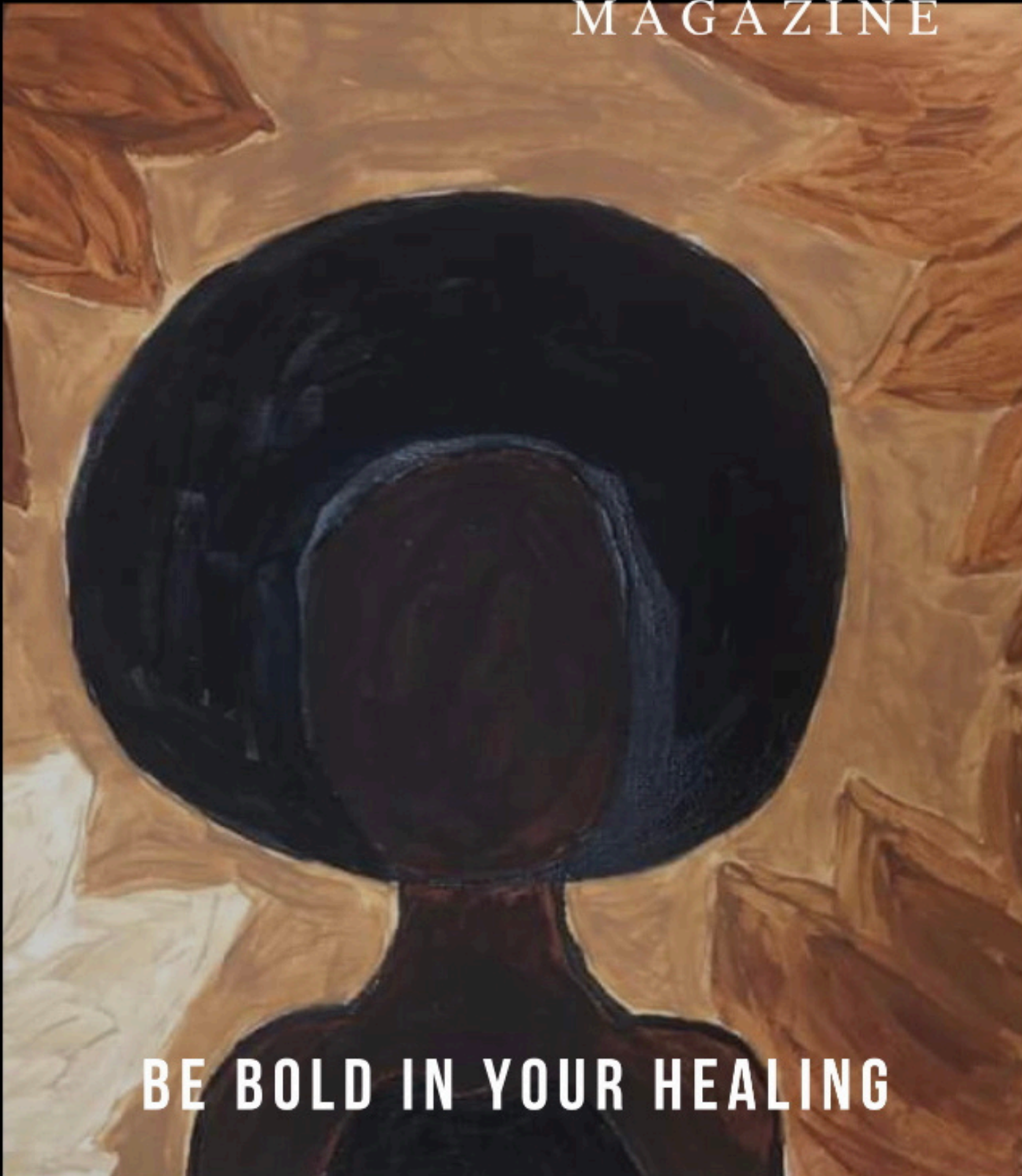




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ENDING THE STIGMA ONE *ISSUE* AT A TIME

MAY-JULY 2026 ISSUE 26

WHEN THE SYSTEM IS TOO HARD FOR THE PEOPLE WHO NEED IT MOST

By Peter Justen


I never planned to work in Medicaid.

