

# **CMS-10410 (Medicaid Program; Eligibility Changes under the Affordable Care Act of 2010)**

Submitted on behalf of Promise as an organizational comment to CMS-10410

# **Promise.**

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## Comment

### **Introduction (who/why):**

We submit this comment as a public-benefit technology practitioner focused on eligibility, verification, and accessible channels (web/SMS/voice). Our aim is to support CMS' objectives to streamline eligibility and renewals while reducing administrative burden and improving equity for Limited English Proficient (LEP), low-connectivity, and disabled populations.

### **Background (scope I'm addressing):**

This comment addresses the *information collection* needed to (1) support real-time, event-based verification; (2) reduce resubmission burden through data reuse; and (3) ensure multimodal, accessible collection channels (including IVR/virtual agents) that capture the same minimum-necessary data with auditable provenance.

### **Analysis (burden, quality, trade-offs):**

States can significantly lower error and rework by standardizing machine-readable schemas, enabling API-based verification, and letting applicants correct ambiguous data in-line. Voice channels—when designed with multilingual prompts, consent capture, and secure handoffs—extend access to households with limited broadband or literacy. The trade-off is ensuring automation does not increase erroneous denials; this is best mitigated by provenance logging, human-in-the-loop (HITL) exception handling, and model-risk monitoring.

### **Recommendations (specific, implementable):**

#### **1. Accessible, Equivalent Channels (Voice/IVR & Virtual Agents).**

Recognize voice/IVR as a first-class eligibility/renewal intake channel. Require parity with web forms (same fields, validations, and consent) and explicit logging of: channel, language, timestamp, captured consent, and staff/AI escalation outcomes.

#### **2. Event-Based, Real-Time Verification.**

Encourage APIs to ingest authoritative data (e.g., wage, residency) with clear timing and frequency, plus “verify-once, reuse-everywhere” rules to prevent redundant requests across Medicaid/CHIP programs.

#### **3. Applicant-In-The-Loop (AITL) Corrections.**

Permit applicants to confirm or correct low-confidence fields (e.g., income

amounts parsed from documents) via web, SMS, or IVR. Require that each corrected field stores source, timestamp, confidence score, and user attestation for audit.

#### **4. Provenance & Auditability.**

In the ICR instructions/supporting statement, specify field-level provenance (source system/document ID, extraction/match method, confidence) and require exportable audit logs to support appeals and QC.

#### **5. Model-Risk Controls for Automated Matching.**

Require basic quality management: false-positive/negative tracking on data matches, periodic calibration/drift checks, and documented thresholds that trigger HITL review—reported at least annually.

#### **6. Privacy/Security by Design.**

Emphasize PHI minimization, role-based access, encryption in transit/at rest, retention limits, and vendor control expectations (e.g., SOC 2/StateRAMP-equivalent), without mandating a single cloud.

#### **7. Equity & Accessibility Measures.**

Require multilingual prompts for prevalent languages, low-bandwidth fallbacks (SMS/voice), disability-accessible flows, and **metrics** by channel (completion rate, time-to-decision, abandonment, successful renewal rate) disaggregated where feasible.

#### **8. Standard Schemas & Validation.**

Publish machine-readable data dictionaries (JSON/XSD) for eligibility/renewal fields and provide validation rules to reduce keystroke error and rework. Invite states to map their screens to these schemas to cut duplication.

#### **Conclusion:**

These changes will reduce burden, improve accuracy, and expand equitable access without sacrificing program integrity. We support continuation of CMS-10410 and recommend incorporating the channel parity, AITL, provenance, and model-risk elements above into the ICR's instructions and supporting materials so states can operationalize them consistently. Thank you for the opportunity to comment.

## Attachment 1 — Accessible Channel Parity Checklist

Use this as a one-pager you can paste/upload. Check what you already meet; circle planned items + target dates.

**Program / State:** \_\_\_\_\_ **Submitter:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **A) Scope & Channel Parity**

- Intake/renewal data elements are identical across Web / SMS / Voice (IVR or virtual agent) / Assisted.
- Same validations (required fields, formats, eligibility rules) across channels.
- Same consent text and attestation captured across channels (language-appropriate).
- Channel, language, and session identifiers are logged with each submission.

### **B) Consent & Provenance Logging**

- Per field, we log: source (applicant, doc, authoritative dataset, staff), extraction method, confidence score, timestamp.
- Consent object includes method (web/sms/voice/paper), version of disclosure, and user attestation.
- Voice channel stores audio hash / transcript segment IDs tied to fields.

### **C) Identity, Privacy & Security**

- Minimum necessary PHI collected; PII class tagged per field.
- Encryption in transit/at rest; role-based access; retention schedule applied automatically.
- Vendor controls: SOC 2 (or StateRAMP/FedRAMP-equivalent) documented.
- IP/device/session hashes logged for audit; no raw device fingerprints retained beyond policy.

## D) LEP & Accessibility

- Multilingual flows for top LEP languages; plain-language prompts.
- Voice flows meet TTY/relay accommodations; pause/repeat; barge-in; escalation to human.
- Low-bandwidth SMS fallbacks for web/voice failures.

## E) Model-Risk & Quality (for automated matching/extraction)

- False-positive / false-negative rates tracked by data source and channel.
- Drift monitoring with thresholds that trigger HITL review.
- Versioned matching/extraction algorithms with change logs.

