



NATIONAL INDIAN HEALTH BOARD'S

# Medicaid Unwinding Webinar

Unwinding Updates and Best Practices  
for Tribal Enrollment Assisters

# Indian Health Service

## Medicaid Unwinding

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RAHO ORTIZ

DIRECTOR

DIVISION OF BUSINESS OFFICE ENHANCEMENT

OFFICE OF RESOURCE ACCESS AND PARTNERSHIPS

MARCH 1, 2023



# Introduction

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1. Overview – Goals of this webinar
2. Provide information, resources, and guidance on outreach and education efforts for beneficiaries
3. Get Beneficiaries to Take Action
  - Respond to inquiries
  - Update contact information



# IHS Unwinding Webpage

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- IHS published a Medicaid Unwinding webpage in January
- Contains basic information on Medicaid Unwinding, FAQs and links to many helpful resources.
- Can be found at: <https://www.ihs.gov/coronavirus/medicaid-unwinding/>



# Medicaid Enrollment & The PHE

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Medicaid enrollment has increased nationally by over 20 million people.

Includes new AI/AN beneficiaries in new expansion states like, OK, UT, ID, and NE.

We hope and expect to see many new enrollments in SD when Medicaid expands in July

How soon disenrollments will occur is up to the states and their plans.

IHCPs should be making sure they know what their state or states are doing.

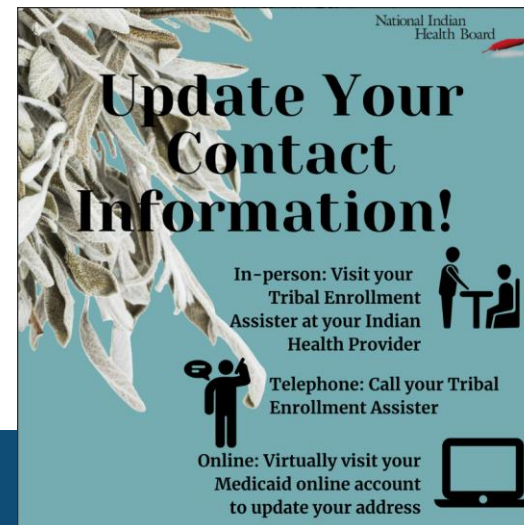




# Outreach

IHS and CMS have worked in partnership with Tribes to develop guidance, toolkits, and strategies to inform AI/AN beneficiaries about renewing their coverage and exploring other available health insurance options if they no longer qualify for Medicaid or CHIP.

**DON'T RISK A GAP IN YOUR MEDICAID OR CHIP COVERAGE.  
GET READY TO RENEW NOW.**




# IHS Facebook Page

- IHS has a Facebook page for Headquarters and has started to share information on Medicaid Unwinding
- Areas and others are sharing the posts and are also posting their own messages on social media



# Service Unit Facebook Pages





Lawton Indian Health Service  
Nov 30, 2022 · 🌐

At the onset of the COVID pandemic, many flexibilities and changes occurred to Medicaid health care coverage including expanding Medicaid coverage. This expansion allowed many American Indians and Alaska Natives to enroll in Medicaid, and they have since relied on it as their health insurance. As the COVID-19 pandemic transitions to an endemic, it will result in the Centers for Medicare and Medicaid Services and state Medicaid agencies returning to normal operations—ending the many flexibilities and provisions provided during the pandemic. We all must work together to ensure that eligible American Indians and Alaska Natives remain enrolled in their Medicaid healthcare plans.


Please contact one of the Lawton Indian Hospital Patient Benefit Coordinators to update and recertify today:

- Sandra Aviles 580-354-5317
- Mat Bisbee 580-354-5317
- Danielle Tynan 580-354-5141
- Romelia Kassanavoid 580-354-5501
- Charlotte Juarez 580-354-5173



Crow Indian Health Service  
Feb 16 · 🌐

Meet your IHS Crow Service Unit Patient Benefit Coordinators!  
Left to right: Dustie Cummins (remote), Eric Birdinground (on site), and Mallory Venne (on site).  
They can answer questions about a variety of public programs and assist with many applications. Call them at 406-638-3416 (Dustie), 3421 (Eric), or 3416 (Mallory).



You and 94 others · 2 comments · 14 shares

Like · Comment · Share





# Oklahoma State Unwinding Resources



Get ready to renew your **SoonerCare** Coverage

- 1. Update your contact information**  
Update your contact information ie: mailing address, email address and phone number.  
\*Online at [mysoonercare.org](https://mysoonercare.org)
- 2. Check your mail**  
Take action quickly to avoid a gap in your coverage.  
\* Update contact information      \* Respond to request for information

Don't miss important **SoonerCare** coverage updates!  
Verify your contact information at  
**MySoonerCare.org**

**What if you don't qualify for continued coverage?**  
If you no longer qualify for Medicaid, you may be able to receive health insurance coverage through the ACA marketplace.

- \* Affordable:** Low-cost monthly premiums when federal subsidies are applied
- \* Comprehensive:** Plans cover things like prescription drugs, doctor visits, urgent care, hospitals visits and more.

Visit [HealthCare.gov](https://HealthCare.gov) to find Marketplace plans and see if you might save on premiums. Deductibles, co-pays and co-insurance apply.

**For more information, visit [mysoonercare.org](https://mysoonercare.org).**

 **OKLAHOMA**  
Health Care Authority

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# STATE OPERATIONAL PLANS

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Describe how the state will prioritize renewals;

Provide timeframe for state plans to complete the renewals;  
and

Describe the processes and strategies to reduce  
unnecessary coverage loss during the unwinding period.



# BARRIERS

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State staffing shortages, systems problems

Beneficiaries:

- May not receive notice from states (mail delivery problems, no current address, etc)
- May not understand the messages (language barriers, misunderstanding of urgency)

IHCPS should encourage beneficiaries to bring any notices to IHCPS enrollment staff for assistance.



# Key Takeaways

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1. Some AI/AN will lose their coverage because they do not complete the renewal process, though they remain eligible for Medicaid.
2. Some AI/AN will no longer be eligible for Medicaid but may be eligible for other affordable health coverage such as through the Health Insurance Marketplace.
3. ITU staff can provide essential assistance with the eligibility and renewal processes. See resources at [IHS.gov/coronavirus/unwinding](https://www.ihs.gov/coronavirus/unwinding).
4. Get to know your state's plans and be proactive.





