



Medicaid and Children's Health Insurance Program

BEST PRACTICES IN SERVING AMERICAN INDIAN
AND ALASKA NATIVE POPULATIONS



Medicaid and Children's Health Insurance Program: Best Practices in Serving American Indian and Alaska Native Populations

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Kitty Marx

Tribal Affairs Group/CMS/OPE

7500 Security Blvd. S1-20-20

Baltimore, MD 21244

(410) 786-8619

Kitty.Marx@cms.hhs.gov

Submitted by:

Kauffman & Associates, Inc.

South 165 Howard St., Suite 200

Spokane, WA 99201

(204) 863-0371

JoAnn.Kauffman@kauffmaninc.com

Contents

Executive Summary.....	3
Introduction	4
Methodology.....	4
Findings	6
Barriers to Medicaid and CHIP Access for AI/ANs	6
Current Enrollment Strategies for AI/AN Populations.....	8
Tribal-State Collaborations in CHIP Outreach and Enrollment.....	8
Best Practices to Facilitate AI/AN Access to Medicaid and CHIP.....	9
Using Varied Outreach Strategies.....	10
Using Technology in Outreach	10
Simplifying the Application or Re-enrollment Process	11
Conclusion.....	12

Executive Summary

In 2009, the Children’s Health Insurance Reauthorization Act (CHIPRA) extended and reauthorized the Children’s Health Insurance Program (CHIP). Along with other strategies to increase enrollment, CHIPRA allocated federal funding specifically to outreach and enrollment efforts for American Indian/Alaska Native (AI/AN) populations. In 2010, the Centers for Medicare & Medicaid Services (CMS) awarded \$10 million in CHIPRA grants to 41 health providers representing Indian Health Service organizations, tribal health providers, and urban Indian health providers (ITUs) across 19 states to increase AI/AN enrollment in Medicaid and CHIP.

On behalf of CMS, Kauffman & Associates, Inc. (KAI) conducted a study on Medicaid and CHIP outreach and enrollment strategies to identify best practices in outreach and enrollment for AI/AN populations. The study was designed to identify current and proposed strategies to conduct outreach and increase AI/AN enrollment numbers in Medicaid and CHIP.

The study’s findings were collected and analyzed from three general populations represented in the focus groups: state agencies, ITU CHIPRA grantees, and ITU programs that were not CHIPRA grantees. All three groups reported similar information regarding barriers to access and best practices for Medicaid and CHIP outreach to AI/AN populations. The findings fell within four themes: (1) barriers to Medicaid and CHIP access for AI/ANs, (2) current enrollment strategies for AI/ANs, (3) tribal-state collaborations in outreach and enrollment, and (4) best practices to facilitate AI/AN access to Medicaid and CHIP.

- Barriers included lack of access to technology, transportation, staff turnover, difficulties in identifying and contacting AI/AN populations, and limited AI/AN-patient knowledge regarding Medicaid and CHIP benefits.
- CHIPRA grantees, non-CHIPRA grantees and state agencies all reported significant issues associated with determining eligibility. **Direct online access to state eligibility portals** alleviated many of these issues by streamlining the eligibility determination process.
- **Partnerships between state and tribal health agencies** proved to be a valuable tool in facilitating outreach and enrollment. Partnerships with programs such as Head Start and other AI/AN education programs were especially fruitful. Partnerships tended to streamline the application process, especially through the use of outstation eligibility workers in areas where tribal members reside.
- According to CHIPRA grantees, non-CHIPRA grantees, and state agency respondents, most of the best practices for facilitating greater access to Medicaid and CHIP for AI/AN communities revolved around **partnerships for outreach, use of technology in outreach,** and in **simplifying the application process** through rapid access to eligibility determination.

Introduction

This report summarizes the methodology, findings, and conclusions on best practices relating to barriers to Medicaid and CHIP, enrollment methods, and collaboration between state and tribal governments. The Centers for Medicare & Medicaid Services (CMS) administers Medicaid and the Children Health Insurance Program (CHIP). CHIP serves 8 million children, providing health coverage to children in families with incomes too high to qualify for Medicaid, but who cannot afford to purchase private insurance. Children up to 19 years old are eligible for CHIP coverage. CHIP requires states to cover routine check-ups, immunizations, dental and vision care, inpatient and outpatient hospital care, and laboratory and X-ray services for eligible children.

