National Association of Medicaid Directors
Unwinding Workgroup

Strengthening Tribal and State Partnerships to Prepare for Unwinding
The Indian Health Service (IHS) has the primary responsibility to provide health services to members of 574 federally-recognized tribes in 37 states which includes over 2.6 million American Indian and Alaska Natives (AI/AN).

– The IHS delivery system is comprised of hospitals and health centers operated by the IHS, Tribes and Tribal organizations, and urban Indian organizations.

• Medicaid and Medicare play a critical role in filling funding gaps for Indian Health Service, Tribes/Tribal Organizations, and urban Indian organizations, ensuring access to needed services for AI/AN individuals.

• Indian Health Care Providers (IHCPs) are a trusted source and assist AI/AN patients with enrollment in Medicare, Medicaid, Children’s Health Insurance Program (CHIP), and the Marketplace.
Communication Barriers in Indian Country

- **Postal delivery** is limited on Indian reservations with post offices at times over 100 miles away with little or no home delivery.
  - Many AI/ANs travel to the post office only when they go into town for groceries, health care visit, or for other reasons.
  - Many AI/AN families share post office boxes--mail can get lost or not received.

- **Broadband Services** are also limited on Indian reservations. According to Federal Communications Commission (FCC) data, broadband services reach 95.6% of the nation as a whole, but just 79.1% of people on tribal lands—and only 46.5% of tribal households.*

- Due to postal delivery and broadband limitations, IHCPs can assist with the eligibility and renewal processes.

Strengthening Partnership with IHCPs

• Given barriers states may experience in reaching AI/AN beneficiaries, we are encouraging states to engage with Tribes and IHCPs to ensure that Tribes can share meaningful input on state unwinding plans and to sustain coverage and assist with seamless coverage transitions.

• CMS is urging states to engage with Tribes and IHCPs now to:
  – Talk about unwinding activities at Tribal/state meetings
  – Share implementation plans and seek Tribal input
  – Collaborate on outreach to patients enrolled in Medicaid or CHIP to remind them to update their contact information and complete their renewals.
CMS encourages states to share monthly enrollment and renewal data with IHCPs consistent with Health Insurance Portability and Accountability Act (HIPAA) and Medicaid confidentiality safeguards.

IHCPs could assist states in reaching and retaining AI/AN beneficiaries:

- IHCPs often have access to more recent beneficiary contact information and with the beneficiary's permission, can share updated information with the state.
- Since IHCPs work directly with beneficiaries, they can help states contact those with limited or no access to postal services or broadband and remind them to renew and offer assistance with completing the renewal process.
- With monthly renewal data, IHCPs can target beneficiaries who are at risk for lapse in coverage due to unwinding, before the lapse occurs.
- Share enrollment data with IHCPs via a spreadsheet or database.
Importance of Communication Strategies*

- CMS recommends that states develop targeted communication for Tribal communities about their unwinding activities.
  - States can leverage CMS Unwinding Communications Toolkit materials (featured on next slide)
- Promising practices include:
  - Use of local radio stations and newspapers
  - Share unwinding updates at Tribal events
  - Use culturally appropriate fact sheets and brochures
    - Include Tribal photos and graphics

CMS’ Medicaid Unwinding Communications Toolkit* now includes tailored resources to support communications to AI/AN Medicaid beneficiaries, including IHCPs as a critical partner in outreach efforts.

Promising Practices

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Questions for the States

- Are you currently engaging IHCPs and Tribes in your unwinding activities and communications to AI/AN Medicaid beneficiaries?

- Have you developed Tribal specific outreach communication for AI/AN Medicaid beneficiaries?

- Do you currently share renewal data with IHCPs? If so, how?

- What other feedback are states hearing from IHCPs and Tribes about unwinding?

- Any other ideas or recommendations for how Tribes collaborate with states on unwinding activities and communicate with AI/AN Medicaid beneficiaries?