

Preparing Consumers for Changes to Medicaid

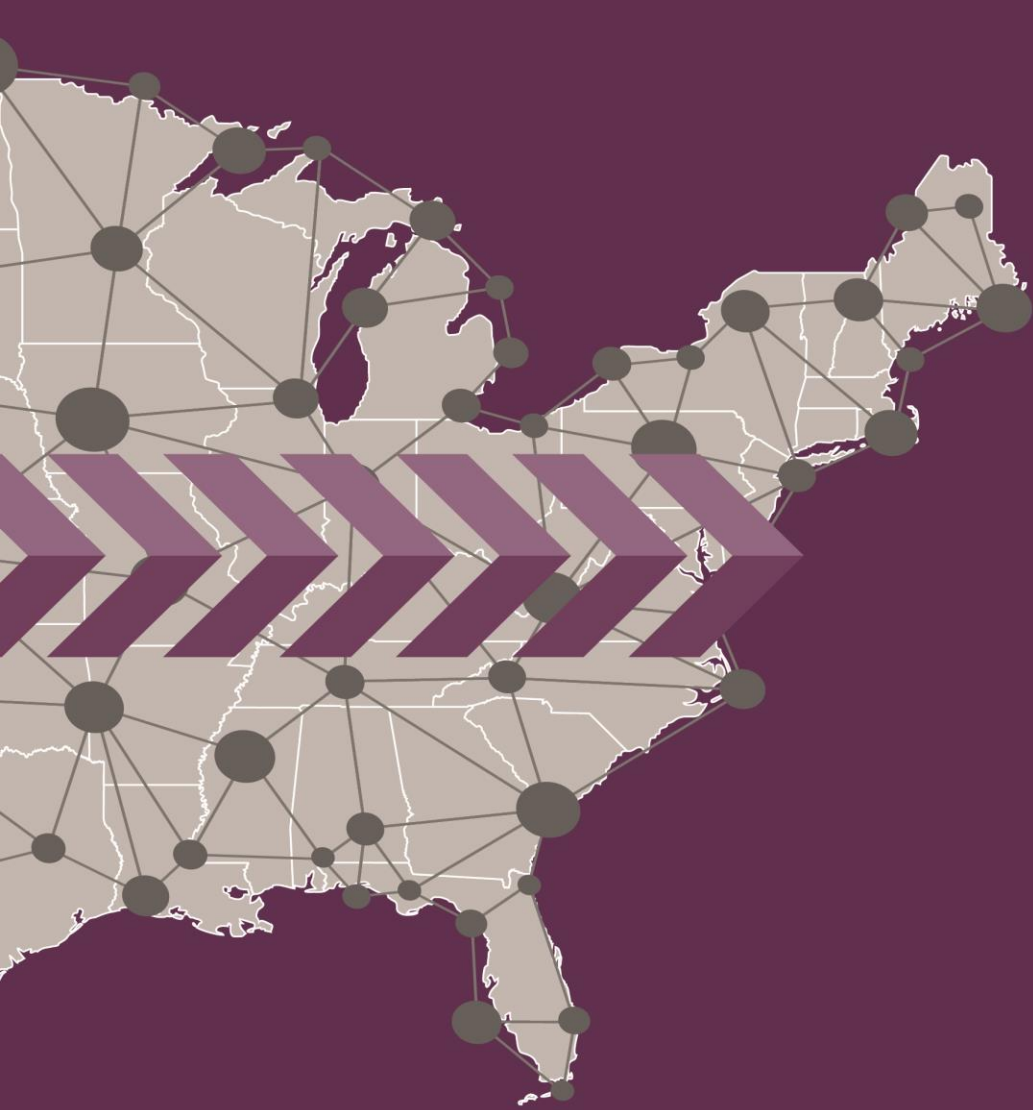
February 19, 2026
1:00 to 2:00 p.m. ET

Please stand by, this webinar will begin shortly

STATE
Health & Value
STRATEGIES

*Driving Innovation
Across States*

A grantee of the Robert Wood Johnson Foundation



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GMMB

Health Equity Solutions

February 19, 2026

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About State Health and Value Strategies

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and healthcare by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's School of Public and International Affairs. The program connects states with experts and peers to undertake healthcare transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at www.shvs.org.

Questions? Email Heather Howard at heatherh@Princeton.edu.

*Support for this webinar was provided by the Robert Wood Johnson Foundation.
The views expressed here do not necessarily reflect the views of the Foundation.*

About GMMB

GMMB is a full-service communications firm dedicated to creating real and lasting positive change in the world. We work across the healthcare sector and have expertise developing communications at the intersection of policy development and program implementation. For more than 40 years, we have been on the front line of issue-based communications, earning a reputation for shaping public opinion by developing research-based communications strategies that achieve real results. Our work has helped enroll millions of individuals in affordable health coverage and increased access to needed care and services.

For more information, visit www.gmmb.com

About Health Equity Solutions

Health Equity Solutions (HES) advances health equity through anti-racist policies and practices so all people can attain their optimal health regardless of race, ethnicity, or socioeconomic status. HES works with State Health and Value Strategies (SHVS) to guide the program's health equity work generally while also providing targeted technical assistance to states.

