Nava

Public Benefit Report

Each year, Nava outlines its work and progress in a public benefit report. Our 2021 report is **themed** around building equity through strong public services.

Through **project-specific stories**, the 2021 report details how Nava worked to build equity by designing public services for all.

Letter from leadership

Equity is a concept that's become increasingly trendy in the last few years. Our nation continues to handle the fallout of a pandemic, a historic rollback of civil rights, and the ongoing climate crisis. As we strive to rebuild amid these catastrophes, an eye towards justice has emerged.

But at Nava, the idea of equity—closing social and economic disparities—isn't just a trend, a last-minute addition, or a "nice to have." It's how we've approached building simple, effective, and accessible government services for all since our founding in 2013. Institutions that value equity can better withstand disasters and shocks to the system. Whether it's a pandemic or the baby formula shortage, the only way for public services to respond to these crises is by building equity into their foundations from the start.

Theme 1
Small pilots make a big impact

Public services reach a massive number of people, often at critical and stressful moments in their lives. So when Nava is tasked with building or improving these services, we start small. That means building and releasing prototypes to a limited number of people, helping prevent catastrophic rollouts and allowing us to test and iterate based on user feedback. It's how we approached building a user-focused system for Massachusetts' first paid family medical leave program, how we reduced the time it takes for Veterans Affairs caseworkers to process disability claims, and how we helped Californians track unemployment claims during a crisis.

Theme 2
**Accessing
accessibility**

Realizing equity means making sure that everyone can understand, use, and access public services. That's why we test and build accessibility into our work from the early stages of development. It's a framework we applied when tasked with building an online application for Vermont's Medicaid for the Aged, Blind and Disabled supplement and when we worked alongside 18F to revamp ADA.gov, making ADA rights and regulations easier to find, understand, and share.

Theme 3
**Human-centered
infrastructure**

The technology that powers public services requires strong infrastructure and repeatable processes that can sustain rapid changes. We continue working with the Centers for Medicare & Medicaid Services to move their tech ecosystem onto the cloud, improving the program's resiliency while helping to unlock payment data that could revolutionize how the public receives care from the Medicare program. We're also helping build trust in Medicare through a personalized messaging center.

Theme 4
**Progress takes
work**

Ensuring that public services promote equity cannot be achieved by one party. Our work in the states of Nebraska and Montana revealed that the future we envision for a simple, accessible social safety net requires deep collaboration across technologists and policymakers. By building these processes into the foundations of public services, institutions can make small steps towards a more equitable nation.

The vast and systemic challenges our nation faces continue to deepen. But small, steady, and foundational shifts in how the public interacts with government services can pave the way for trust and transformation. **As long as we prioritize equity from the very beginning, we'll know we're on the right path.**
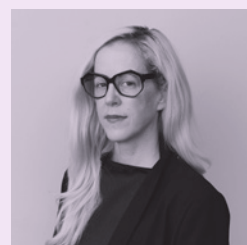
Rohan Bhobe
Chief Executive
Officer

Sha Hwang
Chief Operating
Officer

Jodi Leo
Chief Delivery
Officer

Darcy Williamson
Chief Financial
Officer

Small pilots make a big impact

In order to design public services that work for everyone, we start with small pilots, or iterative prototypes that eventually comprise a larger service. Designing services in small bites helps us identify and resolve issues early on, test with diverse participants, and roll out services quickly and effectively. Time and time again, Nava's iterative approach has helped us build services for the people who need them most.

Helping Veterans get disability claims decisions faster

Veterans who file claims to receive benefits can get stuck in a waiting pattern, sometimes preventing them from receiving critical healthcare. We're working with the U.S. Department of Veterans Affairs (VA) to build tools that reduce the amount of time it takes to process a Veterans' disability benefits claim.

Over 10,000 days of waiting saved for Veterans

Veterans who file claims to receive benefits to cover certain health issues can sometimes get stuck in a waiting pattern. Nava is working with the U.S. Department of Veterans Affairs (VA) to build tools that reduce the amount of time it takes to process a Veterans' disability benefits claim. Together with the VA's Office of the Chief Technology Officer's (OCTO) Benefits Delivery Team, we envision a future where Veterans hear back about benefits claims in days instead of months, ensuring that they and their families receive the healthcare they need in a timely manner.

Narrowing the scope to roll out the best product

To speed up the handling of these claims, we developed a prototype to process one specific type of disability claim—hypertension—and released it for VA staff to use on a small number of claims. We found that the prototype, called the Rapid Ready for Decision prototype, allowed many of these Veterans' claims for hypertension disability benefits to be processed in days instead of months.

VA staff tasked with these claims decisions—called claims benefits adjudicators—need access to relevant medical information, such as blood pressure readings, in order to make that call. Sometimes, that means asking a Veteran to complete a medical exam in order to get that necessary medical information. This requirement contributes to longer wait times for Veterans.

But based on research by the Veterans Benefits Administration (VBA), we know that in some cases, necessary medical information already exists in the VA's system. However, accessing this information is a laborious process for adjudicators. We worked from a hypothesis that by surfacing this relevant medical information to adjudicators, we could help reduce unnecessary medical exams for Veterans. This in turn would help decrease the time Veterans spend waiting for a claim decision.

We approached this project by deciding to narrow the scope dramatically to quickly release a prototype to a small number of claims. Our prototype addressed one disability type for a subset of one type of claim, and was used several times a day by one or two pilot participants. By starting with such a dramatically slow rollout, we can learn and iterate the prototype based on how it performs. This is a crucial step in an evolving technology landscape like the VA's, where systems are continually upgraded. Both OCTO and the Veterans Benefits Administration (VBA) supported and fostered the kind of environment where we could release and continually improve these small prototypes.

