



Use Case Best Practice Guide

Tiger Team on AI &
Medicaid

Use Case 1: Enrollment

V1.0

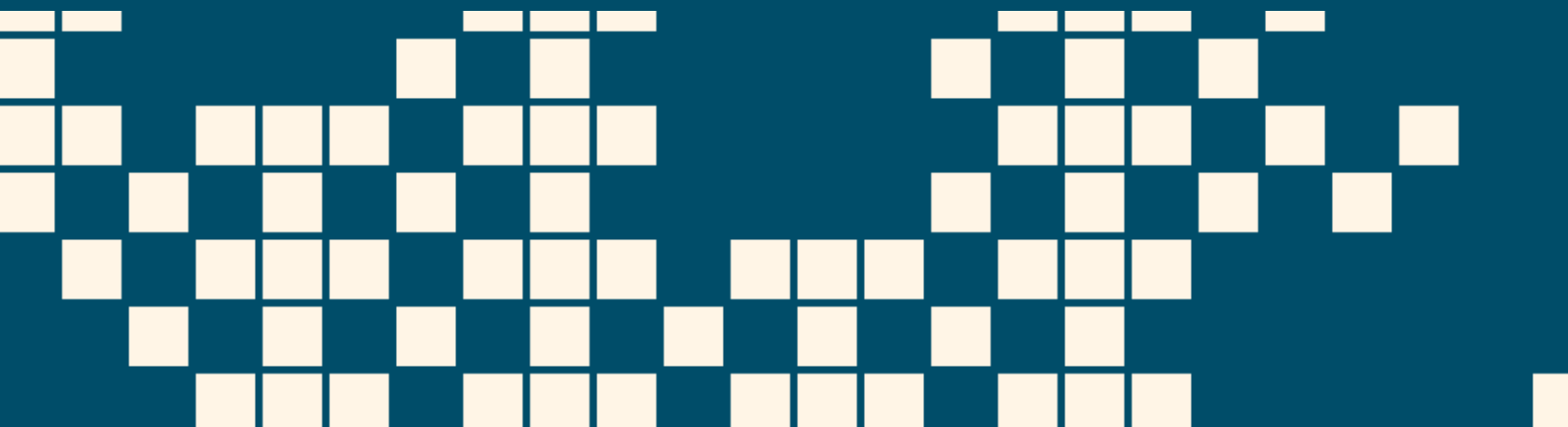




TABLE OF CONTENTS

3	Intro: Community Engagement Requirements
4	What Does This Guide Include?
5	Who Is This Guide For?
5	Use Case 1 Example Workflow
6	Best Practices by Principle Area
13	AI Ideas
15	Appendix 1: Examples
17	Appendix 2: Methods
18	Appendix 3: Thank you & Contributors

Page numbers refer to this use case guide only

AI for Medicaid Enrollment

For Developers & Implementers

Intro: Community Engagement Requirements — Implications for Medicaid Enrollment & Adjudication

Recent policy changes have renewed focus on **Medicaid Community Engagement Requirements**, with significant implications for **eligibility, enrollment, renewals, and case adjudication**. While implementation will vary by state, the core operational shift is consistent: systems and workflows must now support **ongoing compliance tracking** in addition to traditional eligibility determinations.

Historically, Medicaid eligibility has been based on **income, household composition, residency, and categorical status**. **Community Engagement Requirements** add a new layer, requiring states to determine whether individuals must participate in **qualifying activities** (e.g., employment, job training, education, or volunteering), whether they **meet requirements or qualify for exemptions**, and what actions follow if they do not.

These requirements do not apply universally. **Exemptions**—often complex and time-limited—typically include individuals with **disabilities, caregivers, pregnant or postpartum individuals, older adults, individuals with certain medical conditions**, and others. As a result, eligibility becomes a **continuous adjudication process** rather than a one-time determination. With eligibility becoming a continuous process, systems will need to distinguish between routine compliance tracking and actions that may result in changes to coverage.

Operational Impacts

Community engagement requirements shift Medicaid toward a compliance-tracking model, creating several challenges:

- **More frequent touchpoints:** States may need to assess compliance quarterly or more often, increasing case volume. This shift may significantly increase case volume and staffing demands, particularly during early implementation periods.
- **Expanded documentation burden:** New verification types (e.g., employment records, program participation, exemption proof) add complexity for both systems and caseworkers.
- **Increased risk of churn:** Eligible individuals may lose coverage due to reporting or documentation gaps, creating significant risk of procedural disenrollment if not proactively addressed.
- **Greater reliance on data integration:** Automated verification through workforce, benefits, and disability data sources will be critical to reduce burden and improve accuracy.

