drips

Closing the Medicaid Engagement Gap

The barriers look different in Medicaid plans, FQHCs, and rural networks.

The solution doesn't.

The Problem Isn't Eligibility. It's Silence.

~4%

of targeted Medicaid members engaged

Mail, calls, and one-way text — typical Medicaid connection rate

~70%

of Medicaid coverage losses are procedural

Members who lost coverage were still eligible (KFF)

Mail goes to stale addresses. Calls hit voicemails. One-way texts get ignored. Roughly **96 of every 100 targeted Medicaid members go unreached**, not because they're ineligible, but because the outreach was built for a different population.

FQHCs feel this too. Community health workers spend most of their time on unreturned calls. In rural markets where the FQHC is the only primary care option for miles, a missed appointment or lapsed renewal compounds fast.

Most Medicaid coverage losses aren't an eligibility problem. They're a response problem. Eligible members drop off because the process is confusing, the outreach doesn't reach them, and no one follows through.

drips

2027 Makes This Harder to Ignore

Two federal changes take effect January 1, 2027, both accelerating the engagement gap. Federal regulation also requires multi-modal outreach: mail plus at least one additional channel. A mailed notice alone doesn't satisfy it.

SEMI-ANNUAL RENEWALS

Renewal frequency doubles for expansion adults

Twice the renewal cycles. Same staffing. Double the members at procedural risk.

2×

the renewal burden for expansion adults under the new schedule.

WHAT IT DEMANDS

Outreach programs need to run on a semi-annual cadence, not annual. Member data must be current. Timing windows shrink. The margin for error in reaching members before each renewal deadline is cut in half.

WORK REQUIREMENTS

80 hrs/month documentation required

CBO projects ~4.8M coverage losses. KFF: 6 in 10 Medicaid adults already qualify, which signals a documentation problem, not a compliance one.

~4.8M

projected coverage losses (CBO 2025).

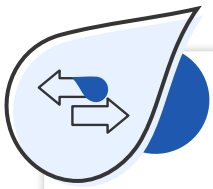
WHAT IT DEMANDS

Members who already qualify must be coached through documentation, not told they're ineligible. Outreach must explain the process, prompt action, and answer questions in real time. One-way notification fails here.

What Completion-First Outreach Looks Like

Meet members where they are

Two-way SMS. No app, no portal, no unknown caller. Works on the member's schedule, in their language, with or without broadband. Available in English and Spanish with additional language routing.



Follow through across the lifecycle

Preparation (30-45 days out). Submission (7-14 days). Follow-through (0-60 days after). 74% of members need 3+ contacts before completing a renewal step. Programs that stop after one touch leave most of the job undone.

Route to humans who can help

Staff receive warm inbound transfers from members who've already confirmed they need help. Community assisters stop chasing and start handling real conversations. CHW capacity multiplies without adding headcount.

drips

What to Look for in a Partner

Not all outreach is equal. These five criteria separate partners that drive outcomes from platforms that hand off work to thinly staffed teams.

Two-way, not one-way	Can it receive a free-text response, remove a barrier in real time, and adapt to what the member says? One-way drives awareness. Two-way drives action and completion.
Proof from this population	Results should come from Medicaid, FQHC, and rural populations, not commercially insured members who are easier to reach, respond differently, and have different barriers.
Managed execution	Thinly staffed FQHCs and rural organizations need a partner that owns build, compliance, and optimization, not a platform that hands the work back to your team.
Warm transfers	Staff and CHWs should receive confirmed-need inbound calls, not cold lists. The member has already said they need help before the staff member picks up.
Outcomes accountability	Completed renewals. Kept appointments. Closed care gaps. Not messages sent, not open rates. Hold partners to downstream outcomes, not activity metrics.

Outreach People Answer

Drips engages people in two-way, compliance-governed SMS conversations. The kind that get responses, drive action, and close the gaps traditional outreach leaves open. Trained on nearly a billion regulated-industry interactions with zero HIPAA, TCPA, FCC, or CMS violations, Drips is the conversational outreach partner regulated industries trust to turn replies into results. Learn more at **Drips.com**.

SOURCES

CMS CMS-2454-IFC RIA; 42 CFR 435.561; CBO 2025; KFF Medicaid unwinding analysis; HRSA health center data; McKinsey (Drips-commissioned); Drips program data (anonymized). Revenue models illustrative. Plan size, PMPM, and visit volume are inputs to confirm with your specific book.