Our prototypes have averaged 3-5 days for processing claims that don't need exams and 25 days for those that do compared to 80 to 100 days on average for both

Building on a prototype to benefit more Veterans

We went on to expand the prototype, now called the Rapid Ready for Decision program, to asthma claims, and are evaluating new claims for suitability as well. The positive results we have observed are a testament to the strength of our small scale, iterative approach and the use of prototypes when introducing new digital software.

Our initial prototypes have allowed some Veterans' claims for hypertension and asthma disability benefits to be processed in days instead of months. So far, processing times using our prototypes have averaged 3 to 6 days for claims that don't need exams and 25 to 35 days for those that do. That's compared to 80 to 100 days on average. Even with our low volume of claims, we saved Veterans over 5000 days of waiting for a decision in the first quarter.

These are small outcomes, but that's intentional. Our approach is to deliver value more quickly by starting small and learning through prototyping and iteration. Keeping this in mind, these outcomes are good indicators that are helping us learn and evolve our prototype. Our work is both serving veterans and providing knowledge generation for sustainable, repeatable processes in the VA's future.

Building Massachusetts' Paid Family and Medical Leave program

The Commonwealth of Massachusetts tapped Nava to support the launch of their brand new Paid Family Medical Leave (PFML) program, which guarantees paid time away from work for major life events. Since we launched in January 2021, the program has paid out nearly $600 million in benefits programs to over 90,000 people.

Nearly $600 million in paid time off

Nava partnered with the Commonwealth of Massachusetts to support the launch of their brand new Paid Family Medical Leave (PFML) program, which guarantees paid time away from work to care for a new baby, a sick loved one, or one's own illness.

In just 13 months, we designed, tested, and built a brand new digital service to help Massachusetts workers as they apply for and manage benefits. Since we launched in January 2021, the program has paid out nearly $600 million in benefits to over 90,000 people. We built digital tools for claimants and employers using the program to simplify managing paid leave across the board.

In tandem with this work, we built the API integration layer to connect multiple state systems with paidleave.mass.gov and other paid family and medical leave systems. In our shared long-term vision, Massachusetts workers, families, and employers will be able to confidently navigate life's critical moments because paidleave.mass.gov's personalized support makes managing paid leave simple.

Iterating by observing user needs

We approached building this program by using pilots to continuously test our products with real users. In each pilot, we incrementally developed pieces of the end-to-end experience and tested them with real users (pilot participants) before the service launched to the public. This helped us identify and mitigate risks early on to ensure that our final product worked for users, integrated with different systems, and collected the information needed to meet program goals. In a multi-vendor environment with a strict legislative deadline, these pilots also served as milestones for teams to align on so we could collaboratively build and test new features.

For our first pilot, we designed and built an application that allowed claimants to create an account, log in, verify an account, reset the password, log out, and take the first steps toward creating a claim. We also tested a key technical integration with the Massachusetts' Department of Revenue (DOR), which provides contribution and wage data that is essential to determining a claimant's eligibility. In the second and third pilots, we expanded the application to allow claimants to submit an application and ensured that Massachusetts administrators received the complete and accurate data needed to adjudicate each claim.

Building the application over multiple pilots allowed us to test it with a diverse set of participants and to ensure its simplicity and ease for everyone. In one testing session, a participant mistyped their email address when attempting to reset their password, preventing them from logging in. Once we discovered this loophole, we updated the flow to allow users to fix a mistyped email address and still successfully reset their password.

We designed, tested, and built a new digital service in just 13 months

This was important because we learned from other states with PFML programs that password reset issues are a primary cause of high call volume at call centers. We knew that creating a simple self-service reset password option would reduce the burden on the call center, saving staff time and resources.

Pilots let us discover such unforeseen and unpredictable errors in a low-risk environment, before they become a barrier to claimants and a burden to staff. In these pilots, we were able to build and test the first steps of the account creation process—an essential part of the user experience—with real users.

Tracking unemployment claims for Californians in a crisis

Amidst an explosion of unemployment claims during the pandemic, the California Employment Development Department (EDD) brought us in to help build a critical claims tracker tool that would help Californians file for unemployment. In the first three weeks after launch, there were over 5 million unique pageviews to the California claims status tracker.

Over 5 million unique pageviews

Online claims trackers communicate to claimants where their unemployment or healthcare claim stands. They can be an intuitive, useful tool for public benefit programs to adopt. Claims trackers are a familiar feature in the private sector, from package tracking to pizza delivery apps. In an increasingly digital world, many have come to expect these kinds of self-service experiences in the public benefits space.