In 2009, the Children's Health Insurance Reauthorization Act (CHIPRA) extended and reauthorized the original CHIP legislation, setting forth additional funding and options to expand health care and improve health coverage for eligible children. CHIPRA allocated \$100 million in federal grants to support outreach and enrollment efforts for underserved populations.

CHIPRA awarded funding to increase outreach and enrollment in two cycles. In 2009, Cycle 1 of the CHIPRA grants awarded \$40 million to 69 recipients. Grantees were required to target populations more likely to be uninsured and to qualify for Medicaid and CHIP. In 2011, Cycle 2 awarded an additional \$40 million to 39 grantees to identify and enroll children for Medicaid and CHIP. The additional funding focused on technology, retention, school engagement, children who are most likely to experience gaps in coverage, and ensuring teen eligibility.

CHIPRA also allocated federal funding specifically to outreach and enrollment efforts for American Indian/Alaska Native (AI/AN) populations. On average, AI/AN populations rank lower in enrollment numbers for programs such as Medicaid and CHIP, due to barriers such as the stigma people associate with applying for state assistance, complications in the application process, technological deficiencies, and transportation issues. In 2010, CMS awarded \$10 million in CHIPRA grants to 41 health providers representing Indian Health Service organizations, tribal health providers, and urban Indian health providers (ITUs) across 19 states to increase AI/AN enrollment in Medicaid and CHIP. These grants were specifically designated to support tribal outreach and enrollment efforts for a 3-year period.

On behalf of CMS, Kauffman & Associates, Inc. (KAI) conducted this study on Medicaid and CHIP outreach and enrollment strategies to identify best practices in outreach and enrollment for AI/AN populations. This study was designed to identify current and proposed strategies to conduct outreach and increase AI/AN enrollment numbers in Medicaid and CHIP. The goal of this study is to inform ITUs on best practices in outreach and enrollment, in the hope of better serving AI/AN populations.

Methodology

KAI planned and coordinated four focus groups, developed focus group questions, and analyzed responses from participants. Focus groups were conducted on March 14–15 and April 15–16,

2013. The focus groups were composed of individuals from organizations associated with Medicaid and CHIP outreach, eligibility, and enrollment to AI/ANs.

Individuals were sampled from four types of organizations:

1. Urban Indian CHIPRA grantees
2. Tribal and IHS CHIPRA grantees
3. State agencies
4. Tribal and IHS providers who are not CHIPRA grantees

Organizations were selected based on recommendations by CMS and recommendations from internal KAI contacts. Based on these recommendations, KAI conducted outreach to the organizations via phone and email to solicit participants. The four focus groups had the following characteristics.

Focus Group 1 – Urban Indian CHIPRA Grantees

- CHIPRA grantees in urban settings, serving urban Indian clients
- Participants held high-level outreach and enrollment positions
- Each organization from a different geographical region

Focus Group 2 – Tribal and IHS CHIPRA Grantees

- CHIPRA grantees from tribal and IHS organizations in a rural setting
- Participants held high-level outreach and enrollment positions
- Each organization from a different geographical region

Focus Group 3 – State Agencies

- Representatives from state agencies delivering Medicaid/CHIP to AI/AN populations
- Participants held Medicaid/CHIP outreach and enrollment positions
- Agency must have an active CHIP program
- Agency must be located in a state with high AI/AN populations
- Each agency from a different geographical region

Focus Group 4 – Tribal and IHS Providers (Not CHIPRA Grantees)

- Tribal and IHS providers who are not CHIPRA grantees
 - Participants held high-level outreach and enrollment positions
 - Each organization from a different geographical region
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The questions for the focus groups targeted four major themes:

- Barriers to Medicaid or CHIP access by AI/ANs
- Current methods for enrolling AI/AN populations
- Tribal-state collaboration in facilitating outreach and enrollment for CHIP
- Best practices to facilitate AI/AN access to Medicaid and CHIP

For each focus group, KAI obtained a convenience sample of six to nine participants from appropriate organizations. The focus groups were conducted over the telephone where participants phoned in via a conference line, and each focus group lasted approximately 90 minutes. Prior to the focus groups, participants were sent consent forms that gave a brief overview of the study and informed them about the confidentiality agreement as well as the risks and benefits associated with the study.

