

Implementing SMS Notifications as Part of an Integrated Member Outreach Strategy



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About BeneLynk



Our Mission

To improve lives and
positively impact
social determinants
of health barriers
by providing our
healthcare partners
with the information
they need, and people
with the advocacy
they deserve.



Implementing SMS Notifications as Part of an Integrated Member Outreach Strategy

Historically, Medicaid has been fraught with administrative barriers that make it hard for people to enroll and stay enrolled in Medicaid.

State Medicaid administrations have long worked to find ways to reduce these barriers.

A particularly efficient approach is through text messaging. Texting is an effective way to remind Medicaid recipients to update contact information or to fill out annual Medicaid renewal forms.

It is a ubiquitous form of communication and an excellent way to engage members who may otherwise be difficult to reach.

With the end of the continuous coverage requirement imminent, states and managed care plans are doing all they can to engage and educate Medicaid members about the renewal process.



In doing so, states and their managed care partners are seeking to mitigate the challenges associated with the end of the Medicaid Maintenance of Eligibility (MOE) requirement which has been in place for the past three years. In exchange for a 6.2% increase in the Federal Medical Assistance Percentage (FMAP), the MOE requirement has largely prohibited state Medicaid agencies from disenrolling recipients. As a result, Medicaid enrollment has grown significantly since 2020 - with over 84 million enrollees as of October 2022. According to the Department of Health and Human Services, approximately 9.5 percent of Medicaid enrollees (8.2 million) will leave Medicaid due to loss of eligibility and will need to transition to another source of coverage as the Medicaid continuous enrollment provision unwinds.

In addition, based on historical patterns, it is estimated that 7.9 percent (6.8 million) will lose Medicaid coverage despite still being eligible.¹

Many of these enrollees are expected to lose coverage due to avoidable administrative challenges.

These challenges include:

1. Not receiving renewal notices due to address or phone number changes
2. Not turning in required documentation on time
3. Difficulty navigating the renewal process (many members will never have gone through the renewal process before)
4. Lack of assistance and support
5. Lack of resources (i.e., technology, human resources, etc.)
6. [Language and cultural barriers](#)

To enhance member engagement and education, state Medicaid agencies and Managed Care Plans are utilizing text messaging to remind enrollees to update their contact information and complete required administrative tasks.





Jump Starting Medicaid Renewals

As the continuous coverage requirement under the Families First Coronavirus Response Act (FFCRA) begins to unwind, Medicaid and the Children's Health Insurance Program (CHIP) are looking for better ways to communicate with enrollees.

Traditionally, most of these programs have relied heavily on mailed correspondence to communicate about renewals and make requests for information. However, housing instability, which has been [exacerbated by the pandemic](#), has caused many Medicaid recipients to move since 2020.

As a result, Medicaid agencies don't have updated mailing addresses for millions of members. A data analysis performed by the Kaiser Family Foundation showed that nearly 10% of Medicaid enrollees moved in 2020 and 90% of those members moved in-state, retaining their Medicaid eligibility.²

Pre-pandemic, on average, only 60% of people that moved updated their contact information with USPS. The pandemic has likely caused this number to increase.



The Prevalence of Cellphones and Texting

According to a study conducted by Pew Research Center, 97% of American adults own a cellphone of some kind – 85% of which were smartphones. When the first iteration of study was completed in 2011, only 35% of cellphone users had a smartphone, which means smartphone use has grown by 50% in the past 11 years.

Cellphone use spans a wide range of demographics but is especially prevalent among young adults aged 18-49 (100%). The same study showed that 97% of adults in the United States with an income of under \$30,000 have a cellphone.³

Because of the prevalence of cellphone use throughout the United States, state Medicaid agencies believe text messaging could be a crucial means of giving Medicaid enrollees frequent and early reminders to update contact information and respond to requests from state agencies.⁴

Not only is text messaging a convenient form of communication, but it has

quickly become the norm by which individuals want and expect to receive correspondence.

Texting is an intuitive way to encourage members to complete their renewal.

Legal Implications to Consider for your SMS Outreach Strategy

[The Telephone Consumer Protection Act \(TCPA\)](#) is the federal law created to protect telephone consumers from unwanted telephone solicitations and text messages. It limits the use of automatic dialing systems, fax machines, artificial or prerecorded voice messages, and text messages as a marketing tool. If a company breaches the limitations set by the law, financial penalties or class actions are possible. Under this statute, the Federal Communications Commission (FCC) has regulatory authority.

All marketers, common carriers, and businesses are prohibited from using auto-dialers and prerecorded messages to communicate with individuals who have not given previous consent.



