



REPORT

Journeys and Experiences on the Path to Renewing Medicaid Health Coverage

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Section 1

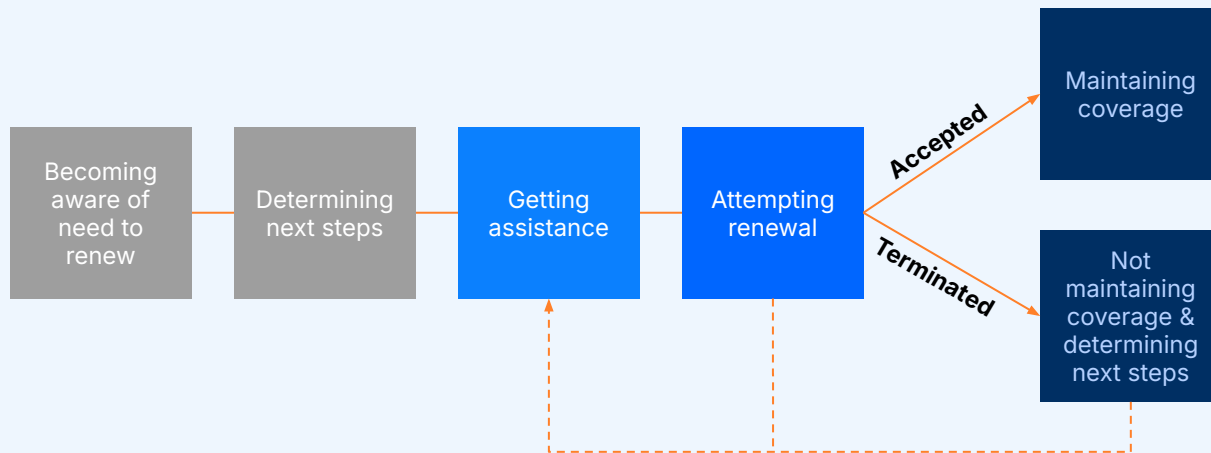
Executive summary with key findings



Project background & goal

Medicaid enrollment and renewal has been at the forefront of public discussion. In the wake of the COVID-19 pandemic, and the Public Health Emergency winding down, government teams are wrestling with getting eligible individuals renewed on Medicaid, to continue their health coverage as appropriate.

A research team at [U.S. Digital Response](#) conducted user interviews with individuals across the U.S. who were up for renewal in 2023. Based on these stories, we try to conceptualize key stages in individuals' experiences with Medicaid renewal. In the report, we explore what's **working well and share opportunities for improvement.**



Project focus

Millions of Americans risk losing Medicaid coverage during the renewal process.

Research and media have highlighted the numbers of individuals impacted and some of the challenges (e.g., low levels of automated renewals, children being terminated). Additional opportunities exist to share about what is happening on the ground, from individuals living it. Why is renewing a maze? What is working well?

Hear from a selection of individuals across the U.S. navigating the renewal process. While individuals' journeys vary, we find that they share many commonalities in renewal challenges and opportunities that span states and demographic categories.

Note: for more about participants' demographics, see Section ["Approach & participant criteria"](#)

18

Interviews included in this analysis (of 20 conducted), across all regions of the U.S.

61%

Interviewees care for children or parents on Medicaid

39%

Interviewees or someone they care for have a disability (and 11% prefer not to answer)

Key bright spots

Becoming aware: High awareness existed among many interviewees

Most received renewal notices – if they had stable mail – and heard creative awareness campaigns (yet these interviewees may not be representative of all with “procedural” terminations).

Sample states:



Attempting renewal: Document submission not overly burdensome

While gathering and digitizing documents requires effort, document upload and submission tended to work smoothly, especially with various file formats accepted.



Getting assistance: Dedicated caseworkers can be helpful and reassuring

While not available at scale, dedicated caseworkers can be valuable, reassuring, and trusted partners, especially to help those most vulnerable.



Attempting renewal: Pre-populated renewals were easier and saved time

For the few beneficiaries who shared having pre-populated renewals, they said submitting their renewal was a quick and easy experience!



“Our support planner gave us my mom’s previous application and walked us through the process: The packet is going to come next month, and here are the documents you need... So I feel pretty good about what is needed to renew my mom.”

“Well, I honestly thought that the renewing process would be a challenge, but I started answering questions and before I knew it, it was ok. When I initially applied, there was a lot of questions, but this renewing has been basically asking me if anything changed in my information, how much I make, if I have insurance elsewhere. That was basically it!”

Key pain points

#1: Lack of clarity on process causes worry

Participants did not know what to expect and when, and the stakes were high, leading to confusion at the outset of the process that continued throughout..

"Nobody tells you how it all really works. I just get this thing in the mail, and I mean there's no clear understanding of how it all works."

#2: Inability to get answers fuels frustration

After phone waits of 1-2 hours or taking trips to the Medicaid office, sometimes questions are not answered, leaving people increasingly frustrated.

"They don't want to hand me over to someone to talk to in person. Even though I say I need to clarify, they tell me no, everything in the mailbox. I'm left with doubts." [In Spanish]

#3: Lack of customer care can be degrading

Undignified service can be degrading, both if it's disrespectful (e.g., rude, no call back, no answers to questions in office), or if it's burdensome (e.g., re-submit lost documents).

"I think customer care, customer satisfaction is one thing that they need to really, really work on. Treating people like human beings is just what it's all about."

#4: Inability to track status increases work

Participants expressed confusion about status of their submission (whether everything received and if/ when being processed), which added stress and increased work: more calls/visits due to lack of clarity.

"A month later, I hadn't heard anything, so I wasn't sure what was going on. I decided to call and inquire: What is the status? Am I still eligible or are you waiting to approve me? I had to schedule some doctor appointments so I wanted to make sure I was still covered."

#5: Contradictions amplify anxiety

Interviewees received letters contradicted their status, or the website & app had different or wrong information, leading to more distrust, stress, and burden to clarify it, as the stakes are so high.

"At times the app says we're denied, but we call – 'No, you're not denied. Everything is great. You have everything turned in.' It is difficult to have to do a 1.5 hr call to find the truth. We're panicking, scared. My kid has a shunt - any moment he could need emergency surgery. So we freak out when it says denied."



Key opportunities

Individuals facing Medicaid renewal brought up many similar improvement opportunities across geographies.

Key pain points

#1: Lack of clarity on process causes worry

#2: Inability to get answers fuels frustration

#3: Lack of customer care can be degrading

#4: Inability to track status increases work

#5: Contradictions amplify anxiety



Key opportunities - *common across most states and demographic groups*

Head off questions and confusion from the start

- Explain what to expect at the outset, with clear next steps
- Increase texts and emails, which can also alleviate mail challenges

Enhance customer support to resolve uncertainty

- Help renewers get their issue resolved without being transferred, referred to a caseworker, or required to call back
- Bolster respectful assistance for dignified high quality service

Minimize confusion through the rest of the process

- Provide end-to-end status tracking to reduce added calls/visits (that increase work for staff) and prevent contradictory updates
- Clarify termination reason (incl. kids aging out) and paths forward

Note: Section ["Individuals' experiences with Medicaid renewal"](#) provides a broader menu of opportunities; Section ["Findings in depth"](#) contains details on options for action

Key opportunities for underserved groups

Individuals from underserved groups can encounter additional barriers that compound the common challenges.

Demographic groups

Individuals with Limited English Proficiency

Individuals with Disabilities & Caregivers

Individuals with Children on Medicaid

Individuals with Unstable Mail

Individuals who are Freelancers

Additional opportunities – *support underserved populations*

- In-office support in languages beyond English, including in Spanish (e.g., clarity on when/where someone can visit an office and get help in Spanish)
- Continuous assistance over time from trusted “support workers”
- Scheduled video calls for those who cannot readily make it into the office
- Education on kids aging out – terminations unexpected and confusing
- Clear updates, next steps, determinations for each person at an address
- Texts and emails to decrease communication gap, esp. if unreliable mail (e.g., if moved, if parent or relative does not pass along mail)
- Guidelines on document submission that works for freelancers and others trying to show their pay, to reduce uncertainty and rework

Note: interview sample sizes in these groups may be small – more information in Section [“Approach & participant criteria”](#)

Key findings on renewers seeking help

Individuals across various states have reported challenges with their Medicaid renewal and associated stress given the high stakes.

Challenges appear less frequent for those who:

- Renewed their coverage before
- Have a renewal with pre-filled information
- Are able to track status, including renewal submission confirmation and tracking number
- Have a dedicated support worker

Challenges seem more prevalent for those who:

- Have limited English proficiency
- Experience issues receiving mail reliably
- Are caregivers to those with complex needs
- Are parents of older children confused about their child's coverage termination
- Work as freelancers

Renewers have utilized a variety of methods to answer their questions. Here's a breakdown of preferred channels:

More Common:

- Phoning Medicaid is the most prevalent, allowing for direct interaction and clarification
- Visiting a Medicaid Office in-person can also be a preferred mode, enabling personalized assistance

Less Common:

- Emailing Medicaid
- Getting assistance from a Support Worker
- Receiving assistance from Non-Profit organizations



Section 2

Context & goals



Research context

Millions of Americans risk losing Medicaid coverage due to renewal processes.

Background:

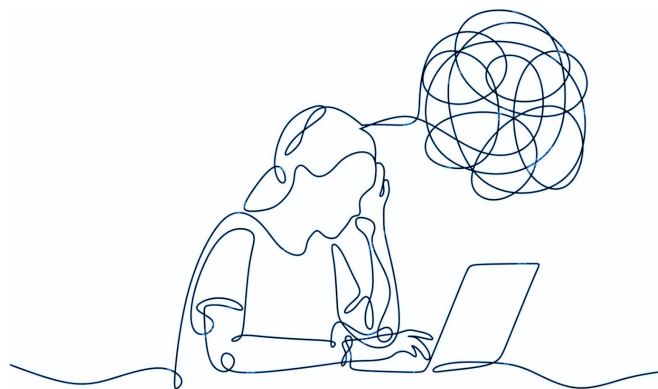
- Continuous coverage for Medicaid required during COVID-19.
- Continuous coverage ended in March 2023.
- States resumed eligibility reviews in 2023.
- Many renewals required action by beneficiaries.

