Beneficiary Preferences for Communications Regarding Eligibility, Enrollment, and Renewal

In order to gain and retain eligibility for Medicaid coverage, beneficiaries need clear information about how to apply for and renew coverage. Without clear communications about requirements and procedures, coverage may be inappropriately terminated and some individuals will remain uninsured even though eligible.

Providing effective and timely communications to beneficiaries is particularly salient now as states prepare for resuming normal operations at the end of the COVID-19 public health emergency (PHE) and the unwinding of the continuous coverage requirements. The Centers for Medicare & Medicaid Services (CMS) released guidance in August 2021 that states will have 12 months after the PHE ends to complete pending verifications, redeterminations based on changes in circumstances, and renewals, as well as up to 4 months to resume timely processing of applications (CMS 2021).[1]

Effective communications strategies require understanding the needs and preferences of Medicaid beneficiaries. To shed light on state practices and potential areas for improvement, MACPAC conducted stakeholder interviews and beneficiary focus groups to learn how states communicate with individuals during the enrollment and renewal process. We also sought to assess how states are changing practices to take advantage of newer technologies, and the extent to which states are providing options to beneficiaries that facilitate successful interactions at enrollment and renewal.[2] In addition, we looked at how people apply for Medicaid, the notice process, and how states are using technology, such as phone, online applications and accounts, email, text messaging, mobile-friendly applications and accounts, and mobile apps.[3,4]

This issue brief begins with background on requirements and current practices related to enrollment and renewal, as well as use of technology by low-income individuals. It then provides information on the stakeholder interviews we conducted and the focus group makeup, followed by the key themes from these two streams of research. We learned that it is important for beneficiaries to have multiple modes of communication available during eligibility, enrollment, and renewal processes. While communication preferences and ability to access technology vary, providing multiple avenues to connect with the program ensures that individuals complete processes in a way that best meets their needs. States use technology to different degrees to facilitate communication, with some states keeping pace more than others, but all states face barriers to making improvements.

Background

States are required to provide multiple modes of communication for eligibility and enrollment purposes, and many are using technology to help facilitate those communications. Beneficiary access to and use of technology varies.

Federal requirements and state practices

The Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) streamlined eligibility, enrollment, and renewal processes, and reduced complexity and effort for beneficiaries and program administrators. Prior work by MACPAC examined the effect of these policies on systems and states, but did not specifically focus on the beneficiary experience (SHADAC 2018).

State Medicaid agencies must allow individuals to submit applications, renewal forms, and any other necessary information by phone, mail, in person, and online (42 CFR 435.907, 42 CFR 435.916). In almost half of states (22), online applications are the predominant mode of submission. In addition, most states (43) also allow Medicaid enrollees to create online accounts that can be used to review their application status, report changes, and submit documentation. Beneficiaries can also renew their coverage using their online account in 39 states (Brooks et al. 2020).

States must provide applicants and beneficiaries with timely and adequate written notice of any decision affecting their eligibility, including an approval, denial, termination or suspension of eligibility, or a denial or change in benefits and services (42 CFR 435.917, CMS 2017a). Notices must be written in plain language and be accessible to individuals who have limited English proficiency and individuals with disabilities (42 CFR 435.905, 42 CFR 435.917(a)). States are also required to give beneficiaries a choice to receive notices in electronic format or by regular mail (42 CFR 435.918).[5] In 33 states, beneficiaries can opt to go paperless and receive notices electronically (Brooks et al. 2020).

Some states are starting to use other forms of communication, such as sending reminders at renewal via text messaging (Palmer 2020). For example, in December 2020, Montana began sending one-way text and email messages to beneficiaries when it received returned mail asking the beneficiary to update their mailing address. About 25 percent of beneficiaries who received a text message responded to update their mailing address (MAC Learning Collaboratives 2021a). Uptake for these modes is slow, however, and most states rely heavily on paper notices as the primary method used for sending information on enrollment and renewal to beneficiaries (MAC Learning Collaboratives 2021a). Only two states have mobile apps for their application and eight states offer apps for their online account (Brooks et al. 2020).

