Center for Health Care Strategies

From Input to Implementation: Engaging Medicaid Members and Community Partners in Work Requirements Rollout

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KEY LESSONS

- Federal Medicaid work requirements present a significant implementation challenge for states, requiring new processes for outreach, eligibility, verification, and reporting.
- Many Medicaid members may be unaware of the new requirements or uncertain how they may be affected. making clear, timely communication essential.
- Engaging directly with Medicaid members and trusted community-based organizations can help improve communications and ensure policies are practical, accessible, and responsive to members' experiences.
- Community-based organizations can serve as implementation partners by supporting outreach and navigation, helping members understand and meet requirements, and providing feedback channel to identify barriers, surface emerging issues, and inform implementation decisions.

Federal Medicaid work requirements established by the 2025 budget reconciliation act (P.L. 119-21) present states with significant operational and communications challenges. Beginning January 1, 2027, certain Medicaid expansion enrollees will be required to demonstrate participation in work or other qualifying activities to maintain coverage. With federally required member outreach already underway and implementation deadlines approaching, states must help members understand whether the requirements apply to them, what actions they may need to take, and how to maintain coverage. Because most Medicaid members have never been subject to these requirements, many will need clear guidance and support to navigate new processes.

As states move from planning to implementation, many are engaging Medicaid members and community-based organizations (CBOs) not only as audiences for outreach, but also as implementation partners. Meaningful engagement with members and community partners can help states identify barriers, improve communications and operational processes, and inform strategies that support compliance while minimizing unnecessary coverage loss among eligible members.

This tipsheet highlights practical strategies for engaging Medicaid members and CBOs in the design and implementation of federal work requirements, helping states strengthen communications and outreach, inform implementation efforts, and support continuous improvement. It draws on lessons from 12 states participating in a multi-state learning collaborative.

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Leverage Existing Member Engagement Infrastructure

Many states are using Beneficiary Advisory Councils (BACs) and other member advisory groups as foundational mechanisms for gathering member input on Medicaid work requirements implementation and obtaining ongoing feedback throughout rollout.

These established forums provide opportunities for current and former Medicaid members, their families, and caregivers to share experiences, identify barriers, raise concerns, and offer recommendations on communications, reporting processes, and other operational decisions. BACs can also help states surface emerging issues early and assess how implementation is working in practice. Coordination with agency staff leading member engagement efforts can help ensure feedback is incorporated into implementation and communications activities.

Consider using BACs and other member advisory groups to:

- Test member-facing communications, notices, FAQs, websites, reporting tools, and other materials;
- Assess whether materials clearly explain exemptions and exclusions, reporting requirements, qualifying activities, and available supports;
- Gather feedback on work reporting, self-attestation, verification, and renewal processes;
- Identify barriers to meeting reporting requirements, qualifying for exemptions and exclusions, and maintaining coverage; and
- Inform ongoing improvements to communications, operational processes, and implementation strategies.

SPOTLIGHT: New Jersey

New Jersey used its BAC to review draft work requirements letters and other member-facing materials, including the state's FederalMedicaidChanges.nj.gov webpage and NJ FamilyCare Activity Requirements Checker, a screener tool to help ensure information is easy for members to navigate and understand. To maximize meeting time, the state shares draft materials with BAC members in advance and solicits feedback electronically, reserving meetings for more substantive discussion and problem-solving.

State leaders view the BAC as one component of a broader member engagement strategy that also includes Regional Health Hubs, community partners, surveys, focus groups, and other opportunities for member input. When seeking perspectives from specific populations, such as parents, individuals with limited English proficiency, or other priority populations, the state convenes smaller, targeted discussions through community partners to gather more tailored feedback.

SPOTLIGHT: Nebraska

Nebraska leveraged its BAC as a key source of member feedback in the lead-up to implementing work requirements ahead of the federally required timeline. BAC members reviewed a draft noncompliance notice and provided detailed feedback on its language, organization, and clarity, helping the state improve the notice before release. The BAC also served as a valuable reality check on member understanding of work requirements. Shortly after implementation, state officials asked where BAC members were getting information, what questions they were hearing from others, and which aspects of the policy were causing confusion. Members identified misconceptions about who must comply with work requirements, uncertainty about exemptions and exclusions, and concerns about income reporting.

This feedback helped Nebraska assess the effectiveness of its communications, including its work requirements webpage, and identify areas for additional outreach and clarification. State officials plan to continue consulting the BAC to gather feedback and address emerging issues.

