

[Urban Indian Organizations Encouraged to Apply for Connecting Kids to Coverage Cooperative Agreement](#)

Category: Policy Blog

written by Moira Stuart | November 15, 2022

On October 17, 2022, the Department of Health and Human Service's Centers for Medicare & Medicaid Services (CMS) released a [Notice of Funding Opportunity \(NOFO\)](#) for the *Connecting Kids to Coverage HEALTHY KIDS American Indian/Alaska Native (AI/AN) 2023 Outreach and Enrollment Cooperative Agreements* (Healthy Kids 2023). The grant is a competitive grant open exclusively to Indian Health Service Providers, Indian Tribes, tribal consortiums, tribal organizations, and **Urban Indian organizations (UIOs)**. The NOFO makes available up to an additional \$6 million (pending availability of funds), with the estimated maximum award amount being \$1 million for up to 7 awardees. The award will be issued April 1, 2023, and the period of performance will last from April 1, 2023-March 31, 2026. An information session will be held on November 17 at 3:00 PM EST. **UIOs are encouraged to apply by the deadline on December 20, 2022, at 3pm EST.** For more details on the requirements for the application and the cooperative, [see here](#).

About the Cooperative Agreement

The Healthy Kids 2023 program provides funding to reduce the number of AI/AN children who are eligible for but not enrolled in, Medicaid and the Children's Health Insurance Program (CHIP), and to improve the retention of eligible children enrolled in these programs. Funding will support strategies aimed at:

- Increasing the enrollment and retention of eligible AI/AN children, parents, and pregnant individuals in Medicaid and CHIP
- Emphasizing activities tailored to communities where AI/AN children and families reside, and
- Enlisting tribal and other community leaders and tribal health and social services programs that serve eligible AI/AN children and families

Suggested outreach strategies for grant recipients:

- Partnering with tribal programs that work with children and families;
- Engaging schools and other programs serving young people in outreach, enrollment, and retention activities;
- Establishing and developing application assistance resources to provide high quality, reliable Medicaid/CHIP enrollment and renewal services in local and tribal communities;
- Using social media to conduct virtual outreach and enrollment assistance; and
- Using parent mentors and community health workers to assist families with enrolling in Medicaid and CHIP, retaining coverage and finding resources to address social determinants of health.

All awardees will be required to report the following data:

- Number of AI/AN children for whom an application for health coverage has been submitted
- Number of AI/AN children verified to be newly enrolled in Medicaid or CHIP
- Number of AI/AN children denied new enrollment in Medicaid or CHIP

- Number of AI/AN children for whom the recipient submitted a renewal form for Medicaid or CHIP coverage
- Number of AI/AN children verified to be renewed in Medicaid or CHIP
- Number of children denied renewal coverage in Medicaid or CHIP
- The outreach and enrollment activities completed during the month

Background

The Healthy Kids Act provides \$120 million for activities aimed at reducing the number of children who are eligible for, but not enrolled in, Medicaid and CHIP and improving retention of enrolled children. Of the total amount, 10% is reserved for outreach to AI/AN children. Since 2009, enrollment grants and cooperative agreements have been awarded to over 330 community-based organizations, states, and local governments, including 65 tribal organizations. Community-based organization awardees have included health programs operated by urban Indian organizations.

CMS is seeking to engage with Native communities to help overcome reluctance among some Native families to enroll in Medicaid and CHIP because they can receive care directly from the Indian healthcare system. AI/AN children consistently experience the highest uninsured rate of any racial/ethnic group, with uninsured rates that are more than double that of white children, and Medicaid and CHIP are therefore critical sources of coverage for Native children. In addition, the Indian healthcare system as a whole also benefits when eligible AI/AN patients enroll in Medicaid and CHIP. Indian Health Service, Tribal and Urban Indian Organization (I/T/U) facilities can bill Medicaid and CHIP for services provided to AI/AN Medicaid/CHIP beneficiaries, bringing in additional funds to the I/T/U facility to hire more staff, pay for new equipment, increase services, and renovate buildings.