Medicaid programs may be able to learn from the success of other benefit programs, such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in using digital tools and multiple modalities for reaching beneficiaries (Code for America 2019, Dockray et al. 2019). For example, Kaiser Permanente reached out to 1.2 million households across eight states via text message to identify families that might be eligible for SNAP. More than 93,000 members applied for SNAP benefits (Schwartz 2021). Research on the use of digital tools in WIC has shown that WIC participants are more likely to be smartphone dependent, and like receiving

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services through digital tools, such as online nutrition education, and support via texting or video calling. Texting reminders led to increased engagement, health improvements, and access to breastfeeding support (Dockray et al. 2019).

Use of technology

Most Medicaid enrollees own smartphones and many individuals rely on their phone for internet access and to complete tasks such as applying for jobs or benefits, so it is particularly important that states offer mobile-friendly websites, applications, and accounts (Palmer 2019, Majerol and Carroll 2018). Fifteen percent of Americans are smart-phone dependent, meaning they use smartphones as their primary means of online access, and this reliance is more common among younger, non-white, and lower-income individuals (Pew Research Center 2021). Forty-four states allow individuals to submit applications via a mobile device, yet only 20 have a mobile-friendly design for their applications, and only 23 states have mobile-friendly designs for their online accounts (Brooks et al. 2020).

Lack of access to high-speed broadband service at home and the affordability of internet service or devices limit their use by applicants and enrollees. For example, adults with annual household income below $30,000 are less likely than higher-income adults to use the internet, as are people who are Black, Hispanic, and live in rural areas (Anderson et al. 2019). In 2019, about one in four Medicaid beneficiaries did not have internet access or had limited computer access at home (Corallo 2021).

Methodology

MACPAC took a two-pronged approach to this work. First, we conducted 28 stakeholder interviews to gain a richer understanding of communication practices across states, the facilitators and barriers to states providing effective communications, and how states are using technology. Interviews were conducted between April and July 2021. Interviewees included state and federal officials, beneficiary advocates (including those representing immigrants and individuals with disabilities), legal aid organizations, provider organizations, nonprofit organizations, and other national experts. We particularly focused on six states that differ in terms of geography and use of technology: Florida, Kentucky, Louisiana, Michigan, Missouri, and Texas (Table 1). Florida and Texas were early adopters of online applications and electronic notices. Louisiana, Michigan, and Missouri are currently (or recently) working to expand the use of technology in communicating with beneficiaries.[6]

TABLE 1. State Use of Technology, 2020

State	Online Medicaid account	Can submit online application / Access account using mobile device	Mobile-friendly design for online application / Online account	Online account allows individuals to view notices	Go paperless and receive notices electronically
Florida	Y	Y / Y	N / N	Y	Y
Kentucky	Y	Y / Y	Y / Y	Y	Y
Louisiana	Y	Y / Y	Y / Y	Y	N
Michigan	Y	Y / Y	Y / Y	Y	Y
Missouri	N[1]	Y / NA	Y / NA	NA	NA
Texas	Y	Y / Y	Y / Y	Y[2]	Y

Notes: Y is yes. N is no. NA is not applicable.
[1] Missouri does not offer online accounts but applicants who apply online are able to return to the application to check its status.
[2] In Texas, only certain notices can be viewed from a client's online account if the client does not elect to receive electronic notices.
Source: Brooks, T., L. Roygardner, S. Artiga, O. Pham, and R. Dolan. 2020. *Medicaid and CHIP eligibility, enrollment, and cost sharing policies as of January 2020: Findings from a 50-state survey*. Washington, DC: Georgetown University Center for Children and Families and Kaiser Family Foundation. https://www.kff.org/coronavirus-covid-19/report/medicaid-and-chip-eligibility-enrollment-and-cost-sharing-policies-as-of-january-2020-findings-from-a-50-state-survey/.

Focus groups

We conducted focus groups to hear directly from beneficiaries about their preferences communicating with state Medicaid agencies. These were conducted virtually in May through July 2021 in four states: Florida, Louisiana, Michigan, and Texas. Nine focus groups were conducted, with two in each state and one Spanish-speaking group that included participants from both Florida and Texas. A total of 53 individuals participated, representing a range of different races and ethnicities, ages, geographic locations, and time enrolled in Medicaid. Details on the focus groups can be found in the report prepared by our contractor Beneficiary Experiences with the Medicaid Enrollment and Renewal Processes (PerryUndem 2022).