Findings

Findings were collected and analyzed from three general populations represented in the focus groups: state agencies, ITU CHIPRA grantees, and ITU programs that were not CHIPRA grantees. All three groups reported similar information regarding barriers to access and best practices for Medicaid and CHIP outreach to AI/AN populations, so that findings could be easily organized into common themes. Findings are presented on the following themes:

- barriers to Medicaid and CHIP access,
- current methods of enrollment,
- tribal-state collaborations and partnerships, and
- best practices.

Barriers to Medicaid and CHIP Access for AI/ANs

Many AI/AN communities face challenges when applying for Medicaid and CHIP.

Lack of access to technology poses a challenge to many in the AI/AN community. Many AI/AN communities do not have easy or regular access to the Internet and computers, and in some places, people do not even have electricity in their homes. Focus group participants also noted that some people simply do not like to use online options to enroll or re-certify their CHIP or Medicaid applications.

Several communities are located in **remote, geographically isolated areas**, making access to the CHIP or Medicaid enrollment process difficult. In remote areas, in addition to facing barriers that make virtual access difficult or impossible, landscape and geography pose challenges to physical access. Several focus group participants representing state agencies and IHS and tribal programs (though not urban CHIPRA grantees) reported that transportation to and from appointments posed a problem for their patients. Furthermore, IHS and tribal program CHIPRA grantees reported that their staff often had trouble meeting with clients in their homes, for outreach and enrollment purposes, because houses are so widely spaced apart and road conditions often make travel difficult.

Another barrier noted by focus group participants was **effectively identifying and contacting the target population**. This barrier was identified more frequently by participants working in urban facilities who described families moving back and forth between the city and the reservation. Participants from urban facilities also mentioned that their organization served several counties and thus a larger population of individuals, making identification of and

outreach to eligible families more difficult simply due to sheer numbers. Non-CHIPRA grantees and state agency representatives spoke to the difficulties of maintaining up-to-date contact information for patients among a relatively mobile population. Respondents noted that lack of appropriate staff contact and support can lead to frustration on the part of patients who may miss appointments or may come to an enrollment or re-enrollment appointment without the necessary documents for enrollment verification, thus necessitating further follow-up visits.

Further complications identified in the application process are issues of **staff turnover or lack of tracking** and **an unclear application process that led to patients “falling through the cracks.”** Lack of internal tracking infrastructure and staff turnover in health organizations can further complicate the already confusing process of applying for CHIP and Medicaid. Staff turnover often plays a role in service gaps for patients when case workers change and paperwork is lost in the shuffle. Turnover among case workers can lead to patients having to resubmit paperwork multiple times, which often results in patient disengagement with the application process. Patients need to arrive at enrollment appointments with their paperwork in hand, including proof of tribal membership and documents such as birth certificates and pay stubs. Ongoing income verification requirements can create an additional burden for seasonal workers who have to reapply for coverage each time a change in income pushes them above or below the poverty line. An additional complicating factor is the application process itself at the state level, which often changes, and the use of confusing language in application packets. Different eligibility guidelines and processes for different federal programs can also cause confusion for patients.

Another significant barrier pointed to by focus group participants is the fact that **patients are often un- or misinformed about benefits or processes related to Medicaid and CHIP.** Additionally, prospective patients may be unwilling to participate for a variety of reasons ranging from disinterest to shame to distrust. Several of the state agency focus group respondents felt that patients were not always aware of the benefits provided through CHIP and Medicaid, or felt that the benefits offered were unneeded because they already had access to IHS facilities and care. As one focus group participant remarked,

A lot of Native Americans believe that they don't need to be covered by Medicaid or CHIP because they think since they have a CDIB (Certificate of Degree of Indian Blood) card that their tribe or ITU will pay for all of their medical services.

Focus group respondents spoke to the need to educate eligible patients about the additional coverage that Medicaid or CHIP can provide. For some potential enrollees, the issue was one of stigma around receiving public benefits, and for others the reluctance seemed tied to state involvement in the process. Focus group respondents indicated that mothers in their client populations are often wary of applying for Medicaid or CHIP support for fear that they will have to name the estranged father of their child; the concern is that the state will go after the father for child support. According to focus group respondents, this is not actually the case and the state will not pursue the father of a child receiving Medicaid or CHIP. Last but not least, focus group discussions highlighted the “hesitancy to work with state government” and “an inherent mistrust of federal and state government” on the part of many in AI/AN communities.