The TPCA rules also require that a business follows procedures for maintaining a do-not-call list and an opt-out option for robocalls.⁵ In April 2022, Health and Human Services (HHS) filed a letter requesting clarification about whether or not automated text messages for the purpose of encouraging individuals to renew eligibility was permissible under TCPA. Recently, FCC answered this letter by clarifying that text messaging by Medicaid managed care plans and their partners is permissible when such communication is about Medicaid renewal requirements. Of note, this communication is permissible without a separate member “opt-in” to receive messages.

The FCC guidance states,
“Consumers who have applied for benefits in governmental health care programs expect and likely welcome calls and texts that inform them of requirements that may affect the provision of health care benefits for which they have applied, including the potential loss of coverage.”⁶

The guidance confirms that when an enrollee provides their number on a Medicaid (or other government health care program) application they are providing prior express consent to be contacted at the number provided – given that contact is made regarding enrollment eligibility and other reasons “closely related to the purpose for which the enrollees provided their number”.

It continues by stating that because members apply for health care programs to obtain benefits; members would consider calling and texting for the purpose of preventing the termination of benefits as a “closely related” reason for the health care program to text or call.

The FCC notes that entities relying upon prior express consent created by the provision of a phone number on an application should be prepared to demonstrate that they are acting according to the direction and authorization of a government agency. Finally, the FCC emphasizes that should a text or call be made to a number that has been reassigned to another individual; it may be subject to TCPA liability.



The FCC's guidance clearly encourages health care professionals to promote public health using this simpler form of communication to relay important, time-sensitive information.

In addition, messages must:

1. Be health-related under HIPAA
2. Be sent to the telephone number provided by the consumer
3. Be sent at a frequency of no more than once a day and three times a week
4. Offer an opt-out option, which must be immediately honored
5. Clearly state the covered entities' name and contact information
6. Be concise

The Clear Benefit of Utilizing Text Messaging

In 2019, the state of Louisiana partnered with Code for America to launch a pilot, text messaging service called [LA'MESSAGE](#), which sent low-income Louisianians a one-way text message to remind and provide guidance throughout the benefit enrollment and renewal process.

With this service, Louisiana drastically reduced the administrative barriers that have in the past, prevented tens of thousands of Louisianians from receiving the benefits for which they were eligible.

Studies evaluating the effectiveness of LA'MESSAGE's outreach proved that when compared with traditional communication methods (i.e., mailed letters) text messaging led to a 67% increase in Medicaid renewals. It also showed a 56% increase in enrollees responding to inquiries regarding income verification.⁷

Many working with Managed Medicaid plans are familiar with the success of [text4baby](#), a maternal child health education program.





Text4baby partnered with the Connecting Kids to Coverage initiative to drive enrollment in Medicaid and CHIP through a series of interactive text messages.

The text messages encouraged uninsured mothers to seek out additional information about enrollment into these programs if they fell below a certain income level. By the time interviews were conducted to test the effectiveness of the outreach program, several respondents said they had applied to Medicaid or CHIP and were successfully

enrolled in these programs. In addition, most of these respondents had reported that the text4baby text messaging had played an important role in their decision to apply for one or both programs. Regardless of whether the respondents applied for Medicaid, most reported that the messages were helpful, and that they would like to receive more information from health insurers in this way in the future.⁸

Several studies conducted to measure the effectiveness of text messaging on Medicaid enrollment have come to similar conclusions – that the use of text messaging has a positive impact on Medicaid enrollment and renewal.