# Contact Information

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# CMS Division of Tribal Affairs



## Medicaid Unwinding under the Consolidated Appropriations Act

IHS/NIHB Webinar

March 1, 2023



# Ending the COVID-19 Continuous Enrollment Condition

- Under the Consolidated Appropriations Act 2023 (CAA, 2023), enacted in December 2022, the **Medicaid continuous enrollment condition will end on March 31, 2023.**
- States will soon resume normal operations, including **restarting** full Medicaid and CHIP eligibility renewals and **terminations of coverage for individuals who are no longer eligible.**
- States will be able to terminate Medicaid enrollment for individuals no longer eligible **beginning on April 1, 2023.**
- States will need to **address a significant volume of pending renewals** and other actions. This is likely to place a heavy burden on the state workforce and existing processes.
- When states resume full renewals, **over 15 million people could lose their current Medicaid or CHIP coverage.** Many people will then be **eligible for coverage through the Marketplace or other health coverage** and need to transition.
- On January 30, 2023, the Biden-Harris Administration announced its intent to end the national emergency and PHE declarations related to the COVID-19 pandemic on **May 11, 2023.**

<sup>1</sup>Available at: <https://aspe.hhs.gov/reports/unwinding-medicaid-continuous-enrollment-provision>

# Medicaid Eligibility: Overview

To get Medicaid, an individual must be eligible for a specific group for which coverage is available. There are three areas of broad eligibility requirements:

## **“Categorical” Population:**

- Every eligibility group is limited to one or more of the populations described in section 1905(a) of the Act.
  - Categories include children, pregnant women, adults with dependent children, elderly, individuals with disabilities, and childless adults
  - Eligibility rules differ among states – some groups are mandatory and some are optional

## **Financial Requirements:**

- Individuals must meet specified standards
  - Groups are divided into Modified Adjusted Gross Income (MAGI) or non- MAGI
  - Income (certain Indian trust income is exempt)
  - Resources - only if applicable (not permitted for MAGI-based groups)
  - Each eligibility group has its own income and/or resource limits

## **Non-financial requirements:**

- State residence
- U. S. Citizenship or satisfactory immigration status (tribal enrollment cards meet this requirement)
- SSN



# Resuming Normal Eligibility and Enrollment Operations: Expectations of States

- When the continuous enrollment condition ends, states must **initiate** eligibility renewals for the state's entire Medicaid and CHIP population within **12 months** and **complete** renewals within **14 months**.
  - States may **begin this process in February, March, or April 2023** but may not terminate eligibility for most individuals in Medicaid prior to April 1, 2023
- States have **4 months** to resume timely processing of all applications, including those received after April 1, 2023.
- The Centers for Medicare & Medicaid Services (CMS) has **been working closely with states for over a year** to ensure that they are ready; that **eligible enrollees retain coverage** by renewing their Medicaid or CHIP; and that **enrollees eligible for other sources of coverage**, including through the Marketplace, smoothly transition.
- CMS has also issued an array of guidance and tools to support state processing of eligibility and enrollment actions, including new flexibilities and requirements for states.

# The Renewal Process

- States must renew eligibility only once every 12 months for MAGI beneficiaries (most kids, adults, pregnant individuals, etc.) and at least once every 12 months for non-MAGI beneficiaries (e.g. aged, blind, disabled individuals).
- States must **begin the renewal process** by first attempting to redetermine eligibility based on reliable information available to the agency without requiring information from the individual (***ex parte* renewal**, also known as auto renewal, passive renewal, or administrative renewal).
  - If available information is sufficient to determine continued eligibility, the state renews eligibility and sends a notice.
  - If available information is insufficient to determine continued eligibility, state sends a **renewal form** and requests additional information from the beneficiary.
    - For MAGI Medicaid, CHIP, and BHP, states must provide the individual at least 30 days to return the form. For Non-MAGI coverage, states must provide a reasonable time frame
- If the Medicaid agency determines that an individual is ineligible for Medicaid, the state determines potential eligibility for other coverage like the Marketplace, and transfers the individual's account information to the Marketplace for a determination.



# Up-to-Date Contact Information

- **Requirements:** A state must:
  - Attempt to ensure that it has up-to-date contact information for each individual for whom it conducts a renewal
  - Use the United States Postal Service (USPS) National Change of Address (NCOA) database, information maintained by state health and human services agencies, or other reliable sources of contact information
- **Types of Contact Information:** A state must attempt to update:
  - Mailing Address
  - Phone Number
  - Email Address
    - *States may need to use multiple data sources and/or adopt multiple strategies in order to update all types of beneficiary contact information*
- **Implementing a Robust Plan:** CMS is encouraging states to develop a robust plan to obtain up-to-date contact information for multiple modes of communication will also assist states in meeting the returned-mail condition.



## Use More Than One Modality to Contact Beneficiaries Prior to Terminating Enrollment Due to Returned Mail

- **Follow Existing Requirements for Returned Mail:** States must continue to follow existing requirements for processing returned mail including confirming whether the address information on the piece of returned mail is complete and consistent with the address information the state has on file.
- **Returned Mail with No Forwarding Address:** States must attempt to contact the beneficiary through two other methods, including by phone, email, text, or other available modalities.
  - If the state only has one other mode of contact available, such as only an email address, the state must attempt to contact the beneficiary using that one method.
- **Returned Mail with a Forwarding Address:** States are not required to send the returned mail to the forwarding address, but doing so would represent one attempt to contact the beneficiary. If the state does not send the notice to the forwarding address and does not have two other modes of contact, the state will need to document in their unwinding operational plan why it is unable to send notices to a forwarding address.





# Preparing for the Work Ahead

**Most states have been actively preparing for the end of the continuous enrollment condition for over a year. CMS has encouraged all states to:**

- Develop an unwinding plan to prioritize and distribute renewals
- Obtain updated contact information to ensure that individuals receive information on redeterminations.
- Launch a robust outreach and communication plan for beneficiaries, stakeholders, and ITUs.
- Engage community partners, health plans, and the provider community to amplify key messages and to provide assistance with renewals

**However, there are anticipated challenges to overcome:**

- Large volume of renewals for states to complete
- Workforce challenges and staffing shortages experienced by state Medicaid and CHIP agencies
- The long length of time since many enrollees have had to complete a renewal
- The likelihood of outdated mailing addresses and other contact information for enrollees

**Multiple resources are available to support both states and partners in this effort.**

# Tribal Communication Resources

CMS' Medicaid Unwinding Communications Toolkit\* now includes tailored resources to help ensure AI/AN Medicaid beneficiaries up date their contact information and to check their mail.