Current Enrollment Strategies for AI/AN Populations

The speed and ease with which an applicant's eligibility can be determined often plays a key role in keeping that individual engaged with the application process and with the CHIP and Medicaid system as a whole. Enrolling AI/AN populations in Medicaid or CHIP programs can be challenging for **organizations without access to tools necessary to make eligibility determinations**. For providers that are unable to determine eligibility directly, **the long process often increases the likelihood of dropped applications** on the part of patients. In contrast, for non-CHIPRA organizations that served as a Community Services Office (CSO), the process was somewhat easier as they were able to conduct interviews and determine eligibility onsite for Medicaid. Being a CSO allows organizations to provide many services offered by departments of social and health services and thus allows them to be better integrated into state programs such as Medicaid. Additionally, a few of the participants from the urban CHIPRA grantee programs spoke of online programs that allowed them to upload all materials electronically and thus receive immediate determination of eligibility.

Participants from both the tribal and urban CHIPRA grantee groups pointed to the fact that **the state determined eligibility for CHIP, and that this process could be lengthy**. For many, this means collecting information from patients and then submitting it and waiting for eligibility to be determined. Additionally, several focus group participants remarked that state eligibility specialists seemed to run behind or misplace applications, making the **wait time up to 4 to 6 weeks** for families looking to enroll in the program. The process sometimes took even longer if any of the paperwork was missing or if the application was determined to be incomplete for other reasons. Direct access to state portals to determine eligibility avoided many of these issues.

Participants in the state agency focus group spoke to the issue of eligibility determination and explained that they generally maintain control of granting eligibility status for both CHIP and Medicaid applicants. Many state agency representatives pointed to pulling information to verify income from a variety of electronic sources. Some states are set up to allow applicants to verify information electronically for Medicaid and CHIP renewal, but the majority of the states represented among focus group participants still seem to rely upon paper applications, which has the tendency to make the process longer due to the greater likelihood of losing portions of the application. In general, **none of the tribal CHIPRA grantees had been granted the option of determining CHIP eligibility—though some do determine eligibility for Medicaid**.

Tribal-State Collaborations in CHIP Outreach and Enrollment

Partnerships between state agencies and tribal and urban CHIPRA grantees, as well as between state agencies and non-CHIPRA grantees, were valuable to facilitating outreach and enrollment in Medicaid and CHIP.

Outreach takes many forms, from having immediate access to eligibility and enrollment procedures to sharing information through partnerships with other organizations. One state agency is exploring the possibilities of establishing Medicaid and CHIP kiosks at health clinics

and schools on one of their reservations. Partnerships between grantees and programs such as Head Start proved to be fruitful, as did relationships with tribal entities such as Indian education programs.

In many instances, these **partnerships allowed for more streamlined enrollment processes for patients through the use of outstation eligibility workers¹ in areas where tribal members reside**. Some CHIPRA and non-CHIPRA grantees pointed to their access to their state’s Medicaid portal as a useful tool in both outreach and enrollment, as it allowed them to check on patients’ Medicaid status onsite. As one focus group participant stated:

Previously we had to have individuals get back to us or we would have to get back to them to find out the status of their applications, and a lot of the times the attrition rate was really high we were not able to reach them to tell them that their application was due to expire or due to be renewed. So [the Medicaid portal access] has really saved a lot of time and eliminated some of the barriers to enrollment. And fortunately, we can access the portal even when we do these outreaches. So we actually have a laptop that we take with us so that if people inquire about [their own Medicaid application status] we can actually give them an answer right then and there, and help them right then and there.

Immediate access to eligibility determination was noted as very useful because organization staff can work in real time with patients on their applications at the clinic and in the field. Other states work closely with CHIPRA grantees to provide them with information on patient recertification dates or potentially eligible AI/AN members. Of course, as previously pointed out in the barriers section of this report, this kind of access is not always available to organizations. Based on the respondents’ comments, it seems that facilities that have either direct access to a state’s Medicaid eligibility portal, or have an eligibility or outreach worker onsite have the most positive experiences with state partnerships. Another positive practice seemed to be having a **tribal liaison involved with eligibility work on behalf of the state**, which helped to provide culturally appropriate support specific to AI/AN populations.