Like most people, I didn't think much about how public benefit systems worked until I had to. For me, that moment came when I was helping my mother navigate Medicaid during one of the most vulnerable periods of her life. What should have been a straightforward process quickly became overwhelming — long forms, repetitive questions, missing information, and a sense that one small mistake could delay care that she urgently needed. We weren't confused because we didn't care or didn't try hard enough. We were confused because the system itself was hard to navigate.

That experience stayed with me. And it eventually became the reason I started asking a different question — not why these systems are complex, but whether they still need to be. Medicaid exists to help people access care. Yet for many families, the application process feels like an obstacle course at exactly the wrong moment in their lives. Applicants are often asked to answer more than 200 questions, many of which are redundant or irrelevant to their actual eligibility. The process can take hours, sometimes days, and frequently requires follow-up documentation that people don't have readily available.

When enrollment breaks down, the consequences ripple outward. Eligible individuals remain uninsured. Hospitals provide care but go unpaid. State agencies spend enormous amounts of time correcting errors and reworking cases. Everyone loses — especially the people the system is meant to serve.

What struck me most as I learned more was this: the data already exists. Much of the information required to determine Medicaid eligibility — income, household composition, identity, residency — can already be verified through approved, trusted sources. Yet instead of using that data upfront, we often ask applicants to manually enter it

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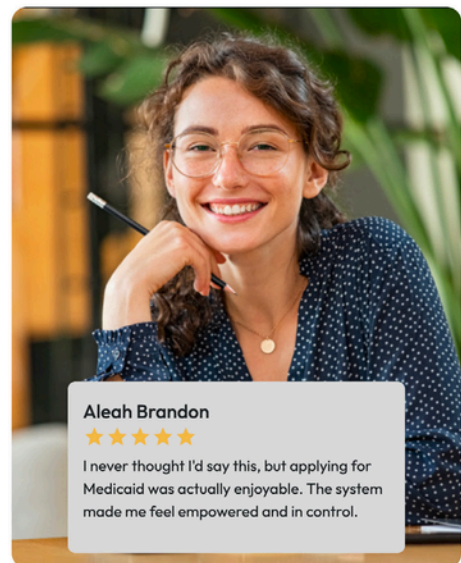
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again and again, increasing the likelihood of errors and delays.

That disconnect is where real change becomes possible.

