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Navigating Healthcare Access: Exploring multiple avenues to address challenges in access and barriers to care

September 9, 2025

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Have you registered yet?

2025 Kansas Health Impact Conference
Bridging Gaps for a Healthier Kansas

October 23rd
Manhattan, Kansas

Registration closes soon!
[Register Here](#)

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AGENDA

- 1. Welcome and Intro**
- 2. Healthcare Access Issues**
- 3. Programs and Resources**
- 4. Q&A**
- 5. Closing Comments**



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SPEAKERS



Brenda Groves
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United Healthcare*



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HEALTHCARE ACCESS
ISSUES IN KANSAS






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HEALTHCARE ACCESS ISSUES IN KANSAS

The resources we share here today are as of September 9, 2025. Programs, eligibility criteria and funding are subject to change. We encourage you to stay informed and engaged.



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UNINSURED AND UNDERINSURED


The term **Uninsured** refers to not having coverage under private health insurance, Medicare, Medicaid, public assistance, Children’s Health Insurance Program (CHIP), a state-sponsored or other government-sponsored plan or program, or a military health plan.

This could include:

- Those who do not know they could be eligible
- Those who have lost coverage
- Those who may lose coverage
- Those who are not eligible

The term **Underinsured** is commonly defined as the state in which people with medical coverage are still exposed to financial risk.

Source:
<https://pubmed.ncbi.nlm.nih.gov/21219167/>,
<https://www.cdc.gov/nchs/hus/sources-definitions/uninsured.htm>




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MIXED ELIGIBILITY HOUSEHOLDS

Health insurance and resources to address health concerns have differing income and demographic eligibility requirements.

- Households with multiple family members rarely qualify for one coverage option for the entire household.
- Eligibility requirements can include
 - Age, residence, earned income, assets, health condition, veteran status, immigration status
- Additionally, individuals must navigate the singular or multiple application processes, that when combined with health and digital literacy challenges, can create additional barriers.
 - Requests for documentation including identification, proof of address and proof of income
 - ✓ Lack of access to documentation
 - ✓ Proof of income that meets verification criteria (dates, names, tax documents, etc.)
 - Denials and appeals process
 - Legislation and funding changes

Source:
<https://pubmed.ncbi.nlm.nih.gov/19549628/>



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PAYOR ISSUES

Payor Issues (All Payors)

- Limited and/or Closed Panels for Medicare or Medicaid

Dental Providers


- Limited Medicaid and Commercial Provider Networks

Rising Costs of Doing Business for Providers not sustained by reimbursement

- Regulations, Legislation

Challenge of Managing Cost of Care for Patients

- Value Based Care



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OUT OF POCKET COSTS TO PATIENTS

For those insured or underinsured: Expenses for medical care that aren't reimbursed by insurance can include out of pocket costs such as:



- Deductible, coinsurance, and copayments
- Services not covered by individual insurance coverage and may include
 - Dental, vision, behavioral health, prescription, out of network providers, non-covered services
- Services excluded by insurance plan coverage

For those uninsured: While patients may access programs or providers that offer sliding fee scales, not all providers or facilities offer reduced fees. Patients are challenged with seeking affordable care such as preventive care, chronic care, lifelong or long-term medication, specialty care.

The inability to pay for care can result in:

- Delayed or no health care access
- Not being able to see provider of choice or need
- Poor health outcomes
- Medical debt

Source:
<https://www.healthcare.gov/glossary/out-of-pocket-costs/>



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LANGUAGE ACCESS

Effective communication is critical to ensuring understanding, empowering patients, and providing high-quality care. A language access plan can help ensure that an organization provides high quality and appropriate language services. Awareness and Education regarding Language Access Standards of Care


- Language Access Policies and Quality Assurance
 - Language Proficiency Verification
- Providers, Facilities and Staffing
 - Needs Assessment, Language Services, Notices, Training and Evaluation
 - Internal Staffing vs. Contracted Services
 - Universal access across preventive, chronic, ER, behavioral health, dental, vision, etc.
- Patient Awareness and Education
 - Patient Rights and Responsibilities
- Interpreters, Translators, Dual Role Employees
 - Training, Professional Development and Pay

