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

Comment On: CMS-2025-0833-0001

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

Document: CMS-2025-0833-DRAFT-0001

Comment on CMS-2025-0833-0001

Submitter Information

Email: jessica@joinpromise.com

Organization: Promise (promise-pay.com/government)

General Comment

Introduction (who/why):

I submit this comment as a public-benefit technology practitioner focused on eligibility, verification, and accessible channels (web/SMS/voice). My 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. I 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.

Attachments

Comment from Promise for CMS-10410