The California Employment Development Department (EDD) brought Nava in to help build a claims tracker tool amidst the explosion of claims during the pandemic. Nava aimed to build on existing systems and release a minimum viable product to solve a specific problem during a crisis. We prioritized guiding claimants with personalized information, building trust through transparency, and striving for simplicity.
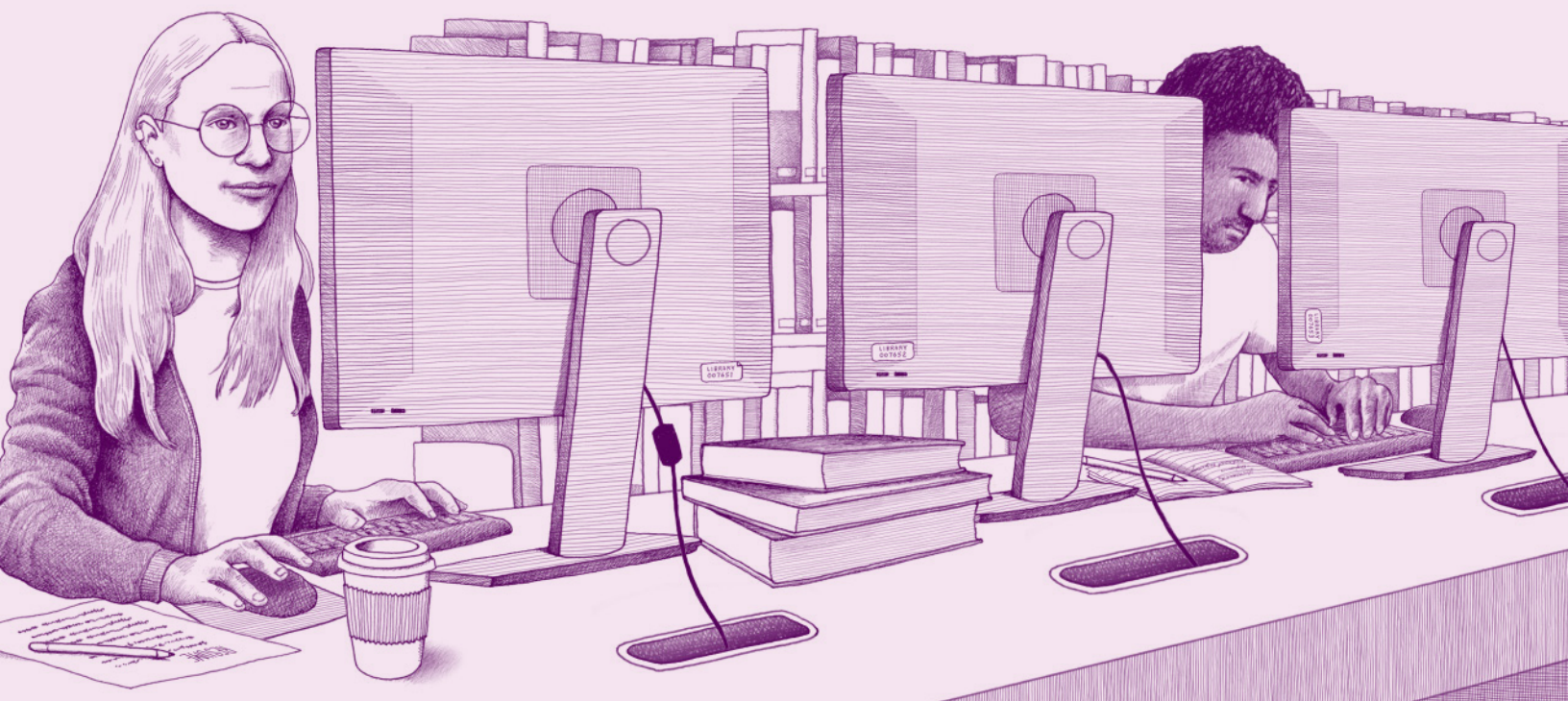
This is great—it tells you the benefit year, claim balance… [This is] way more info than we get. It tells you what's going on

User interview

User-centered research reveals that claimants need detailed instructions

Designing public benefit claims trackers means conveying information to claimants about complex and at times confusing processes. Based on our research, claimants want step-by-step instructions that are tailored to their specific situations. If no action is required at any given step, claimants need to know that. For example, the Claim Status Tracker page we designed for California included a Claim Status section summarizing the claimants' overall status with a list of next steps for both the claimant and EDD. Below, the Claim Details section culls disparate claim data, making it easier for claimants to understand how their next steps and claim data relate.

As a claimant we interviewed said, "I want some more details…it's most frustrating when you log on or something has changed or your account has been flagged or put on hold…and you just kind of have no clue."

Building transparency with claims status updates

ClClaimants also want to know why decisions were made and who is responsible for next steps. We found in our research that one of the biggest claimant frustrations was encountering a seemingly endless "pending" status across payments on continued claims. Based on the idea that providing additional context would help to reduce calls to EDD staff, we set out to understand the many different scenarios that can lead to the "pending" status. We found that we needed to provide a more detailed status summary that tells claimants why their status is pending and indicates the current step in the process.

We worked with the EDD to create a system that would provide detailed status information for some of the most common reasons for a pending status, while claims pending for another reason would still display a generic status summary. An example of a more detailed status would be "Pending eligibility determination: Phone interview scheduled." We designed this system so that after initial launch, it could be rapidly iterated to keep adding detailed statuses to cover more scenarios.

In the first three weeks after launch, there were over 5 million unique pageviews to the California claims status tracker. We saw many examples on social media of claimants noticing the claim status tracker and referencing it as a source of truth about their claim. As one user said when we were testing an earlier prototype, "This is great—it tells you the benefit year, claim balance… [This is] way more info than we get. It tells you what's going on."

Accessing accessibility

Having a disability should never prevent someone from accessing government services. At Nava, we prioritize accessibility when designing services with government agencies. We test accessibility with diverse users at every turn—not just at a project's completion—which helps us empower diverse groups of Americans.

# Creating an online application for aged, blind and disabled Medicaid

Everyone must be able to easily access public services, including the one in four Americans living with disabilities. That's why we collaborated with a state to create an accessible online application for their Medicaid for the aged, blind, and disabled (ABD) supplement.

One in four Americans living with disabilities

Building easy-to-use and accessible government services for all requires that everyone—including the one in four Americans living with disabilities—can access information and functionality in the service you create. Limited sight, a cognitive impairment, or inability to grip a mouse should not interfere with someone's ability to access digital services.

Nava created an online form for a state's Medicaid for the aged, blind, and disabled (ABD) supplement. Previously, people in this state could only submit an application through a paper application via mail or in person. Through our online application pilot, people now have the option to fill out this form over the phone with assistance from call center staff.

