

Engaging Enrollees in Medicaid Work Reporting Requirements Implementation

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This toolkit provides practical strategies for engaging Medicaid enrollees in decisions about the implementation of [H.R.1's](#) mandatory work reporting requirements. Strategically and intentionally engaging Medicaid enrollees can ensure states design and implement efficient processes that reduce administrative burden. Since certain decisions necessary to operationalize the mandatory work reporting requirements must be solidified in the coming months, enrollee engagement should begin as soon as possible.

Other publications from State Health & Value Strategies (SHVS) [describe the impacts of the work reporting requirements](#), [implementation and planning milestones](#), and [options for verifying compliance and exemptions](#). As noted in these publications, engaging current enrollees is a key element in ensuring that new IT systems and processes function efficiently and that communication to enrollees is clear and actionable. This, in turn, can reduce the state's implementation expenses and streamline enrollees' experience of new systems¹.

This toolkit provides general guidelines, suggests opportunities for when to engage enrollees and provides sample questions and activities to support engagement.² The engagement opportunities described here are not exhaustive; rather, they highlight the range of ways enrollees can be meaningfully involved. When planning engagement, states should consider existing mechanisms, including the Beneficiary Advisory Council (BAC) and state or community-based opportunities, to engage current enrollees and their communities at large. The toolkit also highlights which decision points would most benefit from enrollee engagement.

General Guidelines for Engaging Enrollees in Work Reporting Requirement Implementation Planning

Note: these guidelines align with methods described in the brief "[Transformational Community Engagement to Advance Health Equity](#)."

- **Engage enrollees early and prior to key decision points:** Engaging enrollees prior to key decision points being finalized will provide useful data to inform state analyses of implementation options and ensure state time and resources are used efficiently. It also serves to build trust between the state and enrollees. Delaying engagement (for example, by engaging enrollees at a point when their input can no longer influence a decision) is likely to result in

¹In addition to the recommendations included here, the Center for Health Care Strategies [has published a series](#) on Medicaid work requirements, including recommendations for engaging members in implementation.

² While this toolkit does not go into detail about engaging enrollees in the design of exemption processes, many of the exercises and discussions are relevant to this aspect of the work reporting requirements system design and can be used to inform how exemptions are defined and verified.

frustration and erode trust. It is particularly important to engage enrollees in user testing of new IT systems and new operational processes.

- **Set clear expectations:** Communicate how and by whom enrollee input will be used. Establish enrollees' roles as consultants with lived experience/expertise and the state's role as the entity responsible for implementing federal requirements given budget constraints and guidance.
- **Communicate consistently:** Ensure enrollees know whether their input was applied and why. [Track questions, recommendations, and concerns so that enrollees know their input is not being ignored or dismissed](#). This is particularly important for issues that may take several months or even years to resolve or when enrollee input is not feasible because of legal, regulatory, or logistical barriers.
- **Share knowledge:** Prepare enrollees for discussions by providing background information and/or a contact who can answer questions before and after engagement opportunities.
- **Acknowledge lived experience as expertise:** Communicating that enrollee experience is valued builds trust and creates an environment in which members feel respected and thereby makes them more likely to share their experiences. When enrollees' recommendations are not adopted, explaining why conveys respect for their expertise.
- **Plan for accessibility:** To ensure that enrollee engagement efforts capture a diverse set of experiences, consider varying the location, time and format of opportunities for members to share feedback. For example, a state could ensure that at least some engagement efforts are accessible to people with physical mobility issues, hearing and visual impairments, varied work schedules, limited English proficiency, and other factors that might limit participation. Meeting people in their communities can alleviate logistical barriers and increase enrollees' sense of comfort and trust.

Establishing Enrollees as Experts and Creating Formal Pathways for Engagement

The implementation of work reporting requirements will result in the design of new processes and procedures, including new governance structures created to make policy decisions and foster cross-program alignment. It is important to ensure that staff who lead the state's BAC and other Medicaid enrollee engagement efforts are included on the team planning for work reporting requirement implementation and interagency coordination. This will ensure that staff conducting enrollee engagement or working with implementation partners to engage enrollees are able to identify topics for discussion with enrollees and share information gathered at BAC meetings with other state employees. This is particularly important in a fast-paced environment to ensure updated timelines and decisions are clear across departments, agencies, and the contractors and partners involved in implementing work reporting requirements.

States with integrated eligibility systems for Medicaid and a State-Based Marketplace (SBM) should also include any member-engagement or outreach staff from the SBM in their interagency task force. States may also leverage an interagency task force or discussions to highlight Medicaid enrollee feedback that is relevant to SBMs.

BACs and other engagement structures should be involved in sharing feedback on communications materials. They can be instrumental in ensuring that revisions to and translations of application forms and consumer notices are clear, use the correct language, and will be effective. In addition, enrollee engagement can inform business rules, process flows, and the degree to which various data sharing agreements are prioritized.