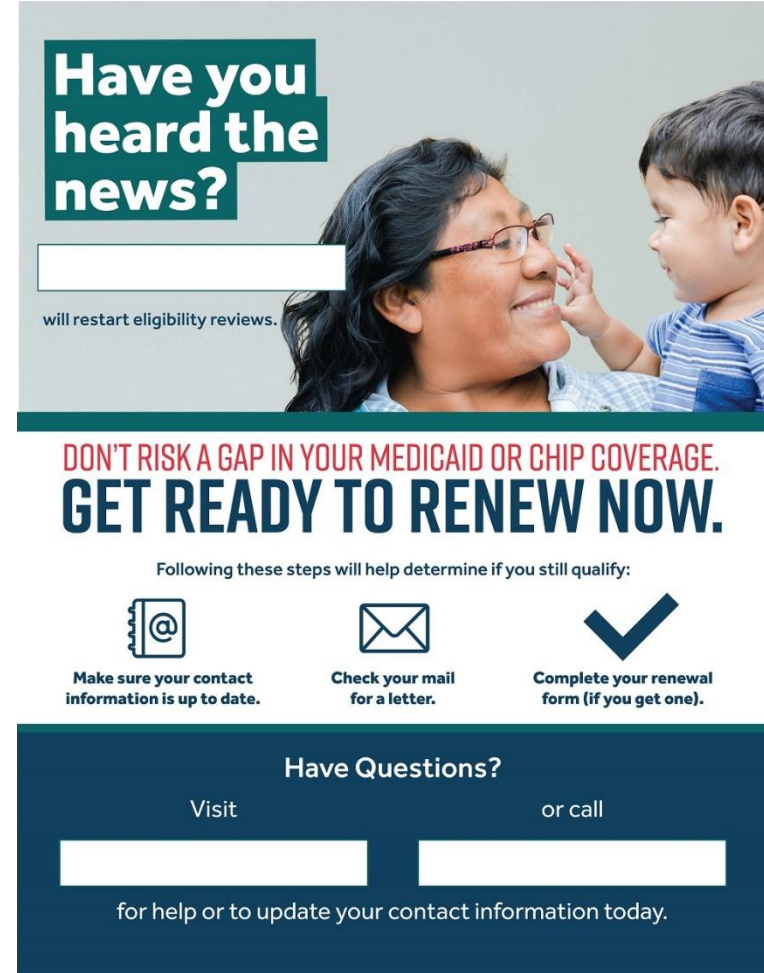
A graphic with a red background. On the left, a photograph shows an elderly man with glasses and a woman with glasses looking at a document. The text on the right reads: "MEDICAID RENEWAL LETTERS", "Don't miss this letter.", "Check that your state Medicaid office has your current mailing address. Your Indian Health Care Provider can help.", and the "Medicaid.gov" logo with the tagline "Keeping America Healthy".

MEDICAID RENEWAL LETTERS

**Don't miss this letter.**

Check that your state Medicaid office has your current mailing address. Your Indian Health Care Provider can help.

Medicaid.gov  
Keeping America Healthy




A graphic with a grey background. At the top, it says "Have you heard the news?" in a green box, followed by a white input field and the text "will restart eligibility reviews." Below this is a photograph of a woman with glasses smiling at a young child. The main text reads: "DON'T RISK A GAP IN YOUR MEDICAID OR CHIP COVERAGE. GET READY TO RENEW NOW." Below this, it says "Following these steps will help determine if you still qualify:" and lists three steps with icons: 1. "@ icon: Make sure your contact information is up to date." 2. "Envelope icon: Check your mail for a letter." 3. "Checkmark icon: Complete your renewal form (if you get one)." At the bottom, it says "Have Questions?" and provides input fields for "Visit" and "or call", followed by the text "for help or to update your contact information today."

Have you heard the news?

will restart eligibility reviews.

DON'T RISK A GAP IN YOUR MEDICAID OR CHIP COVERAGE.  
**GET READY TO RENEW NOW.**

Following these steps will help determine if you still qualify:

-  Make sure your contact information is up to date.
-  Check your mail for a letter.
-  Complete your renewal form (if you get one).

Have Questions?

Visit  or call

for help or to update your contact information today.

# Strengthening State Partnerships with IHCPs



CMS has been urging states to engage with Tribes and Indian Health Care Providers (IHCPs) 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.

In a [January 27, 2023 letter to State Health Officials](#), CMS strongly encouraged states to engage with the Indian Health Service (IHS), Tribes and Tribal organizations, and urban Indian organizations (collectively, ITUs) to help with updated contact information for Tribal Medicaid beneficiaries, including sharing enrollment and renewal data with ITUs.

# What can you do to help?

- **What Indian Health Care Providers Can Do NOW**
  - Help **prepare for the renewal process and educate Medicaid and CHIP enrollees about the upcoming changes.** This includes making sure that enrollees have updated their contact information with their State Medicaid or CHIP program and are aware that they need to act when they receive a letter from their state about completing a renewal form.
- **Key Messages:**
  - There are three main messages for people that are enrolled in Medicaid and CHIP.
    - **Update your contact information** – Make sure the State Medicaid Agency or CHIP program has your current mailing address, phone number, email, or other contact information. This way, they'll be able to contact you about your Medicaid or CHIP coverage.
    - **Check your mail** – State Medicaid agencies or CHIP programs will mail you a letter about your Medicaid or CHIP coverage. This letter will also let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP.
    - **Complete your renewal form (if you get one)** – Fill out the form and return it to the State Medicaid agency or CHIP program right away to help avoid a gap in your Medicaid or CHIP coverage.
- CMS has developed sample social media posts, graphics, and drop-in articles that focus on these key messages and they can be found in the [Communications Toolkit](#).
- The CMS [Unwinding resource page](#) will continue to be updated as new resources and tools are released.

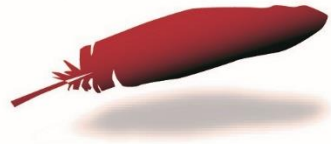


# Resources

There are many tools to help you and your Medicaid enrollees stay informed and to ensure continuity of coverage and preventing inappropriate terminations for eligible Medicaid and CHIP beneficiaries.

- CMS shared the presentation, [Strengthening Tribal and State Partnerships to Prepare for Unwinding](#), with National Association of Medicaid Directors.
- [Health Coverage Options for American Indians and Alaska Natives](#) is a tool to understand health care coverage for AI/ANs in Medicaid, Children's Health Insurance Program (CHIP) and the Marketplace.
- CMS has also produced a [Medicaid Unwinding Toolkit](#) for partners and stakeholders.
- National Indian Health Board (NIHB), in collaboration with the Indian Health Service (IHS), has created a [Medicaid Unwinding Toolkit for Tribal Enrollment Assistors](#).
- The National Council of Urban Indian Health (NCUIH) recently released a [Medicaid unwinding toolkit for Urban Indian Organizations \(UIOs\)](#)

