

Recommendation 5

Prioritize System Readiness

1. Meaningfully engage with stakeholders to achieve results

Decisions being made now regarding changes to Pennsylvania's Medicaid program will have long-lasting impacts across the health care system. Pennsylvania has a large and rich group of stakeholders invested in the success of its Medicaid program. From participants themselves and groups that represent them to the provider and payer communities, there are stakeholders across the state that have deep knowledge and expertise that will serve the state through this challenging process. Engaging with stakeholders may take more time but will result in stronger, more sustainable implementation outcomes. Department of Human Services (DHS) staff and vendors alone cannot create a successful system that hinges on participant engagement without getting feedback from those participants and the groups that represent them. This should be done through user testing as discussed below, but also by gaining feedback and buy-in at the design stage is also important. We urge DHS to do the following to ensure transparency, accountability, and ultimately, success, in HR1 implementation:

- Hold regular meetings related to eligibility and enrollment with key stakeholders to discuss critical matters and decisions and gather feedback. While the HR1 Implementation workgroup is an important avenue for DHS to report on HR1 activities across programs, its broad focus and meeting cadence does not allow for detailed, timely feedback on key decision points related to eligibility and enrollment. We strongly recommend a subcommittee of the workgroup, laser-focused on HR1 eligibility and enrollment, to meet more frequently on key issues like medical frailty, notices, and application updates. To be meaningful, these meetings should commence soon to ensure that implementation decisions are not made without adequate input.
- Create and share a written implementation plan that includes key target dates so that the public knows and understands how DHS is implementing HR1's mandates and can provide meaningful feedback.
- Report key dates, changes, and implementation of new features proactively to stakeholder and participant communities. This can be done through ongoing stakeholder meetings or regular channels such as the IMAC or MAAC.
- Collect data and share it with stakeholders regularly to ensure accountability.

2. Prioritize vendors who are accessible and accountable

Considering the massive systems changes required by HR1 – including updates to eligibility systems and both electronic and paper applications and notices – DHS' must ensure that its chosen vendor(s) are capable of successfully implementing these changes. Vendors should provide a clear, and realistic timeline for the rollout of work requirements that aligns with

Pennsylvania's specific needs. Transparency, accessibility and flexibility throughout the implementation process, along with accountability for errors or other unexpected issues, is essential.¹

DHS should select vendors with whom they can have maintain an open and ongoing dialogue from planning through ongoing monitoring. In evaluating potential vendors, DHS should consider several key questions:

- How will user feedback be incorporated into application, renewal and notice revisions?
- Will there be a pilot plan for the system changes and what it entails?
- Does the vendor have experience managing projects of this scale?
- Are its tools open source?
- What will ongoing monitoring and evaluation look like?²

Vendors must also demonstrate strong user testing processes and a [human centered design approach](#) to simplify and increase the chances of successful eligibility reviews and application and renewal processes. Thoughtful user experience design keeps the people using a product at the forefront. As DHS implements significant Medicaid changes, [centering recipients' lived experiences](#) is essential to ensuring equitable access for low-income Pennsylvanians.

In addition, vendors must thoughtfully engage with the data they collect and use it to inform system changes in a way that ensures applicants' and recipients' needs are truly taken into account during work requirement implementation.

3. Design systems that can adapt when unforeseen issues arise

There will always be unforeseen challenges that are almost impossible to anticipate. Over the course of the last couple of years there have been many. Some related to unexpected system failures, such as problems caused by the move to the cloud, others caused by unexpected mail delays, and others resulted from actions at the federal level. Each time, DHS is forced to make quick decisions to prevent (and often mitigate) harm to participants. With the rollout of HR1 implementation and the creation and use of new technology, it is almost inevitable that these types of issues will arise again.

DHS should prepare now by adjusting its system to create an "off switch" to stop procedural terminations if such issues arise. Such a mechanism would give DHS power to quickly stop terminations and denials when systems are not working properly.

¹ Center on Budget and Policy Priorities, Assessing the Medicaid Work Requirement Vendor Landscape, available at <https://www.cbpp.org/research/health/assessing-the-medicaid-work-requirement-vendor-landscape>.

² For a full list of questions, see Benefits Tech Advocacy Hub, Technical Guide for States to Reduce Procedural Terminations from Medicaid's Work Reporting Requirements, p. 21-25, available at <https://www.btah.org/static/files/work-requirements-guide.pdf>.