Given that all focus groups were conducted virtually, our findings may be affected by selection bias given the requirement to use Zoom. (Some participants joined by phone.) Ten participants were caregivers for family members and were not Medicaid beneficiaries themselves. Some caregivers noted that those family members, particularly those who were older, faced barriers to using technology for communications.

Beneficiary Communication Preferences

Beneficiary preferences for mode of communication and use of technology vary. As such, federal requirements mandate that states offer multiple modalities to ensure that individuals receive communications and can interact with Medicaid programs in a way that best suits their circumstances.

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Multiple modes of communication

Multiple modes of communication are needed to reach beneficiaries with different communication preferences and comfort levels with technology. Having multiple methods to apply for Medicaid, as well as to receive and access information, is necessary to reach everyone. In five of the six states, the online application option was the most frequently used; in the sixth, paper and phone options were the predominant methods. State officials and other stakeholders, however, noted that all methods for application are used and that the requirement that states offer multiple options is important for maximizing accessibility. Focus group participants spoke about the importance of having different options available, even if they might prefer a certain method themselves.

The same was true for notices; while not all states offer electronic notices, the ability for beneficiaries to receive notices online is an important tool for timely communication. Electronic notices reach beneficiaries faster than paper notices. States offering electronic notices typically will send beneficiaries an email or text message stating that a new notice is available in their online account, prompting them to log in to view it. Many stakeholders noted issues with mailed notices, such as postal delays that result in beneficiaries not receiving notices with adequate time to respond to requests for information. Furthermore, because Medicaid beneficiaries move frequently, states often struggle to maintain accurate contact information, so notices may not reach beneficiaries at all.[7]

Beneficiary preferences and use of technology

Beneficiary preference for mode of communication and use of technology varies. For example, more tech savvy individuals may choose the paperless option for notices, while others prefer paper notices. Certain populations, such as older adults, may not be computer literate and thus prefer a paper or phone option. Focus group participants echoed these comments. While many preferred online options, other participants preferred phone or mail communications because they are not comfortable using technology, worry about missing electronic communications (e.g., emails going to spam), or because they like having a paper trail. Many beneficiaries noted that being able to call or speak to a caseworker in person is important, especially for resolving more complicated questions. Participants also expressed concern that others might have trouble if the options were more limited and noted that not everyone's preferences and comfort with technology are the same. Finally, among focus group attendees, there was a lack of awareness of some of the options (e.g., mobile apps in some states). This may limit their reach.

The ability of beneficiaries to access technology is affected by many factors, not all of which are within the purview of Medicaid policy. For example, beneficiaries, particularly those in rural areas, may not have adequate broadband access. Affordability of devices and internet service is also an issue. While programs such as Lifeline provide smartphones to low-income individuals for free or a small cost, this is not a perfect solution. These devices may have limited storage or data plans, which can make downloading apps or accessing online accounts difficult. Plans with limited minutes can make it difficult to access call centers, particularly if there are long wait times. In addition, many individuals use smartphones as their sole way of accessing the internet and struggle with applications that are not mobile-friendly. In these cases, individuals may have to find other solutions such as going to the library to use a public computer to apply for or renew Medicaid.

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Beneficiary experiences

In the focus groups, beneficiaries who have been enrolled in Medicaid longer noted that the processes have improved over time. Those that are tech savvy particularly liked the online improvements, calling the online systems convenient, streamlined, and quick. Participants also noted the online renewal systems were a vast improvement. Very few reported recent issues with the renewal process and many noted that their coverage was renewed automatically without requiring them to do anything.

The majority of focus group participants said they receive their renewal notices in the mail, with some also receiving email or text notifications as well. Some participants who do not receive email or text reminders expressed that they would like to receive them. Many participants said they would like to receive additional reminders about their renewal deadline, with some feeling that the reminders were too spread out. A few individuals mentioned that they often put the renewal notice aside and forget about it until the second reminder arrives, leaving them scrambling to complete their renewal.

Accessibility of communications

Another consideration for communications is the accessibility of information for beneficiaries who may require special accommodations. States must follow the Medicaid requirements related to accessibility and compliance as defined in the American with Disabilities Act (P.L. 110-325). For example, states noted that they provide text telephones for individuals with hearing impairment and case managers or assisters who can provide additional support. In addition, states provide interpreter services for individuals with limited English proficiency. A few advocates, however, noted issues with accessibility, including multiple who cited issues logging into and using online accounts. One advocacy organization representing individuals with disabilities noted that they have received complaints from beneficiaries who use assistive technology, such as screen readers, about use of state online systems. Finally, due to differences in requirements for non-modified adjusted gross income (MAGI) populations, these populations may be more limited in their ability to use multiple modes for communication. In one state that has different operating agencies for its MAGI and non-MAGI populations, there is no online portal for the non-MAGI individuals.