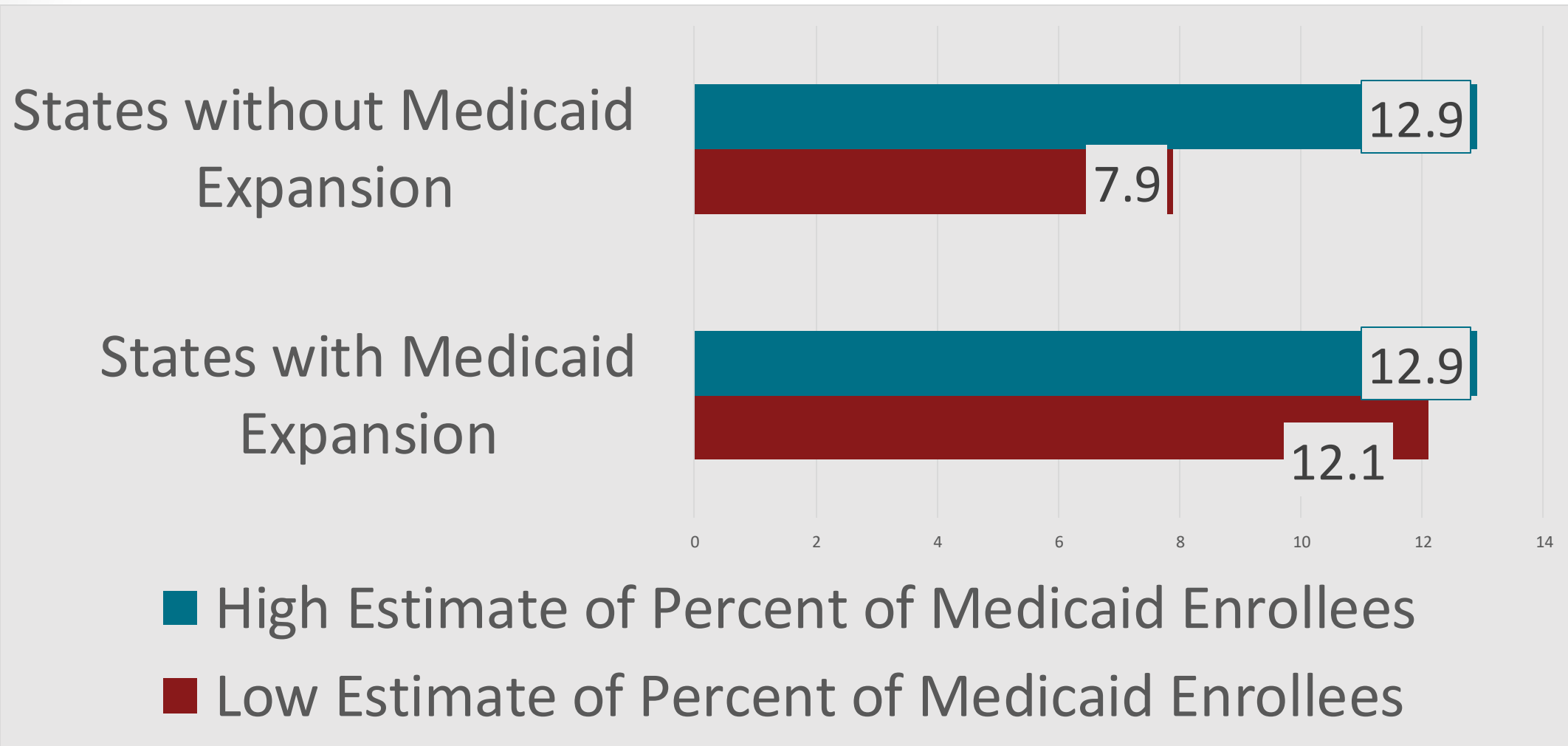




**ESTIMATES OF MEDICAID  
DISENROLLMENT DUE TO  
UNWINDING  
MARCH 1, 2023**

Rochelle L. Ruffer, Ph.D.  
Director, Tribal Health Data, [rruffer@nihb.org](mailto:rruffer@nihb.org)

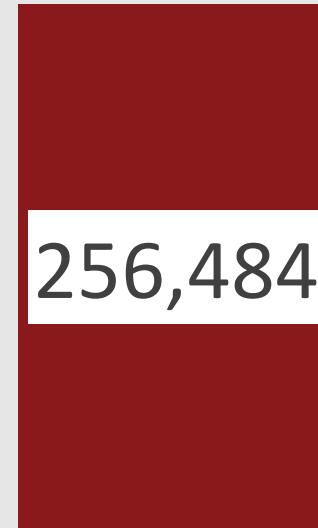
# Estimates of the Percent of Medicaid Enrollees who may lose coverage due to unwinding



# Estimated AI/AN Medicaid Disenrollment United States



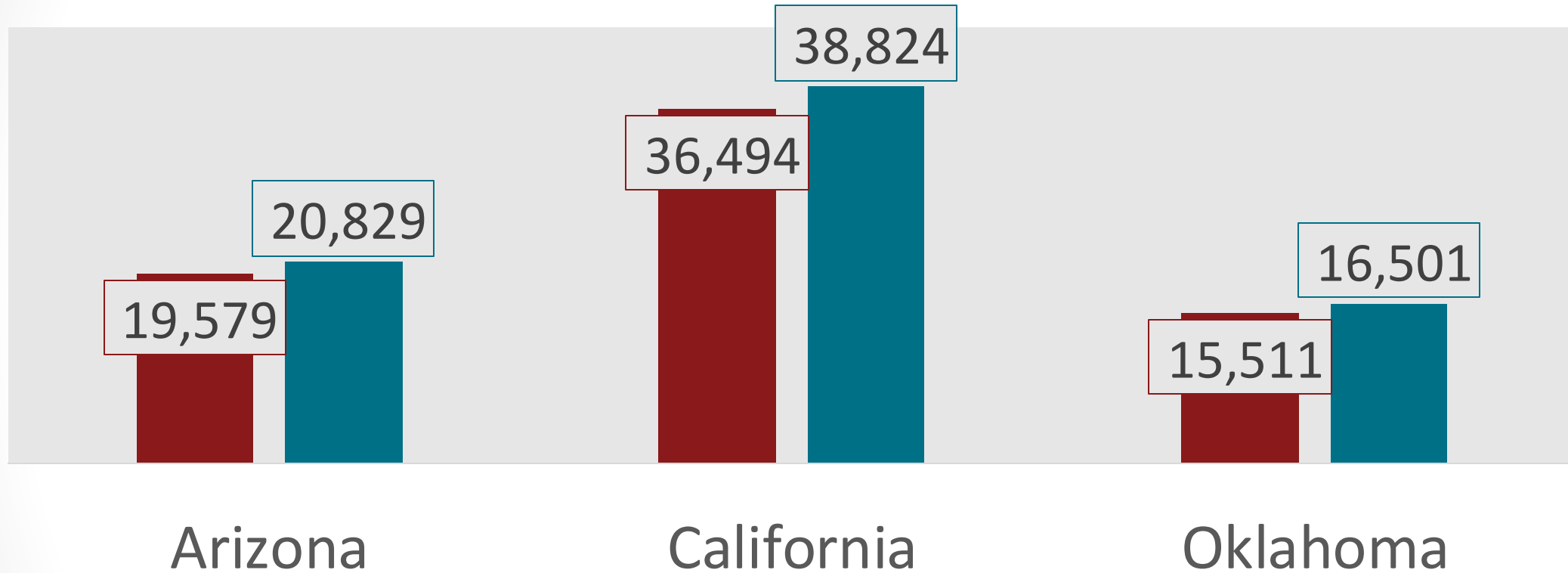
Estimated Low Range of  
Disenrollment due to  
Unwinding