Given the nature of this project, our goal was to make the application accessible and available for all people in the state, on their own devices. As with any federally funded project, we had to meet Section 508 requirements, which mandates that federal agencies are accessible to all.
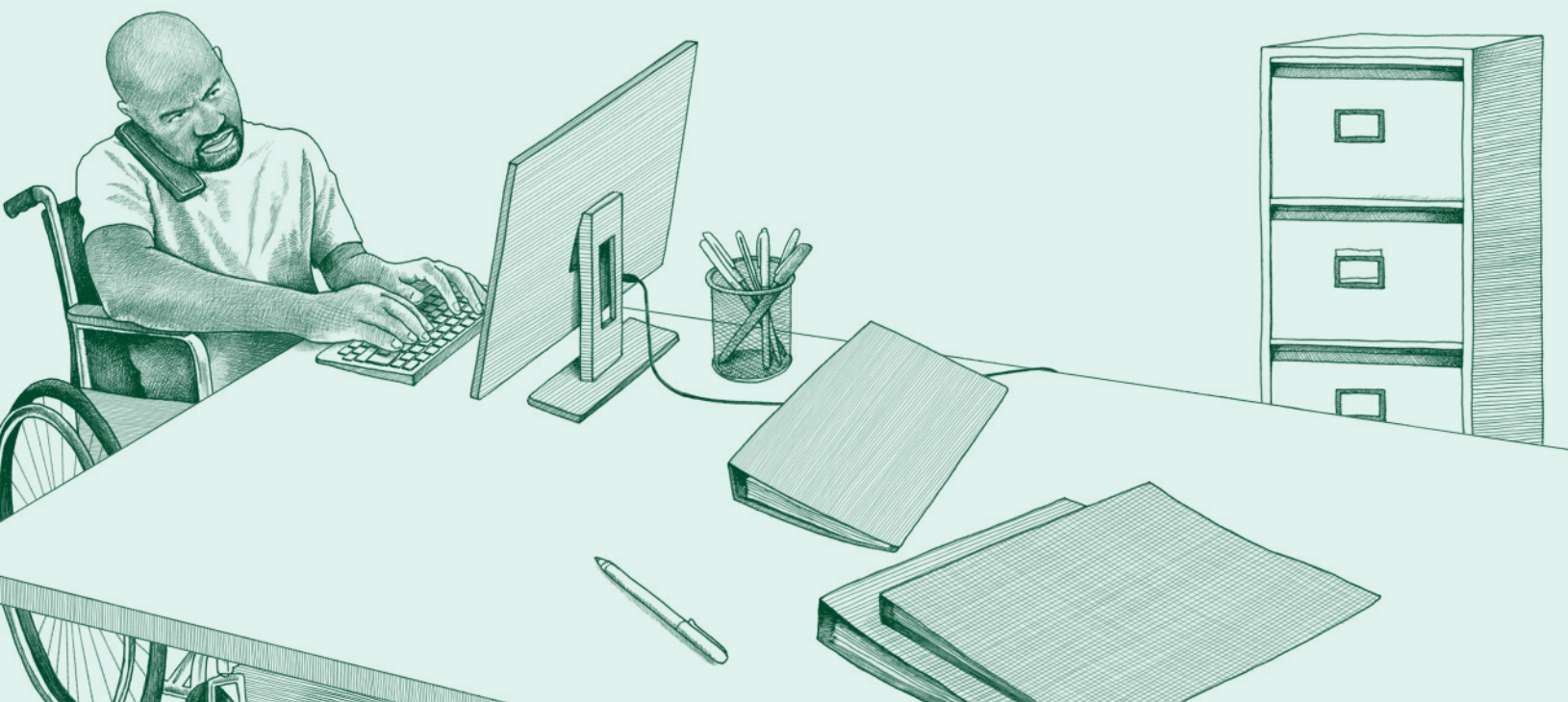
I was able to catch a lot more issues before the project got all the way to the end, when I wouldn't have had much time to test.

Testing for accessibility should start at the very beginning

While digital accessibility has gained more prominence in the last few years, product teams typically conduct a general accessibility audit after they build a product. This is often completed by one person going through the application on their own using an accessibility checklist. Engineering teams then receive a list of high level accessibility errors to fix in a short amount of time. After working toward launching a product for months, this list can seem like a headache. It can also delay a project if parts need to be rebuilt or redesigned to meet accessibility requirements. It may not even be realistic for all of the issues to get fixed before launch, and in the worst cases, a team will release a product that many people can't actually use.

We believe including some level of accessibility testing and reviewing throughout the designing, building, and testing of a project—instead of waiting until the end—will always lead to a more accessible end product. Something as simple as adding an accessibility plugin to the team's work process could help with catching many issues before the project goes to the next phase.

Regular conversations about accessibility builds awareness

Because accessibility is a complex issue, it's essential that testers, engineers, and designers communicate while developing a new product. While working with our state partners, we realized that sharing what we learned with all stakeholders is another key component to promoting accessibility. Through regular meetings and check-ins with all members of the development team, we were able to create a shared understanding of common accessibility failures and how we can scan our code for potential accessibility bugs.

Our experience creating this ABD online application demonstrated the benefits of implementing an agile approach to accessibility testing. Bringing accessibility into every step of the build process across all members of the team creates more accountability and awareness of why these issues matter. By regularly testing for accessibility, we helped ensure that the process of applying for ABD benefits truly meets the needs of all, regardless of disability status.

To read more, check out this case study.

Rebuilding ADA.gov to improve accessibility

With 3.5 million annual visitors and 8 million page views, ADA.gov is the federal Civil Rights Division's most-visited website. When we set out to redesign ADA.gov, we aimed to empower diverse groups of Americans by making ADA rights and regulations easy to find, understand, and share.

3.5 million annual visitors to ADA.gov

The Americans with Disabilities Act (ADA), which Congress passed in 1990, is a federal civil rights law that prohibits discrimination against people with disabilities in everyday activities. Whether it's planning lunch at a cafe or designing a new office, it's essential that people, businesses, and public offices know their rights and responsibilities under the ADA—and above all, are able to easily access that information in real time.

