Center for Health Care Strategies
Medicaid Innovation Collaborative

Improving Applicant and State Staff Experiences During Federal Medicaid Work Requirements Implementation

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States are busy updating their Medicaid applications, renewal processes, and eligibility systems ahead of federal Medicaid work requirements taking effect in 2027. As they design systems and workflows to help individuals understand and meet new requirements, many are also trying to minimize administrative burden for both applicants and the caseworkers charged with managing these processes.

This tipsheet shares lessons that representatives from **Pennsylvania**'s Department of Human Services and experts from civic technology organizations Code for America and Civilla shared during a state-only *Medicaid Work Requirements: Tech Implementation and Integration Learning Series* session in April 2026.

States have opportunities to reduce application barriers for individuals by using human-centered design practices, automatically identifying who qualifies for exemptions, and investing in technologies that increase efficiencies.

Centering the Applicant and State Staff Experience when Implementing Federal Medicaid Work Requirements

1. Design technology and workflows based on what users need.

Civic technology firm Code for America uses human-centered design to improve access and usability for government technology and systems. Their early experience working on work requirements has shown them that, even with tight implementation timelines, states and their technology partners can take the following steps to design work requirement systems around the needs of Medicaid applicants and caseworkers.

- **Identify your state's procurement thresholds**. Assess your state's procurement limits and consider breaking projects into smaller components that fall below those thresholds to reduce complexity and speed up the process.
- **Focus on user needs, not what systems can do**. Ground design and implementation in a *user need statement,* identifying who the user is, what they are trying to do, and why it's important. Instead of defaulting to system constraints (e.g. "the portal must be able to…"), reframe requirements in user terms: "applicants need to use the portal for…". Additionally, use specific personas like "applicant," "caseworker," or "community navigator." Since different users drive different design choices, this allows teams to design more tailored solutions. For example, designing for an applicant who needs to clearly understand what documents to submit versus an eligibility worker who needs to efficiently review those documents will lead to different design choices for a document upload feature.
- **Get user feedback early and often**. Solicit feedback from users throughout the design process. In typical state IT development processes, applicants and caseworkers see new functionality only after the

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vendor has built it — when the ability to make changes may be limited or expensive. Alternatively, sharing "messy first drafts," wireframes, and rough mockups with users before any code is written invites real time feedback, enabling states to make changes before building the final product.

- **Map out the entire user experience to increase transparency**. Eligibility and enrollment operations run through multiple teams and functions across Medicaid agencies, including policy, IT, communications, and external vendors. No single team has visibility into the full process. The result is that both applicants and caseworkers encounter friction no individual team can anticipate or resolve on its own — especially when improvements for one group introduce additional steps or complexity for the other. Mapping the end-to-end user experience, through a service blueprint, creates shared understanding across stakeholders and surfaces these tradeoffs early.

2. Use technology to automate processes wherever possible.

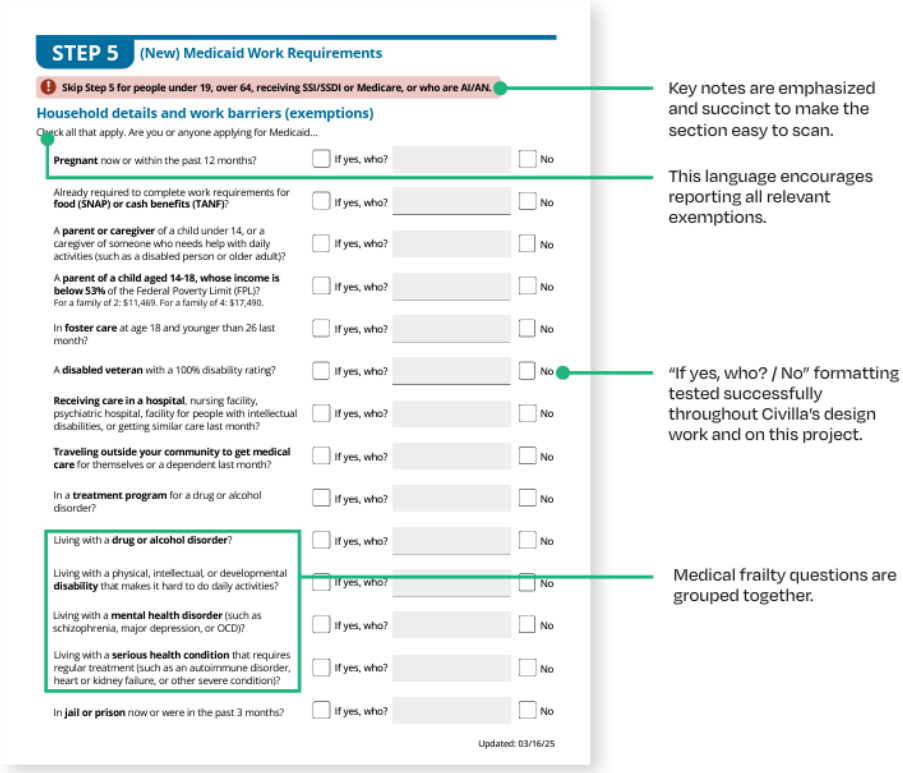
Pennsylvania Medicaid's strategy has focused on meeting new federal requirements while also reducing administrative burden. The state estimated they would need 800 additional staff to handle application processing given new work requirements and more frequent redeterminations. Instead, they looked for ways to automate processes that reduce burden for both applicants and caseworkers. States can use this critical pre-implementation period to address systems' existing technical challenges to support more efficient workflows and use of available resources.