Sources:
<https://www.migrationpolicy.org/data/state-profiles/state/language/KS>
<https://www.cms.gov/about-cms/agency-information/omh/downloads/language-access-plan.pdf>



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TRANSPORTATION




- More than One in Five Adults in the US with Limited Public Transit Access Forgo Health Care Because of Transportation
- Distance to primary and specialty care
 - Rising fuel prices
 - Rising cost of vehicles and maintenance
- Limited access to public transportation in KS
 - Limited funding and staffing
 - Emergency care
 - Families and children
 - Persons with mental and behavioral disorders
 - Language

Sources:

https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2023/rwjf473069

<https://www.ruralhealthinfo.org/toolkits/transportation/1/barriers>



https://mcusercontent.com/2fd71a82d113f219fc24e30ac/files/6038dfab-d8a4-005f-f4c1-60e8340e8041/KDHE_and_Healthworks_Transportation_Brief.pdf

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MENTAL HEALTH/SUD STIGMA


- Stereotypes and prejudices
- Discrimination
 - Media portrayal


Harmful Effects of Stigma and Discrimination

- Reduced hope
- Lower self-esteem
- Increased psychiatric symptoms
- Difficulties with social relationships
- Reduced likelihood of staying with treatment
- More difficulties at work

Source:

<https://www.psychiatry.org/patients-families/stigma-and-discrimination>





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HEALTH LITERACY

Health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Using [health literacy best practices](#) can build trust and advance health equity.

Recommendations for patient-facing materials:

- Using [plain language](#)
- Using your audience's [preferred language](#) and communication channels
- Using [culturally and linguistically appropriate language](#)


Source:
<https://www.cdc.gov/health-literacy/php/about/index.html>





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DIGITAL LITERACY



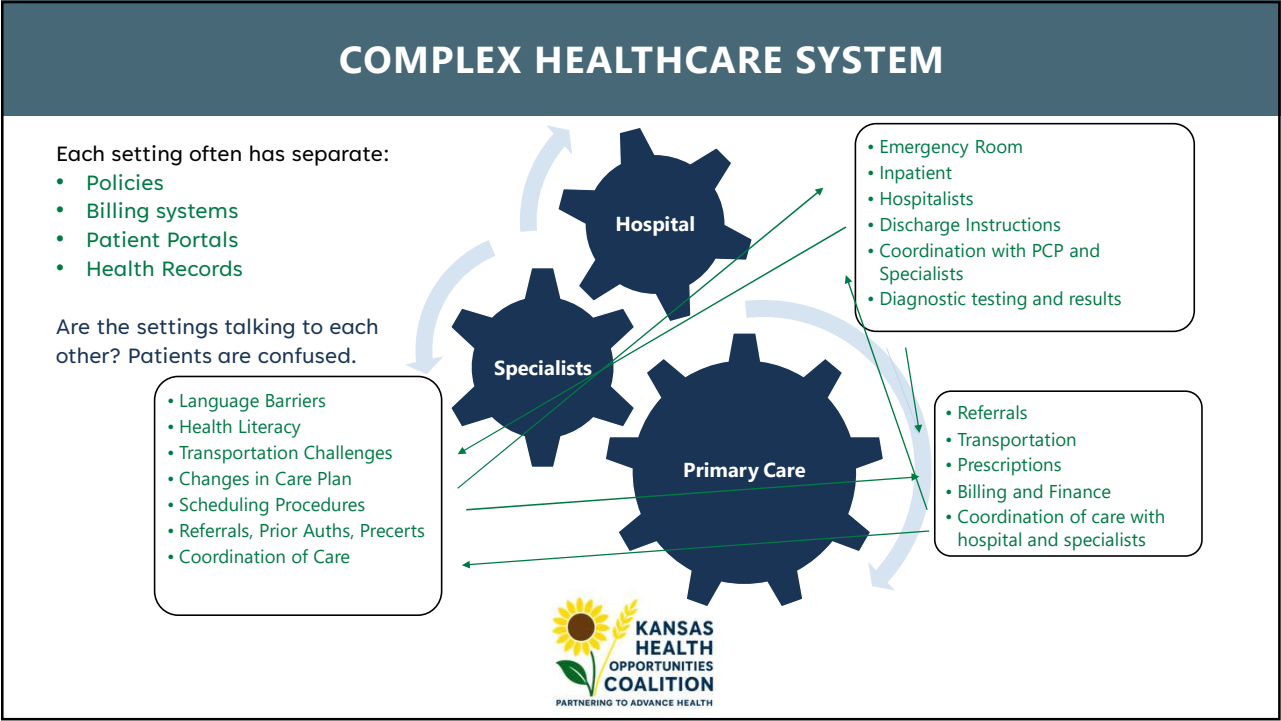
Digital literacy is “the ability to use information and communication technologies to find, evaluate, create, and communicate information, requiring both cognitive and technical skills”.