For engagement efforts to successfully inform the operationalization of work reporting requirements, a new working group or BAC subcommittee may need to be formed or the frequency of engagement with the BAC or other family and member advisory committees may need to be increased to ensure that enrollees impacted by work reporting requirements are engaged in a timely manner. States that offer stipends or other financial support for participation in engagement efforts should consider if additional funding is needed to support increased engagement and may wish to seek support from local funders. (See the SHVS issue brief “[State Strategies to Compensate Beneficiary Advisory Council Members](#)” for a discussion of compensating people with lived experience of the Medicaid program.) If scheduling conflicts or a lack of a specific kind of lived experience is a concern, Medicaid enrollees who are already familiar with and participating in Medicaid enrollee engagement efforts can support recruitment of additional enrollees.

Sample questions to ask enrollees:

- What do you know or what have you heard about the Medicaid work reporting requirements?
- What is the best way for us to share information with you about how to report on your work, school, or volunteer hours?
- What concerns do you have about getting the information or documents you need to show you met the requirements and report to the Medicaid agency about your work, school, or volunteer hours?
- In your past experiences of providing documents to the Medicaid agency to verify your eligibility or update your information, what worked well and what could be improved?
- If you find that the reporting process does not work the way you were told it would, where will you go for help?
- Thinking about yourself, your friends, and your family, can you identify anyone who would not be able to meet the work reporting requirements? Please describe why.

Activities to consider:

- Scenario mapping bingo:
 - Goal: Identify enrollees who may have complicated work experiences and test if the process for reporting this information works for these scenarios.
 - Process: Create a bingo card with different work experiences, e.g. more than one job, gig economy work (use specific examples), and/or work that has varying hours. Ask participants to self-identify with one or more of these experiences, mingle and find others with common challenges, and walk through the process to identify where they might experience challenges.
 - Possible questions: Who has more than one job? Who has hours that fluctuate from month to month?

User testing:

- Include enrollees among those testing new IT systems and processes. Medicaid enrollees will be the end users of these systems. So, including enrollees in the testing phase increases the likelihood that challenges are raised and addressed prior to rolling out a new system or process. Lived experience means that there are considerations and concerns that may be readily apparent to enrollees and inadvertently missed by those who lack that experience.

Designing the Policy and Operational Framework

Enrollee input provides an important data set to inform decision-making. As states define decision points that require more analysis (rather than those that have straightforward answers, such as which data is currently linked to the eligibility system and can be used for verification), enrollees should be engaged to ensure a more complete understanding of each decision's potential benefits and consequences.

Sample questions to ask enrollees:

- How do you access information about your enrollment or submit updated information to Medicaid?
 - Do you prefer to share updates over the phone, through a smartphone app, on a computer, or in person?
 - Do you ask for support in making these updates from your provider's office or anyone else (for example, a case worker, family member, or community support)?
 - Do you use a state portal, a managed care organization (MCO) portal, or another sign-in option?
 - If there are multiple systems, which is the easiest to access and update? How do you know when to use each sign-in option?
- Are you more likely to receive information about your enrollment from the Medicaid agency, MCO, your provider(s), or someone else?
- After providing a draft list of documentation that an enrollee may need to verify compliance or exemption:
 - Is the data that you may need to provide to comply with these new work reporting requirements difficult to obtain? How so?
 - Which pieces of information take the most/least effort and time to obtain?
- What would make it easier for you to meet the new federal work reporting requirements?

Activities to consider:

- Verification document treasure hunt:
 - Goal: To determine the accessibility and availability of verification documents for enrollees.
 - Process: Provide enrollees with a list of documents needed to comply with work requirements. ASK: "Of these documents, which could you find at home in 10 minutes or less? Which pieces of information would you need to ask someone to provide (e.g. your employer or bank)? If you don't know what these documents are or how to find them, what would help? Help us create a resource map for verification documents."

Designing Internal and Public Facing Materials

Gathering enrollee input on draft training materials for eligibility and enrollment staff (including application assisters, SBM brokers, call center workers, and in-person case workers) is an excellent opportunity to gain insight on potential questions or concerns enrollees are likely to raise as well as have insight on the clarity/adequacy of scripted responses. Prior to internal trainings, share draft training materials with Medicaid enrollees to ensure the materials are clear and address common questions. Additionally, enrollees will interact most immediately with public-facing materials explaining work requirements and changes to documents to attain and maintain eligibility. Gaining their perspective on these materials prior to distribution will bolster their efficacy and is likely to reduce call volume. Regularly revisit communications as implementation progresses and changes in the reporting process are rolled out.

