



May 12, 2025

State Representative Michael Dovilla
Vice Chairman, Ohio House Finance Committee
Ohio House of Representatives
77. S. High St., 13th Floor
Columbus, Ohio 43215

RE: Questions Regarding ODM Procedures for Medicaid Eligibility Verification

Representative Dovilla:

This letter is in response to your request for information regarding procedures utilized by the Ohio Department of Medicaid (ODM) for eligibility verification. ODM understands your inquiry is at least partially informed by information provided to you from LexisNexis Risk Solutions (LexisNexis) on April 25, 2025. Specific questions with answers are delineated below. We have tried to provide additional context where helpful.

Ohio utilizes LexisNexis' *Accuity Asset Verifications solution (Accuity)* through ODM's contract with Accenture. The Accenture contract provides for multiple other services utilized by the Department. *Accuity* is embedded in the workflow of Ohio Benefits (OB) which is Ohio's eligibility determination system. Resource indicators are used by local county caseworkers at the time of application and at renewal/redetermination. Another ODM contractor utilized during redeterminations mandated through the return to routine program operations (i.e., "unwinding"), PCG and their respective platform, also use *Accuity*. Information derived from *Accuity* in CY23 would have been utilized by both PCG and county caseworkers, meaning data would correspond to new applications and renewals and was not limited to unwinding. Renewal asset verifications through unwinding would not have started until March of 2023.

- *LexisNexis indicated that its system flagged 106,549 individuals as ineligible for Ohio Medicaid. Can you please clarify what action, if any, the Department took in response to this information? Specifically:*
 - *Were any individuals disenrolled based on the LexisNexis findings?*

LexisNexis stated "106,549 of those tested exceeded asset eligibility thresholds (29%).” LexisNexis does not flag an individual as “ineligible”, and the identification of assets valued over a resource limit does not entail an individual was or is ineligible for the program. LexisNexis does not evaluate how the asset is treated in an eligibility determination: *Accuity's* sole function is to identify the existence of such an asset. The asset may be non-countable, in an exempt trust, a home occupied by a dependent, belong to a spouse not on Medicaid, be non-saleable real property, be exempt savings for MBIWD

members, etc. Additionally, because many of these alerts would have been tied to redeterminations, many of the identified assets were likely previously reviewed by county caseworkers and/or the SSA and set aside as not countable. If assets are ultimately determined to be below the asset threshold, there would be no disenrollment and no savings.

Unless LexisNexis gives us the list of individuals they say were flagged in CY23, ODM cannot identify the enrollment outcomes of these cases because the local county Department of Job and Family Services is making the determination. Further, *Accuity* is not the only way county caseworkers verify resources/assets. A final determination would be decided based on materials supplied by the applicant in response to the findings at the local level. An individual could not be disenrolled based solely on the LexisNexis' findings.

- *If so, how many?*

As stated above, ODM cannot identify specific cases referenced by LexisNexis. As detailed in our monthly caseload reports, actual enrollment in December 2023 totaled 3,239,219 individuals; actual enrollment in January 2023 totaled 3,545,772 individuals. This translates into an actual net caseload decrease over CY23 of 306,553 individuals but does not illuminate whether any one individual was disenrolled or why any individual may ultimately have been ineligible for the program.

- *Did these determinations occur prior to enrollment, or were they conducted post-enrollment?*

This answer is dependent on each individual case. Information tied to redetermination means the individual is already enrolled in the program, or post-enrollment; a determination may also be made after limited services are provided in special circumstances (e.g., someone deemed presumptively eligible), but before full benefits may be accessed through official enrollment into the program. If the individual was newly applying, any information would have been accessed prior to enrollment or denial.

- *If no action was taken, why is the Department continuing to invest public resources into this vendor arrangement?*

As stated above, Ohio utilizes LexisNexis' *Accuity* through ODM's contract with Accenture (and previously through PCG) and not through a standalone agreement. Accenture serves the Department in multiple ways through its current contract.

- *Second, the company noted that it verified approximately 56 percent of the estimated beneficiary population. Could you please advise how the Department handled the remaining 44 percent?*

LexisNexis stated "56% of the estimated total Ohio Medicaid ABD Beneficiaries were checked in 2023." The "56%" number is misleading, as Ohio is a Supplemental Security Income (SSI) state. If an

individual is an SSI recipient (i.e., someone with a federally recognized disability or blindness, and/or an older adult, with little to no income or resources), then they are eligible for Medicaid in Ohio. SSI is run through the Social Security Administration (SSA) and SSA does the income and resource evaluations. Therefore, LexisNexis would not be running verifications on every ABD member requiring asset evaluation. Also, because multiple vendors use *Accuity*, we cannot tell what proportion of this number may be duplicative for being run through both PCG and Accenture. Portions of this 44% may fall into this or another eligibility category that is reviewed differently.

- *Were those individuals verified by another vendor or internally by ODM staff?*

The Department does not review eligibility as the county caseworkers do that. ODM provides data to the county caseworkers through OB which is then followed up as needed, or as stated above, SSA does the income and resource evaluations.

- *If no verification took place, how was eligibility determined for those individuals?*

County caseworkers verify recipient information. Multiple data points are validated through various external federal and state data sources accessed by ODM. Please see an attachment that outlines the existing data validation sources utilized by the program.

We are providing the Department's report on its unwinding activities that was released in 2024. This may further illuminate the work ODM has undertaken to support program integrity and data validation solutions.

Given recent policy proposals ODM has received through the Legislature, we are advising patience and caution. This and other policy considerations risk putting the cart before the horse given ongoing discussions at the federal level around the Medicaid program. ODM is tracking federal action to understand if and how any changes may impact Ohio's Medicaid program. To ensure effective and efficient use of taxpayer dollars, we want to minimize the risk of inadvertently creating waste should Ohio preempt forthcoming federal decisions.

Sincerely,



Maureen M. Corcoran, Director

Delivery via Email