Potential impact:

- Loss of health insurance, even possibly for some eligible.
- Uncertainty and stress for individuals and families.
- Medical debt.
- Foregone care.

Opportunity:

- To help eligible individuals keep their healthcare coverage.
- To improve individuals' Medicaid renewal experiences going forward.



Scope of research

Our research focuses on the experiences of Medicaid beneficiaries facing renewal in 2023 and their experiences with non-automated renewals.

We are focused on the lived experiences and journeys of individuals up for renewal, and their perspectives and sentiments as they navigate this process.

Additionally, we recognize that Medicaid can be processed in different ways; while many organizations are offering findings on enhancing the automated renewal process (“ex-parte renewals”), our research focused more on the experiences with non-automated renewals. Even so, automated renewals are an essential contributor towards processing times, staff availability, and customer experience for all.

While the Medicaid renewal experience can differ from state to state, many commonalities exist.

Since state governments have flexibility on how to design and operate Medicaid, these programs share some similarities and some differences across states. In our research, we pull out many commonalities across states.

Research questions

- Who has faced challenges with the Medicaid renewal process?
- How have renewers approached finding answers to their questions? What organizations and individuals do they trust to share information and assistance?
- What has the journey of the Medicaid renewal process been for recipients, including before, during, and after the renewal?
- What have been the most challenging aspects of renewing and how have renewers dealt with these challenges?
- What impact has the Medicaid renewal journey had on renewers?
- What would be most helpful to improve the experiences and outcomes for renewers?

Research audience

Teams and individuals at all levels of government who are responsible for healthcare coverage and Medicaid programs

Technologists in the public and private sector who design and build services, websites, and applications for Medicaid program recipients and their families

Nonprofits, researchers, and nongovernmental organizations pulling together research and interventions to better address the needs of individuals across the United States

Study limitations

- While the research analyzes experiences of individuals across the U.S., it does not inform journeys specific to a jurisdiction. To improve the experience in your area, there is no substitute for direct user research.
- These interviews are not representative of all individuals who interact with Medicaid.
- It does not comprehensively cover individuals who did not pursue renewal and the reasons why; therefore, it may not reflect the full picture of those experiencing terminations for “procedural” reasons.
- This research is less focused on automated (“ex parte”) renewals, which are an essential factor influencing renewal processing times and staff availability.
- While this report focuses on the journeys of individuals on Medicaid, it does not directly address the full ecosystem; the experiences of eligibility workers and providers are also valuable aspects and are areas for potential future focus.



Section 3

Individuals' experiences with Medicaid renewal



Journey themes shared by renewers

While individuals' renewal processes are similar across the U.S., the individual journeys are deeply personal, non-linear, and often fraught with challenges depending on individual circumstances.

High Stakes | Renewal is high-stakes because of the possibility of losing health care access. For parents, anxiety was especially high. For those with intensive medical needs, renewal could mean life or death.

Individuals with disabilities, who speak another language, or have non-traditional work experienced a more complex renewal | Individuals in these groups faced a series of additional barriers.

Uncertainty becomes anxiety | Individuals had lots of questions. Much of the communication was confusing. When renewers could not get answers, they felt increasingly anxious.

Renewers want to be able to trust the system and want to know that they matter | Renewers wanted to know their case would be handled fairly, and that humans on the other side cared about their well being.

Poor service undermined trust, while helpful service felt like a life-line | Having to wait for hours or being treated rudely created disempowerment. However, talking to someone who listened and helped created relief.

Discrepancies in any communication undermines trust in all communication | When your status in the Medicaid portal conflicted with the letter you just received, it was difficult to know who or what to trust.