Implications for AI

These changes are likely to increase operational strain on eligibility systems and staff. States may turn to **AI-enabled tools** to support **beneficiary engagement, document processing, exemption identification, risk flagging, and workflow prioritization**. When carefully governed, AI can help **reduce administrative burden** and **minimize procedural disenrollment**. However, its use must be paired with **strong oversight, transparency, and safeguards** to ensure accurate coverage decisions.

What Does This Guide Include?

These use-case-specific best practice guides provide high level industry and consensus defined insights and recommendations for the application of responsible AI principles to a specific use case. The guide is organized by role (developer/implementer) and responsible AI principle areas where applicable (see figure below).

This guide focuses on potential AI solutions in the space of Medicaid Enrollment of new beneficiaries (Use Case 1).

A separate partner guide focuses on potential AI solutions in the space of Medicaid Adjudication of existing enrollees (Use Case 2).

The goal of developing and implementing AI in enrollment is to simplify navigation of complex forms, reduce submission errors, and improve completion rates – particularly for populations with limited access to in-person support. This includes AI aiding caseworkers supporting enrollees. AI tools may guide applicants step-by-step, validate data against eligibility criteria, and summarize missing requirements before submission and in coordination with caseworkers.



Useful, Usable & Effective

AI must solve specific problems, provide clear benefits, be easy to use, and perform reliably over time.



Fairness & Bias Management

AI systems should treat individuals and groups consistently, minimizing unjustifiable differences in outcomes caused by issues in data, design, deployment, or use.



Safe & Reliable

AI systems must not harm patients, requiring thorough testing, risk assessments, and continuous monitoring.



Transparent & Accountable

Stakeholders must understand how an AI system works, its limitations, and who is responsible for its impact.



Secure & Private

AI systems must protect patient data with strong security measures to prevent breaches and ensure confidentiality.

Who Is This Guide For?