Sample questions to ask enrollees:

- After reviewing [resource], what questions do you have? What information is missing or confusing?
- After reviewing the materials intended for the public, what questions do you have? What information is missing or confusing?
- Circle words or phrases that you understand or help you process the information. Cross out words or phrases that you don't understand or are not helpful.
- What have you heard about work reporting requirements?
- Where do you get information about your Medicaid enrollment?
- What would make this information easier to understand? Do you feel confident that you know and can do what you have to do next?
- Did you see this recent campaign? If so, where and when?
- Can you think of the last time you received and trusted information about Medicaid from a person or organization in your community? Who or which organization provided the information?

Activities to consider:

- Elevator pitch:
 - Goal: Gauge enrollees' understanding of the work reporting requirements and any misinformation they may have received.
 - Ask: "If you needed to explain the work reporting requirements to someone while waiting in line at the grocery store, what would you say?"
 - Consider: Listen for enrollee responses that highlight areas of confusion or misinformation that can be addressed in messaging campaigns.
- Define this:
 - Goal: To gain insight on what enrollees take away from proposed messaging and devise alternative language that adds clarity and reduces confusion.
 - Process: Ask enrollees to define key words used in the verification process. Is there a consensus on what those words mean? If not, would another word be clearer or could a definition be included in communications?
- Rank the communication sources:
 - Goal: Identify ways to reach key communities, particularly for enrollees who are less likely to be reached by standard messaging campaigns.
 - Ask: Which source of information is most important to you? Which are you least likely to see, access, or trust/believe?
 - Consider: Did enrollees validate current messaging strategies or suggest new potential partnerships for disseminating information?
- Share a sample letter/ad etc.:
 - Goal: Gain input from the target audience.
 - Ask: What is your takeaway from this letter/ad/etc.?
 - Consider: Was the intended message received? If not, how can messaging be adjusted to improve results?

Note: there may be differences over time in what enrollees have heard and their actual experience of a new process. Consider tracking trends in enrollees' understanding of processes over time (before and after implementation) and as improvements are introduced.

Ensuring Accountability: Monitoring, Oversight, and Evaluation

Embedding enrollee engagement in the process of monitoring, oversight, and evaluation ensures that immediate and emerging issues are captured quickly and effectively. Enrollees can aid in issue spotting and post-implementation user interface/experience testing. People with lived experience will be best able to identify unintended barriers to completing the reporting process. States should gather input by sharing implementation milestones with enrollees and creating opportunities for them to report challenges with the systems or communications materials on an ongoing basis.

As noted above, staff responsible for engaging enrollees have an important role in communicating with and involving enrollees. Ensuring staff responsible for other enrollee engagement remain embedded in the work reporting requirements leadership structure and/or task force both increases the likelihood that an ongoing feedback loop is in place and that enrollee input from earlier phases of implementation can be revisited or uplifted as appropriate.

Sample questions to ask enrollees:

- When you submitted your first report, did anything surprise you?
- Have you experienced any difficulty uploading information or taking other steps to comply with work reporting requirements?
- Did you need help submitting the documentation you needed to report your work, school or volunteer hours?
 - If you asked for help, who did you ask? Was the response timely and useful?

Activities to consider:

- Shadow Shopping: Shadow enrollment assisters to catch common challenges or systems issues and survey enrollees about their experience at the end of each visit.
- Establish monitoring and evaluation goals: Create a feedback tracker or raise questions about the work reporting requirement process on a regular cadence at BAC meetings or other engagement events for at least the first year and at least annually after the first year.
- Random sample: Call or survey a sample of enrollees who fail to meet work reporting requirements about their experience to identify gaps in outreach, processes, and systems. Consider leveraging survey tools or systems used to identify issues with the Medicaid unwinding process.

Conclusion

This toolkit focuses specifically on implementing Medicaid work reporting requirements, but Medicaid enrollees' input may be useful to other programs or other new Medicaid requirements. For example, State-Based Marketplaces and the Supplemental Nutrition Assistance Program (SNAP) are engaged in planning for similar changes in their eligibility requirements. Further, other IT systems updates will be necessary in Medicaid in the near future and may benefit from lessons learned during the implementation of work reporting requirements. For example, Medicaid enrollee input on how to make web portals easily accessible for complying with work reporting requirements may be pertinent to discussions about implementing new cost-sharing requirements for Medicaid enrollees.

While the degree of enrollee engagement may vary by state, every state will need enrollee input on the design of work reporting requirement implementation to build a system that will function smoothly and avoid overwhelming call centers and eligibility staff with questions and challenges. States will need to

tailor the template questions provided in this toolkit to meet their needs based on the structure of enrollee advisory bodies, cadence of meetings, implementation timeline for work reporting requirements, and technical constraints that govern this work.

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ABOUT HEALTH EQUITY SOLUTIONS

This toolkit was prepared by Karen Siegel and Ayesha R. Clarke. Health Equity Solutions (HES) advances health equity through antiracist 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.