Journey map

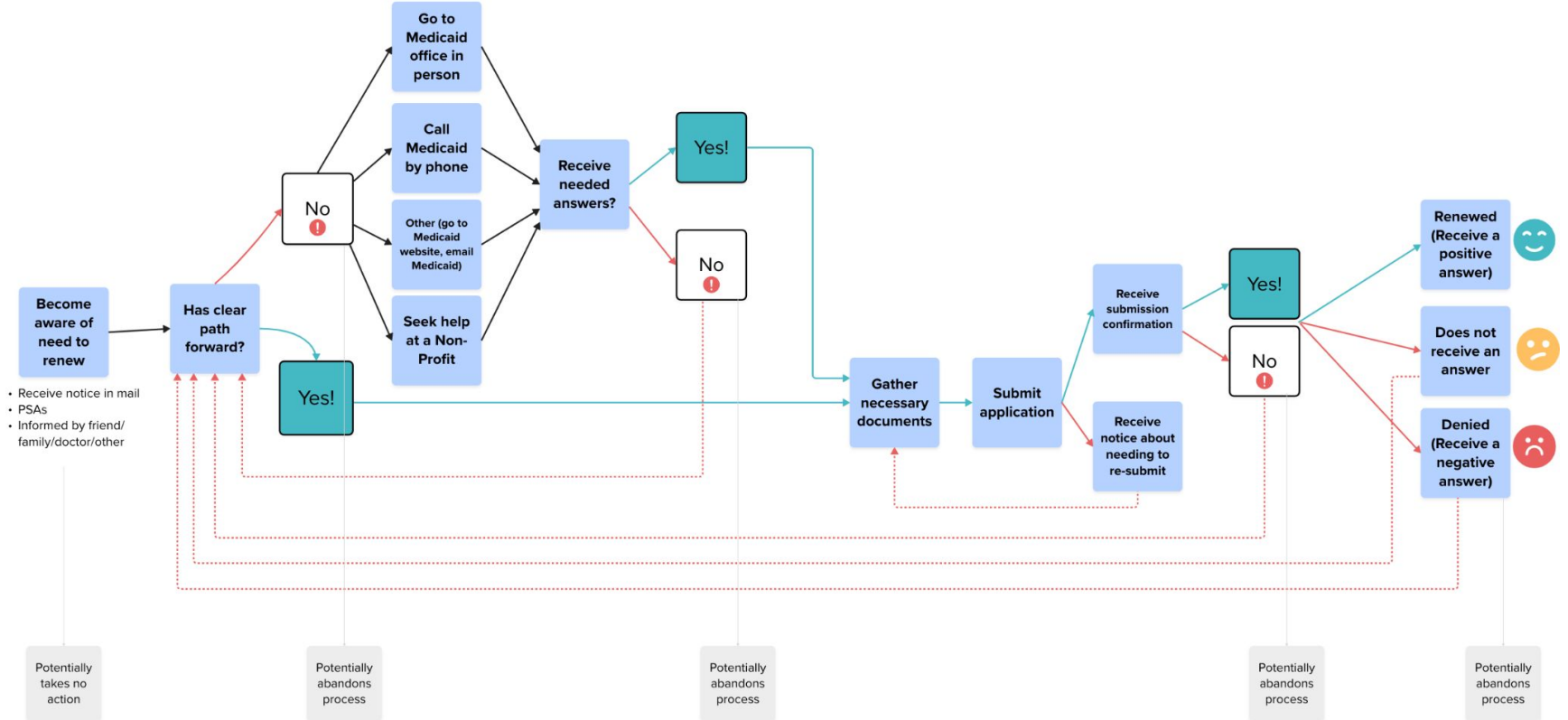
Becoming aware

Determining next steps

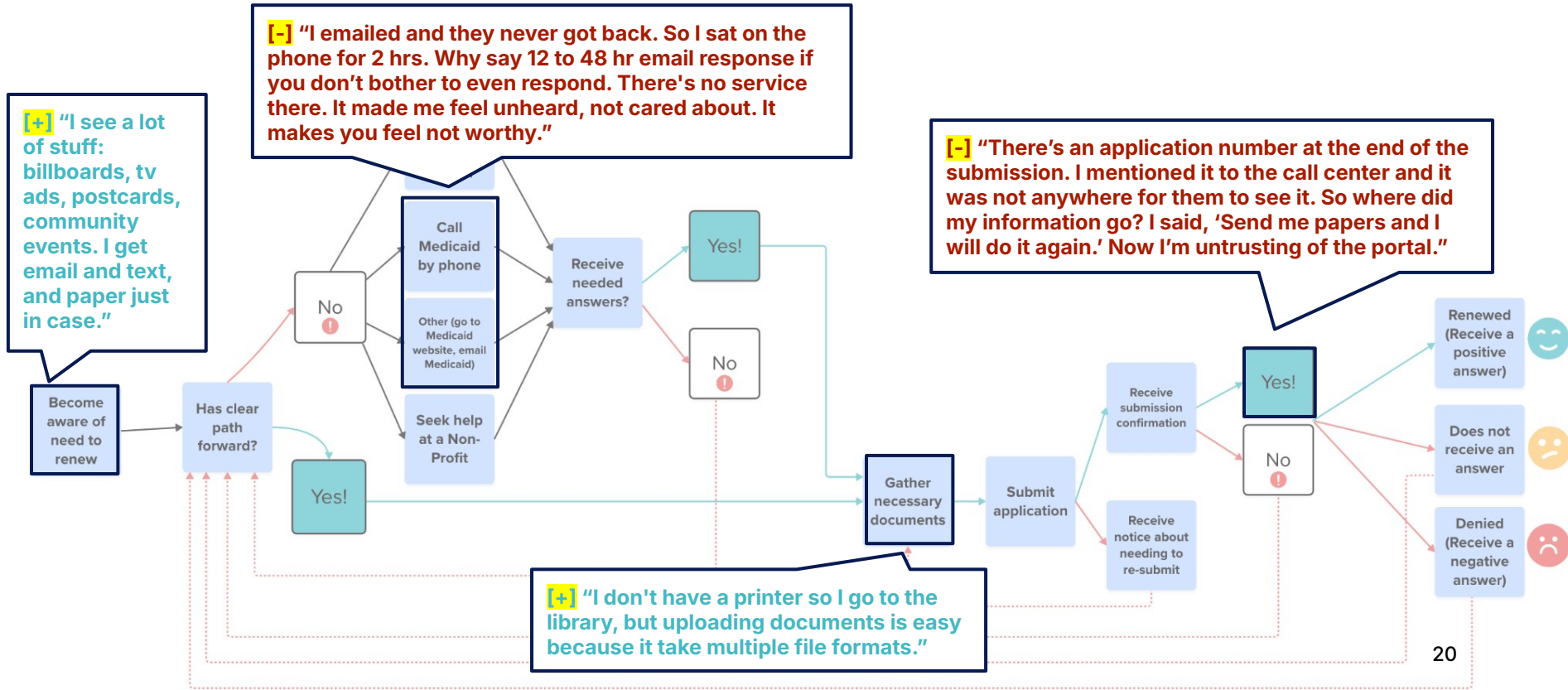
Getting assistance

Submitting renewal

Understanding determination

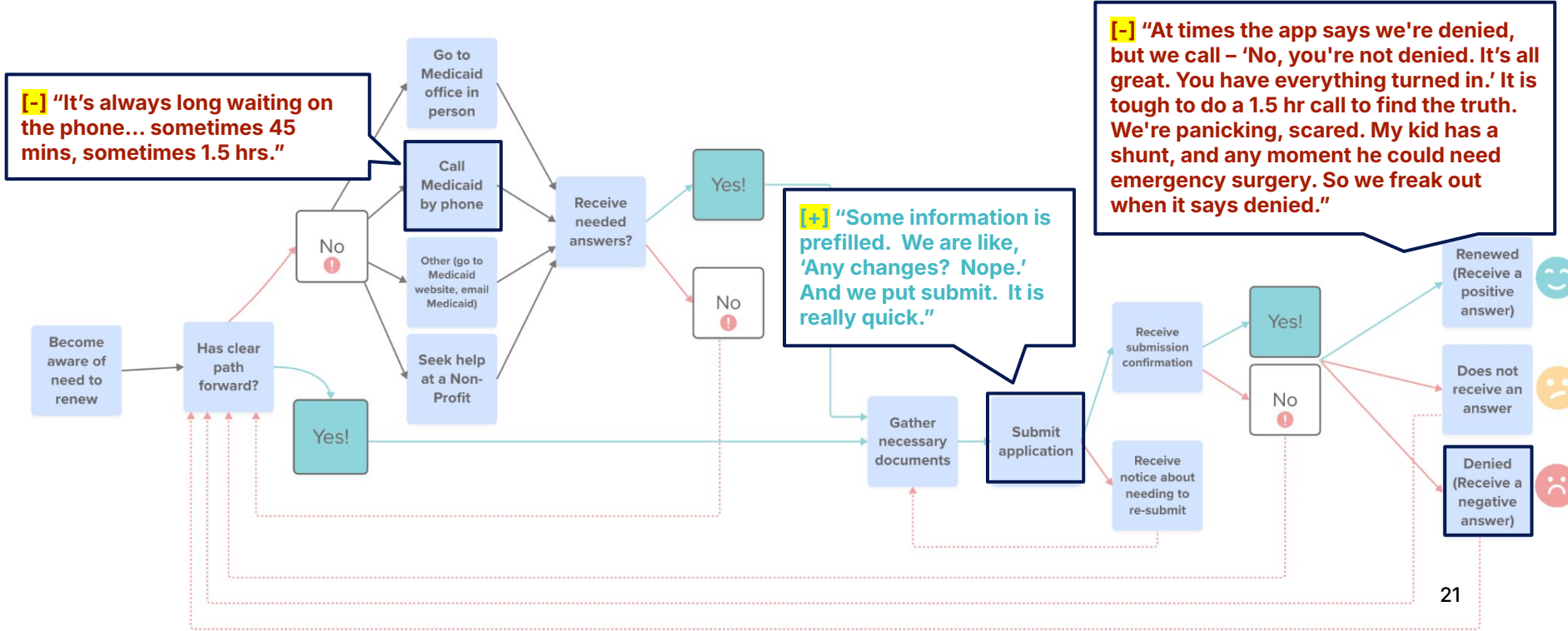


Journey of Ashley: Ashley ran into many hurdles in her children's renewal: no response to her emails, 2-hr. phone waits, and lost renewals submitted via the portal. She lost trust in the portal and feels frustrated and unworthy



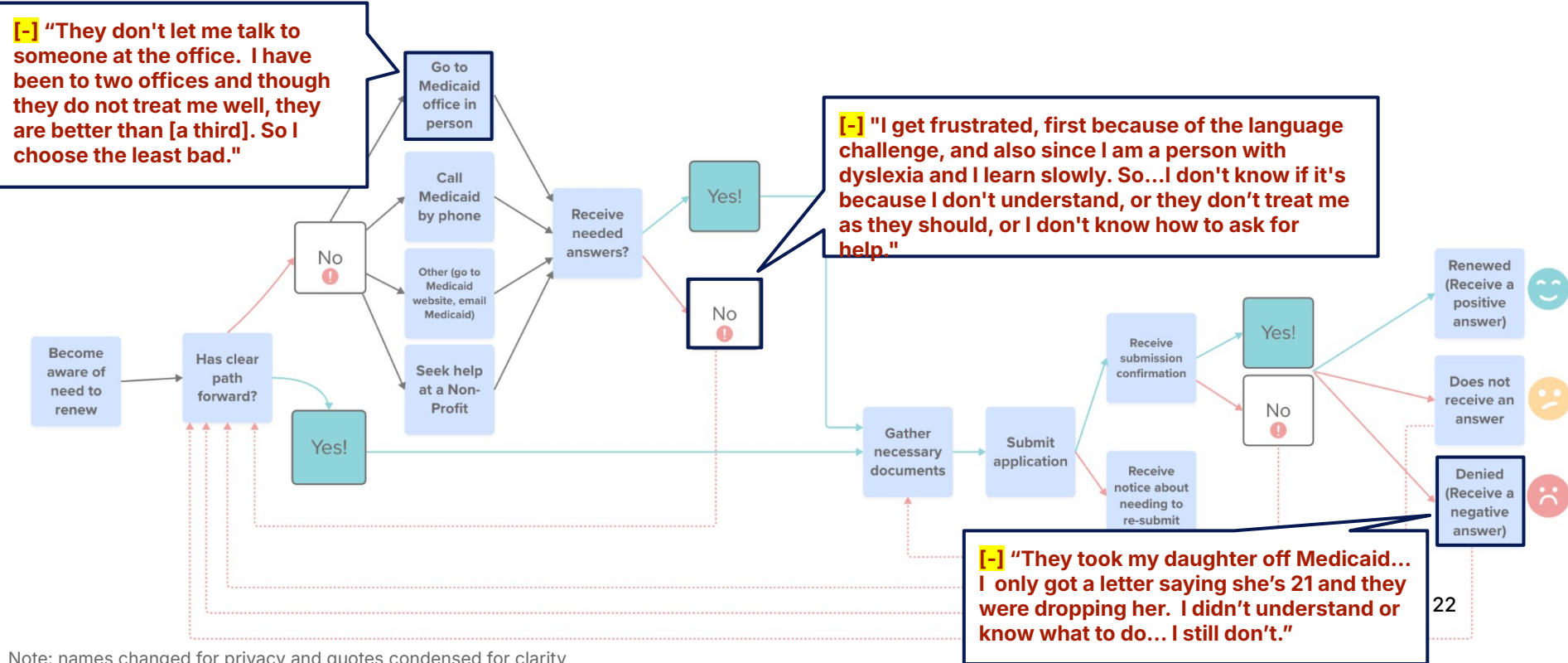
Note: names changed for privacy and quotes condensed for clarity

Journey of Joe and Kathy: Joe and Kathy stay on top of their 4 children’s Medicaid coverage, yet the process adds anxiety when they get wrong information in a letter or see contradictory updates in the app & website