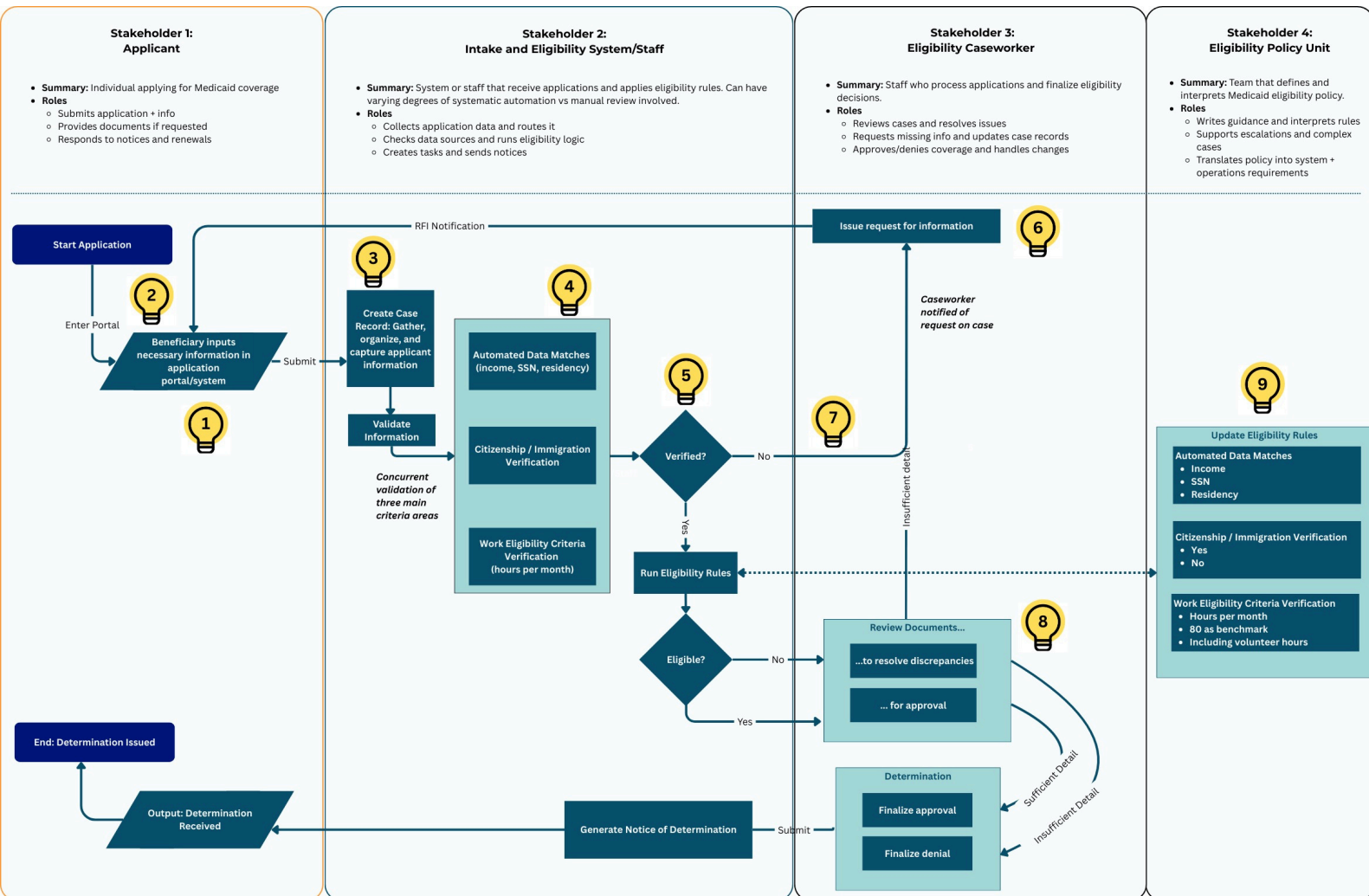


Developers: individuals involved in the software development process, including requirements gathering, design, coding, testing, and maintenance of software applications (derived from IEEE, 12207:2017)



Implementers: individual(s) responsible for the procurement, deployment, and/or overall realization of a system or component in accordance with a specified design (derived from IEEE 829 and IEEE 730)

Workflow Example: New Beneficiary Enrollment



Expanded View of Workflow



Responsible AI Area 1)

Usefulness, Usability, & Efficacy

Insights:

- **Human-Centered Support**
 - AI enrollment tools work best when they augment—not replace—human capabilities. Clear pathways to caseworker assistance are important when situations are complex.
- **Accessible, Multi-Channel Access**
 - Enrollment tools should meet beneficiaries where they are, offering multiple channels and accessible design for people with limited digital access, disabilities, low literacy, or language barriers.
- **Clear Guidance and Low-Friction Processes**
 - AI can improve usability by explaining why information is needed and guiding beneficiaries through document submission and identity verification without additional steps, in their preferred language.
- **Continuous Improvement Through Monitoring**
 - Systems should track completion rates, drop-off points, and common user challenges to identify bottlenecks and improve enrollment workflows over time.




Best Practices for Developers

1	Design multimodal, multilingual systems that support voice, text, web/portal, and paper-based intake. <ul style="list-style-type: none">● Ensure two-way communication across channels, with clear next steps, timelines, and follow-on actions.● Tailor channel communications to beneficiary context and restate questions as needed to ensure accuracy.● Use visual aids where helpful for low-literacy audiences.
2	Embed plain-language (e.g., 6th–8th grade reading level) contextual explanations into prompts to clarify why information is needed. <ul style="list-style-type: none">● Support iterative clarification, allow beneficiaries to request additional detail, rephrase requirements when needed, and link to relevant external resources.
3	Provide dashboards, reports, and audit logs that show end-to-end workflow status, completion and adherence rates, bottlenecks, and reason codes. <ul style="list-style-type: none">● Enable drill-down to session-level information for troubleshooting and program monitoring.