With 3.5 million annual visitors and 8 million page views, ADA.gov is the federal Civil Rights Division's most-visited website. When Nava set out to redesign ADA.gov, we aimed to empower diverse groups of Americans by making ADA rights and regulations easy to find, understand, and share. Informed by this goal, we learned how to create the best final product by employing modern web design, crafting accessible language guidelines, and practicing inclusive user research.
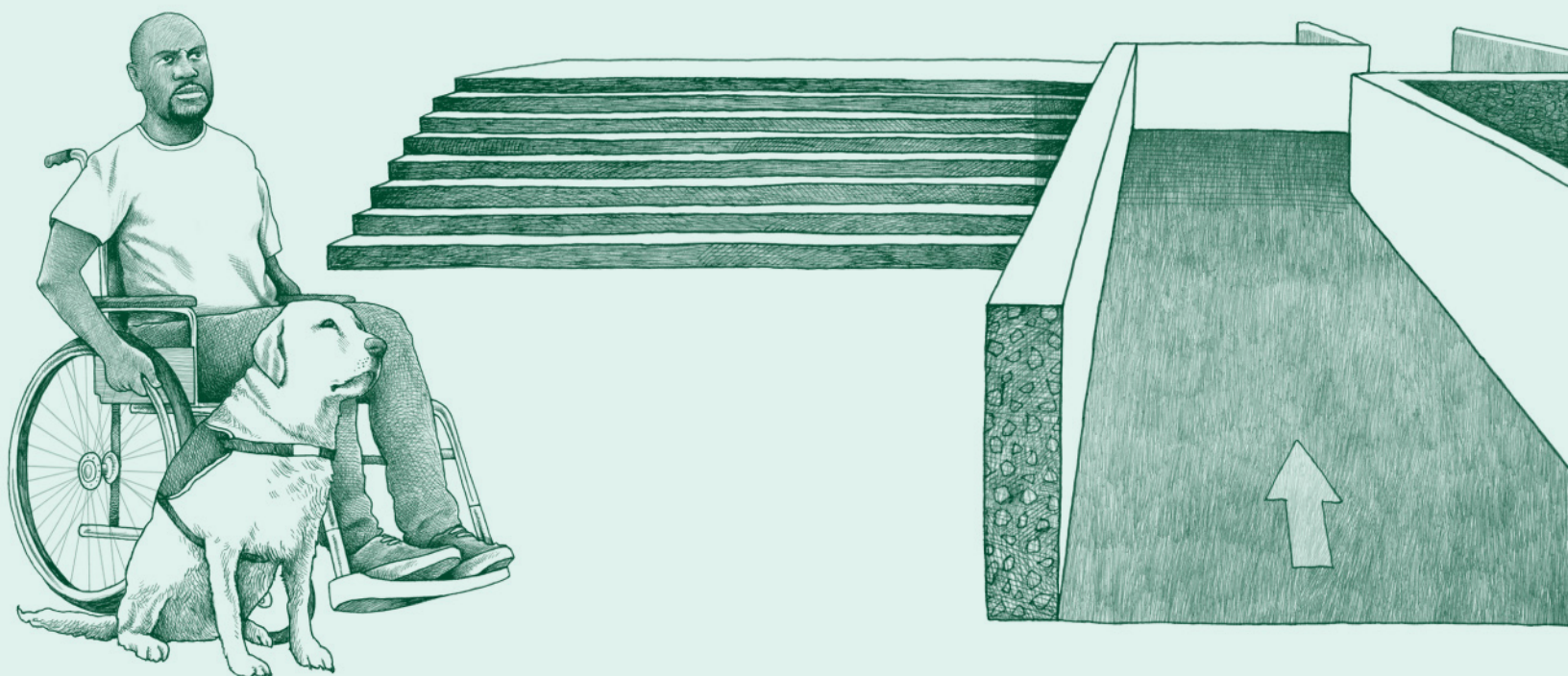
Working with 18F, we did a soft launch of the new site in June 2021 and initiated a more widespread launch the following month. The initial rollout was discrete, with the purpose of getting user feedback and avoiding overexposure and publicity. Users could only find the new site through specific pages on the old site, and it wasn't searchable on search engines.

This Beta site is a vast improvement over the current site. I can actually find what I need and go to it quickly and easily.

User research with an eye toward accessibility, representation, authenticity, and usability

To achieve our desired levels of accessibility and representation, we piloted a program to recruit people with disabilities to test the site. This paved the way for more diverse, accessible, and equitable testing practices, including text to speech and both automated and manual tests. Focusing on diversity and accuracy, we tested imagery and language to make sure the site represented its audience correctly.

Representation and authenticity matter—especially when it comes to testing. We aimed to use images and language we felt illustrated real experiences and reflected diversity in race, ethnicity, age, gender expression, and disability.

We prioritized accessibility throughout the testing process. For example, Nava's team set up the test so that another person could assist the tester, and we offered to do run-throughs ahead of time. We made sure each round included a mix of testers, which taught us that some forms of testing don't work for everyone. Receiving continuous feedback was a must, so we created multiple feedback channels to collect data and compare over time.

With a keen eye toward accessibility, representation, authenticity, and usability, we were able to make ADA.gov the reliable resource that so many have hoped for. As one user put it, "This Beta site is a vast improvement over the current site. I can actually find what I need and go to it quickly and easily."

Human-centered infrastructure

Strong, thoughtful technical foundations are key to building public services that can withstand crises and sustain long term in our rapidly changing world. It's why at Nava, we always take the time to design and build repeatable processes and human-centered infrastructure into our work.

Automating how application teams use the cloud

The Centers for Medicare & Medicaid Services (CMS) is shifting their technology ecosystem away from aging, traditional data centers to the cloud. Teams using CMS Cloud are able to react and quickly pivot technology for the unexpected—such as a three-fold increase in enrollments in HealthCare.gov compared to last year. By automating and standardizing the way CMS onboards application teams, Nava helped reduce the onboarding time from months to hours.