## F) Performance & Equity Metrics (disaggregated where feasible)

- Completion rate by channel & language
- Time-to-decision (median, p90)
- Abandonment rate by step
- IVR/Virtual agent containment target: \_\_\_\_% (current: \_\_\_\_%)
- Human handoff target: \_\_\_\_% (current: \_\_\_\_%)
- Renewal success rate by channel & LEP status

## G) Governance & Evidence

- Annual accessibility/LEP review and stakeholder testing plan.
- Appeals/QC workflows can export full provenance (field-level) on request.
- Data-sharing agreements reflect **verify-once, reuse-everywhere** with consent controls.

## Attachment 2 — Model-Risk & Quality Metrics

Metric	Definition	Unit	Target	Calculation	Notes
IVR Containment Rate	% of calls resolved without human	%	$\geq 40\%$	resolved_without_handoff / total_calls	Track by language & intent
Human Handoff Rate	% routed to human	%	$\leq 35\%$	handoffs / total_calls	Includes warm transfers
Time-to-Decision (p50/p90)	From submission to adjudication	minutes	p50 $\leq 60$	median/percentile	Split initial vs renewal
FP Match Rate	False positives in data matching	%	$\leq 2\%$	fp / total_matches	By source (wage, PARIS, etc.)
FN Match Rate	False negatives	%	$\leq 2\%$	fn / total_matches	Requires adjudicated ground truth
Extraction Confidence	Mean confidence for AI-extracted fields	0–1	$\geq 0.90$	avg(confidence)	Flag < threshold to AITL
AITL Resolution Rate	% low-confidence fields corrected/confirmed by applicant	%	$\geq 80\%$	resolved / flagged	By channel
Appeal Overturn Rate	% decisions reversed on appeal	%	$\leq 3\%$	overturned / total_decisions	Monitor drift/bias
Equity Gap	Completion rate gap (English vs LEP)	p.p.	$\leq 5$ p.p.	completion_en – completion_lep	By channel

## Attachment 3 — Human-in-the-Loop Governance Example Index

Figure Ref	Simple Example	Governance Principle
<b>Figure 1</b>	<i>AI highlights “pay now” on a utility bill and suggests Crisis award. Caseworker must still confirm the document’s full context and check if any conflicting policy applies.</i>	NLP recommendations must be confirmed by a human before award.
<b>Figure 2</b>	<i>AI pre-fills gross income from two paystubs. Caseworker must confirm dates span a full 30-day window before proceeding.</i>	Field extraction must be human-verified before used in eligibility logic.
<b>Figure 3</b>	<i>A SNAP award letter is detected by AI, but the expiration date is unclear. Caseworker reviews the letter and manually enters eligibility end date.</i>	Ambiguous extraction must defer to human confirmation.
<b>Figure 4</b>	<i>An ID image is flagged by AI as expired due to OCR. Caseworker sees the date is actually MM/DD/YYYY format (not DD/MM/YYYY) and overrides the AI suggestion.</i>	Overrides must be logged and permitted when confidence is low.
<b>Figure 5</b>	<i>AI generates a case note: “Application missing ID.” Staff edits the message to clarify which household member is missing ID before submission.</i>	AI-generated messages must be editable and attributed.

<b>Figure 6</b>	<p><i>AI recommends “Home Energy award only” due to missing disconnection language.</i> Caseworker spots “service interruption” in the document and upgrades to Crisis.</p>	AI cannot be the final authority on policy classification.
<b>Figure 7</b>	<p><i>AI chatbot answers: “You likely qualify if your income is below \$2,000.” System includes a note: “This is an estimate. Please submit your application for a full review.”</i></p>	AI instructional content must include disclaimers and hand-off cues.
<b>Figure 8</b>	<p><i>AI suggests an outreach message to clients who haven’t submitted documents within 5 days.</i> Staff edits the message tone and adds legal disclaimer.</p>	Communication AI must be editable and logged.
<b>Figure 9</b>	<p><i>Planning AI shows a ZIP code with a 300% increase in denials.</i> Internal review identifies a local document ID bug—not a true policy issue.</p>	Forecasting AI outputs must be reviewed before policy is adjusted.
<b>Figure 10</b>	<p><i>Fine-tuned model is deployed for fraud flagging.</i> Performance audit shows it overflags multi-generational households. Model is rolled back and retrained.</p>	Fine-tuned models must retain rollback, audit trail, and fairness logs.

## Attachment 4 — Bibliography Appendix

### Sources

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- HHS AI Strategy [HHS AI Strategy, L5-L8]: Program integrity and trustworthy AI.
- HHS "Public Benefits and AI" [HHS "Public Benefits and AI," L705-L713, L727-L735]: AI oversight and fairness.
  - HHS "Public Benefits & AI," p. 11-13 (Prohibition on AI-only determinations)
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  - HHS "Public Benefits & AI," p. 17 (Clear communication obligations for AI in benefits access)
- White House AI Bill of Rights, Principle #1 (Notice and Explanation) and Principle #3 (Human Alternatives)

- California SB 1120 [California SB 1120, L253-L261]: Mandated human oversight in health and benefits eligibility.
  - California SB 1120, Sec. 2 (Human review required for algorithmically influenced eligibility decisions)
  - California SB 1120, Sec. 2(d) (Instructional systems may only assist—not predict—outcomes)
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  - Colorado SB 24-205, Sec. 4(c) (Audit trail and impact classification of high-risk AI)
  - Colorado SB 24-205, Sec. 5 (Generative content must be auditable and subject to correction mechanisms)
  - Colorado SB 24-205, Sec. 6 (Transparency and traceability for instructional or communicative AI)
  - Colorado SB 24-205, Section 7 (Risk tiering of non-determinative systems)
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  - FEMA Policy 104-009-18 (Fraud detection and disaster analytics must include human adjudication in all final actions)
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