that have been discussed in the webinar. And then the last bullet there is just what I'm calling redetermination clinics, but I really just mean something where someone's going in person face-to-face in a community to help spread information and help with forms and paperwork, etc. And I can expand on that a bit on the next slide.

So, I am sure many of you know, but trust and a sense of community are important values in rural communities. So that makes pinpointing who is a trusted voice, or a trusted resource really

key for building partnerships to get this message out during the redetermination process. And, of course, for a lot of people in the webinar, that voice is likely you. And if it is not, it is again super important to find out who is a trusted leader or organization in the community and work with them to do outreach. And again, meeting people where they are at, and I mean, that literally now. So, it's important to identify frequented touch points or locations where residents in the community go, perhaps every day, every week, or a few times a month. I think Lisa was talking about this previously, but this may be something like a rural health clinic, doctor's office, or pharmacy, where the provider and other clinical personnel can spread the message about redetermination and ask patients, "Are you on Medicaid? Do you know that you need to fill out some paperwork?" It should also be outside of clinical settings. So, churches, which are oftentimes community centers in many rural areas. Grocery stores, dollar stores, really anything that is a convenient place in a rural community, and that varies from community to community, of course. So, it's important to know what your community needs, and that can also happen at events that happen frequently, something like a farmers market. And then I would also like to highlight that this is a great time of year because it is back to school, so schools can be really important touch points; it is critical because you can reach families there, in some states, we see more CHIP disenrollment versus Medicaid disenrollment.

The last point that I will make is at NRHA, we like to say rural is not a monolith. When you think of a stereotype of rural communities or rural person it's just a stereotype, and communities really vary. So, we need to think about the makeup of the rural community that you are trying to reach. And what intersecting populations and identities are there? So, for example, think about, is there a large Spanish-speaking population? That adds a layer of difficulty potentially in outreach, so keep in mind as every community varies in its makeup and resources, during this important time, we need to be accessible to all.

And on the next slide. This is a set of resources that I want to share with this group. Our RHI hub is, in general, a really great place for any rural health information, and they put together a web page that compiles tons of redetermination resources, including a lot of the ones discussed and put out by CMS. Today, AHIP has created a redetermination toolkit that has a lot of communications and messaging tools. And this includes, to my last point, the last slide of Spanish resources. If you are interested in the role of Medicaid and rural communities and in rural health generally, we are part of the Modern Medicaid Alliance, and they've created a rural health and Medicaid toolkit, so that can get a little more in-depth than I can today.

Last, I would really encourage you to reach out to NRHA, and we are here to help amplify this message and answer any questions. Our emails are on this slide and the last e-mail Zil Joyce Dixon Romero is actually our State Government Affairs Manager. He has a lot more connections with State Rural Health Associations and state contacts, and that can be helpful considering Medicaid can vary from state to state. And with that, I will turn it over to Samantha Black and Olivia Ingalsbe from the Ellenville Regional Health Network. Samantha and Olivia?

**Samantha Black:** Thank you, Alexa. Good afternoon, everyone. My name is Samantha, and I'm joined here with my colleague Olivia. We are from Ellenville Regional Rural Health Network. We are a recipient of the HRSA Quality Improvement grant and were recently awarded

supplemental funding to support community benefits counseling activities and related work to meet community needs for the Unwinding of the Public Health Emergency. Next slide, please.

We are housed within Ellenville Regional Rural Hospital in Ellenville, New York, which is located in southeastern New York in Ulster County—you can see in the map, the green star. We have tri-county service areas, which make up the Wawarsing region; as you can see on the map, we also service neighboring counties in Sullivan and Orange. Within the counties, we focus predominantly on mountainous and isolated areas that are designated as rural by the Rural Health Eligibility Grant analyzer. Next slide, please.

Here, you can see some population demographics—Wawarsing, Crawford, and Mamakating, they all share similar characteristics in terms of population counts and median age or aging populations, income, educational attainment, and insurance status; all areas are designated as rural and experience common barriers that Alexa highlighted, such as transportation, lack of access to health care and resources, food insecurity, affordability, lack of broadband access. Next slide, please. And now that we have gone over the target population in rural service areas, I will pass things over to Olivia Ingalsbe, who can provide insight on community outreach efforts in response to Unwinding a Public Health Emergency. Olivia?