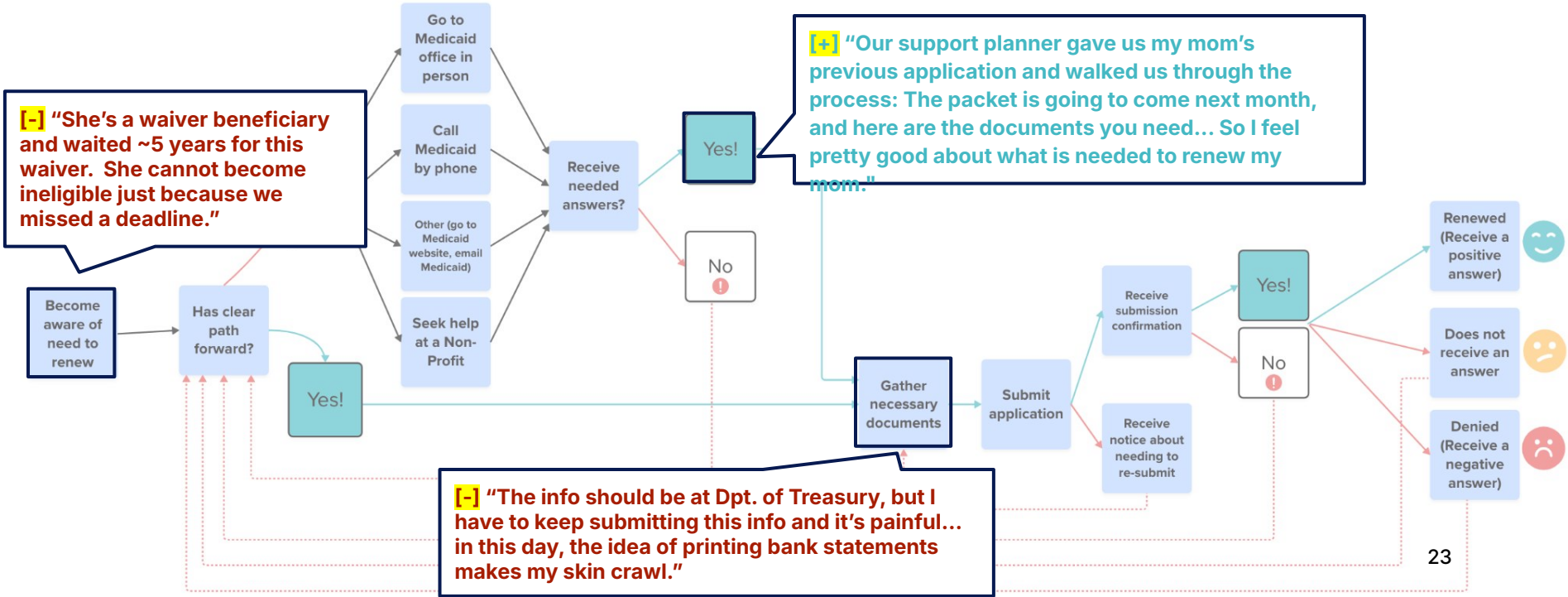
Note: names changed for privacy and quotes condensed for clarity

Journey of Adriana: A Spanish-speaker with dyslexia, Adriana struggles to get her questions answered in person. Her daughter loses coverage but they do not know why, jeopardizing her daughter's mental health treatment



Note: names changed for privacy and quotes condensed for clarity

Journey of Kendra: As a working parent and caregiver to her mom on the Medicaid Waiver program, Kendra juggles much responsibility. Her mother's support planner was integral to reducing stress and getting clarity.

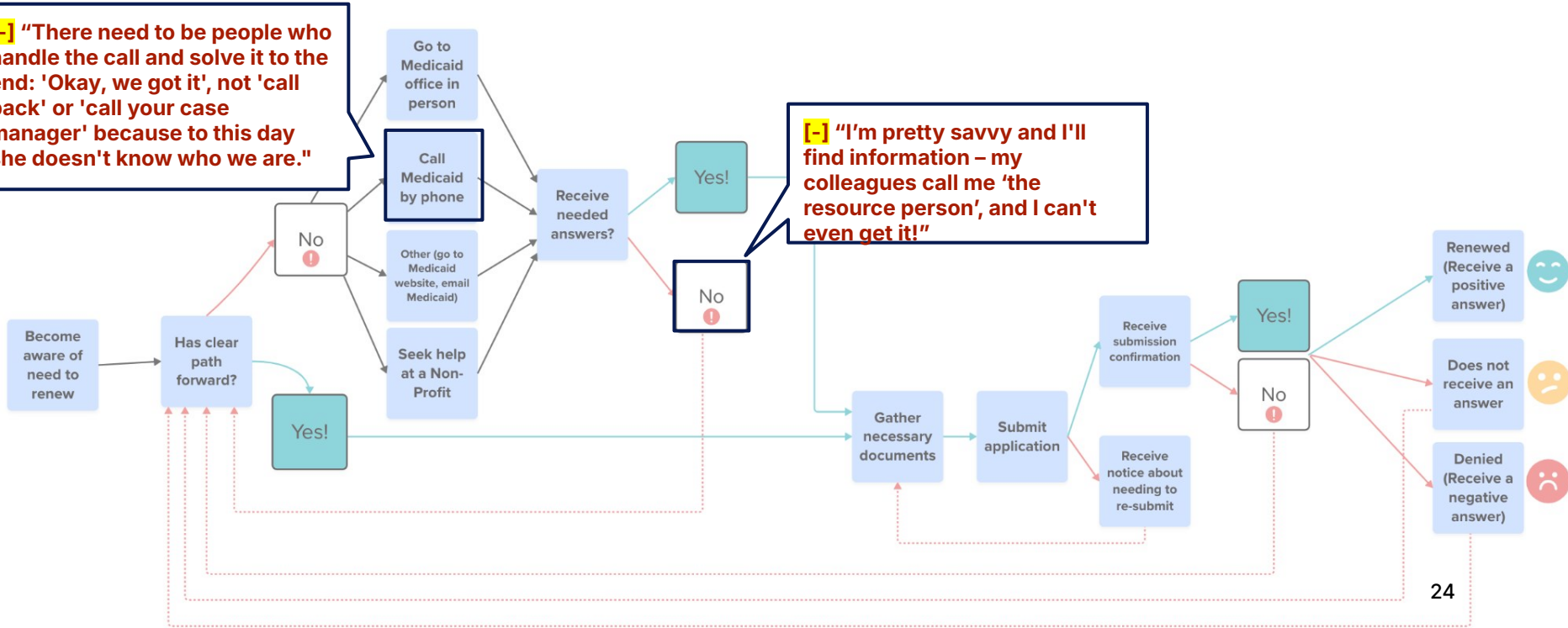


Note: names changed for privacy and quotes condensed for clarity

Journey of Christina: A retired social worker, Christina tried to renew Medicaid for her three adult children with critical health needs. Despite spending countless hours, she can't reach someone to help her navigate this system.

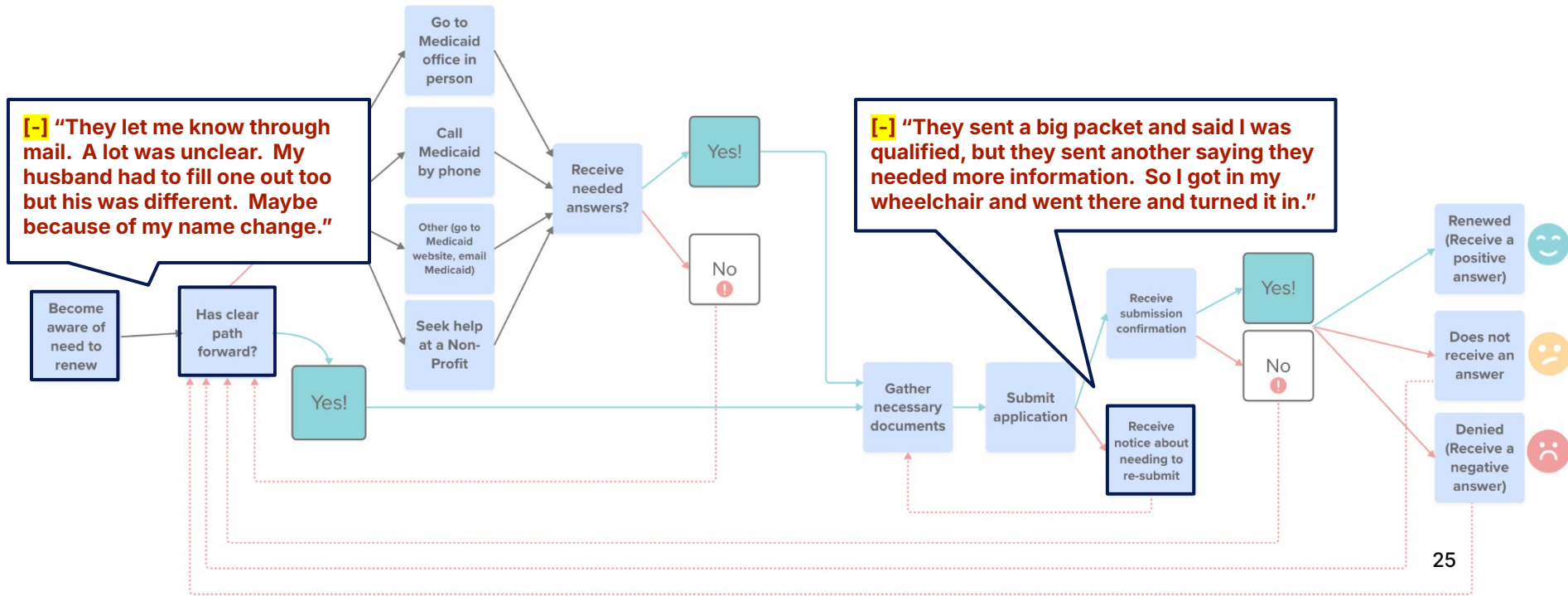
[-] "There need to be people who handle the call and solve it to the end: 'Okay, we got it', not 'call back' or 'call your case manager' because to this day she doesn't know who we are."

[-] "I'm pretty savvy and I'll find information – my colleagues call me 'the resource person', and I can't even get it!"



Note: names changed for privacy and quotes condensed for clarity

Journey of Lilian: To Lilian, the actions required from the notices are difficult to understand. When mixed messages arise, she gets in her wheelchair and goes to the office to clarify it and turn in additional information



Note: names changed for privacy and quotes condensed for clarity

Menu of opportunity ideas from Medicaid renewers

★ Ties to "Key opportunities"

Becoming aware of renewal	Determining next steps	Getting assistance	Attempting renewal	Understanding determination
<input type="checkbox"/> Increase text and email delivery ★	<input type="checkbox"/> Provide easily understandable notices	<input type="checkbox"/> Mitigate call wait times	<input type="checkbox"/> Pre-Populate Renewals	<input type="checkbox"/> Ensure all receive a decision from Medicaid
<input type="checkbox"/> Expand ads & PSAs	<input type="checkbox"/> Show process to expect & clear next steps ★	<input type="checkbox"/> Prioritize getting issue resolved on that call/visit ★	<input type="checkbox"/> Provide end-to-end status tracking & reduce contradiction ★	<input type="checkbox"/> Clarify termination reason ★
<input type="checkbox"/> Engage nonprofit, community, and faith orgs.	<input type="checkbox"/> Improve ease of finding Medicaid contact info	<input type="checkbox"/> Bolster dignified customer service ★	<input type="checkbox"/> Clarify document guidelines for freelancers	<input type="checkbox"/> Include appeal steps and alternate coverage options
	<input type="checkbox"/> Automate renewals	<input type="checkbox"/> Increase in-office assistance in Spanish		

Note: Section "Findings in depth" contains details on options for action

Success stories

Automate Renewals: 42 States have improved the rate of successful automated renewal

Most States Show Improvement in Automated (Ex Parte) Medicaid Renewal Rates

January 26, 2024 · Tricia Brooks, Allexa Gardner, Ella Mathews, Hannah Green



“Forty-two (42) states have experienced increased rates of successful ex parte renewals – ranging from 1 to 73 percentage points – since initiating their first month of unwinding renewals. Almost half of the states (23) have seen double-digit percentage point increases. In fact, nine states have improved their ex parte renewal rates by 30 percentage points or more.”