- Digital skills vary
- Patients may need education on
 - How to use computers
 - How to access healthcare portals, receive results, messages
 - How to access telehealth services
 - How to use remote patient monitoring devices
 - How to complete online registration forms and request online appointments

Source:
<https://www.ruralhealthinfo.org/toolkits/health-literacy/2/digital-literacy>



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HEALTHCARE ACCESS
PROGRAMS AND
RESOURCES




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TRUTHS IN MEDICAID ELIGIBILITY IN KS

Covered Groups: Medical assistance is only available to certain groups of people. If people do not fall into one of these groups, they do not qualify. The groups are listed below:

- Children up to age 19, including those who are in foster care or who get adoption support payments
- Persons under age 26 who were in foster care at the time of their 18th birthday
- Pregnant women
- Persons who are blind or disabled by Social Security rules
- Persons aged 65 or older
- Persons receiving inpatient treatment for tuberculosis
- Low-income families with children under age 19
- Persons screened and diagnosed with breast or cervical cancer through the EDW program
- Persons currently receiving SSI Disability payments



Source: <https://www.kancare.ks.gov/apply-now/eligibility>



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GENERAL MEDICAID ELIGIBILITY RULES

Kansas Residency – Beneficiary must live in Kansas.

Citizenship and Immigrant Status – Beneficiary must be a citizen or immigrant with a certain status. Some immigrants must wait 5 years before they can get coverage. For information see [Fact Sheet: Non-Citizen Applicants](#). Verification of citizenship and identity is required for some individuals. See the [Citizenship and Identity Requirements fact sheet](#) for more information.

Household – The people included in the patient’s medical assistance plan may be different for different medical assistance programs.

Other Health Insurance – If you have other health insurance, you must use it first.


Coverage Date – Medical assistance usually starts with the month of application.

- May be back-dated up to 90 days

Reviews – Medical assistance is currently reviewed each year.

- Subject to new federal regulations

Source: <https://www.kancare.ks.gov/apply-now/eligibility>




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MEDICAID INCOME RULES



- 1. Income Rules:** Each medical program has different income rules. Both earned income and unearned income may be counted.
- 2. Resources and Assets:** Examples of resources are bank accounts, cars, property, and stocks that are owned by someone in the household. Most plans for the elderly and persons with disabilities have a limit on the amount of resources the beneficiary may have. Plans for families and children do not have a limit.

Source: <https://www.kancare.ks.gov/apply-now/eligibility>



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MEDICAID

Fee for Service

- SOBRA
- MediKan
- Program for All-Inclusive Care for the Elderly (PACE)
- Tuberculosis (TB)
- Medicare Savings Plan
- AIDS Drug Assistance Program (ADAP)

Additional Terms

- Dual Special Needs Plan (DSNP) ([link](#))
- Spenddown ([link](#))
- Presumptive Eligibility ([link](#))

Source: [Eligibility | KanCare](#)



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MEDICAID SPENDDOWN/MEDICALLY NEEDY

Coverage when income > maximum allowable income.