Estimated High Range of  
Disenrollment due to  
Unwinding



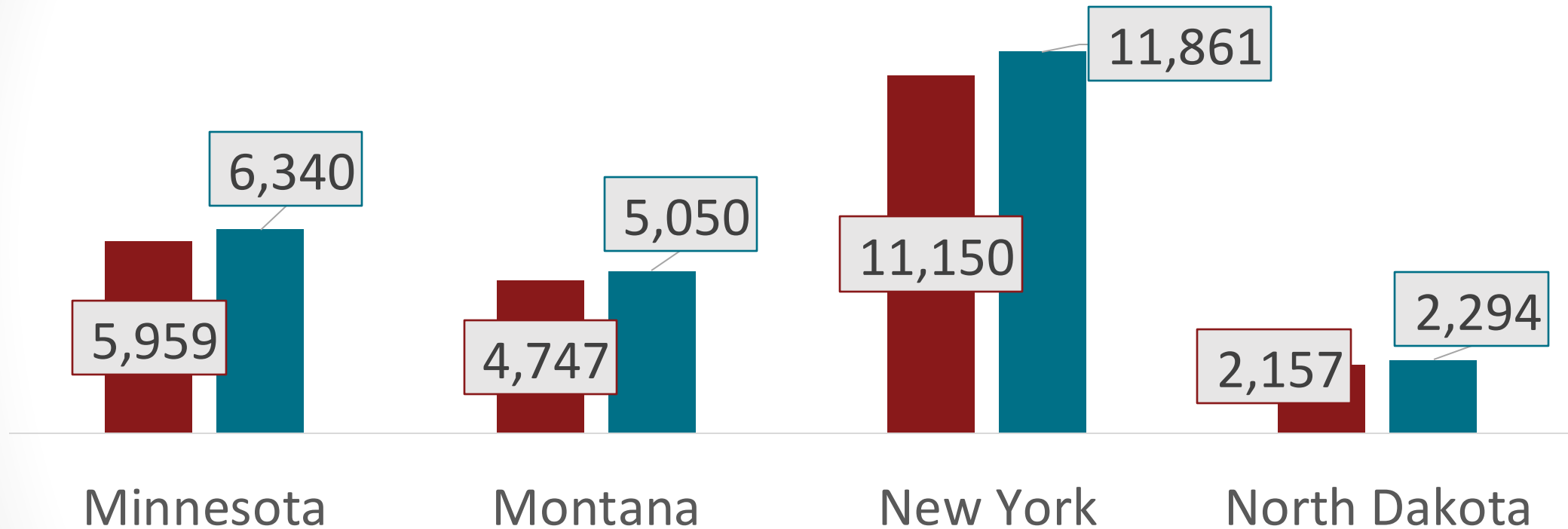
# Medicaid AI/AN Disenrollment Estimates



- Estimated Low Range of Disenrollment due to Unwinding
- Estimated High Range of Disenrollment due to Unwinding



# Medicaid AI/AN Disenrollment Estimates



■ Estimated Low Range of Disenrollment due to Unwinding

■ Estimated High Range of Disenrollment due to Unwinding





# What does this mean for you?

- If you know your Medicaid enrollment, you can estimate the number of potential AI/ANs who may be disenrolled by multiplying your enrollment total by .129 (12.9%). This will give you a rough estimate of how many AI/ANs who might be affected in your area.



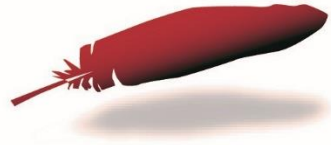
Questions?  
Rochelle Ruffer, Ph.D.  
[rruffer@nihb.org](mailto:rruffer@nihb.org)



# References

- United States Census Bureau. (2023) ACS 5-Year Estimates Public Use Microdata Sample, Vintage 2012- 2021. <https://data.census.gov/mdat/#/>.
- Corallo, B., Rudowitz, R. and J. Tolbert. (May 10, 2022). Unwinding the PHE: What We Can Learn From Pre-Pandemic Enrollment Patterns. <https://www.kff.org/medicaid/issue-brief/unwinding-the-phe-what-we-can-learn-from-pre-pandemic-enrollment-patterns/>





# MEDICAID UNWINDING UPDATES AND RESOURCES

Kristen Bitsuie

Tribal Health Care Outreach and Education Policy Coordinator

National Indian Health Board

# Why Outreach & Educate on Medicaid Unwinding?

**Tribal Citizens  
are at-risk of  
losing  
Medicaid  
coverage**

**State  
Medicaid  
Staff  
Shortage**

**15 minutes Medicaid  
Renewals vs 2 hours  
of filling out a new  
Medicaid application**

**Avoid potential  
loss of third-  
party revenue**

**Preserve Purchased  
Referred Care funds**



# NIHB Medicaid Unwinding Webpage

## Tribal Health Reform Resource Center

A project of the  
National Indian Health Board

National Indian  
Health Board

Affordable Care Act (ACA)	Indian Health Care Improvement Act (IHCIA)	Medicare, Medicaid and Health Reform Policy Committee (MMPC)	Tribal Technical Advisory Group (TTAG)	Resources	NIHB Policy Center	Content
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## Medicaid Unwinding

### Recent Updates:

- **Issue Brief:** [2023-02-10 Issue Brief on SHO Letter re Unwinding](#)
  - CMS released a [State Health Official \(SHO\) letter](#) outlining **new requirements that impact state activities for Medicaid and Child Health Insurance Program (CHIP) programs** as the COVID-19 public health emergency (PHE) unwinds, including changes to the continuous enrollment requirement.

- Recent Updates
- Webinar Recordings
- Unwinding Toolkits
- Customizable Graphics
- Social Media Graphics

<https://www.nihb.org/tribalhealthreform/medicaid-unwinding/>

National Indian  
Health Board





# NIHB Medicaid Unwinding



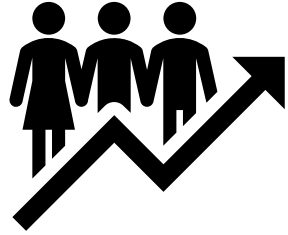
<https://www.nihb.org/tribalhealthreform/resources/medicaid-unwinding/>



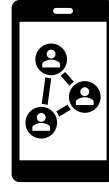
# What is in the Medicaid Unwinding Toolkit for Tribal Enrollment Assisters



**TeleHealth  
Flexibilities**



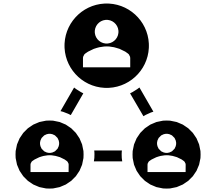
**Enrollment  
Data**



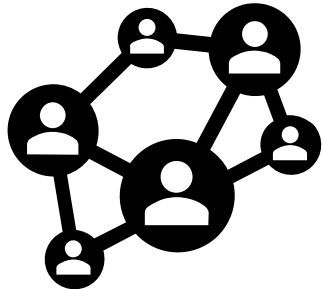
**Social Media  
graphics**



**Tips**



**Resources**



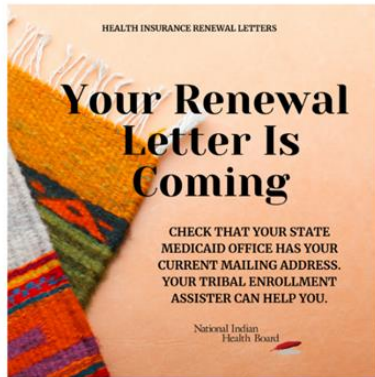
**Learning from  
other  
organization**



