

April 25, 2025

The Honorable Michael D. Dovilla
Ohio State Representative, 17th Ohio House District
VIA EMAIL: Rep17@ohiohouse.gov

RE: Response to Inquiry Regarding Medicaid Eligibility Verification Practices in Ohio

Dear Representative Dovilla:

LexisNexis Risk Solutions (LexisNexis) appreciates the opportunity to respond to your April 10, 2025, letter regarding Medicaid Eligibility Verification Practices in Ohio. We value our partnership with the State of Ohio in supporting Medicaid beneficiary eligibility and ensuring continued program integrity.

As a global leader in identity verification, fraud prevention, and risk mitigation, LexisNexis Risk Solutions collaborates with over 9,000 government agencies nationwide, including Ohio, to safeguard taxpayer-funded programs from organized criminal groups and fraudsters who seek to harm those in need and taxpayers. Our advanced data analytics and technology-driven solutions enhance program integrity, improve customer experience, and protect against improper payments and sophisticated identity-based fraud schemes. These efforts streamline decision-making, reduce costs, improve customer service, reduce improper payments, and shorten the time to accurate eligibility decisions, particularly during the COVID PHE Unwinding efforts.

Below, please find our response to your questions regarding program integrity, fraud, income, and asset verification, drawn from our extensive experience partnering with the State of Ohio:

1) Does the Ohio Department of Medicaid utilize your data for Medicaid beneficiary ex-parte renewals?

Ohio uses LexisNexis' *Accuity Asset Verifications solution*, the premiere provider of asset verification data to confirm or flag assets in an eligibility determination workflow. However, the data requests we receive do not specify if they are for initial applications, Unwinding, or ex-parte renewals. While we are certain that asset data is used in non-MAGI ex-parte reviews, we defer to both the Ohio Department of Medicaid and Department of Job and Family Services (JFS) for further insights into how exactly the data is used by the counties in ex-parte eligibility determinations.

Ohio JFS currently provides LexisNexis *Accurint*¹ licenses for approximately one-third of county and state agency welfare fraud investigators, including Medicaid. The LexisNexis' *Accurint® for Government* investigative tool enables JFS investigators to locate individuals, detect fraud, uncover assets, verify identities, and visualize complex relationships.

¹ <https://risk.lexisnexis.com/products/accurint-for-government>

While LexisNexis provides solutions and assistance for other states with Unwinding Medicaid efforts, Ohio did not engage us for this purpose.²

2) How many income verifications did your company perform for Ohio Medicaid applicants in calendar year 2023?

LexisNexis offers *Income Passport* to verify income, including gig-economy jobs. However, Ohio has not utilized that solution to verify income for Medicaid applications.³

3) How many asset verifications did your company perform for Ohio Medicaid applicants in the calendar year 2023?

In 2023, LexisNexis provided asset verifications to Ohio as a sub to PCG and Accenture. The following is a breakdown of data:

- **371,418** Ohio Medicaid Asset Verifications (non-MAGI, Aged/Blind/Disabled) in 2023.⁴
- **56%** of the estimated total Ohio Medicaid ABD Beneficiaries were checked in 2023.⁵

The following is a breakdown of the asset verifications

- **146,912** of those tested were below asset eligibility thresholds (40%).
 - **106,549** of those tested exceeded asset eligibility thresholds (29%).⁶
- | | |
|--------------------|--------|
| \$2,000-\$5,000 | 46,465 |
| \$5,000-\$10,000 | 22,750 |
| \$10,000-\$20,000 | 15,536 |
| \$20,000-\$100,000 | 17,980 |
| \$100,000-\$1M | 3,806 |
| Over \$1,000,000 | 12 |

ROI/Savings: Assuming Ohio eligibility staff removed or denied eligibility to all ineligible beneficiaries for exceeding the \$2,000 asset limit, the State of **Ohio realized \$2,555,417,942 in 2023 cost avoidance savings, approximately ~\$773 million from the Ohio state budget.** Increasing asset verifications of all applicants and recertifications would increase these savings to Ohio and federal budgets.⁷

² <https://risk.lexisnexis.com/insights-resources/article/unwinding-the-public-health-emergency>

³ <https://risk.lexisnexis.com/insights-resources/webinar/user-permissioned-technology-empowering-all>

⁴ Per MACPAC, there are an estimated 664,000 Medicaid ABD Beneficiaries in Ohio, <https://www.macpac.gov/publication/medicaid-enrollment-by-state-eligibility-group-and-dually-eligible-status/>

⁵ The percentage provided is simply a comparison of the number of transactions processed and the total ABD population. Transactions may include new applications, staggered redeterminations, ex-parte renewals, or Unwinding efforts in 2023. We can only provide the numbers sent to us and defer to the Ohio Department of Medicaid on any population/beneficiaries not sent to us for verification.

⁶ The current asset limit threshold established in the Social Security Act, \$2,000 for individuals and \$3,000 for couples, has remained unchanged since 1989. Adjusted for inflation and today's value, the \$2,000 limit would be approximately \$5,000. The asset limit is codified in Ohio Administrative Rules: <https://codes.ohio.gov/ohio-administrative-code/rule-5160:1-3-05.1>

⁷ No current public source of state and federal capitation rates exist for Ohio's ABD Medicaid population from the Ohio Department of Medicaid. We can calculate the approximate savings from asset verifications derived and using estimating annual capitation payments of \$23,983.50 per Medicaid ABD beneficiary) https://www.macpac.gov/wp-content/uploads/2024/12/MACSTATS_Dec2024_WEB-508.pdf Exhibit 22: Using average per individual enrollee in Aged and Disabled categories to derive Ohio and Federal annual payment. Savings to Ohio budget for Medicaid assumes a 69.78% FY 2023 Federal Match per <https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier>.