- The spenddown amount is family's share of medical bills.
- The spenddown amount is like an insurance deductible.
- If the patient has a spenddown amount, they are responsible for that amount before Medicaid will begin to pay claims.


A spenddown can be set up if you are in any one or more of the following groups:

- Pregnant Women
- Children under the age of 19
- Seniors age 65 and over
- Persons determined disabled by Social Security rules


Coverage when income > maximum allowable income.

- The spenddown amount is family's share of medical bills.
- The spenddown amount is like an insurance deductible.
- If the patient has a spenddown amount, they are responsible for that amount before Medicaid will begin to pay claims.

Source: <https://www.kancare.ks.gov/home/showpublisheddocument/5559/638898994753700000>




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MEDICAID FEE-FOR-SERVICE: SOBRA

- In the fee-for-service model, the State pays the provider directly for medical services.
- SOBRA is **not** in KanCare and is paid through the fee-for-service model.
- This program is for persons who do not meet citizenship rules.
 - It covers life-threatening emergency care costs and baby deliveries only.

Source: [SOBRA | KanCare](#) and [KMAP General Bulletin](#)



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MEDICAID FEE-FOR-SERVICE: MEDIKAN

In the fee-for-service model, the State pays the provider directly for medical services. MediKan is **not** in KanCare and are paid through the fee-for-service model.


This program is funded entirely by state funds. This program is for persons with disabilities who do not qualify for Medicaid. MediKan has limited services. It covers people who are trying to get Social Security disability benefits.

MediKan definition of disability: a severe impairment that limits physical or mental ability to do basic work activity that is expected to last 12 months or result in death.

To be eligible for MediKan:

- Must be ages 18-64
- You must have filed for disability through the Social Security Administration. If you were denied you must be actively appealing.
- You can only receive Medi-Kan benefits for 12 months
- You must have very low income and resources to be eligible for the program.

Source: [MediKan | KanCare](#)



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1. In the fee-for-service model, the State pays the provider directly for medical services. PACE is **not** in KanCare and is paid through the fee-for-service model.
2. The Program of All-Inclusive Care for the Elderly (PACE) program promotes quality, comprehensive health services for older adults. The primary care physicians and interdisciplinary team of professionals provide and coordinate all services for the individual, offering a “one-stop shop” for their needs. Most services are provided at home and at the PACE Center.
3. This program provides long-term care through a managed care network but is not part of the KanCare network. To be eligible for PACE, an individual must meet the following criteria:
 - a. Age 55 or older
 - b. Meet nursing home level of care
 - c. Able to live safely in the community with PACE support at the time of enrollment

Map of Minnesota showing PACE Services by county. The map is color-coded as follows:

- Bluestem Communities (Blue):** Blount, Brown, Cass, Chippewa, Cook, Crow Wing, Doolittle, Douglas, Fillmore, Grant, Hennepin, Kandake, Lincoln, Marshall, Mower, Murray, Olmsted, Ramsey, Scott, Stearns, Swift, Tazewell, Wadena, and Winona.
- Midland Care (Cyan):** Anoka, Carver, Chisago, Clay, Clear Lake, Cook, Crow Wing, Doolittle, Douglas, Fillmore, Grant, Hennepin, Kandake, Lincoln, Marshall, Mower, Murray, Olmsted, Ramsey, Scott, Stearns, Swift, Tazewell, Wadena, and Winona.
- Ascension Living Hope (Yellow):** Anoka, Carver, Chisago, Clay, Clear Lake, Cook, Crow Wing, Doolittle, Douglas, Fillmore, Grant, Hennepin, Kandake, Lincoln, Marshall, Mower, Murray, Olmsted, Ramsey, Scott, Stearns, Swift, Tazewell, Wadena, and Winona.
- No PACE Services (Grey):** All other counties in Minnesota.

* Indicates partial county

Source: PACE | KanCare



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In the fee-for-service model, the State pays the provider directly for medical services. MSP is **not** in KanCare and is paid through the fee-for-service model.

- MSP are programs that help people with Medicare save money each year.
- For people with limited income and resources, MSP pays some or all of Medicare premiums.
- MSP may also pay Medicare deductibles and co-insurance.