<p>4</p>	<p>Design and test beneficiary-facing experiences to meet accessibility standards such as Web Content Accessibility Guidelines (WCAG 2.2 AA), ADA, and Section 508 Compliance.</p> <ul style="list-style-type: none"> • Including screen-reader compatibility, captioned voice flows, and simplified interfaces.
<p>5</p>	<p>Build guided, stepwise document and ID capture with progress indicators, error recovery, and logic that avoid repeated requests by reusing verified data when permitted.</p>

 **Best Practices for Implementers**

<p>A</p>	<p>Pair AI solutions with trusted, human-centered workflows to improve effectiveness and user trust.</p> <ul style="list-style-type: none"> • Position AI as a supportive companion to beneficiaries, caregivers/families, and front-line staff rather than a gatekeeper. • Design workflows so AI reduces friction and staff burden, enables progress, and routes low-confidence cases to human support. <p style="text-align: right;"><i>*See Appendix 1 for a useful example</i></p>
<p>B</p>	<p>Define and track segmented metrics such as completion rates, drop-off points, escalations, and time-to-resolution by channel and population.</p> <ul style="list-style-type: none"> • Use these metrics to refine outreach cadence and follow-up strategies. <p style="text-align: right;"><i>*See Appendix 1 for a useful example</i></p>
<p>C</p>	<p>Define and operationalize clear escalation and handoff pathways, including warm transfers and appointment scheduling, so beneficiaries can reliably reach human support when the AI cannot resolve a case.</p>

 **Responsible AI Area 2)**
Fairness & Bias Management

Insights:

- **Reducing Access Barriers**
 - Fairness risks can arise when digital access, language access, disability accommodations, or documentation requirements disproportionately affect certain groups during enrollment.
- **Monitoring for Fairness, Bias, and Outcomes**
 - AI systems can create friction or biased outcomes if population attributes influence system behavior. Policy or workflow changes can also affect outcomes in a biased way. Systems should

track fairness and bias alongside operational performance and define clear triggers for intervention.

- **Using Representative Data**

- Testing should use both synthetic and real-world cases to ensure systems reflect actual enrollment situations and populations.



Best Practices for Developers

1	Support fairness testing by varying beneficiary attributes while holding core facts constant. <ul style="list-style-type: none">● Test for differences in friction, escalations, delays, and outcomes across common journey types. <p style="text-align: right;"><i>* See Appendix 1 for a useful example</i></p>
2	Evaluate fairness using both synthetic and real-world data that reflect safety-net workflows. <ul style="list-style-type: none">● Clearly document performance limitations and generalizability across settings.
3	Integrate fairness metrics into standard operational dashboards and establish automated alerts when thresholds are exceeded. <p style="text-align: right;"><i>* See Appendix 1 for a useful example</i></p>
4	Evaluate document verification performance across populations and capture structured reason codes when verification fails. <ul style="list-style-type: none">● Where automated document verification fails, revert to human review.
5	Test enrollment journeys across language, disability, technical literacy, and documentation scenarios to identify disproportionate friction or failure modes, and design alternative pathways that reduce barriers.



Best Practices for Implementers

A	Monitor longitudinal outcomes across demographic and language segments, particularly after policy or system changes, and establish triggers and mitigation plans when disparities are detected or predicted. <ul style="list-style-type: none">● Provide monitoring support to surface measurable differences in friction, escalations, delays, and outcomes, enabling informed intervention (including alternative human-supported pathways when needed). <p style="text-align: right;"><i>* See Appendix 1 for a useful example</i></p>
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B**Monitor completion and outcome metrics across channels and subgroups.**

- When disparities are observed, ensure alternative access pathways are adequately supported for enrollment information inputs and support.
- There may be different metrics for user-completed versus staff-assisted completions.



Responsible AI Area 3)

Safety & Reliability

Insights:

- **Safeguards for Beneficiary Interaction**
 - AI systems interacting directly with beneficiaries require safeguards, including escalation to human support and protections against incorrect or overconfident guidance.
- **Workforce Readiness and Human Oversight**
 - Safe implementation depends on staff training, change management, and clear processes for when human review is required.
- **Gradual Automation and Context Preservation**
 - Automation should be introduced gradually, with context information preserved and accessible when cases are escalated to human staff for reference, and to avoid errors and repeated work.
- **Reliable Systems and Policy Updates**
 - Enrollment systems should adapt to regulatory changes and state variability. Reliability depends on disciplined update processes, resilient system integrations, and using rules-based logic for predictable tasks.

**Best Practices for Developers****1****Implement safety guardrails for sensitive disclosures, including clear scope boundaries, crisis response protocols, and escalation to appropriate emergency or community resources.**

- For example, possibilities such as responses for suicidal ideation, domestic violence, and other emergency cases should be planned in advance.