Use of Technology for States

The degree to which states use technology for communication differs, with some states keeping pace with changing technology more than others. All states, however, face barriers to making improvements.

State differences in the use of technology

States are taking different approaches to the use of technology to facilitate communication at enrollment and renewal. For example, Michigan had one of the longest applications in the country, but in 2015 began working extensively with a contractor, Civilla, to redesign its paper application. The state continues to make changes, including conducting regular user testing of online accounts, and improving the readability and design of notices (Box 1).

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BOX 1. Understanding the Impetus Behind State Improvements: A Brief Look at Michigan

Michigan has made many improvements to its communications and digital tools since the passage of the ACA, and has worked closely with its contractor Civilla, a nonprofit, human-centered design studio, to make many of its changes.[8] State officials noted that some provisions in the ACA around online applications and renewal processes, automatic determinations, and electronic notices encouraged state leadership to make changes. State officials also noted that they knew there were issues with the application and it was a barrier for some people in accessing services, but due to competing priorities and lack of staffing the state had not been able to complete a redesign until it began working with Civilla.

In 2015, Civilla approached state officials about redesigning its multi-benefit application. At the time, Michigan had one of the longest applications in the nation with many repetitive questions, but it was not until Civilla approached the state with their own research and secured grant funding that efforts to make and implement changes got underway. The state rolled out its new application in 2017, which was 80 percent shorter, took 90 percent of applicants less than 20 minutes to complete, and decreased the time caseworkers spent correcting errors by 75 percent.

After seeing success with the redesigned application, Michigan implemented further changes, including redesigning its online application and account, MI Bridges, and offering a paperless option. The state took a mobile-first approach to designing MI Bridges, after research indicated the majority of their online traffic was coming from mobile devices.[9] Smartphones were also becoming increasingly more affordable. The updated online application was released in 2018, and the amount of time it took for applicants to complete it decreased by 50 percent. The state also implemented the option for beneficiaries to go paperless in 2021. State officials noted that this is both a cost-saving measure for the state because it requires less postage for mailed notices and it allows for greater beneficiary choice.

Michigan continues to make improvements, such as ongoing user testing and improvements to MI Bridges, and its current Project One Day initiative. The purpose of the Project One Day pilot program is to receive and process applications for assistance within 24 hours, employing multiple modalities to reach applicants, such as the use of two-way texting and phone calls to verify information rather than waiting to issue a request for information via mail. State officials said the impetus for this initiative is so that they can serve people better and get them their benefits quicker. State staff noted that the typical Medicaid determination can take between 30 and 45 days, so this pilot should drastically cut down on that time. They also hoped it would provide some relief to caseworkers. Preliminary results indicate that caseworkers have greater satisfaction from processing determinations rapidly. Beneficiaries have been generally receptive to communicating with phone and text, and like receiving benefits the same day they submit their applications. The state plans to assess if this model can be scaled statewide (MAC learning Collaboratives 2021b).

Louisiana is also testing innovative approaches. The state conducted a pilot with Code for America in 2019 to send text reminders to beneficiaries during the eligibility and renewal processes. State staff noted that the impetus for this pilot was to understand if text messaging would have an effect on beneficiary response. After seeing good results in the pilot, state officials said they plan to adopt the functionality although Louisiana has not yet implemented the change (Code for America 2019). The state also contracted with Adaptation Health in 2019 on the Louisiana Innovation Health Challenge, which was a learning opportunity for the state to better understand beneficiary communications and investigate ideas for how to better engage beneficiaries through the use of technology. As part of these efforts, a virtual showcase of six different companies—Accenture, ConsejoSano, Memora Health, mPulse Mobile, NovuHealth, and Revel Health—was held in 2020 (Adaptation Health 2020). The companies each presented on how they leverage data and technology to better understand beneficiary preferences for communication and use multi-channel communications to reach beneficiaries. At the time of our interview, the state was still assessing its next steps.