Kansas has 3 Medicare Savings Programs (MSP). They pay or lower Medicare Part A, Part B and Part D premiums, deductibles, and co-pays.

Medicare Savings Program	Monthly income limit for one person	Monthly income limit for a married couple	MSP pays or lowers
Qualified Medicare Beneficiary (QMB)	\$1,305	\$1,763	Part A, Part B (or Part B-ID) and Part D premiums, co-pays, deductibles and co-insurance.
Low Income Medicare Beneficiary (LMB)	\$1,565	\$2,115	Part B (or Part B-ID) and Part D premiums
Expanded Low Income Medicare Beneficiary (ELMB)	\$1,761	\$2,380	Part B (or Part B-ID) and Part D premiums

► **Remember:** MSP benefits, resources, and income guidelines can change at any time. Please call 1-800-792-4884 to confirm current resource and income guideline amounts.



Source: Medicare Savings Plan | KanCare

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1. In the fee-for-service model, the State pays the provider directly for medical services. TB is **not** in KanCare and is paid through the fee-for-service model.
2. This program provides coverage for individuals with Tuberculosis. The Kansas Department of Health and Environment (KDHE) provides case management and limited medical assistance.
3. Coverage is limited to inpatient hospital care or necessary alternative community-based care as approved by KDHE. No other services or items, such as prescriptions are covered.



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- In the fee-for-service model, the State pays the provider directly for medical services. ADAP is **not** in KanCare and is paid through the fee-for-service model.
- This program provides payment of prescription drugs related to the treatment of HIV.



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MEDICAID: ADDITIONAL TERMS: PRESUMPTIVE ELIGIBILITY


Presumptive Eligibility is a process that allows qualified entities to determine if an individual can receive short-term Medicaid. It provides individuals with **temporary** Medicaid coverage while KanCare processes their application for Medicaid.

Facilities such as hospitals, clinics, health departments, schools, etc. can become a **Qualified Entity**. The facility will notify KDHE of its intention to make presumptive eligibility determinations by submitting a statement of interest. They agree to make presumptive eligibility determinations following KDHE policies and procedures.

Qualified entities can make presumptive eligibility determinations for **Pregnant Women, Children, Former Foster Care, Breast or Cervical Cancer (BCC) patients currently receiving treatment, parents, and other caretakers**.

These consumers must be a resident of Kansas, a U.S. Citizen, or eligible Non-Citizen, and meet income guidelines.

Source: [Presumptive Eligibility | KanCare](#)



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DOULA MEDICAID COVERAGE

A doula is a trained professional providing emotional, physical and informational support before, during and after childbirth. Doulas are non-medical, meaning their focus is on the well-being of the person who is pregnant; offering continuous support to help create a positive birth experience.


Effective with enrollment dates on and after **June 1, 2024**, Kansas Medicaid will recognize Doulas as non-physician providers and cover doula services from the date of confirmed conception through the postpartum period (1 year after delivery). The coverage will be effective with dates of service on and after July 1, 2024.

Doula services may only be provided during pregnancy, labor and delivery, miscarriage, and within one year of the end of a member's pregnancy.

Coverage will include different types of doula services:

- Community-based doulas, Prenatal doulas, Labor and birth doulas and Postpartum doulas

Source: [KMAP Provider Bulletin: Doulas and KDHE Doula Toolkit](#)



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MEDICARE

Medicare has four parts:

- Part A (Hospital Insurance)
 - 2025 Premium \$0 with work hx
 - 2025 Deductible \$1676
- Part B (Medicare Insurance)
 - 2025 Monthly Premium \$185
 - 2025 Deductible \$257
 - 20% Coinsurance
- Part C Medicare Advantage Plans
- Part D Drug Coverage

Source: <https://www.hhs.gov/answers/medicare-and-medicaid/who-is-eligible-for-medicare/index.html>



MEDICARE HEALTH INSURANCE

Name/Nombre

Medicare Number/Número de Medicare

Entitled to/Con derecho a
HOSPITAL (PART A)
MEDICAL (PART B)