** See Appendix 1 for a useful example*

2**Build modular, configurable workflows with shared cores and state-specific configurations that can be updated without extensive code changes.****3****Use standards-based integrations and support resilient interfaces with retries, reconciliation logs, and end-to-end traceability.**

4

Implement confidence thresholds and structured uncertainty handling, including explicit warnings, verification prompts, and automatic escalation to human review when the system is not confident.



Best Practices for Implementers

A

Begin an AI implementation with supervised pilots and phased rollouts.

- Define review processes, feedback loops, and training for staff, including preparation for escalatory or emergent situations, either system or beneficiary related.

B

Maintain escalation protocols that transfer full interaction history to human staff, reducing repetition, data loss, and miscommunication.

C

Establish rapid update protocols with vendors and state partners, including test-and-validate cycles to confirm correct and properly functional model updates, implementation, and use.

D

Engage staff and beneficiaries early so they are informed and communicate how AI augments workflows to complement staff, program managers, and beneficiary activities.

- Set measurable burden-reduction goals.

E

Apply AI to complex tasks such as extraction and summarization with confidence thresholds that trigger human review.

- Where simpler tasks with structured and predictable outcomes exist, consider deterministic logic instead of AI for straightforward workflows.

** See Appendix 1 for a useful example*



Responsible AI Area 4)

Transparency

Insights:

- **Clear Disclosure and Consent**

- Trust depends on transparent disclosure of AI use in the user's preferred language and meaningful consent, including the ability for beneficiaries to opt out and access human support when needed.

- **Transparency in System Changes and Performance**
 - Sharing performance metrics and maintaining clear update records helps build trust and supports continuous improvement.
- **Accountability for System Failures**
 - Programs should define responsibility and response processes for incidents, outages, or incorrect guidance.
- **Explainable Actions and Next Steps**
 - Beneficiaries and staff should be able to understand what the system did, what information was used, and what actions are required next.



Best Practices for Developers

1	Maintain version control, change logs, and auditable performance comparisons for all model updates to track changes to the model over time.
2	Provide beneficiary-facing and staff-facing summaries of actions taken, information collected, and outstanding requirements, including time-stamped logs and clear next-step instructions.

** See Appendix 1 for a useful example*



Best Practices for Implementers

A	<p>Clearly disclose AI use in plain language, obtain informed consent in a way that is proportionate to the risk of the AI function, and ensure an opt-out to human-assisted pathways without penalty.</p> <ul style="list-style-type: none"> ● Design consent and disclosure to avoid creating barriers for beneficiaries with low literacy, limited digital skills, language or cultural differences. ● Where human support is not immediate, be transparent about expected wait times and provide a clear follow-up pathway. Monitor wait times to ensure access to human-support pathways does not create undue burden or barriers.
B	Publicly share key operational and safety metrics and maintain a centralized resource hub for consistent communication with beneficiaries and the public.
C	Include documented guardrails for incident response from an AI developer such as incident response protocols and timelines, audit rights, and defined responsibility allocation.
D	Provide clear appeal and correction workflows with human review, documented changes, and beneficiary-facing explanations supported by full audit trails.

** See Appendix 1 for a useful example*



Responsible AI Area 5)

Security & Privacy

Insights:

- **Clear Governance and Oversight**
 - AI systems require defined governance structures, role clarity, data provenance, data use policies, and access controls to ensure responsible use across agencies and vendors.
- **Security That Supports Accessibility**
 - Privacy and security protections should be implemented in ways that remain usable and accessible for beneficiaries and staff, including people with disabilities.
- **Minimizing Sensitive Data Use**
 - Enrollment systems should limit the collection and retention of sensitive beneficiary data, adequately inform users of the associated retention policies, and ensure strong safeguards when third-party tools or vendors are involved.







Best Practices for Developers & Implementers

A	Provide supervisory dashboards, role-based access controls, and audit logging to support oversight and appropriate use. <ul style="list-style-type: none">● Implement strong PHI/PII protections (including masking and non-retention controls where appropriate) and align access and governance workflows with state and agency policies.
B	Implement privacy-by-design practices consistent with HIPAA and applicable federal/state privacy laws, including data minimization, encryption, least-privilege access, zero-trust architecture where feasible, secure tool-calling, and audited data retention policies for all beneficiary interactions. <ul style="list-style-type: none">● Ensure security controls (e.g., authentication and access flows) are usable and accessible for people with disabilities and do not create barriers. <p style="text-align: right;"><i>*See Appendix 1 for a useful example</i></p>
C	Support contractual data minimization, retention limits, and vendor auditing provisions, ensuring sensitive data is only collected when required and is not retained longer than necessary. <p style="text-align: right;"><i>*See Appendix 1 for a useful example</i></p>

AI Ideas

Given the best practices identified and the additional context of the Medicaid Enrollment Use Case example workflow, here are several community developed ideas for where AI may benefit the enrollment process.

