

Reimagining
Medicaid
engagement:
motivation
over
messaging

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Most Medicaid strategies still hinge on outreach volume and care gap closure. But if the plan is “send more reminders,” you’re missing the real lever for outcomes: motivated members. Sustainable engagement doesn’t come from more touches. It comes from designing a journey that actually moves people. When you build for motivation, behavior shifts. When you don’t, nothing changes.

**The questions
Medicaid insurance leaders should be asking**

Q1: Is outreach enough to drive action?

Short answer: Not anymore.

Medicaid members juggle time constraints, access issues, low trust, and competing priorities. A message alone doesn’t overcome that. Motivation does. Members take action when the experience feels personal, rewarding, and worth their effort.

Q2: What actually drives behavior in Medicaid populations?

Short answer: Emotion and simplicity.

Behavioral economics tells us that Medicaid members respond immediacy, clear goals, and emotional relevance. If the next step feels confusing, delayed, or buried in an app, you’ve already lost them.

Q3: Why gamification?

Short answer: Because momentum changes everything.

When done right, gamification creates clarity and forward motion through defined goals, visible progress, achievable steps, and rewards that feel earned. Across Medicaid programs, milestone journeys – like prenatal and well-child visit paths – consistently outperform traditional outreach by 3-5x.

Q4: What is the right reward?

Short answer: The one that aligns value with effort.

Rewards work when they feel personal, meaningful, and behavioral rather than transactional. The right reward taps into how people think, feel, and choose. When designed well, it becomes part of the motivation loop, not a giveaway.



The five essentials for motivating Medicaid members

1 Design the lifecycle, not campaigns.

Identify the moments that matter: onboarding, preventive care, maternal health, chronic condition management. Build journeys around those moments, not around inbox calendars.

- **Where programs fail:**

Disjointed campaigns create noise. Members get confused, tune out, or disengage altogether.

- **Where BIW succeeds:**

Programs like Baby Blocks® turn the maternal health journey into a series of achievable milestones with rewards and trusted content that drive retention.

2 Deliver equitable value exchange.

Members should feel the effort is worth the reward.

- **Where programs fail:**

Over-incentivizing easy tasks and under-incentivizing difficult ones sends the wrong signal.

- **BIW approach:**

Tiered reward ladders that scale with member effort and health impact—fair, motivating, and measurable.

3 Build for the “want self.”

The rational brain isn’t making the decisions here. The present-biased, ease-seeking, “do I really want to do this today?” self is.

- **What works:**

Two-tap tasks, instant confirmations, progress visibility, social proof

- **BIW tools:**

Progress meters® that let members see, celebrate, and share progress which activates pride and continuity.

4 Use choice architecture that respects equity.

Meet members where they are, not where it’s convenient for you.

- **What works:**

Channel fit, language choice, modality flexibility, reward relevance.

- **Where programs fail:**

One-size-fits-all journeys ignore real SDOH constraints.

- **BIW method:**

Micro-segmentation + tailored channels + concierge nudges during life transitions.

5 Close the loop with momentum metrics.

Traditional reporting counts completions. Motivational design tracks why people complete or don’t.

- **What we track:** Time to first action, streak length, drop-off points, and behavioral lift

This data fuels ongoing optimization, **not guesswork.**

What this looks like in practice

- 1 Prenatal care:** A milestone journey where each visit unlocks content, community tips, and a right-sized reward.
- 2 Preventive care:** Seasonal micro-challenges with time-boxed bonuses and real member stories.
- 3 Chronic condition management:** Level-up paths with recognitions members keep and streak-based incentives.
- 4 Onboarding:** A three-step quest (welcome, PCP selection, first benefit use) with instant wins and a “pick-your-happy” reward.
- 5 Renewal:** A “year in review” recap that celebrates wins and makes renewing the easiest choice.

Key moves Medicaid leaders need to make now

- 1 Identify the top five micro-moments that shape member experience.**
- 2 Redesign one journey as a “quest.” Add a progress bar, streak mechanic, and a meaningful reward.**
- 3 Fix the value exchange. Create a ladder: small instant rewards, medium for sustained actions, meaningful for high-effort milestones.**
- 4 Shorten the path to “done.” Make the next step completable in two taps.**
- 5 Measure momentum. Track time-to-first-action, streak length, and drop-off points weekly.**

Your engagement partner shouldn't just deliver a platform. They should deliver behavior change. When the strategy is grounded in motivation and behavioral science, you get measurable health outcomes, higher member satisfaction, and stronger retention.

This isn't about “checking the outreach box.” It's about designing experiences that members want to return to because they work.

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