**Reminders**



# Social Media Posts

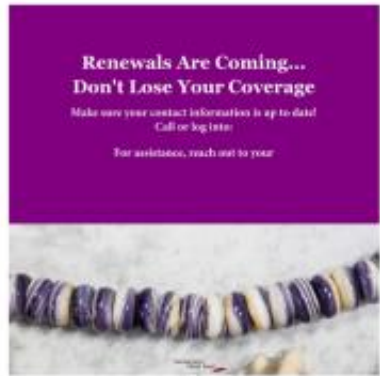


- Don't Lose Your Medicaid Coverage
- Don't Miss This Medicaid Letter
- Update Your Contact Information
- Your Renewal Letter is Coming





# Customizable Graphics



**(State Medicaid name)**  
**Renewals Are Coming...**  
**Don't Lose Your Health Coverage**  
**Make sure your contact information**  
**is up to date!**  
**Call or log into:**  
**(State Medicaid ph# or online portal)**  
**For assistance, reach out to your**  
**(Tribal Enrollment Assister contact**  
**information)**

# Thank you!

## Kristen Bitsuie

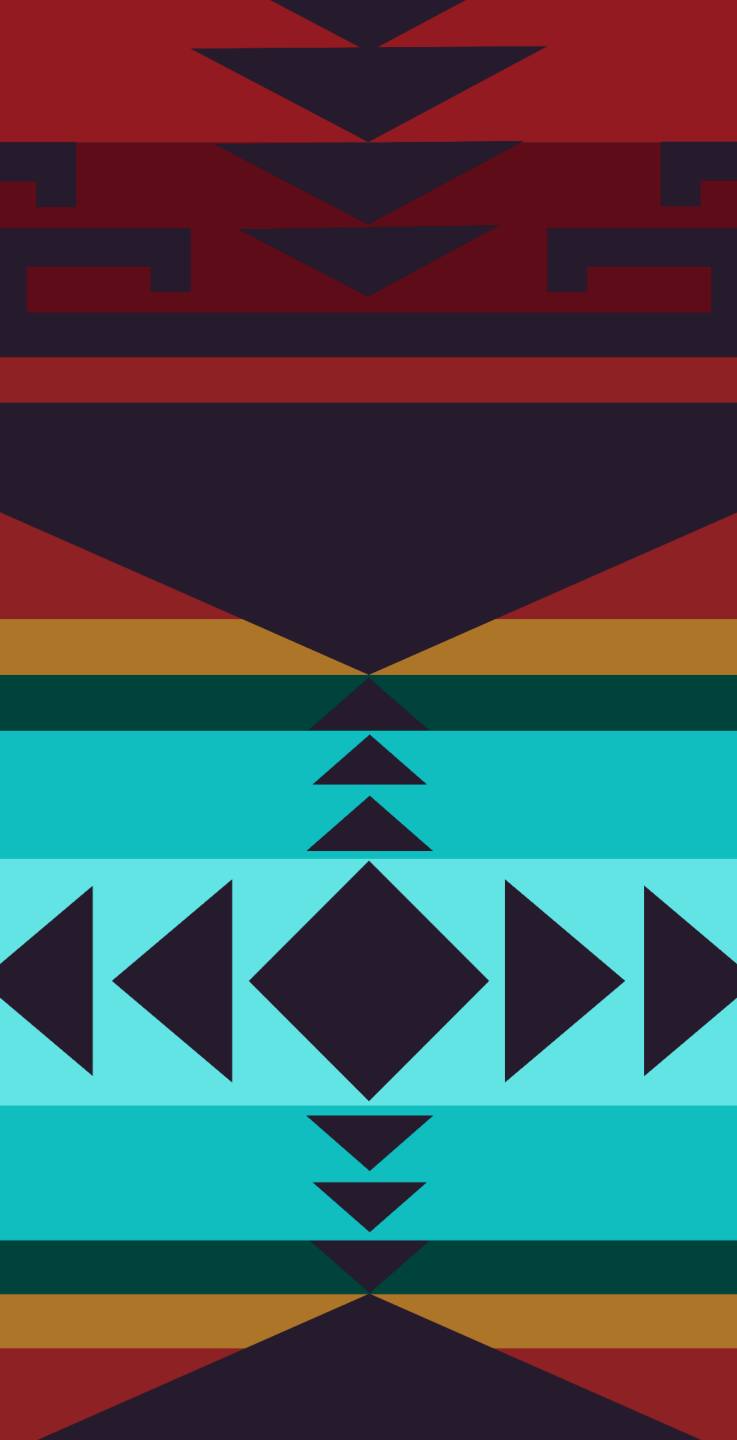
National Indian Health Board  
Tribal Health Care Reform  
Outreach and Education Policy  
Coordinator

Email: [Kbitsuie@nihb.org](mailto:Kbitsuie@nihb.org)

Phone: 202-507-4084



“Tell me and I’ll forget. Show me, and I may  
not remember. Involve me, and I’ll  
understand” – Native American saying



# Patient Benefit Coordinator Best Practices

**Dustie Cummins**, Patient Benefit Coordinator,  
Indian Health Service, Crow Service Unit



# Introduction

Using best practices is one way to help ensure you are achieving the purpose of your role.

The following slides includes some best practices I use and have learned from other Patient Benefit Coordinators.

Much of the information presented will be regarding the Medicaid Unwinding.

# Patient Benefit Coordinator Purpose

**Understanding our role and purpose as a Patient Benefits Coordinator is important to understand the importance of what we do.**

- We are an advocate for the communities we serve.
- We have program knowledge to help our communities.
- We assist patients obtain alternate resources (and other programs) to provide healthcare options they may not have access to otherwise.
- Indian Health Service, Tribal Health and Urban facilities use funds from the Federal Government to operate. These funds are rarely enough to serve communities healthcare needs fully. When our community members have alternate resources and receive care at our facilities this generates revenue to pay for wages, services, equipment.

**This is our purpose – to be an advocate for our community members and helping our facility generate revenue – which ultimately benefits our community.**





# Be Informed

**Attend National, Tribal, State and local webinars/trainings and join email listservs to stay informed about the Unwinding and other happenings.**

## CMS

- [American Indian/Alaska Native | CMS](#)
- [AIAN-Unwinding | CMS](#)

## NIHB

- [National Indian Health Board \(nihb.org\)](#)
- [Medicaid Unwinding | Tribal Health Reform Resource Center \(nihb.org\)](#)

## Montana Department of Public Health & Human Services

- [Member Services \(mt.gov\)](#)
- [Medicaid/HMK Recipients Urged to Update Contact Information with DPHHS \(mt.gov\)](#)

Cover Montana and Montana Primary Care Association/  
Cover Montana is the State's Navigator Grantee and have partnered with MT DPHHS for the Medicaid Unwinding.