	<p>AI-powered Intake Assistant</p> <ul style="list-style-type: none">● Where: Beneficiary inputs necessary information in application portal/system● What AI does:<ul style="list-style-type: none">○ Converts confusing questions into plain-language, contextual prompts○ Detects missing fields in real time○ Helps beneficiaries avoid errors that cause unnecessary follow-up requests○ Supports low literacy and multilingual intake (voice + SMS + web)● Why it matters: Reduces incomplete applications, lowers caseworker workload, reduces churn
	<p>Document/ID Guidance + Pre-check</p> <ul style="list-style-type: none">● Where: Intake stage prior to "Submit"● What AI does:<ul style="list-style-type: none">○ Guides the user through what documents are needed (checklist)○ Uses AI-assisted document capture quality checks (blur detection, missing pages)○ Extracts key data fields (income, employer, ID details) to reduce manual entry○ Shows progress indicators and error recovery● Why it matters: Document problems are one of the biggest drivers of friction and rework
	<p>Case Record Summarization + Structured Intake</p> <ul style="list-style-type: none">● Where: "Create Case Record: Gather, organize, and capture applicant information"● What AI does:<ul style="list-style-type: none">○ Auto-summarizes the applicant's narrative (household changes, job changes)○ Structures unstructured text into fields caseworkers already use○ Produces a "case snapshot" for fast review● Why it matters: This is one of the most time-consuming parts for staff
	<p>Automated Verification Support</p> <ul style="list-style-type: none">● Where: "Automated Data Matches / Citizenship / Work Eligibility Verification"● What AI does:<ul style="list-style-type: none">○ Helps reconcile discrepancies across data sources○ Flags <i>why</i> verification failed (reason codes)○ Suggests what evidence would resolve it ("upload last paystub", "verify address")● Why it matters: Prevents blind "failures" that create unnecessary Request for Information (RFI) and delays



Additional Information Request Prevention

- **Where:** The “Verified?” decision point
- **What AI does:**
 - Predicts likelihood of verification failure before submission
 - Prompts beneficiary proactively (“We may need proof of residency”)
 - Prevents the Request for Information (RFI) loop before it starts
- **Why it matters:** RFIs create the largest time delays and drive churn



AI-Assisted Additional Information Request Drafting

- **Where:** “Issue request for information”
- **What AI does:**
 - Drafts the additional information request notice in plain language
 - Selects correct templates based on reason codes
 - Translates into beneficiary’s preferred language
 - Suggests the minimum necessary info needed (data minimization)
- **Why it matters:** Saves staff time and reduces beneficiary confusion



Caseworker Triage + Prioritization

- **Where:** After “Verified?” = No, and during review
- **What AI does:**
 - Prioritizes cases at risk of deadline loss
 - Identifies cases with high uncertainty / high risk
 - Routes to specialized staff (immigration, disability accommodations, etc.)
- **Why it matters:** This directly prevents wrongful loss of coverage due to delays



Review Documents + Discrepancy Resolution

- **Where:** At point of document review and resolution of discrepancies
- **What AI does:**
 - Extracts key values from uploaded documents
 - Highlights inconsistencies (“income differs from wage database”)
 - Suggests resolution pathways (“request updated paystub” vs “manual override”)
- **Why it matters:** This can be a time-intensive manual process



Policy Change Potential

- **Where:** When updating eligibility rules
- **What AI does:**
 - Summarizes what changed in new policy text
 - Generates a “diff” of eligibility logic changes
 - Identifies workflows likely to break or create disparities
 - Helps update scripts and templates across channels
- **Why it matters:** Policy changes are frequent and can be a major source of reliability failure

Appendix 1: Examples

A list of practical examples which elaborate on specific terminology and concepts found in best practice statements. Numbers and letters refer to the Best Practice they illustrate from the corresponding principle area.