In the same vein, DHS should modify its systems so that it can easily reinstate cohorts. This ability would avoid the need for manual reinstatement when systems fail as happened when DHS staff spent hours manually reinstating Medicaid and TANF cases that were terminated during the mail delay issue last fall. Due to the added complexity work requirements will add to eligibility and renewal processes, there is a strong risk of systems issues arising during HR1 implementation. DHS should act now, updating its tools so that reinstatement of cohorts can be done through automation.

4. Build strong user testing into any system changes

DHS should build user testing into every phase and aspect of system design and implementation. Before implementation, vendors should conduct pilot testing to confirm that systems (e.g., COMPASS, eCIS) and products (applications, notices) operate as intended. This includes testing both user experience and underlying system logic to ensure accurate outcomes. Testing must include not only applicants and recipients, but also eligibility workers (CAO staff) whose ability to correctly navigate systems and apply policy is critical to preventing errors, delays, and inappropriate coverage loss.

During and after user testing, DHS should leverage analytics platform connected to its own internal systems to track usage. For instance, DHS's vendor can track how users navigate COMPASS to identify pages that trip users up or produce technical errors and assess differences in user experience across devices and browsers. This data can help pinpoint usability issues and guide improvements.

As recommended by the [Benefits Tech Hub Report](#), DHS and its vendor should decide on a metrics measuring system to test system logic based on user success rates. For COMPASS, suggested metrics include:

- Frequency of successful login without issues including “forgot password”
- Application completion rates
- Document upload success rates
- User action in response to electronic notices
- Work requirement specific metrics, such as application completion rates for users who identify themselves or are identified by DHS as being exempt or compliant, broken down by exemption category or compliance type.³

User Test Notices, Applications and Systems Before Finalization

Work requirement implementation will require significant changes to DHS notices and applications, both paper and electronic. Performing user testing is a crucial step that DHS can take to reduce potential systemic harms. User testing helps ensure accurate outcomes in eligibility

³ Ibid.

systems and readability and legal compliance in notices and applications. User testing at the front end will save DHS and its vendor(s) time and resources while producing a better product. Importantly, user testing is critical to identify and avoid potential violations of applicant and recipient rights that can occur when eligibility workers make mistakes or notices are legally inadequate.

An effective user testing process should include:

- Sufficient time to test out notices, applications and systems before finalization,
- Gathering feedback from focus group(s)
- Time for DHS and its vendor(s) to review necessary changes with stakeholders before implementation.

Following user testing, DHS should create a public facing document with findings for all stakeholders to review user testing outcomes.

Who should be included in user testing?

DHS should organize small focus groups of benefits recipients, benefits counselors, and advocates who work directly with recipients to test new notices and application templates. Focus groups should include:

- A diverse mix of stakeholders to ensure representative demographics, including older adults, LEP recipients, and urban and rural participants.
- Representatives from disability rights groups and recipients with disabilities to ensure application and notice accessibility.
- Users who engage with their local CAO in multiple ways (in-person, phone, fax, or mail) and who apply/renew through different modalities (COMPASS or paper) and who receive notices via different delivery methods (electronic, mail).

Equally important, DHS should conduct eligibility system user testing with CAO eligibility workers. Because caseworkers operationalize policy decisions, systems must be intuitive and aligned with real-world workflows. Failure to adequately test with staff increases the risk of administrative burden, incorrect determinations, and unnecessary coverage loss.

How should user testing be structured?

To maximize participation and quality of feedback:

- Focus group meetings should be held both virtually and in-person, and allow for hybrid meetings if possible. Virtual meeting platforms must be accessible to persons with accessible needs and those with limited English proficiency. In person meetings should take place in physical locations that are easy for recipients and other participants to access by public transportation where possible.
- User testing should occur in multiple languages. At a minimum testing should be conducted in English, Spanish, and Chinese (simplified), with additional languages

included as resources allow.⁴ Interpretation (In person or by phone) must be available as needed for other languages. This is necessary to ensure notices and applications are understandable to the widest possible audience and compliant with federal language access requirements.

- Sessions should be offered at varied times during the day and/or week to accommodate varying schedules.
- Compensation should be provided to beneficiary recipients to recognize the value of their time and feedback.
- With user permission, user testing sessions should be recorded so that DHS’ vendors can use the footage to accurately refer back to user feedback.

What should DHS test for?