Putting Member Feedback into Action

Collecting feedback is only the first step. States emphasized that engagement is most effective when member and community partner input informs implementation decisions. Closing the feedback loop by sharing how input shaped decisions, or explaining why recommendations could not be adopted, can build trust, demonstrate the value of participation, and foster continued engagement.

Below are strategies for putting member feedback into action:

- Identify recurring themes, common points of confusion, and barriers raised by members and community partners;
- Prioritize changes based on member impact and operational feasibility, focusing on improvements that are most likely to improve member understanding or support compliance while remaining achievable within existing systems, resources, and implementation timelines;
- Use feedback to refine notices, websites, outreach materials, reporting processes, verification procedures, and other implementation activities;
- Close the feedback loop by communicating how feedback informed implementation decisions and explaining when recommendations cannot be adopted; and
- Establish ongoing feedback mechanisms to support continuous improvement during implementation.

Use Additional Strategies to Gather Member Feedback

To complement engagement through BACs and other existing member engagement mechanisms, many states are using listening sessions, focus groups, stakeholder interviews, surveys, journey mapping, and human-centered design activities to inform work requirements implementation. These approaches can provide insights into member experiences, identify implementation barriers, and inform communications, outreach, and operational decisions. States may also use these approaches at key implementation milestones or in response to emerging challenges to gather feedback and refine implementation.

Consider using engagement strategies to:

- Understand how members interpret and navigate reporting requirements, exemptions and exclusions, qualifying activities, renewal processes, and other aspects of implementation;
- Identify barriers that could make it difficult for eligible individuals to maintain coverage;
- Gather input from populations that may face unique implementation challenges, including rural residents, people with disabilities, individuals with limited English proficiency, and people experiencing housing instability; and
- Test notices, websites, reporting tools, and other member-facing communications before deployment and refine them throughout implementation as new questions, points of confusion, or operational challenges emerge.

SPOTLIGHT: Michigan

Michigan partnered with Civilla, a nonprofit civic design firm, to conduct an eight-week human-centered design process involving Medicaid members, CBOs, and other stakeholders. The effort included interviews, user testing, and feedback sessions to better understand members' needs. Key findings reinforced the importance of:

- Providing a single, reliable source for work requirements information;
- Clearly explaining how work requirements may apply to people in different circumstances; and
- Providing community partners with tools and resources to support Medicaid members.

These findings helped inform Michigan's design and development of communications materials and resources. The state incorporated the feedback into the design and organization of the state's dedicated work requirements webpage, including separate FAQs for new applicants and current members, as well as additional tools and resources for Medicaid members and community partners. State leaders emphasized that human-centered design remains an ongoing effort throughout implementation, helping the state gather feedback, address emerging challenges, and refine processes over time.

SPOTLIGHT: Colorado

Colorado used multiple engagement approaches to inform its work requirements communications strategy, including a statewide survey of more than 4,800 Medicaid members, BAC feedback, community partner engagement, usability testing, and human-centered design activities.

Through these efforts, the state identified member preferences for email and text communications, confusion with Medicaid terminology, and challenges understanding verification and reporting requirements. Colorado used these insights to simplify language, reduce jargon, redesign forms, improve website navigation, and tailor communications for different audiences.

To support consistent messaging across stakeholders, Colorado developed a stakeholder toolkit, screening tool, and other communications resources to help members, providers, and community-based organizations access and share clear, coordinated information.

Partner with Trusted CBOs to Support Engagement, Outreach, and Implementation

States highlighted the important role CBOs play as trusted messengers within their communities. Members often receive information about work requirements from a variety of formal and informal sources, which can contribute to confusion or misinformation. Trusted CBOs can help reinforce accurate information, answer questions, address misconceptions, and amplify consistent messaging about work requirements. CBOs, including social service organizations, legal aid networks, neighborhood groups, and faith-based organizations, can help reinforce information from state Medicaid agencies, answer questions, address misconceptions, and amplify consistent messaging about work requirements. Medicaid members are often in more regular contact with these organizations than their state Medicaid agency. CBOs can also connect members to supports, services, and community resources that facilitate compliance with work requirements and help eligible members maintain coverage.