<p>1</p>	<p>What Is Fairness Testing?</p> <p><i>A test case is created where:</i></p> <ul style="list-style-type: none">● <i>Income, household size, and eligibility criteria are identical</i>● <i>Only demographic attributes vary (e.g., language, age, disability flag)</i> <p><i>The system is evaluated for:</i></p> <ul style="list-style-type: none">● <i>Differences in friction (extra steps required)</i>● <i>Delays in processing</i>● <i>Escalation likelihood</i>● <i>Error rates</i> <p><i>If outcomes differ without a policy reason, this signals a fairness risk.</i></p>
<p>3</p>	<p>Fairness Metrics</p> <ul style="list-style-type: none">● <i>Differential completion rate (Group A vs Group B)</i>● <i>Escalation rate variance</i>● <i>False denial rate</i>● <i>Document verification failure rates by subgroup</i> <p><i>Thresholds should be predefined</i></p>
<p>1</p>	<p>Safety Guardrails</p> <ul style="list-style-type: none">● <i>Clear refusal for out-of-scope legal advice</i>● <i>Crisis keyword detection (e.g., "suicide," "domestic violence")</i>● <i>Immediate referral to 988 or local emergency services</i>● <i>Automatic escalation to human caseworker</i>● <i>No autonomous eligibility denial without review</i>
<p>2</p>	<p>Beneficiary-Facing Transparency</p> <p><i>After submission, the system provides:</i></p> <ul style="list-style-type: none">● <i>"We received your income verification."</i>● <i>"We used wage data and your uploaded document."</i>● <i>"Next step: Caseworker review within 3 business days."</i> <p><i>Transparency reduces anxiety and unnecessary call volume.</i></p>

<p>A</p>	<p>What Does a Human-Centered Workflow Look Like?</p> <p><i>A potential beneficiary begins AI-guided enrollment. The system:</i></p> <ul style="list-style-type: none"> ● <i>Discloses AI is being used</i> ● <i>Explains what information is needed and why</i> ● <i>Pre-populates known data to reduce burden</i> ● <i>Flags missing documents early</i> ● <i>Detects confusion signals (e.g., repeated backtracking)</i> ● <i>Offers a "Speak to a caseworker" option at key friction points</i>
<p>B</p>	<p>Outcome Metrics for Enrollment AI</p> <ul style="list-style-type: none"> ● <i>Completion rate by channel (SMS, portal, voice)</i> ● <i>Drop-off points in workflow</i> ● <i>Time from first contact to eligibility determination</i> ● <i>Escalation rate to human staff</i> ● <i>Disparities in completion across language or disability groups</i>
<p>A</p>	<p>What Is Longitudinal Fairness Monitoring?</p> <p><i>After a policy change (e.g., new document requirement), agencies monitor:</i></p> <ul style="list-style-type: none"> ● <i>Approval rates by language group</i> ● <i>Renewal completion by disability status</i> ● <i>Average time-to-determination by region</i> <p><i>A fairness review is not one-time. It occurs:</i></p> <ul style="list-style-type: none"> ● <i>At rollout</i> ● <i>After policy changes</i> ● <i>On a scheduled cadence (e.g., quarterly)</i>
<p>E</p>	<p>What is a Confidence Threshold?</p> <p><i>If AI extracts income from an uploaded document:</i></p> <ul style="list-style-type: none"> ● <i>≥95% confidence → proceed</i> ● <i>80-94% → flag for staff review</i> ● <i><80% → request clarification from beneficiary</i> <p><i>Confidence thresholds prevent overconfident automation in high-stakes workflows.</i></p>
<p>A</p>	<p>Proportionate consent</p> <p><i>Consent should match the level of risk:</i></p> <ul style="list-style-type: none"> ● <i>Low-risk AI (reminders, document checklists): brief disclosure banner</i> ● <i>Medium-risk (document interpretation): explicit acknowledgement</i> ● <i>High-stakes adjudication support: full consent + opt-out pathway</i>

B

What is Zero Trust?

Zero Trust means:

- *No user or system is automatically trusted*
- *Every access request is verified*
- *Access is limited to only what is needed*

In Medicaid enrollment, this may include:

- *Session-based access tokens*
- *Time-limited document access*
- *Separate permissions for AI models and human staff*

C

Data Minimization

- *Do not retain full documents if extracted data is sufficient*
- *Do not store raw chat logs longer than necessary*
- *Collect only eligibility-relevant data*

Minimization reduces breach risk and strengthens trust.