-Georgetown Center for Children and Families

Provide End-to-End Status Tracking: Michigan has worked to improve status tracking

MDHHS launches application tracker to allow Michiganders to easily monitor benefits status in MI Bridges

March 25, 2024

“This innovative tool will allow residents to know the exact status of their benefits application 24/7 and help them prepare for any next steps. In addition to helping Michiganders feel more involved and empowered in their application process, we are hopeful it will also result in lower call volumes to local offices and employee success.”

-Elizabeth Hertel, Director

Note: Section [“Findings in depth”](#) contains additional case examples



Section 4

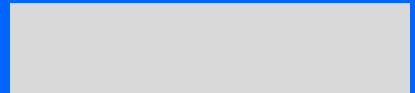
Appendix, with findings in depth





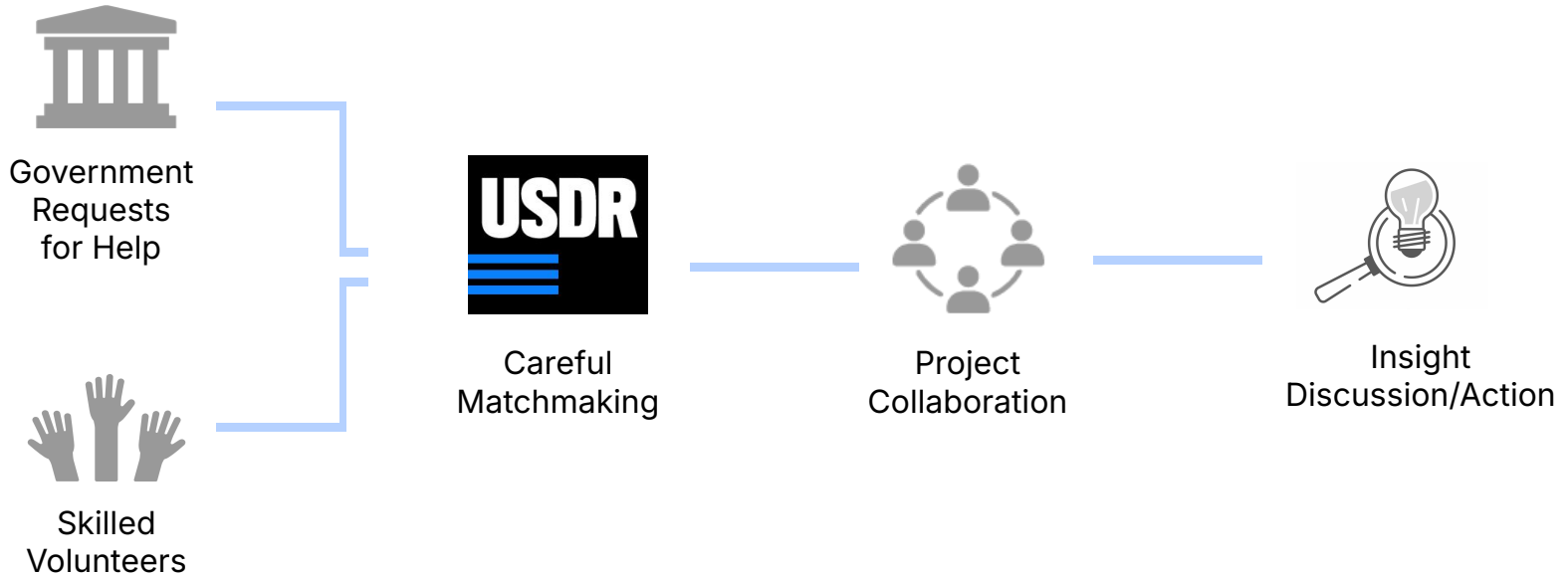
Section 4.1

Approach & participant criteria



About U.S. Digital Response

U.S. Digital Response (USDR) is a nonprofit, nonpartisan organization that helps governments, nonprofits, and public entities respond quickly to critical public needs. We're fast, free, and nonpartisan.



Research methods

20 voices:

In-depth interviews with individuals experiencing Medicaid renewal

Hear how individuals navigate the path from determining that they need to renew to understanding their determination, and everything in between. Interviews explored not only the ideal path, but also the difficult steps and emotions along the way.

12 stakeholders:

Expert interviews with people in government, nonprofits, research orgs., and health care institutions

Understand the overarching landscape and key findings with experts. Stakeholders provided additional context on renewal journeys, navigation assistance resources, experiences of front-line workers, and more.

25+ sources:

Secondary research to provide wider context

Contextualize findings from interviews in overall landscape of Medicaid renewal policy and practice. Secondary sources from academia, interest groups, and government resources provided indicators around the issues we saw being reflected in the broader population.

Recruiting goals

This research recruited individuals who faced Medicaid renewal in 2023, regardless of whether approved or terminated in the renewal. This effort collected success stories and stories with significant challenges, emphasizing individuals' journeys throughout the process.

Top priorities

- Families with children on Medicaid
- Individuals with Limited English Proficiency, with outreach primarily to Spanish-speakers, though folks use many languages with Medicaid
- Individuals with disabilities or their loved ones
- Older adults

Secondary priorities

- Range of racial backgrounds and ethnicities
- Mix of urban, suburban, and rural environments
- Range of U.S. States and coverage of Census regions
- Mix of States that have & have not expanded Medicaid
- Individuals who moved or face unreliable mail

Recruiting participants

- 1. Recruited candidates through a variety of methods, iteratively
 - Started with Social Media, but faced scammers (Facebook/Reddit Medicaid groups, LinkedIn with civic tech orgs.)
 - Shifted to Nonprofits to help refer participants
 - Used UserInterviews.com to round out panel size and representation
- 2. Contacted prospective participants
- 3. Interviewed participants and thanked with \$50 gift card
- 4. Included participant responses in analysis findings if met all criteria

Sample flyer excerpt

Are you running into challenges with the Medicaid renewal process? Or have you successfully renewed your Medicaid but not without headaches? Your voice can help drive positive change.



45

REPLIES TO RECRUITMENT

27

INDIVIDUALS
CONTACTED

20

PARTICIPANTS
INTERVIEWED

18

PARTICIPANTS
INCLUDED IN FINDINGS

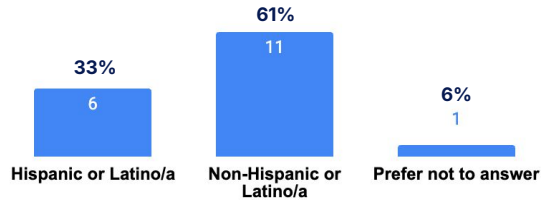
Participant demographics (page 1 of 2)

Interviewees in this analysis

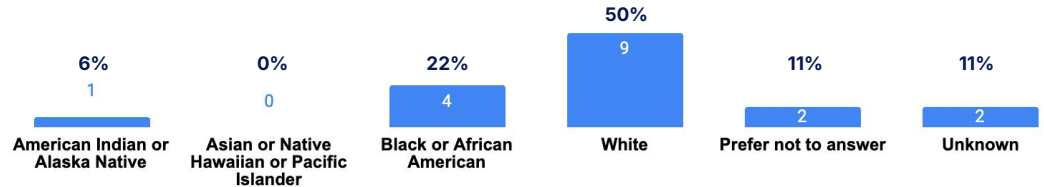
- **18** interviewees were included in this analysis (of the 20 interviewed)
- **61%** (11 interviewees) assisted in Medicaid renewal for a child or a parent
- **39%** (7 interviewees) have a disability or an individual they care for does (and 11% prefer not to answer)
- **11%** (2 interviewees) conducted their interview in Spanish

Demographic backgrounds across the US

Ethnicity



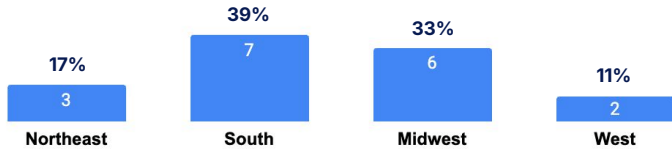
Race



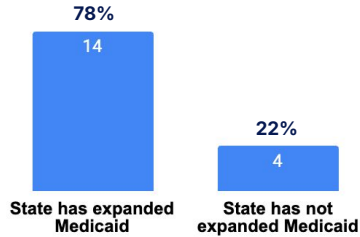
Participant demographics (page 2 of 2)

Geographic backgrounds across the US

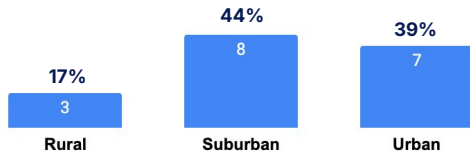
U.S. Census region



Live in 41 states that expanded Medicaid (12/2023)