3x the number of enrollments in Healthcare.gov

Since 2018, Nava has been assisting The Centers for Medicare & Medicaid Services (CMS) shift their technology ecosystem away from aging, traditional data centers to the cloud. While hundreds of applications already run on CMS Cloud, the agency continues to migrate more applications, services, and other workloads to the cloud platform. This transition offers CMS application teams compliant, adaptable, cost effective, and highly secure ways of managing applications and data. While traditional data centers are limited in their capacity for responsive change, teams using CMS Cloud are able to react and quickly pivot technology for the unexpected—such as supporting a pandemic-related policy changes and a Special Enrollment Period for HealthCare.gov that enrolled 2.1 million people in 2021, a three-fold increase over the same period the year before.

CMS Clouds offer customer support services to assist application teams working in the cloud. The platform also bakes in best practices for cost management, security and compliance, DevSecOps, DevOps, and disaster recovery to keep CMS technology resilient in the event of system failures. Teams can see what they're spending in real time, helping them optimize costs. The ongoing shift to cloud builds a strong foundation that allows CMS to rapidly evolve and adapt, ultimately helping CMS become more responsive to the needs of beneficiaries and providers in a rapidly changing world.

Onboarding the application teams building technology products for CMS used to be a complicated, highly manual process for the CMS Cloud team and the application teams themselves. Nava's team helped to standardize and ultimately automate these processes, dramatically reducing the amount of time it takes for teams to onboard from about five months to five hours.

3x the number of enrollments in Healthcare.gov from the previous year due to pandemic-related policy changes

Reducing CMS staff burden by easing the onboarding process

Prior to Nava's work with CMS, the process of applications onboarding into the cloud was a highly manual one, requiring staff to create a slew of individual support tickets requesting account creation, access approval, and many other actions for backend staff to handle. Not only was this process burdensome and time consuming, but it was prone to human error, which could delay an already lengthy process.

Our team designed and implemented an automated process for the creation and closure of ticket requests when an application team starts the onboarding process. Creating this workflow involves collaborating with teams across the entire cloud platform to identify the most efficient ways to route requests. We built this system accounting for how much this environment continually changes, creating a strong foundation as these processes evolve.

From there, we removed repetitive and error-prone manual work. This improved the developer experience for application teams onboarding and allowing them to get on and use cloud technology faster.

Automating DevOps tools to help CMS reduce processing time

Nava applied the same processes when helping to automate CMS's development and infrastructure management (DevOps) tools. DevOps tools are necessary to keep technology systems running smoothly—an application upgrade or security upgrades, for example, are crucial processes that require ongoing maintenance. Automating these processes eases adoption and makes it easier for teams to utilize tools that will enable them to be agile and securely and effectively operate their applications. For a massive organization like CMS, with engineers spread across hundreds of teams, that adds up to a significant reduction in processing time.

By providing a modern cloud platform, CMS creates opportunities for more nimble teams that are able to compete for government work and produce better outcomes. Easing these early stage processes is foundational to building a CMS technology ecosystem set up to handle a rapidly changing world with increasingly complex needs. These repeatable, sustainable processes are core to building a strong future for CMS's millions of beneficiaries and allowing CMS to transform healthcare across the nation.

Unlocking siloed data to modernize the Medicare experience

In an effort to support a healthier, more equitable public, we've partnered with CMS on The Medicare Payment System Modernization (MPSM) program. Existing sources of claims data have about a month of lag time from the filing of the claim before the claim is available—our API reduced this window to 24 hours after the claim is filed, transferring approximately 15 million claims per day.

1 month to 24 hours after a claim is filed

Nava is working with the Centers for Medicare & Medicaid Services (CMS) on the Medicare Payment System Modernization (MPSM) program to create a flexible, scalable system system that serves over 60 million Americans and accounts for 14 percent of the federal budget. Our shared vision is to ensure that these critical systems are able to adapt to evolving Medicare policy and program needs, supporting a healthier, more equitable public.

Automating system health status information improves experiences for CMS staff and contractors

Over the past year, Nava's Operations and System Reliability Engineering (OSRE) team—the team dedicated to building and operating the infrastructure for MPSM's cloud-based services—created a system health status page for CMS staff and contractors who are responsible for processing over 1 billion claims a year. The status page centralized and automated the process for alerting CMS staff and contractors when any part of the technology system experiences an outage or other incidents. By using cloud technology to make this information accessible in real-time, the Nava team radically improved the speed and transparency of a previously cumbersome process that relied on email communication. The status page reduces the time it takes to resolve incidents when they occur.

Our API transfers approximately 15 million claims per day onto CMS's cloud platform

Unlocking healthcare data can help improve patient outcomes and lower taxpayer burdens

As part of the Medicare modernization effort, our team is also building a system for transferring valuable data from mainframe systems to the cloud and making that data more accessible, helping to unlock patient data for healthcare providers. Currently, CMS's claims data for millions of patients sits on aging mainframe systems. But cloud-stored claims data has the potential to help providers improve patient outcomes while lowering the overall cost of care paid by taxpayers. A doctor whose patient visits an ER out of state, for example, would be notified about the visit within a few days of it happening, ultimately helping the provider offer more informed care for their patient.

Existing sources of claims data have about a month of lag time from the filing of the claim before the claim is available. Our API makes these claims available within 24 hours after the claim is filed, transferring approximately 15 million claims per day onto CMS's cloud platform.

Advancing health equity with tools that collect crucial patient information

In the past year, we also helped CMS prototype tools to systematically collect demographic data and other key information about patients as part of a goal to advance health equity. Following the directive from the Biden administration on moving toward health equity, Nava's team worked with the CMS Innovation Center to develop questionnaires that collect basic demographic and social determinants of health (SDOH) data from beneficiaries. Gathering information from patients such as their race, ethnicity, housing status, and job status will help build a baseline for CMS to assess the health equity and inform policy changes to improve the nation's health. This work leverages the Fast Healthcare Interoperability Resources (FHIR) standard, a technological standard for sharing electronic health records. Using this data, CMS can work toward its larger goal of building more equitable health outcomes across the American public.