Coverage starts/Cobertura empieza

Basic Eligibility

Age ≈ 65

- Railroad

SSI Disability

- After 24 mos. of SSI benefits

ESRD

ALS

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MEDICARE ADVANTAGE – PART C

Medicare Part	Description	Costs
Part C (Medicare Advantage) ** Note, this replaces Part A, Part B, Medigap and sometimes Part D	Medicare approved plan from a private insurance company that offers an alternative to Original Medicare for health and drug coverage.	Varies by plan.
Part D (Drug)	Helps cover the cost of prescription drugs including many recommended shots or vaccines	Varies by plan.

For some low-income Kansans, the [D-SNP](#) program may allow MA Plan coverage with little or no out of pocket cost.

Source: <https://www.khanet.org/CriticalIssues/FinancialStability/Medicare/medicare-advantage/>



Difference	Original Medicare	Medicare Advantage
Going to the Doctor	See any provider that accepts Original Medicare. No referrals needed.	Designated PCP. Referrals req to see any other provider.
Covered Care	Most medical services are covered, but the program doesn't cover routine dental, vision and hearing care.	All medical services covered by Original Medicare. Some plans cover dental, vision, hearing and gym memberships.
Network	99% Participating Providers - Nationwide Network	Limited networks that are usually self-contained.
Costs	Premium, deductible and coinsurance	Risk of surprise out-of-pocket costs
Approvals and Auths	Rarely require authorizations and approvals for any services	Approvals from the MA plan required for IP, SNF, home health, OP surgery and services, ambulance, DME, lab and rad services, dental, vision care.

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EXPANDED ACCESS TO CATASTROPHIC PLANS

Applications open beginning November 1, 2025 at healthcare.gov


Catastrophic Plan Benefits

Often, consumers cannot afford to purchase marketplace or broker supplied health insurance coverage without income-based subsidies, though often, consumers who are still lower income, make too much money to get assistance with premiums.

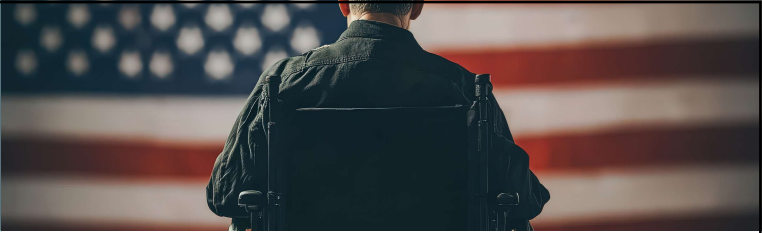
- CMS plans to begin streamlining this process for consumers ineligible for APTC due to income and expand to consumers who are over 250% of the Federal Poverty Limits (see link below for more income info)
- This guidance will be made available to those seeking coverage off the Exchange.

Catastrophic Plans: These plans provide all essential health benefits required under the Affordable Care Act while maintaining lower premiums designed for financial accessibility.

Source: <https://www.cms.gov/newsroom/fact-sheets/expanding-access-health-insurance-consumers-gain-access-catastrophic-health-insurance-plans-2026>




VA BENEFITS FOR VETERANS



MISSION Act gives eligible Veterans the option of seeking community care outside VA when they meet any 1 of 6 conditions:

- When it is in the best medical interest of the Veteran
- Care not available at a VA medical facility
- Veteran lives in a state or territory with no full-service VA facility
- VA cannot meet wait time or distance standards:
 - VA cannot offer an appt within 20 days for primary care, mental health or non-institutional extended care, or within 28 days for specialty care.
 - >30-min drive to reach primary or mental health care, or a >60-min drive for specialty care.
- VA service does not meet certain quality standards
- The Veteran meets the grandfathered distance and location provisions of the former Veterans Choice

Source: <https://www.va.gov/resources/eligibility-for-community-care-outside-va/>



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TRUMP ADMINISTRATION WAIVES SECONDARY APPROVAL


Access to non-VA care no longer requires secondary approval

- 5/19/25 the administration implemented language in the [Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act](#) that that removes the extra review step.
- The change will give eligible Veterans faster access to community care
- Should allow providers to be paid with fewer barriers

Patients still need to work with VA Care team to get referrals

<https://www.va.gov/resources/how-to-get-community-care-referrals-and-schedule-appointments/>

Source: <https://news.va.gov/press-room/va-makes-it-easier-for-veterans-to-use-community-care/>



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CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHCS)

CCBHCs are designed to ensure access to coordinated comprehensive behavioral health care.

CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age.

- This includes developmentally appropriate care for children and youth.

CCBHCs must meet standards for the range of services they provide and are required to get people into care quickly. The CCBHC model requires

- Crisis services to be available 24 hours a day, 7 days a week
- Comprehensive behavioral health services and care coordination

Source:

<https://www.samhsa.gov/communities/certified-community-behavioral-health-clinics>



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THE 9 REQUIRED CCBHC SERVICES

Directly or through formal partnership, CCBHCs provide:

- Crisis Services
- Outpatient Mental Health and Substance Use Services
- Person- and Family-Centered Treatment Planning
- Community-Based Mental Health Care for Veterans
- Peer Family Support and Counselor Services
- Targeted Care Management
- Outpatient Primary Care Screening and Monitoring
- Psychiatric Rehabilitation Services
- Screening, Diagnosis and Risk Assessment

Source:

<https://www.samhsa.gov/communities/certified-community-behavioral-health-clinics>




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FQHCs AND RHCS



- [KDHE List of RHCS in KS](#)
- [KDHE List of FQHCs in KS](#)



1. Receive enhanced payments from Medicare and Medicaid to treat patients in Medically Underserved Areas (MUAs) or HPSAs
2. Sliding fee schedules or financial assistance programs
 - a. Often required for federal programs or loan repayment sites
3. Mental health and dental services available onsite
4. Patient Navigators and CHWs often available
 - a. Assistance with addressing SDOH
 - b. Financial Assistance Programs
 - c. Care Coordination

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HEALTH DEPARTMENTS



1. Environmental Home Safety Programs
2. Family Planning and Reproductive Health
3. Immunizations
4. Maternal Health
5. Oral Health
6. School Programs
7. Wellness
8. Women Infants and Children (WIC)



Source: [Kansas Public Health Directory](#)


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EARLY DETECTION WORKS (EDW)

The Early Detection Works Program offers:

- Diagnosis
- Health Education
- Referral
- Screening
 - Clinical breast exam by a clinician
 - Mammogram, including 3D mammography
 - Pap test
 - HPV test



Source: <https://www.kdhe.ks.gov/826/Early-Detection-Works> or 877-277-1368



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EDW ELIGIBILITY

The EDW program will enroll Kansas women at average risk who:


- Are 21 to 64 years old for cervical cancer screenings
- Are 40 to 64 years old for breast cancer screenings
- Do not have health insurance
- Have family income or equal to or less than the amounts on the following table, before taxes→

Eligibility Income Maximums

Household Size	Monthly Maximum Income	Annual Maximum Income
1	\$3,260.42	\$39,125
2	\$4,406.25	\$52,875
3	\$5,552.08	\$66,625
4	\$6,697.92	\$80,375
5	\$7,843.75	\$94,125
6	\$8,989.58	\$107,875
7	\$10,135.42	\$121,625
8	\$11,281.25	\$135,375
9	\$12,427.08	\$149,125
10	\$13,572.92	\$162,875

Note: For households with more than 10 persons, add \$13,750 for each additional person annually, \$1145.83 monthly. Guidelines last updated July 1, 2025.

Source: <https://www.kdhe.ks.gov/826/Early-Detection-Works> or 877-277-1368



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TELEHEALTH

Challenges

1. Distance Site vs. Originating Site

2. Payment policies evolving

3. Access to cellular and broadband

4. Access to devices

5. Digital literacy

Source:

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11298029/>

↑

Geographical Access

↑

Engagement

↓


BH Stigma

↑

Satisfaction

↑

Outcomes



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HOSPITAL FINANCIAL ASSISTANCE PROGRAMS (CHARITY CARE)


1. 41% of adults in the US —and 57% of those with household incomes below \$40,000—have some level of medical debt.