HES is based in Hartford, Connecticut and focuses its work outside of the support it provides to SHVS on achieving health equity in Connecticut. Learn more at www.hesct.org.

Housekeeping Details

- Use the 'Q&A' function in Zoom to submit questions and comments to the meeting facilitators. **Note that you must select to submit a question anonymously.**
- All participant lines are muted.
- A copy of the webinar transcript is available upon request. Please **contact us** to request a copy.
- After the webinar, the slide deck and a recording will be available at **www.shvs.org**.

Agenda

- **Communications Requirements (H.R.1)**

- **Overview of Workplan**

- **Engaging People Enrolled in Medicaid**

- **State Perspectives**

- **Discussion**



Communications Requirements (H.R.1)

Overview of H.R.1's Requirements

H.R.1 requires adults aged 19 to 64 applying for or renewing coverage through Medicaid expansion or expansion-like programs to meet work or community engagement requirements beginning January 1, 2027. States are required by statute to conduct outreach to all Medicaid expansion enrollees by the summer of 2026.

What this means for states

- States must conduct outreach by July, August, or September 2026, depending on the number of months states select for their “lookback” period.
- States must conduct outreach using mail/email and one other modality (e.g., text message, telephone).
- States have limited time and resources to implement a complex new system.

Why early planning matters

- Without effective communication, **eligible individuals could lose coverage**—not due to ineligibility, but due to missed information or deadlines.
- States must plan for consistent **outreach to enrollees twice a year**.
- States will need adaptable messaging to keep pace with **evolving federal guidance**.

Illustrative Outreach Timeline

2026	One-Month Lookback	Two-Month Lookback	Three-Month Lookback
January	Begin to raise awareness via annual renewal notices		
February	Launch campaign to confirm contact information (see below)		
March			
April			
May			Launch public education
June		Launch public education	
July	Launch public education		Enrollee outreach begins
August		Enrollee outreach begins	
September	Enrollee outreach begins		
October			<i>Reporting required</i>
November		<i>Reporting required</i>	<i>Reporting required</i>
December	<i>Reporting required</i>	<i>Reporting required</i>	<i>Reporting required</i>
2027	Implementation (January 1)		

“Reporting required” refers to the work reporting applicants must demonstrate to qualify for Medicaid.

Other Key Outreach Milestones



Develop consumer notices, including outreach notices, eligibility determinations, requests for information, and noncompliance notices.

Complete by:

March 31, 2026



Develop public-facing policy guidance (e.g., managed care organization bulletins, provider manuals, program manuals).

Complete by:

September 30, 2026*



*Because the Centers for Medicare & Medicaid Services will issue implementing regulations by June 1, 2026, guidance may need to be released in draft form and finalized no later than September 30, 2026.

For additional implementation milestones, see SHVS' resource [here](#).



Overview of Workplan

This Workplan is Designed to Help States:



Keep eligible people covered by sharing clear information.



Collaborate with trusted partners to deliver consistent, coordinated messages.



Reach those with the greatest barriers using culturally responsive strategies.



Build trust through early engagement with partners and affected communities.

Four Coordinated Phases

PLAN	ENGAGE	EDUCATE	MONITOR
Governance and operational planning	Partner education and co-creation	Education and outreach to people enrolled in Medicaid	Continuous learning and adaptation

These phases run simultaneously and reinforce one another.

Audiences to Engage

Engaging diverse audiences early and often is critical to ensuring accurate communication, building trust, and helping enrollees maintain coverage under new requirements.

State leadership & program operations

Medicaid agency, other state agencies, elected officials, local government

Health coverage partners & Navigators

MCOs, providers, assisters

Enrollees & consumer advocates

BAC/MAC, new or potential enrollees

Community & workforce partners

CBOs, groups representing exempt populations, faith-based groups, employers

Amplification channels

Local media, influencers, social platforms

Plan

Fundamentals

- Convene a cross-functional team with representatives from communications, enrollee/member engagement, operations, policy, technology, and customer support.
- Map partners, prioritize, and create an engagement plan.
- Engage people enrolled in Medicaid and community partners in the development of messaging and materials.

Outputs

- Core message guide
- Glossary of key terms
- Translated messages

Partner Mapping

	Primary Implementation Role	Supporting Implementation Role
Higher Information Need	Collaborate and co-create <ul style="list-style-type: none">▪ Deep, ongoing engagement▪ Regular two-way communication	Inform and consult <ul style="list-style-type: none">▪ Regular updates▪ Opportunities for input▪ Clear channel for questions
Lower Information Need	Engage strategically <ul style="list-style-type: none">▪ Targeted to key moments▪ Leverage infrastructure▪ Regular check-ins	Monitor and update <ul style="list-style-type: none">▪ Provide basic information▪ Make resources available

Core Messaging

- Use language that **emphasizes support, resources, and pathways** (not just compliance).
- Define key terms in **plain language**.
- Design communications to be **clear and actionable** (e.g., dates, required actions, consequences).
- **Translate core messages** into the state's top spoken languages.
 - Engage community partners and people enrolled in Medicaid with in-language expertise to review translations for cultural and linguistic appropriateness.
- **Scrutinize your framing** to ensure it clearly and accurately communicates your message.

