BEST PRACTICES FOR ESTABLISHING A MEDICAID RECERTIFICATION TEXTING STRATEGY



Why Text Medicaid Enrollees?

During the renewal process, many Medicaid enrollees must act to demonstrate their continued eligibility for the benefit. Failure to respond to requests for information can result in a loss of Medicaid coverage leading to gaps in an individual's ability to access healthcare. States have increasingly found that enrollee contact information may be outdated, resulting in members not receiving mail notices and having their enrollment terminated for failure to respond. Text message outreach has been identified as an effective strategy to engage Medicaid members, increasing the likelihood of an enrollee successfully renewing coverage.

What authority do states have to text Medicaid Enrollees?

In January 2023, the Federal Communications Commission (FCC) that Medicaid state agencies and their partners – including but not limited to Medicaid managed care organizations (MCOs), eligibility and enrollment contractors, and state-based marketplaces (SBMs) – can text Medicaid enrollees regarding Medicaid eligibility and enrollment without violating the Telephone Consumer Protection Act (TCPA). The TCPA is a federal law preventing "persons" from using auto dialers to send automated text messages or calls without first obtaining "prior consent." The ruling clarifies that (1) states are not "persons" under the TCPA; and (2) the provision of an individual's contact information on an application constitutes prior consent to be called or texted at that number by local government, government contractors and MCOs when acting under contract and under authorization and direction of a federal or state agency regarding eligibility and enrollment in Medicaid.

Key Considerations for States Launching a **Text Message Campaign**

There are several approaches states can take when launching a text message campaign, and several factors such as cost, staff capacity and technological constraints can impact how a state chooses to move forward.

- Working in-house and/or with vendors Some states may already be utilizing text messages in-house to
 engage members while others may not have the infrastructure or capacity to do so. States can consider
 leveraging external vendors to fill gaps in government agency capacity and technological limitations. States
 choosing to work with vendors must allow sufficient time for the procurement process and to create data
 sharing agreements that undergo legal review.
- One-way or two-way messaging approaches States can choose between one-way and two-way automated
 text messages. One-way messages are informational only while two-way texting allows enrollees to respond and
 receive automated answers to common questions and helpful information, as well as updates about their case
 status, due dates, and verification documents received or needed, etc.
- 3. Offering texts in multiple languages Offering multiple languages is an important equity strategy. States must consider how many languages are offered and the potential impact on character limits. Consider working with native speakers to ensure translations are not only accurate but also strike the right tone.
- 4. Frequency and cadence of text messages States should consider when and how many text messages a Medicaid enrollee will receive. Messages should align with additional forms of outreach like mail notices, email reminders or robocalls to avoid confusion.

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Medicaid enrollees have a means to "opt out" of receiving messages in the future.
The agency/organization/vendor sending the text messages is clearly identified.
The text messages include information on what action(s) are required by the enrollee and how to take action.
The text messages are concise (ideally 160 characters or less) and easy to understand.
Contact information, like a call center number, is provided for individuals who want or need assistance.
The text messages disclose that message and data rates may apply for receiving text messages.
Community partners and state agency staff are aware of the text messages and the number the messages are being sent from so they can address concerns clients may raise about scams.
Clients are aware that text messages will be sent and have avenues to verify legitimacy.
The frequency and content of the text messages align with other forms of outreach like mail notices or e-mail reminders.
Sensitive or personally identifiable information is omitted from the messages.
There is a plan to evaluate the success of the texting campaign.

Sample Text Language

<INSERT STATE AGENCY> We will send you messages about your Medicaid coverage. If you are not a Medicaid member or do not want to receive these messages, reply STOP. Msg&data rates may apply

Your Medicaid eligibility needs to be reviewed soon! You'll receive your Annual Review form in the mail within the **next XX weeks.** We'll text you reminders to make sure you submit it on time.

Reply 1 to learn more Reply 2 if your address has changed in the last 3 years

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Your renewal packet has been mailed to you. Please be aware that the renewal packet will take several days to arrive in the mail. Please note that you can use a computer to log in to your online account and complete your renewal today. <INSERT WEBSITE LINK>

Your Medicaid eligibility will end mm/dd/yy if you do not return your Review form. The Review form determines if you are still eligible for Medicaid. To complete your Review form, you may need the following:

- -SSN (or document numbers)
- -Employer and income info
- -Policy numbers for current health insurance

If your address has changed in the last XX years, you will need to update your address right away in order to receive your Review form. You have 2 options:

- Go to <INSERT WEBSITE LINK> and submit the change. OR
- Call the Member Contact Center at **<INSERT PHONE NUMBER>.**

Your renewal is due in **XX days**. Please use a computer to log in to your account to complete your renewal today. You can also complete your renewal packet and mail it back to your local county office with the provided pre-paid envelope.

URGENT- You only have **XX days** left to submit your Review form. Upload your form now at <**INSERT LINK>**, drop it off at an office, or email it to <**INSERT ADDRESS>**.

Reply 1 for a list of offices Reply 2 if you have questions Reply 3 if you're done



For more information about ways to reduce Medicaid churn and streamline the recertification process, contact Jamila McLean at JMcLean@bdtrust.org

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