Missouri has been slower to adopt technology but has more recently been making changes to update its application and notices. One stakeholder explained how the state's Medicaid advisory group identified the application and notices as two areas in need of updating. One of the state's external partners, the Missouri Foundation for Health, took note of the work that Civilla was doing in Michigan and facilitated the relationship with the state in order to address these issues, as well as provided grant funding for the work. The state worked with Civilla to update its streamlined, multi-benefit paper application, and at time of interview, was working with the relevant federal agencies on its approval. State officials, however, noted that keeping up with technology is a struggle, particularly given constraints on funding and staff time.

Florida and Texas were early adopters of online applications and electronic notices. Both states have steered beneficiaries toward these modes, which have proven particularly important due to limited numbers of eligibility workers. In both states, however, fewer improvements have been made since the implementation of the ACA. In addition to staffing constraints, officials noted that state funding constrained their ability to make additional improvements. Texas officials and other stakeholders noted that the enhanced federal funding from the ACA to modernize systems was helpful. In Florida, state officials noted there have been discussions for the past five or more years about creating a mobile app, but have not been able to advance the work due to lack of funding and changing priorities.

Barriers to improvements

Interviewees shared a number of barriers to improving communications, each amenable to different solutions. In Florida, officials noted that the legal language that is required to be included and the page limits for notices were a barrier to creating more effective notices. State officials in Michigan and Missouri both noted the time-consuming nature of updating their streamlined application, in part due to the response time and back and forth with their federal partners.

Slow state procurement processes can limit states' ability to keep pace with changing technology. In general, state procurement processes favor incumbents, particularly those who already understand how state eligibility systems operate. Overcoming this barrier would require that states cast a wider net to

reach more potential companies and put some processes in place for better understanding what alternatives might be available.

Several advocates also stated that it would be helpful if there was more collaboration among state Medicaid and other state public assistance agencies, particularly regarding combined applications and notices with requests for additional information. It can be confusing to people to provide the same information multiple times to the state, even if it is to different state agencies.

Federal policy does not appear to pose an obstacle to progress. For example, state officials from Texas and Michigan, as well as national experts, noted that the changes required under the ACA and the 90/10 funding for system changes were helpful in ensuring updates were made. Another national expert noted that the Medicaid regulations regarding methods of application are strong in that they explicitly call out the different modes states are required to offer. However, barriers remain related to identity verification, mobile-friendly applications, and acceptance of telephonic signatures. Several experts noted that they would like to see standards put in place that focus on human-centered design.

Notices

During the course of this work we received feedback from numerous stakeholders on the readability and timeliness of notices. While this was not the primary focus of our work, many stakeholders noted that paper notices are one of the main tools used by states for communicating with beneficiaries, and voiced multiple concerns.

Readability of notices

In our interviews, we heard that beneficiaries find notices confusing and next steps are often unclear to them. They frequently need help interpreting and responding to notices. Stakeholders commented that notices are not written at appropriate reading comprehension levels, were long, and had too much legal jargon. Such issues were also noted in prior MACPAC work (MACPAC 2020, 2018). CMS has put out model notices, most recently in 2017, but it is not clear if states are using them (CMS 2017b).

Some of the challenges stem from the automatic systems that generate notices. Such systems may produce notices that are not case specific, or may produce lengthy notices. In states with task-based staffing, multiple, contradictory notices may be sent, causing confusion. Stakeholders advocated for both improving the language of the notices, and creating processes to allow caseworkers to have a more holistic picture of an individual's situation and review notices before they are sent.

Timeliness of notices

Stakeholders also raised concerns about the amount of time that people have to respond to requests for information. In four of the states we spoke with the amount of time given is 10 calendar days, in one it is 10 business days (Louisiana), and in another it is 30 days (Kentucky). Beneficiary advocates, legal aid organizations, provider organizations, and others all advocated for making the timeframe longer, ideally aligning with the 30 days that people have at renewal.

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Furthermore, with paper notices, we heard from many stakeholders that by the time a letter arrives in the mail, it often leaves people with just a few days to gather documents like paystubs or bank statements, which can be challenging. Notices can also get lost in the mail. We also heard some confusion about when the 10-day response period begins—that is, does the clock start with the date on the notice or the date that a beneficiary received it. Further, the use of electronic notices addresses some but not all of their concerns, as not all beneficiaries have access to or are comfortable using technology.