Effective partnerships also create a two-way channel between states and communities. Maintaining regular communication with CBOs allows states to provide timely policy and implementation updates while giving community partners opportunities to share the questions, barriers, and emerging challenges they are

hearing from members. This communication pathway benefits both states and CBOs in supporting their shared communities. Several states noted that CBOs and other community partners may themselves be uncertain about work requirements policies and implementation timelines. Providing toolkits, FAQs, trainings, and other partner-facing resources can help build shared understanding and equip trusted messengers to support members effectively. Feedback from CBOs can also help states identify where partners need additional information, clarification, or resources.

Beyond communications and outreach, CBOs provide hands-on assistance to members by helping them: (1) navigate reporting requirements; (2) gather documentation; (3) access supportive services; and (4) connect to work, education, training, or volunteering that help them satisfy work requirements and maintain coverage.

Consider partnering with community organizations to:

- Establish regular, two-way communication channels to share timely information and updates regarding work requirements implementation helpful to states and CBOs;
- Share culturally responsive, community-informed messages through trusted local networks;
- Provide members with hands-on assistance navigating reporting requirements, documentation, qualifying activities, and exemptions and exclusions;
- Connect members to workforce, training, educational, volunteer, and other support services;
- Use community partner feedback to identify implementation challenges, disparities in compliance or coverage loss, and opportunities to refine communications and processes; and
- Identify partner training and resource needs to help ensure trusted messengers are equipped to support members.

SPOTLIGHT: New Mexico

New Mexico is leveraging a broad network of partners, including CBOs, managed care organizations, providers, community health workers, peer support workers, and tribal organizations, to support work requirements implementation. Building on the relationships and outreach infrastructure developed during Medicaid unwinding, the state has published a partner toolkit of approved messages, talking points, flyers, and other resources to promote consistent and accurate information.

In addition to a statewide marketing campaign, New Mexico is planning online and in-person events in more than 15 locations throughout the state for members, CBOs, and providers. CBOs are integrated into these efforts, participating directly in presentations and outreach activities to help ensure members receive information from trusted sources. State leaders noted that face-to-face engagement remains particularly important in many New Mexico communities and can help reach members who may not otherwise receive, understand, or respond to state communications.

New Mexico is also partnering with tribal organizations and tribal health facilities to raise awareness among American Indian and Alaska Native members. Because many American Indian and Alaska Native individuals qualify for an exclusion from Medicaid work requirements under federal law, trusted tribal partners can help ensure members understand their eligibility for exclusion and any steps needed for the state to recognize it.

SPOTLIGHT: Pennsylvania

Pennsylvania created a dedicated H.R. 1 Stakeholder Group that reviewed implementation materials and provided feedback on medical frailty, renewals, communications, and policies. Feedback informed revisions to notices, outreach materials, and implementation toolkits.

Pennsylvania officials noted that stakeholder input can be diverse and sometimes conflicting, requiring states to balance member and partner perspectives with operational, policy, and other implementation considerations.

Continuously Refine Communications and Outreach Strategies

States emphasized that communications should not be a one-time effort. As implementation progresses, Medicaid agencies can use feedback to identify areas of confusion, surface emerging questions, and refine messaging over time. Communication needs will likely evolve from raising awareness of work requirements to helping members navigate reporting, verification, renewals, and ongoing compliance.

Because many implementation challenges are likely to result from confusion and administrative hurdles rather than an inability to meet work requirements, states should continue engaging members and community partners and building partnerships with CBOs to identify emerging issues, refine messaging, and ensure communications remain clear and responsive to members' needs.

Consider these communication strategies:

- Use feedback from members, community partners, call centers, websites, and other channels to identify common areas of confusion and emerging questions, then update communications accordingly;
- Regularly test and refine member-facing notices, websites, reporting tools, and outreach materials throughout implementation;
- Identify and address inconsistencies in messaging across Medicaid, Supplemental Nutrition Assistance Programs, managed care organizations, providers, and community partners;
- Revisit language and terminology over time and prioritize plain language. For example, **Michigan** moved away from policy-specific terms such as “specified excluded individual” and instead uses “exemptions” more broadly to describe circumstances in which someone does not need to complete work requirements; and
- Build on communication approaches and branding that members already recognize and trust. For example, **New Mexico** continues to use its widely recognized turquoise renewal envelopes from Medicaid unwinding and is adding reminders and QR codes linking members to work requirements information.

Looking Ahead

Federal Medicaid work requirements implementation will continue to evolve as states gain experience and members begin navigating new processes. To respond effectively, states will need to remain flexible and adapt their processes to meet evolving member needs. Ongoing engagement and partnership with Medicaid members and CBOs can help states identify emerging issues, improve member experience, and strengthen implementation efforts over time.

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