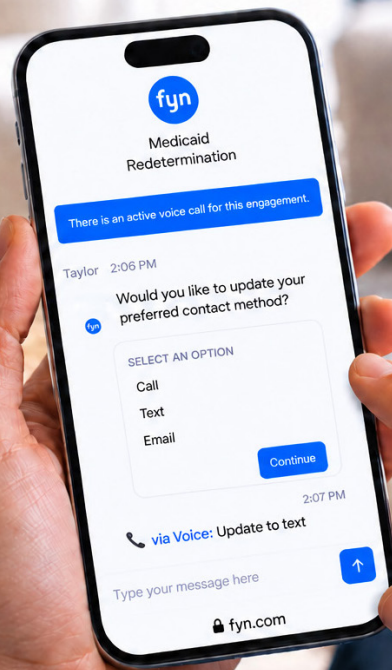


MEDICAID REDETERMINATION

Renew every eligible member, on time — without rebuilding your eligibility system.

Ushur helps Medicaid agencies keep members covered through every redetermination cycle: verifying data automatically, reaching members on the channels they actually use, and closing the gap between a compliance deadline and a multi-year system upgrade.



The 2027 problem: twice-yearly renewals, the same runway

Beginning in 2027, Medicaid expansion adults must move to six-month eligibility redeterminations. How does a program double its volume of verifications, outbound mail and return notices, document reviews, and caseworker follow-up — with the same staff and the same eligibility system?

The eligibility system itself is rarely the fastest and typically the most expensive and slowest approach to absorb that change. Core Medicaid eligibility platforms are vendor-built, deeply customized, and on multi-year change-request cycles — the opposite of what a January 2027 deadline needs.



The other cost states are already managing: returned mail

State Medicaid agencies estimate that roughly 15% of outbound letters are returned, at a cost of about \$25 per returned piece — volume that has to be manually scanned, indexed, and chased down by staff who could be focused on higher value work.

Ushur reduces that burden by shifting critical communications from physical mail to AI-powered digital engagement — validating and updating contact information in every interaction, reaching members first by SMS, email, voice, and digital channels, and automatically following up when a message goes unread.



~15%
of outbound
letters are returned



~\$25
per returned piece



A communication layer, not a system replacement

Ushur is integrated with your existing eligibility system, connecting through its existing interfaces to verify data, generate notices, and guide members through renewals, answer questions, automatically update their record, and even upload required documentation — verifying the data in real time to ensure accuracy with each step.

AI Agents make those interactions conversational and easier to complete across voice and digital channels. Members can speak naturally with an AI Agent while using a synchronized mobile screen for precise tasks such as confirming information, making selections, completing forms, and uploading documents — without switching channels or losing context.



No rip-and-replace

Your eligibility system keeps running exactly as it does today.



Weeks, not years

Deployed independent of any system upgrade cycle or IT roadmap.

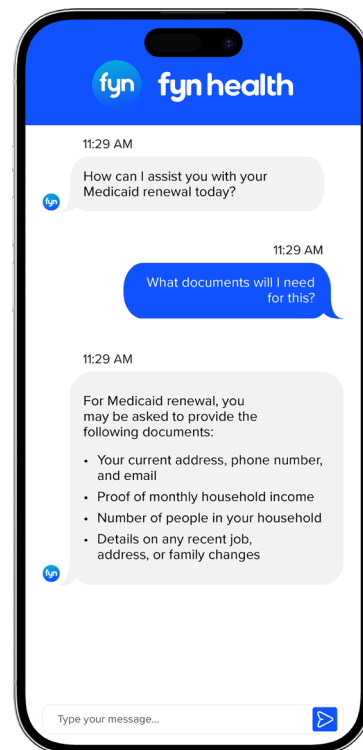


Complete tasks accurately

Data verification and security throughout reinvents how participants engage with you.

A voice-guided conversation, not a phone tree.

Most renewal workflows today are still built the way IVRs were built a decade ago: menu-driven, single-channel, and rebuilt from scratch every time a new channel is added. Ushur's approach is designed once and delivered consistently across voice, SMS, web, and email — with a natural, guided experience that keeps members on track from start to finish.



Standard Low-code Workflow

-  A separate build for every channel — IVR script, web form, SMS flow
-  Rigid menu trees ("press 1 for...")
-  High drop-off; frequent transfers to a live agent
-  Changes need developer or IT time
-  Compliance controls rebuilt per workflow

Ushur's Approach

-  Designed once, delivered consistently across voice, SMS, web, and email
-  Natural conversation, paired with a real-time visual guide the member sees on their phone
-  AI carries the interaction through to completion; a live agent steps in only for real exceptions
-  Reconfigured by the program team — no code, no ticket queue
-  HIPAA-compliant and secure by design, across every channel, every time

What it covers

Pre-built, proven-effective workflows and AI Agent support to guide Medicaid beneficiaries through the full redetermination process.



Verify & auto-renew

Real-time data matching against SSA, IRS/ wage, and SAVE sources, with ex parte logic that closes eligible cases before a caseworker ever opens them.



Reach every member

Plain-language, multi-channel renewal notices and reminders — mail, email, SMS, IVR, and portal — with contact information validated and addresses corrected automatically so fewer notices come back undelivered.



Lighten the caseload

Document capture with OCR, deadline-based routing, and call-center tools so staff spend their time on the cases that actually need a person.



Stay audit-ready

Procedural-vs.-eligibility tracking, deadline monitoring, Marketplace/CHIP transfer, appeals tracking, and the reporting metrics CMS now expects as standard practice.



Access for all

Support members in 74 languages, with automatic language detection and ADA-accessible experiences.



Enterprise-grade governance

Configurable guardrails, human oversight, complete interaction records, and secure handling of PII and beneficiary data.

Trusted by government programs. Built for what's next.



Let's talk about improving Medicaid renewal outcomes.

Steve Pendleton | Public Sector, Ushur | steve.pendleton@ushur.com | ushur.ai

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