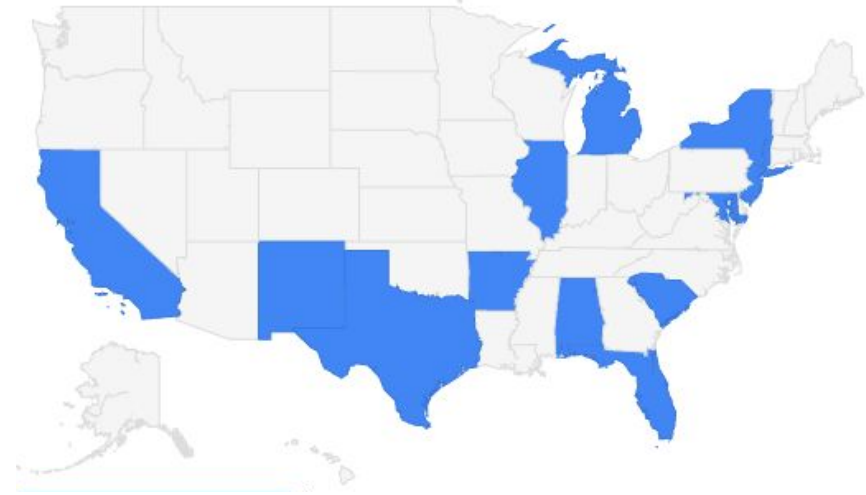


Rural, Suburban, Urban setting



States represented by participants

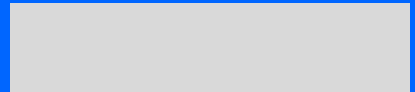
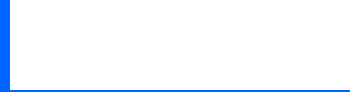
AL, AR, CA, DC, FL, IL, MD, MI, NJ, NM, NY, SC, TX





Section 4.2

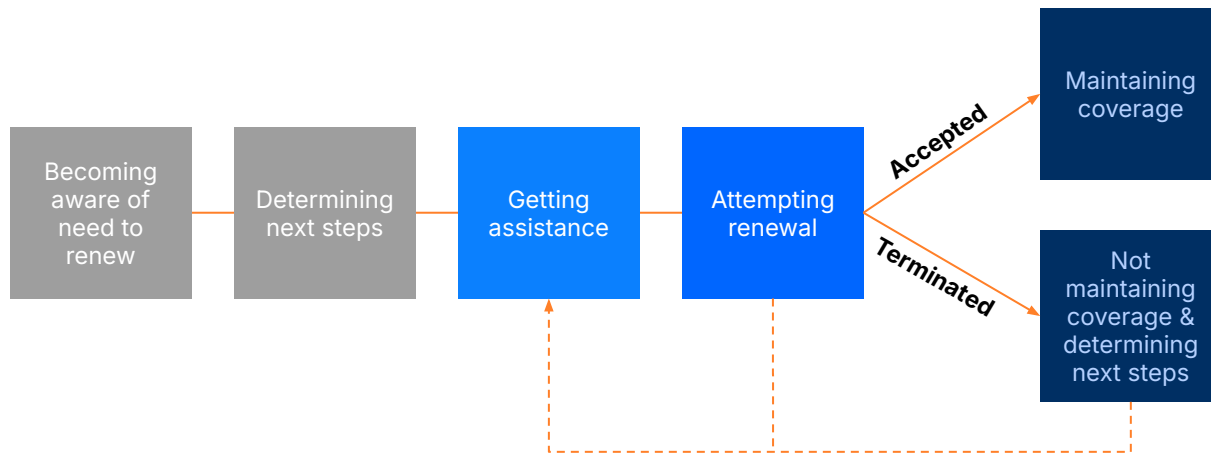
Findings in depth, across the journey stages



The Medicaid renewal journey: Simplified map

For the purposes of this analysis, we've simplified the journey into stages.

In the upcoming section, we'll dig into the various stages. Within each, we will highlight positive moments, pain points, quotes, insights, and opportunities for improvement.



Journey description and bright spots

Description

Becoming aware of renewal

People receive renewal notices by mail or are alerted by PSAs. Some have unstable mail and may miss correspondence.

Determining next steps

To understand the renewal process, people look for clear steps. Stress is high as the future of their and their loved ones' healthcare coverage is undetermined.

Getting assistance

Renewers often seek assistance for their situation to clarify questions and next steps. They mostly use call centers and local offices.

Attempting renewal

Renewers are required to provide updated information on their income, expenses, members of household, and more.

Understanding determination

Once renewals are submitted, renewers can be determined eligible or ineligible. If ineligible, individuals must clarify rationale, appeal, or find alternate coverage.

Bright spots

Most received mailed notices

Some increased awareness through tv/radio ads

Next steps seemed familiar for some who had renewed before

Getting questions answered lowered anxiety

Dedicated caseworkers can be helpful and reassuring

Ease of submitting pre-populated renewal

Ease of document submission with many formats accepted

Many received notification of their decision, but not all

Those who received a positive decision expressed relief

Journey pain points

Becoming aware of renewal

Notification gaps

Some participants did not receive emails or text but wanted them. They may not have the ability to get mail.

Communication ambiguity

It can be unclear which information pertains to which household member.

Determining next steps

Confusing notices

Notices are lengthy, confusing, and lacking clear next steps.

Unclear process

Renewers are not provided clear info on what to expect and when.

Navigating dead-ends

Not having contact information can lead to trouble navigating across government services websites.

Getting assistance

Long wait times

Renewers reported wait times of 45 min to 2 hours by phone.

Poor service

Getting questions resolved can require transfers and call backs, creating disempowerment.

Language accessibility gaps

No Spanish-language help in the office fueled frustration.

Attempting renewal

Opaque status

Renewers can feel left in the dark about their status (whether everything received, being processed).

Inconsistent updates

Renewers can receive contradicting letters, or wrong web/app updates, leading to a burden to clarify.

Freelancers' hurdles

Getting documents can be challenging for freelancers due to fluctuating income.

Understanding determination

Lack of clear rationale for termination

Some are confused by why terminated.

No clear appeal path

Unexpected termination is worsened by no clear path to get an answer or submit an appeal.

Pain points

Menu of opportunity ideas from Medicaid renewers

★ Ties to "Key opportunities"

Opportunities

Becoming aware of renewal

Increase text and email delivery ★

Expand ads & PSAs

Engage nonprofit, community, and faith orgs.

Determining next steps

Provide easily understandable notices

Show process to expect & clear next steps ★

Improve ease of finding Medicaid contact info

Automate renewals

Getting assistance

Mitigate call wait times

Prioritize getting issue resolved on that call/visit ★

Bolster dignified customer service ★

Increase in-office assistance in Spanish

Attempting renewal

Pre-Populate Renewals

Provide end-to-end status tracking & reduce contradiction ★

Clarify document guidelines for freelancers

Understanding determination

Ensure all receive a decision from Medicaid

Clarify termination reason ★

Include appeal steps and alternate coverage options

Journey opportunity ideas from Medicaid renewers (page 1 of 5)

Becoming aware of renewal

Increase text and email delivery

Expand ads & PSAs

Engage nonprofit, community, and faith orgs.

How might we improve

- What notification channels are offered?
- How can you test people receive notifications with their preferred method?
- Can you follow up if bounced/unopened?

- What creative, professional messaging drive your residents to action?
- What user testing has been done on effectiveness of these messages?

- What local connections can help reach people where they are, especially with groups with lower renewal submissions or redetermination rates?

Resident voices

"I never got emails from them, which was insane. I checked all my emails and even my junk. Because my mom throws out my mail, sometimes I don't get updates."

"You hear it on the radio: make sure you watch out for the renewal, and mail back the forms that you have to fill out."

"I belong to a community organization that assisted me with getting my renewal paperwork together and making sure I had everything that I needed."

Opportunities

Example: Texting reminders in Louisiana to decrease churn in benefit programs

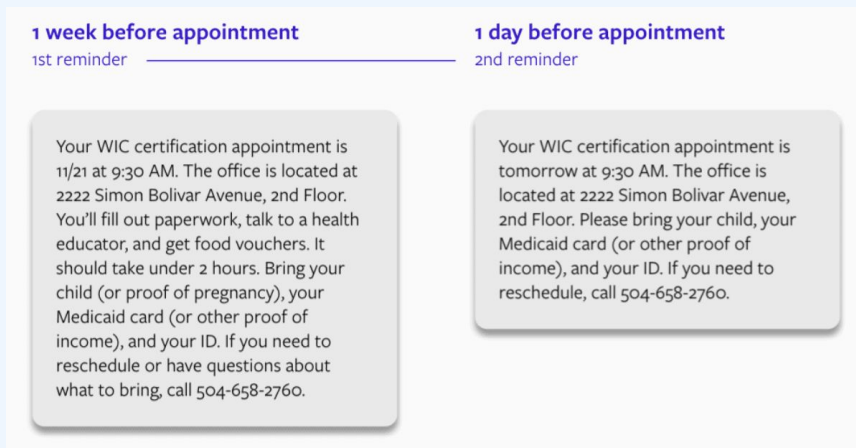
The State of Louisiana and Code for America piloted LA'MESSAGE, a text message-based reminder service for Medicaid, SNAP, TANF, and WIC clients. The program:

- Medicaid renewal clients increased their annual case approval rate by 67%, with 25% of clients successfully renewing over the baseline of 15%
- Medicaid income check clients increased their verification response rate by 56%
- WIC clients improved their kept appointment rate by 79%

Texting can help address gaps from undelivered paper mail, create feedback loops on communication effectiveness and improve outcomes overall.

