

GOP's Johnson Seeks to Recoup California Medicaid Payments (1)

By Shira Stein | November 19, 2018 6:34PM ET

The chairman of the Senate committee in charge of government oversight wants to know if the head of the Medicaid program plans to recoup an estimated \$3.3 billion in improper payments.

Sen. [Ron Johnson](#) (R-Wis.) sent a [letter](#) Nov. 19 to Seema Verma, administrator of the U.S. Centers for Medicare & Medicaid Services, to ask how the agency plans to conduct more oversight of the state's Medicaid program and whether there are plans to recoup those funds. Johnson is the chairman of the Senate Homeland Security and Government Oversight Committee.

A Health and Human Services inspector general report in February said \$1 billion in federal Medicaid funds were spent on ineligible or potentially ineligible beneficiaries. The California State Auditor's office said at least \$4 billion in questionable Medicaid payments were made from 2014 to 2017, of which \$2.3 billion were federal funds.

Approximately one-third of Californians are on Medicaid. A June report by Johnson's committee said California has received a disproportionate share of Medicaid expansion dollars compared with other states.

Only for Eligible

Verma told the committee in August that CMS has a "responsibility to make sure that taxpayer dollars are spent only on those who are truly eligible."

"With the assistance of our federal and county partners, [the Department of Health Care Services] identified and has implemented corrective measures, and will continue making improvements to protect program integrity," Jennifer Kent, director of the California Department of Health Care Services, said in a statement to Bloomberg Government.

The CMS announced a new program to audit how states determine who is eligible to receive Medicaid benefits, according to a June announcement by Verma. The program began in August in California, Kentucky, and New York, according to the CMS spokesperson, and the first state engagement letter was sent in September.

Medicaid overpayments have grown from \$14.4 billion in 2013 to \$37 billion in 2017, a 157 percent increase, according to the CMS.

The HHS inspector general's office has issued 23 state Medicaid-based reports in 2018, ranging from problems in Medicaid nursing home surveys to improper federal reimbursements for 16 states.

To contact the reporter on this story: Shira Stein in Washington at sstein@bloomberglaw.com

To contact the editors responsible for this story: Paul Hendrie at phendrie@bgov.com; Jonathan
Nicholson at jnicholson@bgov.com