- [Cover Montana – Connecting you to health insurance coverage \(covermt.org\)](#)
- [Montana Medicaid Unwinding Information - Montana Primary Care Association \(mtpca.org\)](#)
- [Cover Montana – Connecting you to health insurance coverage \(covermt.org\)](#)

## Georgetown

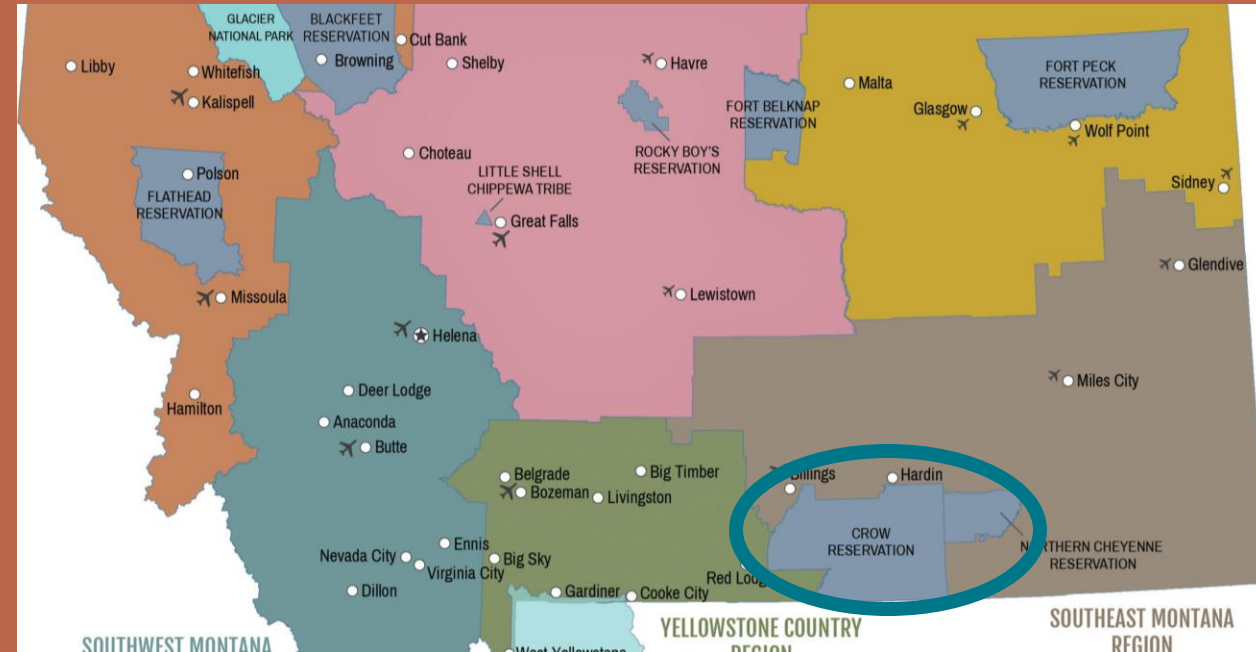
- [50-State Unwinding Tracker – Center For Children and Families \(georgetown.edu\)](#)

# Build Partnerships

**Find like-minded organizations in your area. Even in rural areas there you can find or create a community of assisters to partner with.**



- Maintain good working relationships with your state and county Medicaid departments.
- Find the Navigator grantee in your state and the contact designated for your area.
- Who does PRC contract with?
  - Those are great allies because you are sharing patients and they likely have assisters also.
- Don't be an island
  - If you are the only Patient Benefit Coordinator in a large radius does not mean you cannot partner.
  - Zoom, Skype, conference calls can keep you in touch.
  - Partner for large events.
  - Even if they are not primarily serving tribes. Reach out!



# What can you do in your facility?

## Use the resources you have at your fingertips:

- Good Health TV
- Post flyers
  - In common areas
  - In clinic rooms
- Intercom System
- Add a few sentences regarding the services you offer and the Medicaid Unwinding to appointment letters and other outgoing mail.
- For hard to contact patients: work with Public Health Nurses and Community Health Representatives who go into the communities regularly.



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# What can you do in your facility?



Please contact a Patient Benefit Coordinator. Mallory's office is across from Patient Registration, her phone is 406-638-3416. Or Dustie is available by phone 406-638-3418. Thank you!

## Use the resources you have at your fingertips:

- Internal Referrals
  - Patient Registration
    - They can send Referrals on Page 5 of RPMS
    - Handout cards to uninsured patients to contact a PBC
  - Purchased Referred Care
  - Providers
  - Interdepartmental Teams/Committees
- Reports
  - PORP
  - FAUD/Referrals
  - VGEN



# Other ways to reach the community

**You know your community best and how they receive their information whether that be:**

- Community Outreach
- Radio
- Local newspaper
- Local TV
- Social media
- Newsletter
- Flyers in the community
- Word of mouth



**Use the best method for your community to get your information out there.**



# Community Outreach

Enrollment events are not always successful – but when you attend community fairs/events you are able to reach an audience you may have been trying to contact or didn't know you existed.

A way to stay informed about events is to be a part of community listservs, social media pages, and the partnerships you have built with other assisters.

Items to have:

- Sign-in sheet with contact information.
- Handouts: CMS, NIHB, other local/State information.
- Music, posters, tablecloth to stand out.
- Giveaways: pens, pedometers, water, or anything that you're able to give to attendees.



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# Social Media Campaigns

National, Tribal, and local organizations have social media graphics you can use to post on your organization's social media pages to inform the community about the Medicaid Unwinding and what steps they can take to keep their Medicaid coverage.



[Medicaid Unwinding  
Tribal Health Reform  
Resource Center  
\(nihb.org\)](https://www.nihb.org)



<https://www.medicaid.gov/resources-for-states/downloads/unwinding-comms-toolkit-graphics.zip>




[Montana Medicaid  
Unwinding Information -  
Montana Primary Care  
Association \(mtpca.org\)](https://mtpca.org)



# Social Media Campaigns

Here are examples of past posts:

 **Crow Indian Health Service**  
Posted by Dustie Cummins  
Nov 17, 2022 · 🌐

Need help with Medicaid your Marketplace Insurance? Please call for an appointment with Armanda, she will be at Cro... See more

**Need health insurance?**  
We can help.

**Enroll by January 15th.**



Your local Navigator:  
Armanda Garcia  
(406) 591-9139  
agarcia@mtpca.org


Help is free, confidential, and local!

Crow-Northern Cheyenne Hospital  
1010 7650 E, Crow Agency

Friday, November 18th; 9am - 3pm  
Friday, December 16th; 9am - 3pm  
Appointments available  
Call Armanda Garcia (406) 591-9139  
or sign up at [www.covermt.org/help](http://www.covermt.org/help)

 **COVER MONTANA**  
CONNECTING YOU TO HEALTH INSURANCE COVERAGE

This poster is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance program. CMS, HHS and the U.S. are not liable for any errors or omissions. This poster is for informational purposes only and does not constitute an offer of insurance. For more information, visit [www.covermt.org](http://www.covermt.org).