Endnotes

[1] The Biden Administration has extended the PHE several times, most recently through April 16, 2022.

[2] From April through July 2021, MACPAC conducted interviews with the Florida Department of Children and Families, Florida Healthy Kids Corporation, Disability Rights Florida, Florida Covering Kids and Families, Florida Policy Institute, Kentucky Department for Medicaid Services, Kentucky Primary Care Association, Kentucky Voices for Health, Louisiana Department of Health, Louisiana Budget Project, Michigan Department of Health and Human Services, Michigan Genesee County Office, ACCESS Community Health and Research Center, Michigan Primary Care Association, Missouri Family Support Division, Legal Services of Eastern Missouri, Missouri Foundation for Health, Missouri Primary Care Association, Texas Health and Human Services Commission, Children's Defense Fund - Texas, Every Texan, Adaptation Health, Center on Budget and Policy Priorities, Civilla, Code for America, National Health Law Program, and the Centers for Medicare & Medicaid Services.

[3] This project did not assess the content of the notices, their understandability, or their accessibility to individuals with limited English proficiency or individuals with disabilities, although some of these issues surfaced during our work.

[4] Mobile-friendly refers to websites that are designed to be viewed on desktop computers but automatically adapt to be used on mobile devices. Mobile applications are those dedicated for use on smartphones.

[5] States must confirm via regular mail an individual's election to receive electronic notices, make clear that the election can be changed, and provide instructions on how to change the election in the future (42 CFR 435.918). For beneficiaries that opt into electronic notices, states must post within one business day of generating the notice and send an email or other electronic communication alerting the individual that a notice has been posted to their account. No confidential information can be included in the email or electronic alert. States must also send a notice by regular mail within three days of any failed electronic communication, and, at the individual's request, provide any notice through regular mail (42 CFR 435.918).

[6] Louisiana recently conducted a text messaging pilot and held a showcase to hear directly from vendors about innovative strategies for communicating with beneficiaries (Adaptation Health 2020, Code for America 2019). Michigan and Missouri both worked with a contractor to update their applications and notices (Civilla et al. 2020, Civilla and Code for America 2019).

[7] Some states have challenges in obtaining and maintaining accurate addresses of beneficiaries, and low response rates (Brooks et al. 2020, SHADAC 2020). For example, Colorado estimates about 1.8 million of the 12 million letters (or 15 percent) from public assistance programs to its 1.3 million members are returned each year (Hawryluk 2019).

[8] Human-centered design is a framework for designing products and services based on an understanding of the people who use them.

[9] Mobile-first refers to websites that are designed to be accessed primarily on a mobile device (Palmer 2019).

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References

Adaptation Health. 2020. Louisiana Medicaid Innovation Challenge. https://www.adaptationhealth.org/louisiana-medicaid-challenge.

Anderson, M., A. Perrin, J. Jiang, and M. Kumar. 2019. 10% of Americans don't use the internet. Who are they?. Washington, DC: Pew Research Center. https://www.pewresearch.org/fact-tank/2019/04/22/some-americans-dont-use-the-internet-who-are-they/.

Brooks, T., L. Roygardner, S. Artiga, O. Pham, and R. Dolan. 2020. *Medicaid and CHIP eligibility, enrollment, and cost sharing policies as of January 2020: Findings from a 50-state survey*. Washington, DC: Kaiser Family Foundation. http://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility,-Enrollment-and-Cost-Sharing-Policies-as-of-January-2020.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2021. Letter from Daniel Tsai to state health officials regarding "Updated guidance related to planning for the resumption of normal state Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) operations upon conclusion of the COVID-19 public health emergency." August 13, 2021. Baltimore, MD: CMS. https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-002.pdf.

Centers for Medicare & Medicaid Services (CMS). 2017a. Effective communication in eligibility-related determination notices. Baltimore, MD: CMS. https://www.medicaid.gov/state-resource-center/mac-learning-collaboratives/downloads/notice-requirements-and-overview.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2017b. Expanding coverage under Medicaid and CHIP. Baltimore, MD; CMS. https://www.medicaid.gov/resources-for-states/mac-learning-collaboratives/expanding-coverage-under-medicaid-and-chip/index.html.