- **Maximize *ex parte* renewals and automated exemptions.** Pennsylvania's recent technical changes to automated *ex parte* renewal now process an additional 30,000 members per month — reducing mail to applicants, items in caseworker staff queues, and downstream churn. States can identify similar opportunities by: (1) auditing the rules and restrictions that currently limit which cases can be processed *ex parte*; (2) expanding automation to additional case types beyond modified adjusted gross income eligibility; and (3) using data from readily available sources, such as claims, pharmacy, managed care organization encounters, and health information exchanges, to identify exempt members before requiring document submission.
- **Enhance self-service tools for applicants.** Simplifying and improving routine user tasks, such as password resets, document upload, and application status tracking, can reduce caseworker workload and speed up application completion. A more modern password reset process in Pennsylvania's system now handles more than 1,000 self-service resets a day.
- **Use intelligent document processing to streamline document verification.** Intelligent document processing can dramatically reduce burden on applicants and state staff. Pennsylvania uses a solution that flags blurry or unreadable documents at the time of applicant upload. As of March 2026, the system has scanned more than 380,000 documents through AI-powered document processing. Catching issues in real time means applicants can fix them before they result in a denial. States can extend the same approach to other verification types and build toward automatic data population from uploaded documents.
- **Build a benefit status tracker accessible without a portal login.** Requiring applicants to log in can be a barrier for those needing to check the status of their benefit application and a burden for caseworkers to manage. Pennsylvania made its benefit status tracker accessible to applicants without requiring them to log in. Between December 2025 and February 2026, more than 10,000 applicants used this feature.

3. Clarify and integrate work requirements-related questions into existing applications.

Embedding work requirements-related questions into existing Medicaid applications, rather than creating a separate application, will help streamline enrollment, renewal, or verification processes for members. Ensuring that applications are designed to collect all required information in a clear and easy to navigate format can help states reduce procedural denials. Civilla has developed freely available user-tested templates for adding work requirement questions to paper and online Medicaid applications.

Example of Civilla's Template Paper Application Insert



Civilla's research also uncovered the following lessons for states:

- **Collect all information needed to assess work requirements and exemptions at the time of application**. Requiring follow-up steps after submission or placing questions in appendices can increase administrative burden for applicants and state staff, leading to more incomplete applications.
- **Identify who may already meet work requirements or qualify for an exception and simplify reporting for those who don't.** States should ask about student status and income earlier in the application, before the work reporting section, to identify likely compliance with work requirements as early as possible. This helps reduce confusion by ensuring that applicants who meet work requirements or qualify for an exception through those qualifying statuses are not asked to report hours unnecessarily. Only applicants who are not determined compliant or excepted through available data should be required to complete additional reporting. When reporting is necessary, states should minimize complexity by asking applicants to report total hours of work and/or other qualifying activities, rather than requiring them to categorize those activities. States should retain responsibility for determining whether reported activities meet federal criteria.

- **Order questions using a combination of processing priority, commonality, logical grouping, and sensitivity.**
  - *Processing priority* – place questions about qualifying exemption statuses that are more easily verifiable through existing data first, such as pregnancy/postpartum status or SNAP/TANF participation.
  - *Logical grouping* – group related questions together. For example, applications can place medical frailty questions sequentially so applicants and caseworkers can process them as one set.
  - *Sensitivity* – place sensitive questions, like those relating to incarceration history, near the end of the exemption list to reduce the risk of negative reactions that may affect applicants completing the form.
- **Use plain language and provide examples as needed**. Application questions should avoid policy jargon to minimize confusion. Write them in plain language with examples. For instance, instead of using the term "medical frailty," use everyday words like "a serious health condition that requires regular treatment," and provide examples.
- **Provide policy education outside the application.** Applications should focus on asking questions to determine Medicaid eligibility. Applicants are often focused on completing the forms and may skim past policy text inside applications. Broader education and communications about work requirement policies should happen in pre-application outreach and follow-up correspondence across multiple channels.
- **Design work activity reporting questions to cover the entire household.** Civilla's paper templates use a single work activity reporting table with multiple lines for household members and clear skip instructions for those who are exempt. Rather than requiring separate submissions per person, this lets applicants enter information for all relevant household members, reducing complexity and confusion.
- **Guide applicants efficiently with skip logic and clear instructions.** For web-based applications, use skip logic so applicants who are exempt or excluded from work requirements do not have to complete work reporting questions. For paper applications, or sections that can't be skipped, list the specific exemption categories so applicants can easily determine whether they need to complete a section.

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Additional Resources

- **A Human-Centered SNAP Work Requirements Screener (Code for America)**: Sample questionnaire for identifying individuals with SNAP work requirements exemptions. This tool was refined through user research with SNAP clients and employs best practices such as the use of plain language.
- **Service Blue Print for Medicaid Work Requirements (Code for America)**: Tools include a free Service Blueprint template in FigJam, along with state-agnostic SNAP and Medicaid Work Requirements service blueprints that states can adapt to their context.
- **Human-centered Application Templates for Medicaid Work Requirements (Civilla)**: Toolkit for states implementing H.R. 1 including user-tested templates for paper and online applications, a policy and question guide for states, and other implementation guidance.
- **A Guide to Reducing Coverage Losses Through Effective Implementation of Medicaid's New Work Requirement (Center on Budget and Policy Priorities)**: Guide providing summary of federal work requirements, guidance on state policy and implementation choices, and other technical considerations for reducing coverage loss.

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