Branding Considerations

Arkansas' work and community engagement reporting program was named "Arkansas Works."

Some people enrolled in Medicaid overlooked important communications because they did not realize this program was part of Medicaid.

Engage

Fundamentals

- Educate stakeholders on requirements and messaging.
- Establish feedback mechanisms for ongoing input from enrollees and partners.
- Establish trusted partnerships with community organizations.
- Create workgroups to help shape communications for key populations.

Outputs

- Webpage—central hub for enrollee updates and partner engagement.
- Regular partner updates, including segmented email list.
- Webinars/local engagements.
- Message toolkits and templated materials for partners.

Workgroups to Consider

- **Exempt populations, including populations who are medically frail:**
 - Ensure those eligible for exemptions understand options and can navigate processes easily.
 - H.R.1 defines* medically frail individuals as individuals:
 - With a substance-use disorder
 - With a disabling mental disorder**
 - With a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living
 - With serious or complex medical condition
 - Who are blind or disabled***
- **State partners:** Coordinate across agencies and programs that intersect with Medicaid and work requirements.
- **Enrollment assisters:** Equip frontline organizations to guide consumers through transitions.

*For more information on the statutory definition of medically frail please see SHVS' [Work Reporting Requirements: State Considerations When Defining Medical Frailty](#).

**The terminology used here is the terminology of H.R.1.

***As defined in section 1614 of the Social Security Act.

Educate

Fundamentals

- Map end-to-end enrollee communication flows.
- Create a multi-channel communications/campaign plan.
- Coordinate with MCOs for consistent messaging.
- Equip frontline staff.
- Establish a media relations strategy to educate and engage reporters.

Outputs

Education tactics should be informed by the PLAN and ENGAGE phases

- Educational resources (e.g., fact sheets, video explainers, FAQs).
- Direct-to-enrollee (e.g., mail, SMS, email, portals).
- General public messaging (e.g., radio, PSAs, collateral).

Monitor

Fundamentals

- Establish communications key performance indicators (KPIs).
- Measure campaign effectiveness on an ongoing basis, identifying barriers and points of confusion in real-time.
- Refine strategies based on data and feedback.
- Where possible, track by key demographic to identify disparities.

Outputs

- Dashboard tracking progress over time across key KPIs and enrollment trends.
- Data-informed outreach materials (e.g., FAQs, flyers) and strategy shifts.

Key Performance Indicators

Website traffic and engagement

QR code scans from printed materials

Email and text message delivery rates and open/click rates

Call center volume trends

Partner engagement (e.g., downloads of materials, attendance)

Media coverage, accuracy, and message penetration

Feedback loop trends

Call center data

Track indicators to refine strategies, reduce confusion, and prevent coverage loss.

Communications Considerations

- ✓ **Start early:** Communications work begins months before implementation.
- ✓ **Align internally:** Consistent messaging across all state touchpoints and partners.
- ✓ **Center enrollees:** Include people with Medicaid in planning and content development.
- ✓ **Use plain language:** Avoid jargon; explain what people need to know and do.
- ✓ **Meet people where they are:** Conduct multi-channel outreach.
- ✓ **Measure & refine:** Continuously track impact and adjust based on data and feedback.



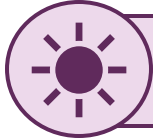
Engaging People Enrolled in Medicaid

Guidelines for Engaging Enrollees

Intentionally engaging Medicaid enrollees can ensure design and implementation are efficient and effective.



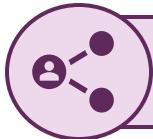
Engage enrollees early.



Set clear expectations.



Communicate consistently.



Share knowledge.



Acknowledge lived experience as expertise.



Plan for accessibility.

Ways to Engage Enrollees

When, Where and How

- Use existing mechanisms:
 - Beneficiary Advisory Council (BAC)
 - State led/run enrollee engagement opportunities
 - Community-based partner organizations
- Ask survey or focus group style questions
- Activities designed to learn from the lived experience of enrollees
- User testing

Example Questions

Intentional and Flexible Approach

What have you heard about Medicaid work reporting requirements?

- **Why ask?** Gain insight on enrollees' understanding of proposed messaging and gaps.

Establish monitoring and evaluation goals and discuss regularly at engagement meetings.

- **Why?** Leverage feedback from enrollees for process improvement.

Example Activity 1: Scenario Mapping Bingo

What?

Bingo card with various work experiences (e.g. multiple jobs, gig work, varying hours, etc.)

Why?

Identify enrollees with complex work experience, identify experiences not yet considered, test the process for each scenario.

Example Activity 2: Verification Document Treasure Hunt

Ask: Of these documents, which could you find at home in 10 minutes or less?

- Which would require help from someone (e.g. bank or employer)?
- If you don't know what these are, what would help?

Why? Validate that verification documents are accessible and that how they're described is clear.



State Perspective

Nebraska's Experience



Celia Wightman

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Discussion

The slides and a recording of the webinar will be available at www.shvs.org after the webinar

Thank You

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