Building a proactive message center for Medicare

A personalized Medicare experience for beneficiaries can build trust in public services. That's why Nava has teamed up with CMS to design and build a new message center with the goal of improving healthcare outcomes and equity for the 12 million Medicare beneficiaries with online accounts.

12 million Medicare beneficiaries with online accounts

The team at Nava is working with the Centers for Medicare & Medicaid Services (CMS) to improve the experience for Medicare beneficiaries who rely on CMS for their healthcare needs. From the start, our goals included improving healthcare outcomes for beneficiaries and making access to healthcare more equitable. The message center, a feature we worked with CMS to design and build as part of this initiative, helps us meet both of those goals.

Since we launched the new message center for beneficiaries with online accounts in 2021, we've worked with our Medicare partners to further improve the online experience through thoughtful strategy and by implementing sustainable governance processes. In this case, sustainability involves repeatable processes that make it easy to create, approve and send personalized messages that are useful for beneficiaries.

This continuing work on the message center is focused on strategy and actually building the messages that are sent. Our aim is to make sure the things we send beneficiaries are relevant to them and easy to access, especially for beneficiaries with minimal resources. We hope our work instills increased confidence in Medicare, and helps the over 12 million Medicare beneficiaries with online accounts feel like they're being taken care of on a personal level.

Changing the narrative around government benefits

We've worked to understand the variety of ways that personalizing one's online Medicare experience can take shape; we know that the data and information we have about people by default can be used in ways that truly provide a service. First and foremost, we've worked on ways to help beneficiaries plan their healthcare, manage coverage, and manage costs. We're also thinking about ways to use the message center to help beneficiaries manage any chronic conditions, keep track of their prescriptions, and crucially, build trust in the care Medicare provides.

Our work with CMS takes advantage of existing information about Medicare beneficiaries and their medical needs, and delivers it back to them securely and privately. This work provides them with the types of communication people expect from standard digital transactions, such as messages that confirm payment and messages that confirm enrollment in a new healthcare plan. This type of messaging makes users feel confident about their healthcare coverage and makes them feel certain they'll be getting the appropriate care.

Ultimately, we want to change the narrative around government benefits and help people understand that these resources are there to serve them. The modernization of CMS online tools like the message center will reinforce their usefulness and will provide a positive experience for beneficiaries. In helping to strengthen trust between the public and the benefits programs intended to serve them, we're slowly building toward stronger institutions and a more equitable public.

Progress takes work

Building equitable government technology is challenging work. Progress often moves in fits and starts, and at times, working within civic technology can feel riddled with limitations. Throughout our projects, we've recognized how this work requires deep collaboration across technologists, advocates and legislators.

Integrating public benefits programs in Nebraska

It can be difficult for states to integrate eligibility and enrollment benefits due to differing and sometimes contradictory submission requirements dictated by federal agencies. We worked with the state of Nebraska to integrate its eligibility and enrollment benefits, reducing the number of required applications from 14 to one.

14 applications reduced to 1

Integrating eligibility and enrollment benefits is an increasingly important undertaking for state governments around the country. People who qualify for multiple public benefit programs shouldn't have to fill out multiple applications that require the same basic information. But states already in the process of integrating benefits are encountering an issue: differing and at times contradictory submission requirements dictated by the federal agencies running these benefits programs.

At Nava, we've encountered this issue firsthand. We helped the states of Nebraska and Vermont in their ongoing effort to integrate public benefit programs. But in the process of working with these states, we saw how something as small as a single form requirement on an application has unforeseen downstream impacts.

This patchwork of compliance requirements across federal agencies creates a burdensome experience for applicants trying to access benefits. This makes it harder to integrate benefits, a worthy undertaking that falls in line with the President's latest executive orders on improving customer experience and equity when it comes to government programs. Aligning these fragmented requirements is one step towards building a truly human-centered process for state benefits programs.

[An integrated application] eliminates the need to enter the same information multiple times for each program...ensures that unnecessary questions are not asked, and provides the ability to edit information once for all programs—all of which significantly decreases the amount of time to apply for all benefits and improves the quality of the information provided."

Dee Dee Recic, a product manager with the state of Nebraska

Designing a workable solution to integrate applications

We experienced this while working with the state of Nebraska, where we helped to design an Integrated Benefits portal, launched in 2022. Nebraska's Integrated Benefits portal is a single place for beneficiaries to log in, apply for, and eventually manage their enrollment in all income-based benefits programs provided by the state.

Through this work, we discovered that FNS and CMS applications had distinct submission requirements that not only created unnecessarily complicated experiences for applicants, but created a challenge for designers working to integrate these applications. (It's also important to note that while minimal submit requirements might make it easier for applicants to get an application started, they create additional burdens for state agencies down the line who then must spend time contacting applicants for the rest of the required information.)

Ultimately, we resolved these differing requirements with a temporary, workable solution, or minimum viable product. We displayed a message to applicants that outlined these differences, meaning applicants applying for a healthcare program and a non-healthcare program were recommended to apply for healthcare separately. This solution, while viable, also illustrates the limitations of technology and content in solving issues that exist on a policy level.

Making it easier for families to enroll in Montana WIC and beyond

WIC serves nearly half of all infants born in the U.S. and reduces the risk of infant mortality by 33 percent. Yet WIC agencies across the country grapple with constrictive technology that stifles innovation, which impacts program participation. With the support of Schmidt Futures and technical assistance from the WIC program in Montana, Nava is working on an initiative to catalyze the modernization of Montana WIC and learn about opportunities to improve and scale the program nationally.