A successful texting program requires:

- Using feedback and user-research methods, such as 1:1 Interviews and user testing to develop effective, client-centered reminders
- Identifying a sustainable ownership model within your agency
- Continually iterating and incorporating feedback from clients and staff to improve the program over time



Source: Code for America Benefits Enrollment Field Guide

Example: Anchor Alerts - texting conversations in Anchorage to access resources

The City of Anchorage partnered with non-profit community partners and U.S. Digital Response to build a two-way texting program, Anchor Alerts, to connect residents and small businesses to resources:

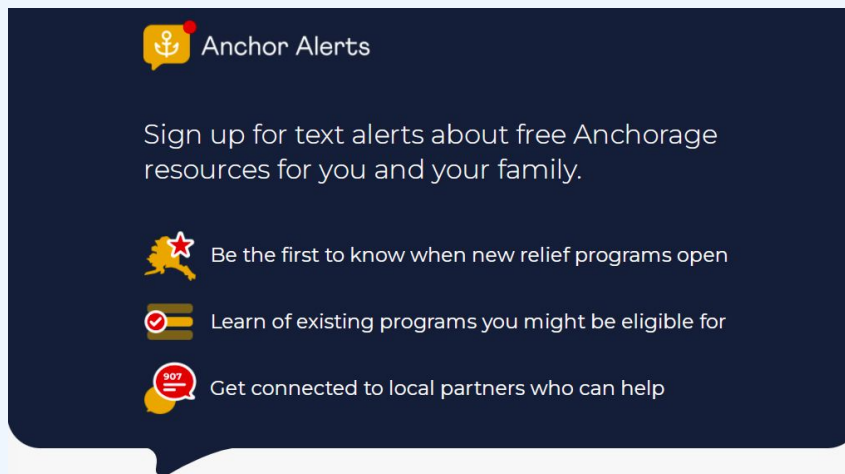
- It focuses on residents' needs and what's most relevant to them
- Shares highly accurate
- Uses simple, plain language ♥
- Provides info and let residents decide next steps to take
- Provides regular engagement
- Incorporates real time feedback

Consider:

- Ownership and funding of program and infrastructure
- Partnering to avoid duplicative and confusing programs across benefits

Texts reached important audiences:

- Built a network to an often hard to reach audience
 - Diverse
 - Low-income
 - English-language learners
- Lack access to computers, don't have emails
- Older, possibly isolated, seniors are particularly engaged in the one-on-one texts
- Struggling financially and unaware of resources

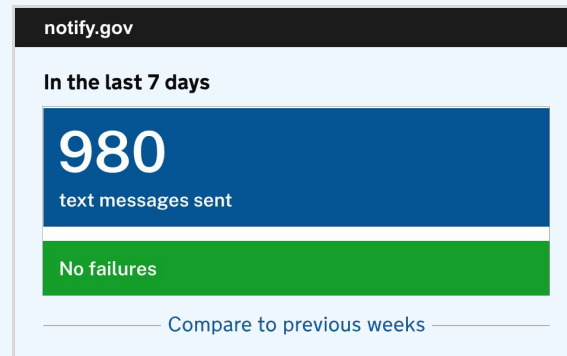
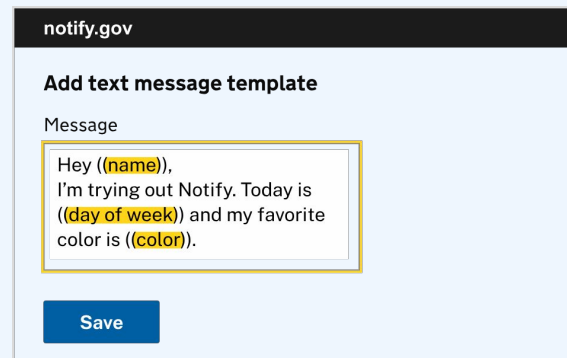


Resource: [Notify.gov](https://www.notify.gov)

Notify.gov is a text message service that helps federal, state, local, tribal and territorial governments reach people where they are with government-powered text messages

- Eligible partners include federal agencies as well as state, local, territorial, tribal agencies administering federally funded programs

The program is currently wrapping up a pilot phase and is expected to open to additional partnerships in Summer 2024 (as of May 2024).



Journey opportunity ideas from Medicaid renewers (page 2 of 5)

Determining next steps

Opportunities

Provide easily understandable notices

Show process to expect & clear next steps

Improve ease of finding Medicaid contact info

Automate renewals

How might we improve

- How can messages be clearer, shorter, and more precise using plain language of your audience?
- What is reading level is required?

- Are actionable next steps delineated?
- Are the due dates and timelines clear?
- Can you set expectations visually in multiple modes: notices, website, etc.?

- What tests are run to see if residents can locate contact information?
- Is info labeled as Medicaid, in addition to other names (ex. "Family Care")?

- What can be further automated, to reduce the work for staff and residents?
- What additional data connections or IT system effort enables this?

Resident voices

"The renewal letter is very difficult to understand. It's like trying to read a health insurance benefits explanation. I'm overwhelmed. I read it 3 or 4 times."

"Nobody tells you how it all really works. I just get this thing in the mail, and I mean there's no clear understanding of how it will work."

"I'm trying to find a phone number and I call, 'oh this is not the number - Medicaid is called Family Care'. Getting the right contact info could be simplified for consumers."

"I have to keep submitting this info and it's painful."

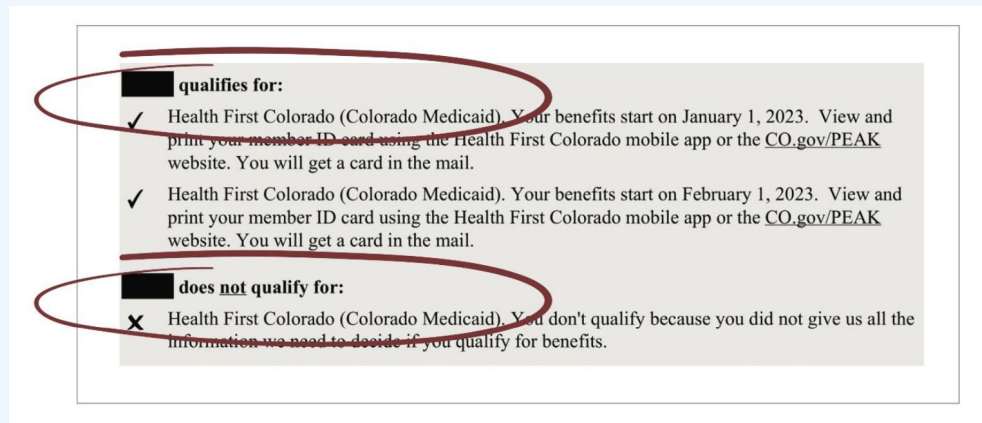
Example: Auditing Medicaid Communications in Colorado

The Colorado office of the State Auditor did a complete audit of Medicaid correspondence across the state and found:

- Correspondence is generated from 2 state systems and numerous vendor controlled systems
- There are over 37 types of templates and letters send to households
- There are 4 main types of correspondence
- Some families have received over 42 letters of a single type over a two month period
- The three main problem areas include:
 - Unclear Purpose and Guidance
 - Inaccurate Information
 - Incomplete Information

These issues are not unique to Colorado. In order to address these common challenges, we recommend:

- Developing communication standards for claimant communication, as well as training for staff on how to best implement
- Assigning responsibility and authority for overseeing Medicaid communication standards, and updates
- Performing user research and user testing of draft materials to ensure understanding among key stakeholder groups



Journey opportunity ideas from Medicaid renewers (page 3 of 5)

Getting assistance

Opportunities

Mitigate call wait times

How might we improve

- Are callers given expected wait times?
- Are call backs / virtual appointments offered?
- How might flex-staffing be used in peak time?

Resident voices

"It's always long waiting on the phone, sometimes 45 minutes, sometimes 1.5 hours. It's time you can't get back."

Prioritize getting issue resolved on that call/visit

- How are satisfaction levels tracked (by team member, time of day, etc.)?
- Are the number of transfers tracked? If high, is there mitigation or training to help?

"I felt like no one I talked to on the phone knew how to help, because multiple times they transferred me, even though I just talked to that department."

Bolster dignified customer service

- How does the program track whether customers get their questions answered?
- How does it respond to satisfaction scores?
- How can improving the staff experience help?

"I think customer care, customer satisfaction is one thing that they need to really, really work on. Treating people like human beings is just what it's all about."

Increase in-office assistance in Spanish

- How can multilingual support times be clear, if not the same as English support times?
- What paths are shared with renewer if the team is not able to answer their question?

"They don't want to hand me over to someone to talk to in person. Even though I say I need to clarify, they tell me no, everything in the mailbox. I'm left with doubts."

Example: Improving Spanish translations for unemployment insurance (UI) in New Jersey

The State of NJ partnered with U.S. Digital Response to improve the experience of Spanish-speaking claimants for unemployment insurance. The work includes:

- Developing a user-tested [plain Spanish glossary](#) of UI terms
- Incorporating bilingual call center staff as well as Spanish-speaking claimants in the development process
- Developing [guidelines and resources](#) for public servants to create high-quality Spanish translations
- Hiring a bilingual content strategist to provide ongoing support to the team

Synonyms

Providing synonyms and alternative vocabulary ensures content resonates with users from different countries and age groups. Below are some words for which we suggest including synonyms in Spanish, based on user testing—for some of those cases we recommend including the word in English.

Word in English	Words in Spanish
Check your pay stubs or W2 to confirm your employer's name.	Revise sus talonarios de pago/recibos (pay stubs) o su W2 para confirmar el nombre de su empleador/a.
Complete your union membership information.	Complete los datos de su gremio/unión de trabajadores/as.

Journey opportunity ideas from Medicaid renewers (page 4 of 5)

Attempting renewal

Opportunities

Pre-Populate Renewals

Provide end-to-end status tracking & reduce contradiction

Clarify document guidelines for freelancers

How might we improve

- What information can be pre-populated, to allow people to indicate changes?
- What other data connections are needed?