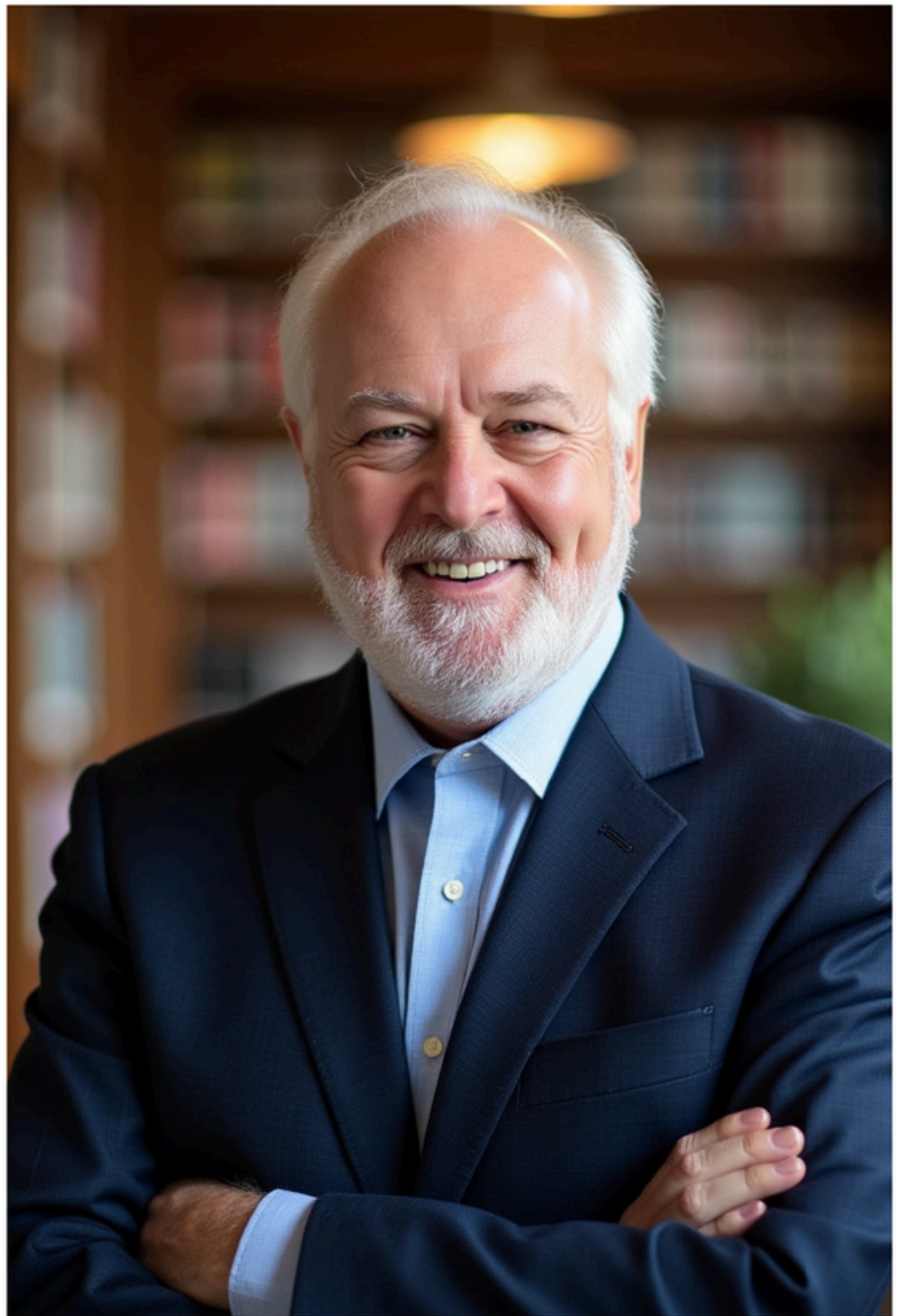
At AmeriTrust Solutions, we set out to rethink how Medicaid enrollment begins. Rather than starting with hundreds of questions, we built a platform that uses verified data to prefill applications wherever possible and only asks people what is truly required for their individual situation.

The result is a dramatically shorter experience — roughly 20 questions instead of 200 — that can be completed in about 12 minutes. Applicants review and confirm information rather than struggle to recreate it. Any gaps or inconsistencies are identified early, before the application ever reaches the state.

This approach doesn't just make life easier for applicants. It also improves data quality for states, reduces administrative workload, and strengthens program integrity by cutting down on eligibility-related errors that drive improper payments.

Hospitals see another critical benefit. Across the country, hospitals lose more than \$42 billion each year to uncompensated care. About 65 percent of uninsured patients are actually eligible for Medicaid but never complete enrollment. When hospitals are able to offer enrollment support at the bedside — or even before care begins — they can help patients secure coverage and recover costs that would otherwise be written off. What I've learned through this work is that most people aren't asking for something radical.

They're asking for clarity. They're asking for systems that meet them where they are, especially during moments of stress, illness, or uncertainty. Innovation in public systems doesn't have to mean tearing everything down and starting over. Often, it means using the tools we already have more thoughtfully. It means designing processes around real human behavior, not idealized workflows. And it means remembering that behind every application is a person who simply wants help without having to fight for it. My mother's experience showed me what happens when systems fail quietly. Building a better path forward has shown me what's possible when we decide that complexity isn't inevitable. If we can make it easier for people to access care when they need it most, the impact reaches far beyond any single program. It restores trust. It saves time and resources. And most importantly, it helps people move forward during moments when they need support, not obstacles.



About Peter Justen:

Peter Justen is the founder of AmeriTrust Solutions, a GovTech company focused on modernizing how people access public benefits, starting with Medicaid. AmeriTrust Solutions works with states and hospitals to reduce application complexity, improve data quality, and strengthen program integrity while accelerating access to coverage. The platform is currently being deployed across multiple state and hospital partnerships, including bedside enrollment programs aimed at reducing uncompensated care. Peter continues to advocate for practical, human-centered reform that improves outcomes without disrupting existing systems.

Website: <https://ameritrustsolutions.com>