...  **Crow Indian Health Service**  
Posted by Dustie Cummins  
Feb 8 · 🌐

Renewals are back!  
Make sure your contact information with Montana DPHHS- Office of Public Assistance is updated.  
Call OPA: 1-888-706-1535, option 1;  
Go online: <https://mt.accessgov.com/dphhs/Forms/Page/medicaid/changeofaddress/0>;  
Or contact an IHS Crow Service Unit Patient Benefit Coordinator at 406-638-3418, 406-638-3416, or 406-638-3421.



**MONTANA MEDICAID  
Renewals Are Coming...  
Don't Lose Your Coverage**

Make sure your contact information is up to date!  
Call or log into:  
1-888-706-1535 or <https://apply.mt.gov/>  
For assistance, reach out to your  
Crow IHS Patient Benefit Coordinator at 406-638-3416 or 3418

...  **Crow Indian Health Service**  
Posted by Dustie Cummins  
Feb 15 · 🌐

Renewals are back!  
Make sure to check your mail and update your contact information with Montana DPHHS - Office of Public Assistance.  
Call OPA: 1-888-706-1535, option 1;  
Go online: <https://mt.accessgov.com/dphhs/Forms/Page/medicaid/changeofaddress/0>;  
Or contact an IHS Crow Service Unit Patient Benefit Coordinator at 406-638-3418, 406-638-3416, or 406-638-3421.



**MEDICAID RENEWAL LETTERS**


**Renewals are coming back!**

Check that your state Medicaid office has your current mailing address. Your Indian Health Care Provider can help.






**Have you heard the news?**

**Montana Medicaid**  
will restart eligibility reviews.



**DON'T RISK A GAP IN YOUR MEDICAID OR CHIP COVERAGE.  
GET READY TO RENEW NOW.**

Following these steps will help determine if you still qualify:

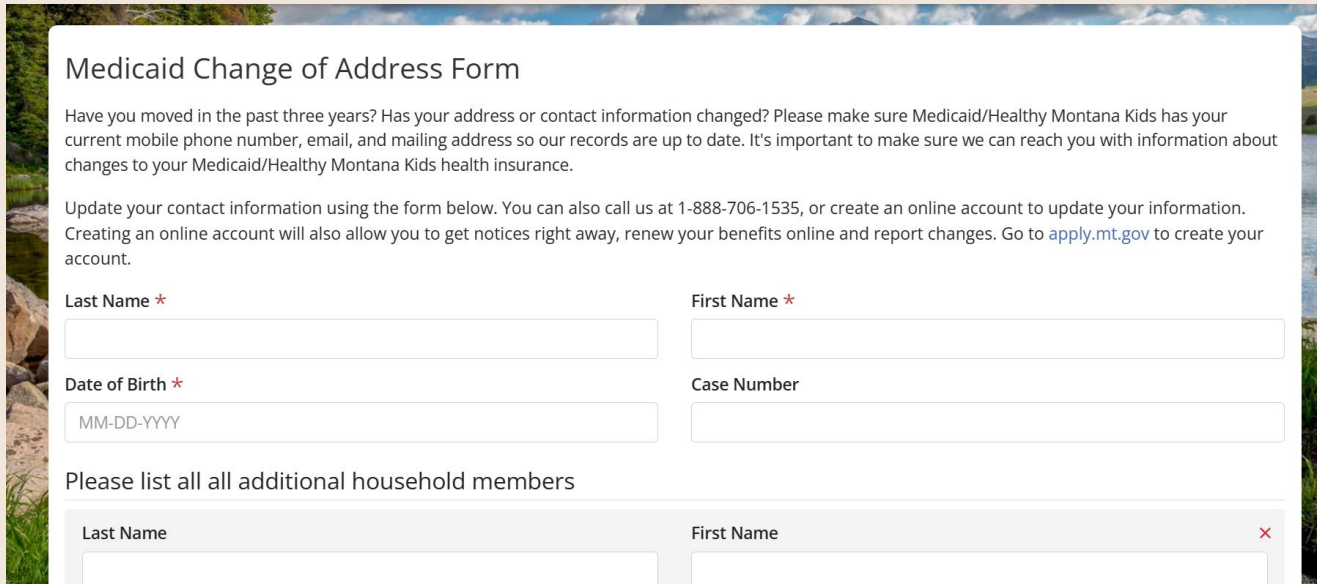
-  Make sure your contact information is up to date.
-  Check your mail for a letter.
-  Complete your renewal form (if you get one).

**Have Questions?**

Visit **[apply.mt.gov](https://apply.mt.gov)** or call **406-638-3418 or 3416**  
for help or to update your contact information today.

# Q: What is the best way to help patients keep their Medicaid coverage?

A: Help patients update their contact information



The screenshot shows a web form titled "Medicaid Change of Address Form". The form includes instructions: "Have you moved in the past three years? Has your address or contact information changed? Please make sure Medicaid/Healthy Montana Kids has your current mobile phone number, email, and mailing address so our records are up to date. It's important to make sure we can reach you with information about changes to your Medicaid/Healthy Montana Kids health insurance." and "Update your contact information using the form below. You can also call us at 1-888-706-1535, or create an online account to update your information. Creating an online account will also allow you to get notices right away, renew your benefits online and report changes. Go to [apply.mt.gov](https://apply.mt.gov) to create your account."

The form fields are:

- Last Name \*
- First Name \*
- Date of Birth \* (format MM-DD-YYYY)
- Case Number

Below these fields is a section titled "Please list all all additional household members" with a table for entering names:

Last Name	First Name
<input type="text"/>	<input type="text"/>

- For Montana, there is an online form to easily complete the change, no online case needed, no case number required. [DPHHS \(accessgov.com\)](https://accessgov.com)
- If patients do have an online case, changes can be made there or on the form.
- They have also integrated the option in to the first option on the automated phone system.

# What do I do if a patient loses the Medicaid?

1. Try to find out the reason and due date.
2. If it is something that can be easily remedied, help the patient turn in documents, make calls, update information, etc.
3. Last resort: complete a new application
  - If so, start with a screening to make sure they will still be eligible.
  - Complete application.
  - Last resort because so many state's are short-staffed and already behind.
4. If the patient does not qualify, there should be a grace period for coverage. This will give time to obtain employer coverage or secure Marketplace Insurance, if they choose to.

# Conclusion

Stay informed, be proactive with helping your community update their contact information to help keep as many eligible patients as possible active on Medicaid. This will help them keep continuous coverage and Medicaid revenue generating at your facility flowing.



# Questions & Answers

Contact information:  
Dustie Cummins, Patient Benefit Coordinator  
Indian Health Service, Crow Service Unit  
[dustie.cummins@ihs.gov](mailto:dustie.cummins@ihs.gov)  
406-638-3418