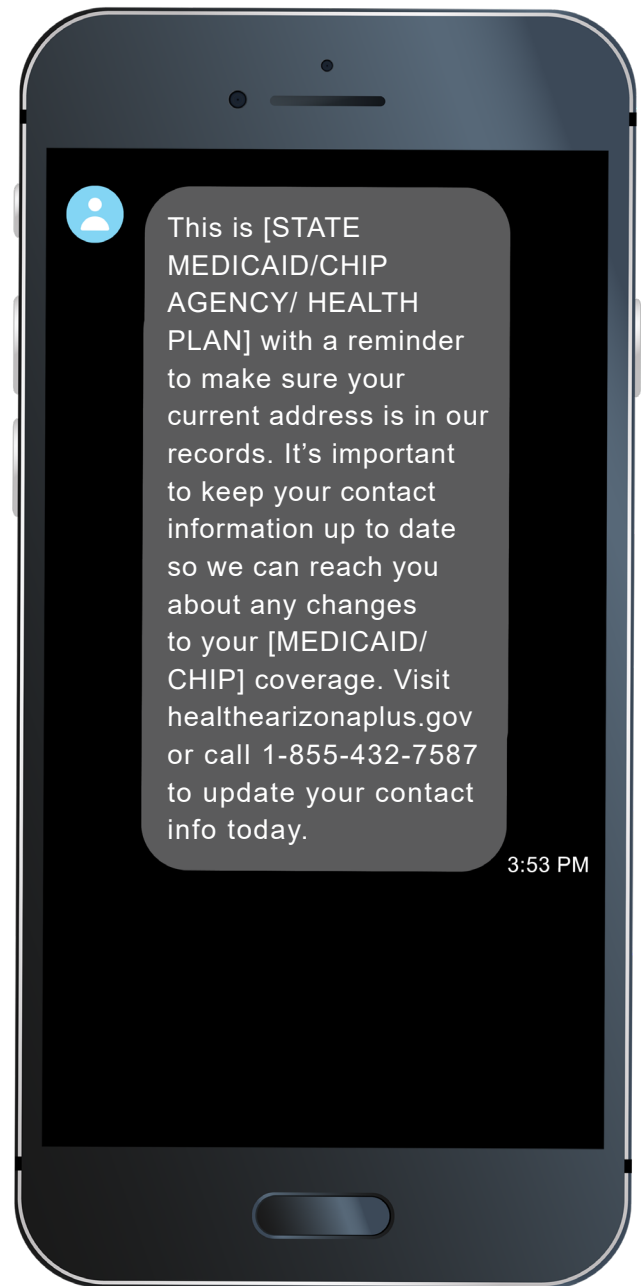


Text Messaging with BeneLynk

Text messaging alone often isn't enough. Due to literacy issues, language barriers or changing Medicaid requirements, members often need additional assistance in understanding the process of Medicaid renewal.

This is why most plans partner with companies like BeneLynk, to provide a full service omnichannel program for their members.

Providing both education and assistance is necessary to improve the [retention](#) of members, and we make it easy for health plans to conduct outreach using text messaging and other methods of communication.





At BeneLynk, we recommend that a managed Medicaid plan preparing for the end of the continuous coverage requirement follow these steps:

- 1. Implement a text messaging opt-in at a variety of member touchpoints:** As mentioned previously, the TCPA governs who may or may not reach out to individuals by text messaging. While the guidance is clear relative to the end of the continuous coverage requirement, it is less so for texting on an ongoing basis. As such, it is important to provide many opportunities for members to opt-in to text messaging to create a durable, ongoing avenue for communication.
- 2. Research:** It is essential that the organizations stay up-to-date on laws and regulations governing the use of text messaging for Medicaid outreach. If necessary, get clarification from the state Medicaid administration on the permissibility of text messaging both to members who have expressly opted-in, and those who have not.
- 3. Develop appropriate messages to be sent via text messaging with a call-to-action:** It is crucial that text messages be both TCPA and HIPAA compliant. Messages should include the business's name, the purpose of the message, and a way for the message receiver to opt-out. A suggested three step text messaging system could include an initial call to action, a message reminding



the recipient that help is available, and a final message letting the recipient know the deadline is quickly approaching. The FCC has also stated that, in the case that a member is no longer eligible for Medicaid, health plans are allowed to send members 6-8 text messages advising them on next steps to apply to other sources of health coverage.

4. Develop scripting for a flexible human-to-human conversation about the end of the continuous coverage requirement:

Account for a wide range of outcomes including changes to historical renewal dates, short-notice messages about forthcoming loss of benefits, significant amounts of members conducting renewals for the first time, and general confusion about the end of the renewal process.

BeneLynk has been preparing for the end of the continuous coverage requirement since its beginning.

We understand that preventing a coverage gap is crucial to a Medicaid beneficiaries' overall health and well-being, which is why we are dedicated to helping your members retain their benefits and stay informed about the renewal process.



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SMS Notifications Outreach

To learn more about how BeneLynk is utilizing SMS messaging as part of our integrated member outreach strategy, visit our website at **[BeneLynk.com](https://www.benelynk.com)** or send a message to sales@benelynk.com.



About BeneLynk

BeneLynk is a national provider of social determinant of health (SDoH) solutions for Medicare Advantage and Managed Medicaid health plans. We serve plans and their members by creating a human-to-human connection and providing the assistance a member needs to get the benefits they deserve.

By employing one dynamic conversation that flows organically to meet social determinant of health challenges, we build stronger human connections that are supported by innovative technology.

All of our services are customized to the specific geography where we provide services and provide the members with the specific information they need to keep their benefits in place.