**Olivia Ingalsbe:** Hi, everyone. Thanks, Samantha; we put together a little flow chart to show you what our outreach is looking for so far and how we have been trying to build this as a community-based organization in our rural areas. If you look at the color guidelines, it shows what we have already done of what's in progress and what our next steps are looking like. So, we have taken a twofold approach on one side, having awareness and education on the other side, availability, and assistance, both with the goal to keep the community insured, whether that means maintaining current enrollment, reducing disenrollment rates, or enrolling those who are eligible. When we're talking about awareness and education, this comes together really well with availability and assistance, so if anyone is aware of the steps that need to be taken and is not really sure what those steps are, they have someone that they can meet with in the community and walk them through it. So, in our scenario, we are based in New York, so we had someone from our financial department, because we are based in the hospital, that was already certified as an application counselor. And then that we also designated a staff member, which in this scenario was me, to become a certified application counselor as well.

So, we first start out with spreading awareness through social media and virtual outreach using CMS and New York State health toolkits. Also, by sending e-mail through the cohorts that we already have, and then also through handing out flyers and attending community events, which then goes into the tabling. Just like everyone was saying before on this call, really utilizing and leveraging resources that we already have at our fingertips. So, going to back to school events has been helpful for us. Partnering with other departments because we also work with substance use programs, and so kind of getting into cooling centers and other spaces like that. Going forward now to awareness and education, really networking and recruiting partners. Whether you have worked with them or people we can build relationships with and think about, who is in the best position to support those who are most at risk and impacted by these changes? Where can we build off of existing relationships you might already have? Now going back to the other side about availability and assistance. So far, I completed the New York State of Health training, and

the next phase is trying to boost that out to the community through word-of-mouth. Then also going to different spaces and talking to people to let them know what is going on and that we are available, and we have been creating brochures and flyers and putting them up and sending them out.

Another step that we're working on is creating presentations about Medicaid enrollment and the changes to the Unwinding Public Health Emergency and then coming up with a list identifying spaces for those sessions to be held. And thinking about what is most accessible and really meeting people where they are.

Next slide, please thank you. So now, going into some best practices, just overall kind of thinking about asking yourself the right questions and using what you have in assessing what you don't have. When asking yourself the right question, you know your community best, and you know what space might be most popular or spaces that you have not started yet. That might be lacking in thinking about what your best way in would be. So, attending school events and community centers, going to grocery stores, faith-based organizations, cooling centers, and health centers. Also, thinking about the ways you can advertise any resources, like reiterating the CMS resources has been great, and in New York State of Health, toolkits have been helpful for kind of having things that are ready to go and building off from there with what we can. And then also thinking about barriers that people might be experiencing to getting them the awareness that they need to take the steps for reapplying or recertifying and getting those documents in.

So, collaborating with community centers or libraries and places that are easily accessible to all community members. And then think about what you already have and what you are already doing for us. For us, we offer programs in nutrition counseling, health coaching, and fitness classes. So, we are able to spread the word through those spaces, and also that includes the physical spaces where those classes are held. We are close with the senior housing facility and were able to really get involved in that space, too. Start where you are and build out from there. Also, if you have access to hospitals and finance and marketing departments, so if you are an organization that has access to other departments as well, I definitely recommend using that as a leverage point. If you don't, maybe you reach out and partner with other organizations that do have those abilities. Also helps with future sustainability. Next slide please. Thank you so much for listening, and we really appreciate being asked to come and present. With that, I will turn it back to Lisa Carr from CMS. Lisa?

**Lisa Carr:** Wonderful, thank you so much; we really appreciate your presentation. So, now were going to turn it over to the Q&A section of the webinar. Thank you to those who have already submitted questions. If you have a question that you have not submitted yet, please do so now. We have a couple of questions that we have in our box here. And the first one is going to Alexa. So, we will go back and send that to you Alexa—do you want to answer your question? It is “Do you have any suggested messaging or best practice to reach people who live in rural areas who may be less trusting of government insurance or assistance?”

**Alexa McKinley:** Yeah, thank you, Lisa. That's a really great question. And my answer is kind of going to depend on what organization you are. But I really want to highlight what I was talking about before, which is using already-trusted voices in a community. So, something I did

not talk about as much in my presentation was the face-to-face aspects. Depending on if you are a state organization or a very local organization, think about who a trusted person is, and potentially work with them to make that face-to-face contact with individuals. Someone who is widely known maybe, again, like a faith leader, to talk about this and use CMS messaging strategies on renewals. So, when it comes to the face-to-face aspect, it just really helps to have someone who knows the area versus someone like me who comes in from a big national organization in DC to talk. I can understand why they would be distrustful; it is important to have someone who knows people spreading the message and to automatically kind of have that relationship with someone who may otherwise be a little distrustful of the government or assistance.