Best Practices to Facilitate AI/AN Access to Medicaid and CHIP

Most of the best practices for facilitating greater access to Medicaid and CHIP for AI/AN communities revolved around employing varied outreach strategies, using technology in outreach, and simplifying the application process—which was most often tied to rapid access to eligibility determination. State agencies found that working directly with tribes and providing outreach through local schools and libraries was a helpful tool in spreading the word about Medicaid and CHIP.

¹ Federal statute and regulations 42 USC 1396a(a)(55); 42 CFR 435.904 require that areas with certain low income eligibility groups establish outstation locations to process Medicaid applications unless they can demonstrate that they have an alternate plan that is as effective as outstationing (Government Printing Office, 2001). Outstation workers essentially distribute and process Medicaid applications at health centers and hospitals in areas where there are large low-income populations to increase outreach and enrollment in the Medicaid program.

Using Varied Outreach Strategies

Organizations employed a multitude of practices to provide effective outreach to new Medicaid and CHIP beneficiaries. All organizations reported using outreach materials such as websites, newsletters, brochures, posters, flyers, billboards, or public service announcements. Other specific strategies included:

- **using the lists from emergency rooms and clinics** and pre-determining who might be eligible for programs. **Outreach staff then followed up** with identified individuals in clinic settings.
- **using mobile clinics** as a site for enrollment, and sharing Medicaid and CHIP information at **other community sites and activities**, such as fairs, cultural events, and schools.
- avoiding written materials entirely and relying instead on **verbal interactions with clients**.
- developing **culturally and linguistically relevant materials**, or hiring an outside company to help create them.
- developing **media campaigns** in partnership with universities or other volunteers.

One of the tribal CHIPRA grantees had a professional marketing campaign that involved consistent messaging and a consistent look to all of their materials. This particular campaign also involved television appearances and a 1-800 number that was featured in all of their communications.

Some focus group participants noted the importance of including the tribal logo on printed materials, or using the local radio station to get the word out about programs. Another state agency representative pointed to tribal consultation meetings and communications through email and “snail mail.”

Using Technology in Outreach

Social media in particular and technology in general were mentioned several times during focus group conversations about best practices for outreach and enrollment.

Social media strategies included:

- Using social media such as Facebook, Twitter, and a CHIP blog to promote programs generally and to provide information about renewal.
- Using Facebook to contact people for re-enrollment when other methods were not working.

Organizations’ **use of technology and internal technological infrastructure** improved outreach, enrollment, and administrative processes.

- Using searchable databases of current Medicaid patients allowed outreach and enrollment workers to track clients’ status and receive reminders about when to contact clients for eligibility renewal.

- Providing laptops for outreach workers conducting enrollment and re-enrollment activities allowed workers to visit client homes and conduct the application face to face. This addressed some clients' transportation barriers and helped make sure that clients did not forget necessary paperwork or documentation.

Access to state portals for eligibility information was mentioned by multiple participants as an important tool in effective outreach and enrollment, for many reasons:

- Using online applications and accessing state portals to see a person's Medicaid status greatly streamlined and sped up the application process.
- Access to state portals allowed grantees to check on the files of clients who were denied. This was considered an important feature by several respondents who felt that staff turnover of eligibility workers at the state level led to client applications falling between the cracks. Third-party portal access allowed them to better advocate for their patients.
- Outreach workers with portal access were able to help prospective or re-enrolling patients more easily navigate the application process.
- Outreach workers could also help set individuals up with other support services they may be eligible for beyond Medicaid or CHIP. This particular level of service provided to AI/AN communities can help to forge trusting relationships between patients and the service providing organizations.

Simplifying the Application or Re-enrollment Process

A third aspect of best practices in outreach and enrollment was simplifying application and re-enrollment processes wherever possible. Participants described the strategies they used to assist their clients with applying and re-enrolling in CHIP and Medicaid.

- Some organizations made it a practice to **inform individuals when re-enrollment would be required**, and to **remind them what materials were necessary** to complete the re-enrollment process.
- Some agencies **tracked when patients were due for re-enrollments**—from 30 to 60 days beforehand—**using technology** like electronic spreadsheets or databases. Several organizations tracked renewal dates through varying forms of technology.
- When re-enrollment was due, organizations would then **help patients fill out forms** in person, or **pre-populate forms** with personalized information to make the re-enrollment process as easy as possible.
- Some organizations used **a single application and continuous eligibility process** for Medicaid and CHIP. Sometimes the combined application also allowed clients to check for eligibility and apply for additional programs such as food stamps. Having a single application process **reduced the burden of applying for various programs** and keeping patients from falling through the cracks of the re-enrollment process.