Note: Ohio is a county administered state – but we do not have transaction data breaking down the asset requests by county to identify individual county level performance, the eligibility decision that was made from the results, or if the request was from a new application, continuous monitoring, Unwinding, or ex-parte recertification.

4) The Ohio Department of Medicaid has enhanced outreach efforts to beneficiaries, including multi-channel reminders (e.g., text, email, phone). Has your company provided assistance in updating or supplementing contact information for Ohio Medicaid recipients? If so, please provide any available data on contact accuracy rates.

LexisNexis maintains the nation’s most comprehensive and accurate database of contact information, including physical & mailing addresses, email addresses, and phone numbers. As part of our ex-parte and Unwinding solutions, we offer packages to update recipient contact information to reduce the number of improper procedural disenrollments, reduce postage and handling mailing costs for undelivered/return mail, to identify recipients who may no longer be residing within the state, and to improve customer service and communication.

Ohio did not engage LexisNexis for beneficiary outreach efforts. Recently, a large Federal agency engaged us to check their contact information on 10,000 beneficiaries. We provided updated, more accurate mailing addresses in **45%** of the contacts, as well as identifying deceased and synthetic identities. We are confident similar results could be achieved for Ohio.

5) Additionally, I am seeking your perspective on any directives or policy changes that may have created obstacles in properly verifying Medicaid eligibility and addressing fraudulent activity. The Ohio General Assembly is dedicated to ensuring that only eligible individuals receive benefits under Medicaid, and I am concerned about any guidance—whether from federal agencies or third-party contractors—that may hinder these efforts.

LexisNexis has provided recommendations to Congress through the Improper Payments Working Group and DOGE Committee hearings to combat fraud, waste, and abuse in public assistance programs, including Medicaid. Our suggestions include:

- Equipping all fraud investigators with tools like *Accurint for Government* to enhance detection, prosecution, and recovery of overpayments.
- Removing reliance on self-attestation (also known as “self-certification” or the “honor system”) in all public assistance applications for all eligibility factors (identity, residency, incarceration status, income - including gig economy, and assets) to maximize cost avoidance and budgetary savings.
- Utilizing solutions capable of detecting dual participation across all public benefits programs with residency requirements, such as LexisNexis’ *AmplifyID Program Participation Analyzer*.⁸ The U.S. Department of Health & Human Services (HHS) Public Assistance Reporting Information System (PARIS) is an antiquated and ineffective tool to identify duplicate participation in Medicaid state agencies, particularly since the data is only updated quarterly. Modern systems such as *AmplifyID Program Participation Analyzer* are

⁸ <https://risk.lexisnexis.com/products/amplifyid-program-participation-analyzer>

updated daily thereby reducing the likelihood that someone receives benefits in more than one state simultaneously.

- Verifying data for eligibility on the “front end” before enrolling and recertifying individuals in Medicaid, along with regular checks during the certification period to detect changes that impact eligibility.
- Self-evaluate program administration decisions relating to state’s usage of Broad-Based Categorical Eligibility.
- For states reviewing the impact internal policies, waivers, and options, we recommend a “Know Your Applicant” population review to identify groups that could be impacted. This service is available now and can best inform decision makers on potential areas of reform.

We are aware of conflicting guidance coming from federal agencies that hinder efforts to improve program integrity in Medicaid. On December 5, 2024, the Centers for Medicare & Medicaid Services (CMS) issued guidance to all State Medicaid Directors titled, “**Protecting Medicaid Beneficiaries Against Impermissible Fraud and Abuse Sanctions.**”⁹ This guidance instructs states to halt sanctions and recovery of Medicaid overpayments, even in fraud cases, causing confusion and undermining recovery efforts. We urge state legislators to address this at the federal level while strengthening state laws to ensure proper use and recovery of taxpayer funds. We defer to the Ohio Department of Medicaid and Job and Family Services for the impact of this guidance to the State.


We are also aware of at least one state’s current efforts to address ex-parte reviews through state legislation; see Louisiana SB 130.¹⁰

CLOSING

LexisNexis Risk Solutions is honored to partner and support Ohio’s Medicaid program, delivering solutions that enhance eligibility accuracy, combat fraud, and drive efficiencies – evidenced by the \$2.5 billion saved from 2023 asset verifications. Our experience and solutions – spanning identity authentication, fraud detection, income/asset/dual enrollment verifications, empower Ohio to strengthen program integrity and public trust.

We welcome the opportunity to further collaborate and partner with Ohio on these critical efforts. Please contact me to discuss how LexisNexis can continue to support your mission.

Respectfully,



Haywood Talcove

CEO

LexisNexis Risk Solutions - Government

⁹ SMD #24-005, <https://www.medicaid.gov/federal-policy-guidance/downloads/smd24005.pdf>

¹⁰ <https://legiscan.com/LA/drafts/SB130/2025>