- Is there confirmation or a tracking number provided upon renewal receipt?
- How can individuals track the renewal throughout: online, by calling, by texting?

- How are mailers sent based on latest status (e.g., no letter "need to renew" if submitted)?
- How are status conflicts tested across mailers, websites, apps, etc.?

Resident voices

"Some information is prefilled. We are like, 'Any changes? Nope.' And we put submit. It is really quick."

"At times the app says we're denied, but we call – 'No, you're not denied. It's all great. You have everything turned in.' It tough to have to do a 1.5 hr call to find the truth."

"Trying to gather documents as a freelancer is a pain. It is designed for people who work jobs with regular paychecks. It is stressful and frustrating."

Example: Tracking Application Status for Massachusetts' Paid Family and Medical Leave Program

The Commonwealth of Massachusetts partnered with Nava to build claims trackers for both the claimant and employer for their Paid Family & Medical Leave program. Nava shared the key principles for designing claims trackers for public benefit programs in the future which include:

- Guide claimants with personalized information
- Build trust through transparency
- Strive for simplicity

The Nava team shared key points for each of these areas.

Guide claimants with personalized information by:

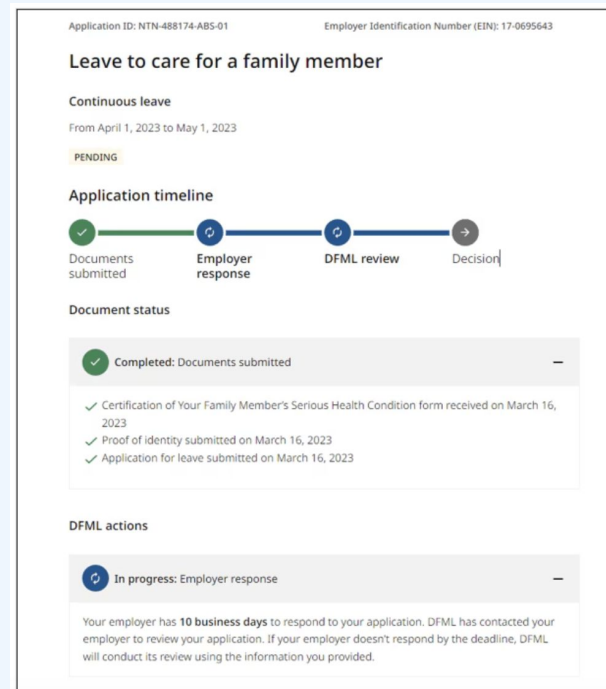
- Giving direct and actionable next steps
- Hiding irrelevant information, and
- Providing accurate timelines

Build trust through transparency by:

- Including clear paths for additional information, and
- Showing claimants what is happening behind the scenes

Strive for simplicity by

- Using concise, simple language
- Prioritizing scannable content, and
- Providing context



Source: [Check the status of your PFML application, Mass.gov](#)

Example: Revamping renewal forms and process with Michigan & Civilla's Project re:new

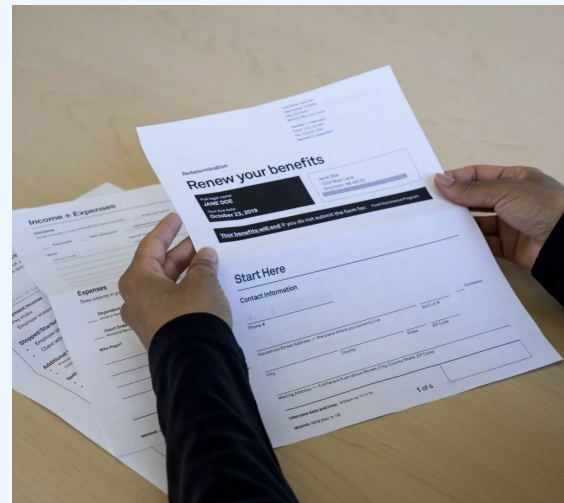
Michigan partnered with Civilla to **design simple and streamlined renewal forms** across benefit programs, starting in 2018.

The team's work included:

- Updating old renewals, for confusing design, hard-to-understand language, and errors – costing the state ~\$25 million annually
- Observing renewal process steps with residents and staff, including 30 site visits and hours of interviews
- Piloting updated renewals, and improving the designs based on feedback
- Coordination with federal agencies for form approval, staff training, and systems changes

The Civilla team shared the following impact:

- 95% renewals submitted on time
- 50% drop in lobby visits
- 60% drop in user errors
- 15% increase in renewal success rates, with 50,000-80,000 fewer re-applications each year
- 200,000 caseworker hours saved each year
- 160,000 families able to maintain continuous coverage for healthcare, food assistance, child care, and cash assistance



Source: [Project re:new](#), Civilla

Journey opportunity ideas from Medicaid renewers (page 5 of 5)

Understanding determination

How might we improve

Resident voices

Ensure all receive a decision from Medicaid

- How can the decision be shared through multiple communication streams?
- How can receipt of a decision be tracked?

"I thought I was off of Medicaid as I never got a decision. I thought that until Walmart sent me a message that my prescriptions were ready and it was a zero charge."

Clarify termination reason

- How can plain language be used in explaining the termination reason?
- What education is pushed out on what changes eligibility (e.g., ahead of aging out)?

"They took my daughter off Medicaid... I only got a letter saying she's 21 and they were dropping her. I didn't understand or know what to do... I still don't."

Include appeal steps and alternate coverage options

- Are there clear next steps to appeal?
- What alternatives—like Marketplace—are listed, and what contact information?
- Is resident info sent to the Marketplace?

"My daughter was kicked off and I wanted to dispute it but I didn't know how. When I turned in my renewal, I put a letter in there to dispute my daughter's to try to help."

Opportunities

Participant sentiments





Section 4.3

Taking action



Human-centered design adoption

You don't need "designer" in your job title to practice design

Governments are hiring in-house technologists at higher rates than ever, but you don't need to be a technologist or designer to practice design.

Anyone who is deeply invested in the user experience and willing to structure program touchpoints and backend operations around user needs is practicing design — specifically, service design.

"Government delivers a lot of services — it's what accounts for the majority of our spending.

"If these services aren't immediately understandable and easy to use it can confuse users and lead to mistakes being made. This increases casework and phone calls for government — and the amount of time spent by users trying to fix their problem. All of this costs money.

"Basically, bad services are expensive and require more time investment from the point of the user. This has a knock-on impact on user's ability to do to other things and the economy itself.

"The other unwanted consequence of bad service design is that we neither meet a policy intent or a user need."

—"[What we mean by service design](#)," Lou Downe, UK Government Digital Service blog

Resources

[A Civic Technologist's Practice Guide](#), by Cyd Harrell

[Good Services](#), by Lou Downe

[The User Experience Team of One](#), by Leah Buley

[18F Methods](#)

Ontario Digital Government's [Service Design Playbook](#)

Source: USDR "Applying for Child Care" [report](#)

Government service improvement resources

Government teams that are strapped for time and resources and unable to work directly with in-house technologists are likely to turn to vendors. However, government IT projects often fail; according to a [review by the Standish Group](#), projects costing over \$6M succeeded only 13% of the time.

Agile practices make success more likely, and vendors who use agile practices are available through normal procurement processes. Local governments are also beginning to use challenge-based procurement methods.

Resources

[An Agile Software Development Solicitation Guide](#), 18F Blog

[Government tech projects fail by default. It doesn't have to be this way.](#) Belfer Center blog

[Agile Acquisitions: Rethinking Public-Sector Purchasing](#), GovTech

[Carlsbad, Calif.'s New Approach to an Old Government Problem](#), GovTech — A recent example of using an RFQ for challenge-based procurement

Partner with U.S. Digital Response

We provide free services to government teams, nonprofits, and public entities that provide government-funded services to the public. We're fast, free, and nonpartisan.

In addition to providing [direct services](#), we also advise on [procurement and vendor evaluation](#).

Because we do not charge for our services, our partners often do not have to engage with their internal procurement process to work with us.

[Contact us to get started.](#)

Source: USDR "Applying for Child Care" [report](#)



Section 4.4

Acknowledgments & sources



Acknowledgments

Project Team

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Interviewees - thank you for your participation

- | | |
|--------------------|----------------------|
| 01, New York | 12, Illinois |
| 02, New York | 13, Illinois |
| 03, N/A* | 14, Florida |
| 04, Maryland | 15, California |
| 05, Arkansas | 16, Texas |
| 06, N/A* | 17, N/A* |
| 07, Illinois | 18, New Mexico |
| 08, South Carolina | 19, Michigan |
| 09, New Jersey | 20, N/A* |
| 10, Alabama | 21, Illinois |
| 11, Michigan | 22, Washington, D.C. |

* = not included, as did not show or meet criteria

Organizations - thank you to your team members for their assistance



Sources

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- Center on Budget and Policy Priorities - [“States Must Act to Preserve Medicaid Coverage as End of Continuous Coverage Requirement Nears”](#)
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- Georgetown University Center for Children and Families - [“Most States Show Improvement in Automated \(Ex Parte\) Medicaid Renewal Rates”](#)
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- Health and Human Services Administration for Community Living - [“Implications of the Medicaid Renewal Process for People with Disabilities and Older Adults”](#)
- Indiana Medicaid - [“Centers for Medicare & Medicaid Services Reports”](#)
- Kaiser Family Foundation - [“10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision”](#)
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- Nevada Dpt. Health and Human Services Division of Healthcare Financing and Policy - [“Unwinding COVID-19 Information”](#)
- NPR - [“6.8 million expected to lose Medicaid when paperwork hurdles return”](#)
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- STAT - [“Averting the looming purge of people from Medicaid”](#)
- State Health & Value Strategies - [“State Reporting to Monitor the Unwinding of the Medicaid Continuous Coverage Requirement”](#)