Other best practices related to application and re-enrollment included:

- calling patients, instead of only sending a letter.

- allowing tribes to perform direct enrollment,
- providing \$20 gas cards for applicants to help mediate transportation costs, and
- having a staff person dedicated to pediatric benefits enrollment.

Also mentioned during discussions about best practices was the hope for the positive changes that the Tribal Medicaid Administrative Match might bring for increased enrollment of AI/ANs.²

Conclusion

The findings from the focus groups conducted with representatives from state agencies, ITU CHIPRA grantees, and non-CHIPRA grantees point to technology, partnerships for outreach, and easy access to eligibility determination as key components of best practices in outreach and enrollment for both CHIP and Medicaid. Focus group respondents were very clear about the benefits that technology has regarding streamlining processes, increasing the effectiveness of outreach, and serving as a valuable tool in easing the application process for prospective and re-enrolling Medicaid and CHIP recipients. An important component in technology use involved partnerships between organizations and states. These partnerships greatly enhanced outreach efforts as well as made the application process easier to streamline, thus increasing enrollment and curbing application attrition.

Technology provides organizations with the ability to streamline internal processes around enrollment to better track potential and existing enrollees. The organizations using databases to keep track of current enrollees discussed the ease with which they are able to monitor when clients are due for renewal, allowing them to better maintain changes in contact information. Tracking clients electronically also allowed for staff to follow clients who may have been eligible for services previously but are no longer receiving Medicaid or CHIP benefits. Some organizations highlighted the practice of linking their databases to Outlook programs to generate reminders to call patients on certain days, thus automating the process and making it more efficient.

In addition to technology, partnerships between states and organizations are vital with regard to data sharing and supporting eligibility determination. If organizations are not certified to determine their own eligibility, the next best option is having access to the state's records or an online portal that allows organizations to more easily and more quickly develop and process patients' applications. By being able to either track states' records or directly engage in the eligibility process, providers ensure a higher retention rate of clients through the enrollment or renewal process. Tracking a client's application process allows organizations to better advocate on behalf of their clients and helps to ensure that applications are not denied because of missing paperwork. Having access to the records and tracking the process also allows organizations to catch mistakes on the part of case workers who can change fairly often. Directly working through an online portal to determine eligibility helps to streamline a process that can get messy with clients needing to regularly submit multiple forms of paperwork to

² None of the CHIPRA or non-CHIPRA focus group respondents had used the Tribal Medicaid Administrative Match at the time the focus groups were conducted, though one organization did say that they planned to apply for it.

verify their eligibility. Additionally, for organizations that are experienced in serving AI/AN communities, there is a greater understanding of how to address unique circumstances that arise in the application process, such as how to report money received from tribal per capita payments.

Using technology for outreach took the form of social media use, as was the case for several grantees and state agencies that maintained an organizational Facebook or Twitter account. Some organizations even made use of blogging to share information about the programs they offer and the benefits of these programs for individuals. Several organizations reported having their own websites, and others even offered access to online applications through their website. Technology seems to be a boon for organizations, particularly those that have been able to leverage their technology access to help overcome the lack of technology access faced by some of their clients. For AI/AN communities with limited access to technology, online application portals are of little use. However, when organizations are able to take laptops out to where families are, and are able to create a mobile hotspot, they are providing a superior level of access to families in need. Additionally, these practices help in creating more trust in the application process as well as making it more discreet. Therefore, technology provides more outreach opportunities and better practices in AI/AN enrollment. The key component in many of the best practices around enrollment and re-enrollment is a more streamlined electronic system rather than one that is paper-based.

Medicaid and CHIP have made significant differences in the lives of those who have been able to take advantage of these programs. AI/AN communities have lower enrollment in programs such as Medicaid and CHIP, but CMS' investment in technology is making a difference for this population's enrollment. Technology in the form of software packages and laptops for site visits has helped organizations better manage and track client records and enroll or re-enroll clients with greater ease. Partnerships between states and organizations create easier application processes, which can be further fomented by organizational access to electronic eligibility determination. Moving forward, greater investments in technology among organizations as well as supporting technological access and partnerships between organizations and states will help to better serve the AI/AN community.