Focus group(s) should review DHS’ paper and electronic application and notice mock-ups to evaluate and provide feedback on clarity, usability, and accessibility. For electronic applications and notices, DHS should also evaluate the user experience on mobile, app, and desktop interfaces and using different browsers.

Example User Testing Considerations:

Notice Templates	Application Templates
<p>Appeal Rights & Deadlines</p> <ul style="list-style-type: none"> • Does the notice clearly explain appeal rights? • Do notices clearly explain all appeal deadlines, especially aid paid pending if applicable? 	<p>Ease of Completion</p> <ul style="list-style-type: none"> • Can applicants make it through each stage of the application? • Does the application include an explicit “check all that apply” instruction?
<p>Explanation of Relevant Requirements</p> <ul style="list-style-type: none"> • Does the new notice clearly explain Medicaid Work Requirements law, and what is required to either be exempt from or comply with requirements? 	<p>Explanation of Relevant Requirements</p> <ul style="list-style-type: none"> • Does the new application clearly explain what information needs to be provided by the user to either be exempt from or comply with requirements?

⁴ For a list of the top 15 languages spoken in Pennsylvania, see Pennsylvania State Data Center, Language Diversity in Pennsylvania, February 2025, available at https://pasdc.hbg.psu.edu/sites/default/files/resources/Feb_2025_1.pdf.

Notice Templates	Application Templates
<p>Organization & Structure</p> <ul style="list-style-type: none"> • Are the organization and sequence of the different sections of the notice logical? • Are the new notices designed in a way that the language is clear and actionable? • Is the language familiar and unthreatening? 	<p>Organization & Structure</p> <ul style="list-style-type: none"> • What is the ease of use of the application and what are the pain points? • Are questions ordered by how common an exemption status might be, and grouped logically? Are the most sensitive questions (i.e. jail time, prison) last?
<p>Tone & Readability</p> <ul style="list-style-type: none"> • Does certain language on the notices trip users up more than others? • Do the notices read at a 6th to 8th grade reading level? 	<p>Tone & Readability</p> <ul style="list-style-type: none"> • Does certain language on the application trip users up more than others? • Does the application read at a 6th to 8th grade reading level? • Is the language of the application easy to understand?
<p>Design & Formatting</p> <ul style="list-style-type: none"> • Is the size of the font for Medicaid Work Requirements large enough to capture the attention of users? 	<p>Design & Formatting</p> <ul style="list-style-type: none"> • Is the placement of the Medicaid Work Requirements information in logical locations that will capture the attention of users? • Does the online application use conditional logic to skip irrelevant work reporting questions automatically?
<p>Accessibility Across Formats</p> <ul style="list-style-type: none"> • Are the notices equally accessible both by paper and online formats? 	<p>Accessibility Across Formats</p> <ul style="list-style-type: none"> • How easy it is for applicants to make a COMPASS account or complete an application (even when facing barriers)?

Finally, in partnership with vendors and advocates, DHS should develop a standard testing metric to evaluate usability and accurately capture the impact of new notices and

applications. This will help with ongoing tracking of their effectiveness and help identify areas for improvement.

5. Update systems and train staff to authorize Medicaid in non-expansion categories with smaller applicant/recipient administrative burdens whenever possible

DHS should take every opportunity to move an expansion population individual into a Medicaid category with a smaller administrative burden, and therefore a lower risk of procedural disenrollment. This will keep more eligible people connected to healthcare which will in turn save the state money. Many Medicaid categories that do not include work requirements and/or biannual renewals are more beneficial for applicants/recipients because they come with smaller administrative burdens and therefore lower risk of procedural disenrollment. DHS should enroll applicants/recipients in these other categories whenever possible. For example:

- Caregivers of children aged 14-18 and non-related caregivers of children under 14 who meet NMP income limits should be moved to this category. This category has no work requirement and once per year renewal requirement.
- Adults aged 59-64, parents of children under age 21, and young adults age 19-20 who meet MNO income and asset tests should be moved to this category. This category has no work requirements.
- People who were on TANF in the previous 12 months and who became ineligible because of increased earnings (over 33% FPIG) should be moved to Transitional Medicaid. This category has no work requirements.

6. Maximize CHIP retroactive coverage

Pennsylvania should act quickly to implement the 60-day retroactive coverage option in CHIP available under HR1. Retroactive eligibility will allow coverage to be backdated to cover unpaid medical expenses up to 60 days prior to the application date, with proof of medical bills and no other insurance coverage during the applicable period. It will also align the rules for children in Medicaid and CHIP.