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Ohio General Assembly
House of Representatives
Columbus

May 15, 2025

Maureen Corcoran
Director
Ohio Department of Medicaid
50 W. Town Street, Suite 400
Columbus, OH 43215

RE: Formal Follow-up and Demand for Accountability on Medicaid Eligibility Verification Failures

Director Corcoran:

I am writing to follow up on your May 12, 2025, letter and my phone call yesterday afternoon with your Assistant Deputy Legislative Director, Eric Vinyard. The response from the Ohio Department of Medicaid (ODM) is troubling. It fails to provide even basic clarity on how your agency ensures compliance with federal law and proper stewardship of Ohio's Medicaid funds.

To recap: when I asked Mr. Vinyard a direct question—*How many total individuals were disenrolled from Medicaid in 2023?*—he referred me to a vague figure in your letter (a 306,553 decrease in overall enrollment) and acknowledged ODM could not verify how many of those cases were due to confirmed ineligibility. This is not a sufficient answer from the agency entrusted with administering billions in taxpayer dollars.

Further, your letter dismisses the implications of the 106,549 individuals flagged by LexisNexis' asset verification tool as exceeding eligibility thresholds by stating those assets may not have been "countable." ODM then claims it cannot know what action was taken on those cases—because you neither have the data from LexisNexis nor follow-up on the outcomes. This abdication of oversight is deeply concerning.

Your letter also attempts to explain away the 44 percent of Aged, Blind, or Disabled (ABD) beneficiaries who did not undergo asset verification by citing Ohio's status as a Supplemental Security Income (SSI) state. However, you concede that even among non-SSI populations, you cannot identify how many individuals were actually verified or what percentage may be duplicate counts between contractors. This opaque and fragmented system of eligibility review defies accountability.

I am not convinced ODM is systematically ensuring that Medicaid dollars are going only to individuals who are legally eligible for them.

Based on the data from LexisNexis, which found that 29 percent of beneficiaries who were checked exceeded asset limits, and knowing that the Social Security Administration (SSA) verifies fewer than 18 percent of SSI cases annually, it is reasonable—if not conservative—to estimate that **at least 20.4 percent of Medicaid enrollees may not be eligible**. Using public expenditure figures and ABD capitation rates, this translates to a **projected loss of over $6.3 billion** in improperly disbursed benefits.

The fact that ODM continues to pour resources into vendors whose data you apparently don't monitor or track, while hiding behind county processes and federal uncertainty, is fiscally reckless and a violation of your duty to taxpayers.

As such, I request that ODM provide the following, in writing, no later than May 22, 2025:

1. A **comprehensive breakdown** of the 306,553 disenrollments in CY 2023 by reason:
    - Procedural (non-response)
    - Verified ineligibility
    - Duplicates
    - Deaths, relocation, or other

2. The **exact number of Medicaid beneficiaries** for whom **no asset verification** was completed, broken down by eligibility category (SSI, non-SSI, MAGI, non-MAGI, etc.).

3. The **number of individuals flagged** by LexisNexis Accuity data in 2023 and whether ODM or county caseworkers:
    - Investigated each flagged case
    - Reclassified flagged assets as exempt
    - Disenrolled any individuals

4. A list of **all third-party data sources** used by ODM for income, asset, and identity verification, and the exact **population coverage** for each in CY2023.

5. An **internal compliance audit** showing:
    - Areas where ODM may not be meeting federal or state statutory requirements
    - Risks of legal or financial liability to the State due to insufficient verification
    - Any current guidance from the Centers for Medicare and Medicaid Services (CMS) being used to delay action

Finally, I am requesting a **formal legal opinion from ODM's general counsel** regarding the Department's interpretation of federal verification statutes, and whether your current practices comport with those laws.

If I do not receive a full and transparent response by the May 22, 2025, deadline, I will pursue oversight hearings and introduce legislation to enforce compliance. It is unconscionable that, in a fiscally constrained budget, we are paying benefits to potentially ineligible recipients while ODM relies on county-level processes it neither audits nor tracks.

The people of Ohio deserve better. And I intend to ensure they get it.

Sincerely,

Michael D. Dovilla.

MICHAEL D. DOVILLA
State Representative
17th House District

cc: The Honorable Matt Huffman, Speaker of the House
The Honorable Brian Stewart, Chairman, House Finance Committee
The Honorable Jennifer Gross, Chairwoman, House Medicaid Committee