Civilla, Missouri Department of Social Services, and Missouri Foundation for Health. 2020. Missouri benefits enrollment transformation: Transforming the enrollment process for end users. https://dss.mo.gov/docs/civilla-missouri-research-report.pdf.

Civilla and Code for America. 2019. Streamlining access to public benefits in Michigan: Designing a user-centered digital enrollment experience. https://www.codeforamerica.org/news/safety-net-services-built-for-outcomes/.

Code for America. 2019. LA'MESSAGE. https://www.codeforamerica.org/features/louisiana-demo/.

Corallo, B. 2021. Housing affordability, adequacy, and access to the internet in homes of Medicaid enrollees. Washington, DC: Kaiser Family Foundation. https://www.kff.org/medicaid/issue-brief/housing-affordability-adequacy-and-access-to-the-internet-in-homes-of-medicaid-enrollees/.

Dockray, H., J. Silas, E. Eppes, G. Machell, and Z. Neuberger. 2019. Launching new digital tools for WIC participants. Washington, DC: Center on Budget and Policy Priorities. https://www.cbpp.org/research/food-assistance/launching-new-digital-tools-for-wic-participants#IntroHowDigitalToolsCanHelpWIC.

Hawryluk, M. 2019. Return to sender: A single undeliverable letter can mean losing Medicaid. *Kaiser Health News*, November 4. https://khn.org/news/tougher-returned-mail-policies-add-to-medicaid-enrollment-drop/?.

Majerol, M., and W. Carroll. 2018. Medicaid and digital health: Findings from the Deloitte 2018 survey of US health care consumers. https://www2.deloitte.com/us/en/insights/industry/public-sector/mobile-health-care-app-features-for-patients.html.

Medicaid and CHIP (MAC) Learning Collaboratives. 2021a. Ensuring continuity of coverage and preventing inappropriate terminations for eligible Medicaid and CHIP beneficiaries: Part 2. https://www.medicaid.gov/state-resource-center/downloads/mac-learning-collaboratives/ensrng-contnty-cvrg-prvntng-inprprte-trmntns-part-2.pdf.

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Medicaid and CHIP (MAC) Learning Collaboratives. 2021b. Ensuring continuity of coverage and preventing inappropriate terminations for eligible Medicaid and CHIP beneficiaries: Part 1. https://www.medicaid.gov/state-resource-center/downloads/mac-learning-collaboratives/ensrng-contnty-cvrg-prvntng-inprprte-trmntns-part-1.pdf.

Medicaid and CHIP Payment and Access Commission (MACPAC). 2018. *Eligibility, enrollment, and renewal: case study findings*. Washington, DC: MACPAC. https://www.macpac.gov/wp-content/uploads/2018/11/Eligibility-Enrollment-and-Renewal-Case-Study-Findings.pdf.

Palmer, D. 2020. Cell phones as a safety net lifeline. San Francisco, CA: Code for America. https://www.codeforamerica.org/news/cell-phones-as-a-safety-net-lifeline/.

Palmer, D. 2019. The missed opportunity in online benefits applications: mobile first. https://medium.com/code-for-america/the-missed-opportunity-in-online-benefits-applications-mobile-first-3aa870cc266b.

PerryUndem. 2022. *Beneficiary experiences with the Medicaid enrollment and renewal processes*. https://www.macpac.gov/publication/beneficiary-experiences-with-the-medicaid-enrollment-and-renewal-processes/.

Pew Research Center. 2021. Internet/Broadband Fact Sheet. https://www.pewresearch.org/internet/fact-sheet/internet-broadband/.

Schwartz, P. 2021. Food for life: Health care's role in improving health through food assistance benefits. *Health Affairs Blog*, October 6. https://www.healthaffairs.org/do/10.1377/hblog20211004.232712/full.

State Health Access Data Assistance Center (SHADAC), University of Minnesota. 2020. Follow-up assessment of selected strategies to overcome Medicaid enrollment and renewal challenges. Minneapolis, MN: SHADAC.

State Health Access Data Assistance Center (SHADAC), University of Minnesota. 2018. Assessment and synthesis of selected Medicaid eligibility, enrollment, and renewal processes and systems in six states. https://www.macpac.gov/publication/assessment-and-synthesis-of-selected-medicaid-eligibility-enrollment-and-renewal-processes-and-systems-in-six-states/.