**Lisa Carr:** Wonderful. Thank you so much. Our second question is for Kerri. So, Kerri, the question was, “Can you talk about what the HRSA grant is?”

**Kerri Cornejo:** Sure, so we were able to provide a million dollars in funding total to our existing awardees in our small health care provider quality improvement program. So that’s additional funding that supports community benefits counseling—that is just my Office of Federal and Rural Health Policy. However, HRSA as a whole, has a number of other programs like health center programs, childcare programs, and grants for people living with HIV. So, if you're interested in learning more about the broad range of ways that the agency is supporting the Medicaid enrollment Unwinding, please visit that HRSA link included in the chat.

**Lisa Carr:** Wonderful, thanks so much. We did get the question of what other languages are materials available in. So far, they are available in English, Spanish, Chinese, Hindi, Korean, Tagalog, and Vietnamese. You should check your state office to see if they have materials that are translated in other languages; many states are translating materials in French and other languages. We did get one question too, for Alexa, what does NRHA stand for, and can you talk about what the organization does?

**Alexa McKinley:** Yes, NRHA is the National Rural Health Association. Our mission is to be a leadership leader on any rural health issue—we cover all rural health issues. Sometimes people think we only do hospitals; we cover all rural health—the whole umbrella. As for myself, I am part of Government Affairs team in DC. So, we do the advocacy on behalf of our members and rural health issues. And then we also have a programming team who runs various programs such as rural oral health, vaccine confidence, and community health workers. And that’s really more of like going into, helping out, into community specifically. And then we also partner with some State Rural Health associations, which about 43 states, I think, have. And they are not like affiliates, but I think they would be great resources for some people on this call, because they are like NRHA but at the state level for each state, and they are a great resource on all things rural health. I would be happy to connect anyone with those contacts if needed.

**Lisa Carr:** Wonderful. Thank you so much. We did just get a couple more questions—they asked where are our customizable materials? You'll find it if you go to [Medicaid.gov/unwinding](https://www.Medicaid.gov/unwinding) and go to left side of the page and you will see Outreach and Education Materials. All of the materials are there, including all customizable materials. If you would like to order some of these materials, we do have a tear-off pad—a piece of cardboard with pieces of paper underneath that

you can tear off and hand it out to your community events, a doctor's office, and so forth. And those are available on our product ordering website—we will send it in a follow-up e-mail with information as to how to use the product ordering website. You just need to register, and you can get all of the materials for free. The materials are free, they are shipped to you for free. We have information on all of our programs there. We encourage you to check that out; it is a wonderful resource. I think that is all the questions that we have for today. I will turn it back, to close out the webinar, to Tasha Bradley.

**Tasha Bradley:** Thank you, Lisa. Thank you all for joining us today. We really appreciate you joining the webinar and learning more about Medicaid Unwinding. We hope the webinar today was helpful and that you all leave this webinar feeling ready to share the information with the community. But really, we need your help in getting this information out to your network and people in your community who are enrolled in Medicaid and CHIP coverage. This is an all-hands-on-deck effort to make sure people keep health coverage, whether it is through Medicaid and CHIP or through other forms of coverage like Health Insurance Marketplace. We appreciate your partnership in this effort, and we are here to support you all throughout the process.

As I mentioned earlier, we will be holding a series of webinars this summer focused on special populations, and on this slide, you will see our next webinar, which is our final in the series. You can register for the webinar using the same link that you used to register for today's webinar. In that webinar, it will be focused on reaching American Indian and Alaska Native populations on September 7 at 3:00 PM Eastern Time. We will also want to make sure you are aware of our monthly webinar series that provides stakeholder with information to prepare for Medicare and CHIP renewals. On this slide, you will see the dates for our monthly webinars through to the end of 2023 that are part of an ongoing series—the links for these webinars will be posted in the chat. The next one is on September 27 at noon. We have one on October 25 at noon. And then we have another one on December 6 at noon. Again, we appreciate your partnership and commitment to help ensure that people living in rural communities are connected to the best health care coverage that they are eligible for.

With that, I want to thank you all for tuning in to today's webinar. We look forward to continuing to work alongside all of you and continuing to engage with you all throughout this process. Thank you, and this concludes today's webinar. Thank you again for joining us. Thank you all. Bye.