50% all babies born in the U.S. are eligible for WIC

Over 6 million pregnant people, breastfeeding parents, infants, and children get help accessing healthy food, education, and other services through the federal nutrition program known as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC embraces innovation to meet participant needs, serving nearly half of all infants born in the US, and reducing the risk of infant mortality by 33 percent. Still, when it comes to adopting technology, agencies across the country grapple with the constraints of existing technology systems.
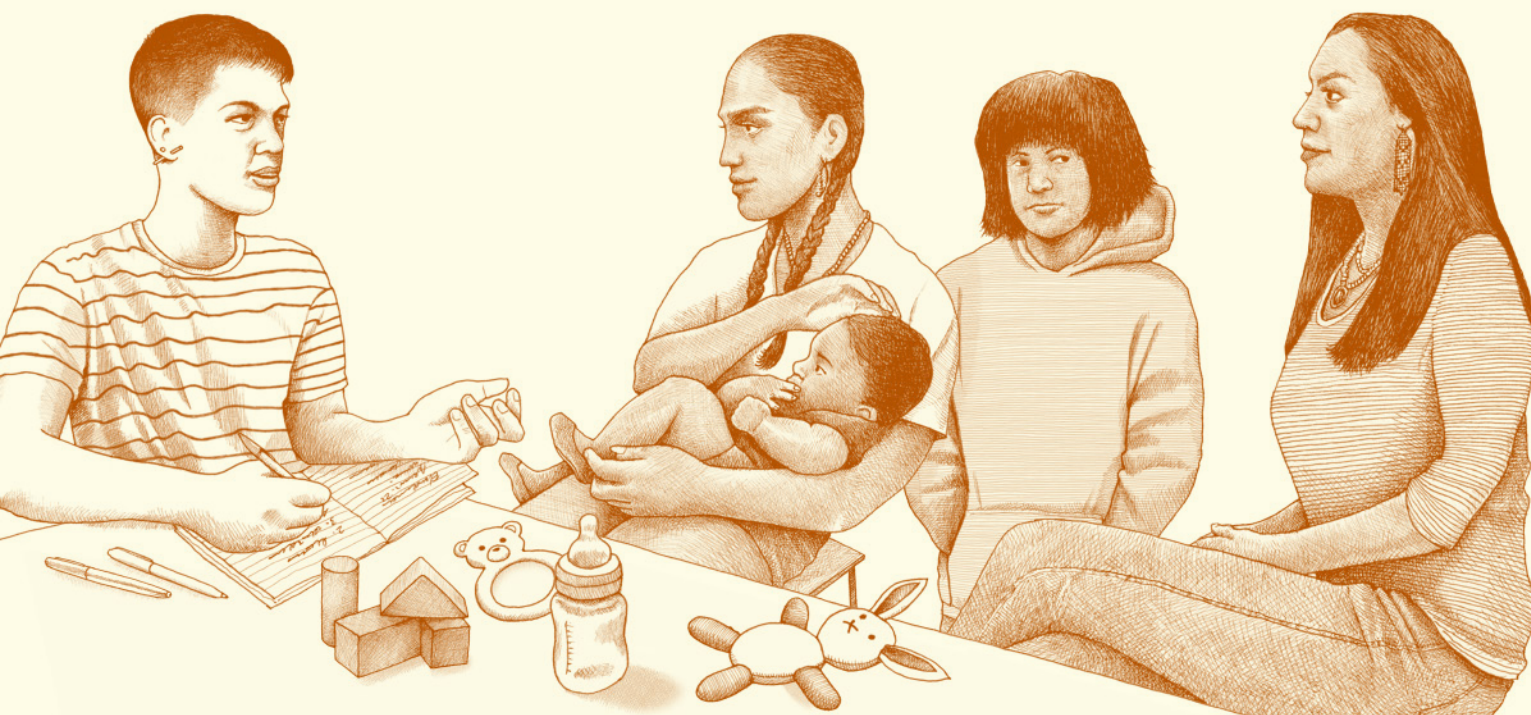
Agencies looking to use technology to make it easier for people to apply for and keep their WIC benefits, such as online scheduling, must navigate a central management information system, or MIS, which holds information about participants. Building new technology on the MIS platform requires time and expertise, leaving agencies with few options for vendors to work with. Alternatively, agencies can buy standalone tools, such as a feature that allows online scheduling. But then staff are burdened with manually sharing data between the MIS and other systems. Agencies don't have many cost effective and efficient options to build digital services that are flexible, resilient, and truly human-centered.

Over 6 million pregnant people, breastfeeding parents, infants, and children

Improving access and equity with an API standard

That's why Nava, with the support of Schmidt Futures and technical assistance from the WIC program in Montana, is working on an initiative to catalyze modernization of Montana WIC and learn about opportunities to improve and scale the program nationally.

Nava is developing and testing technology to make it easier for people to apply for and keep their WIC benefits. Part of that vision includes testing Application Programming Interfaces, or APIs, which connect new digital tools with existing technology systems. Disparate APIs are currently used by some WIC agencies, but there is not an API standard that works across all WIC agencies nationally. Nava envisions creating a WIC-specific API standard that allows different WIC agencies across the country to quickly share and adopt digital tools. With this flexible, adaptable implementation power, WIC agencies would be are better able to meet participant and staff needs, improving access and equity in government service delivery.

Together, Montana and Nava builtwe'll build an API prototype and an enrollment tool prototype to support Montana's vision to improve access to WIC. The prototype will also help us research and learn about a potential solution that would allow WIC agencies across the country to more easily share and adopt new technology: an API standard. We'll continue to share what we learn with the larger WIC community in partnership with the National WIC Association.

Conclusion

Equity is an essential value to building sustainable public services that can serve generations to come. Since our start, we've folded approaches, intentionality, and goals that prioritize equity into our work. But we have so much left to tackle. Building equity is an ongoing practice that we'll continue to hone in the future. Along the way, we might take detours, but we'll always step back to ensure we're headed in the right direction.

It's also a foundational principle in how Nava cultivates our organization, teams, and company culture.

If you're interested in joining our mission, check out our open roles or sign up for our newsletter.

Where next?

Careers

Case Studies

2020 Public Benefit Report

Get in touch

Nava

Nava is a public benefit corporation working to make government services simple, effective, and accessible to all.

navapbc.com