Appendix 2: Methods

Best practice statements are collected from work group presentations and discussions. To ensure alignment across stakeholders, CHAI uses a multi-phase consensus process for Best Practice Statements (BPS) generated through work group activities:

Phase 0: Convening Tiger Team + Presentations with Discussions (August - October 2025)

- **Purpose:** Define Use Cases and garner expertise from guest presenters/discussions.
- **Format:** Regular biweekly meetings, alternating by use case

Phase 1: Initial Consensus Check (November 2025)

- **Purpose:** Initial draft of BPS and gauge initial agreement.
- **Voting Options:** *Include / Include Contextually / Exclude / Abstain*
 - *Obtained through asynchronous surveying of extended tiger team (reviewing responsibilities), and live review during core tiger team meetings (drafting responsibilities).*
- **Decision Rules:**
 - Simplified consensus model.
 - BPS with any Exclude votes were prioritized for review during core tiger team meetings for feedback.
 - If $\geq 2/3$ vote "Exclude" → Automatically excluded
 - Survey responses for additional context were also reviewed and incorporated.

Phase 2: Revote with Revisions (December 2025)

- **Purpose:** After redrafting, re-evaluate updated BPS.
 - Includes enhancements based on recent presentations and discussions.
- **Voting Options:** *Include / Exclude / Abstain*, with an optional comment field.

- *Obtained through asynchronous surveying of extended tiger team (reviewing responsibilities), and live review during core tiger team meetings (drafting responsibilities).*
- **Decision Rules:** Same simplified consensus model applied.
- **Outcome:** Second round of feedback achieved, adding greater detail to statements.
 - Initial drafts of use case workflows were also created as a result of discussions

Phase 3: Live Discussion and Finalizing (January-April 2026)

- **Purpose:** After redrafting, final round of feedback on BPS.
 - Includes enhancements based on recent presentations and discussions.
- **Voting Options:** *Include / Exclude / Abstain*, with an optional comment field.
 - *Obtained through asynchronous surveying of extended tiger team (reviewing responsibilities), and live review during core tiger team meetings (drafting responsibilities).*
- **Decision Rules:** Same simplified consensus model applied.
 - Facilitated group discussion of flagged BPS.
- **Outcome:** Final BPS made based on discussion and final review results.

Appendix 3: Thank You and Contributors

We want to start by thanking every individual who showed interest, participated, listened, and came along with us in the early stages of our work. CHAI is, at its core, a convener and a member-driven non-profit. We are so grateful to be on this journey with you towards responsible AI in health for all. Your experiences, your feedback, your contributions, all make us who we are and help bring us to where we need to be.

For those who want to be credited directly by name, please reach out to us at greg@chai.org to request contribution credit for the Tiger Team on AI & Medicaid. Below is a list of organizations who had at least one individual who showed interest and/or participated in the tiger team.

If you want to learn more about our work groups (current and future), or have feedback on this effort, products, or services, please contact our program management team via Greg Shemancik (greg@chai.org).

Participating Organizations (Extended, Core, and Co-Chairs for the Tiger Team)

- Asian Health Services
- BridgeHealthAI
- Centene [Co-Chair]
- Community Health Network
- Community-University Health Care Center
- CompleteCare
- CRISP Shared Services
- Delaware Valley Community Health
- Disability Rights Education & Defense Fund (DREDF)
- DPE International
- Duke-Margolis Institute for Health Policy
- Envision Healthcare
- Escher Health
- HEAL, Stanford University
- HealthEfficient
- HealthTech 4 Medicaid (HT4M) [Co-Chair]

- Innovation Hub Advisors
- Iowa Primary Care Association (Iowa PCA)
- ITO Health
- Logick.io
- MettaHealth Partners
- National Association of Community Health Centers (NACHC) [Co-Chair]
- National Council for Mental Wellbeing
- National Health Council
- Nextiva
- Nordic Global
- OCHIN
- Ochsner Health
- Pair Team [Co-Chair]
- Prime Health
- Reya Health
- SC Primary Health Care Association
- SciEncephalon Corp
- SheriBell Global LLC
- Society of General Internal Medicine
- Synergist Technology
- UiPath
- Valley Health Partners Community Health Center