2. Federal law requires nonprofit hospitals (58% of community hospitals) provide Financial assistance Programs for non-profit status


a. According to a KFF Issue Brief, Half of all hospitals reported that charity care costs represented 1.4% or less of their operating expenses in 2020, though the level of charity care varied substantially across facilities

b. Eligibility and policies vary by facility

c. Application processes and available funds vary



Source: <https://www.kff.org/health-costs/hospital-charity-care-how-it-works-and-why-it-matters>



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INDIAN HEALTH SERVICES

1. **The Indian Health Service, an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives.**
The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes.
2. The Indian Health Service is the health care system for [federally recognized American Indian and Alaska Natives in the United States](#).
3. The policies, standards, and procedures that determine if you can get care at an Indian Health program are in the [Indian Health Manual Part 2, Chapter 1](#).
4. **Specific questions about getting health care should be discussed with the tribe you belong to and the health facility which you are looking to get care from.**

Source: Indian Health Services



Haskell Indian Health Center ([link](#))
 Kickapoo Nation Health Center ([link](#))
 White Cloud Health Station ([link](#))
 Prairie Band Potawatomi Nation Health Center
 ([link](#))

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KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM

1. The purpose of the Kansas Statewide Farmworker Health Program (KSFHP) is to assure access to primary health care services for **low-income** and **medically underserved migratory and seasonal farmworkers** (MSFW).
2. The Kansas Statewide Farmworker Health Program accomplishes its goals by coordinating a **state-wide voucher case management system** for migratory and seasonal farmworkers to obtain health services.
3. Vouchers for covered services are obtained from Access Point Agencies made up of state-funded primary care clinics and local health departments.

The program is limited to primary care defined as:

- Immunizations
- Screening tests
- Physical examinations for children and adults
- Brief office visits
- Behavioral health
- Substance abuse services
- Laboratory/x-rays
- Vision care
- Pharmaceutical
- Prenatal care
- Dental



Source: Kansas Statewide Farmworker Health Program

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EMPLOYEE ASSISTANCE PROGRAMS (EAP)

1. Voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems.

2. EAPs address a broad and complex body of issues affecting mental and emotional well-being such as:

a. Alcohol and other substance abuse, stress, grief, family problems, and psychological disorders.

3. May cover mental health, legal, financial counseling, tobacco cessation, discount programs, weight management, resource and referral

a. Employer examples: Retail ([link](#)), Grocery ([link](#)),





Source: [OPM / EAP](#)

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KANQUIT



1-800-QUIT-NOW (784-8669)
KSquit.org

1. Many people who use tobacco want to quit and it may take several tries to quit tobacco or vaping. The good news: FREE help is available to all Kansans through the [Kansas Tobacco Quitline](#). Support options include:

a. Coaching over the phone or online

b. Text messaging

c. Email support

d. Quit medication (nicotine patches, gum, or lozenges) to those that qualify



MEDICATIONS

Free with sign-up

—

You may be eligible to receive free quit medications. After that, you may be eligible for additional free quit medication through the Quitline based on your health plan and employer. Enroll in the program to learn more.



COACHING

Free anytime

+

How may I help?



GOAL TRACKER

Free with sign-up

+



Source: [KanQuit](#)

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Kansas Health Opportunities Coalition

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REMINDER...

“IF YOU’VE SEEN ONE COMMUNITY, YOU’VE SEEN ONE COMMUNITY”

- Know your community
- Who are the local experts and champions?
 - Area Council on Aging SHICK Counselors
 - Patient Navigators
 - Community Health Workers
 - Community-based organizations
 - Financial counselors
 - Sometimes even brokers



KANSAS HEALTH OPPORTUNITIES COALITION
PARTNERING TO ADVANCE HEALTH

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QUESTION AND ANSWER SEGMENT



KANSAS HEALTH OPPORTUNITIES COALITION
PARTNERING TO ADVANCE HEALTH

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