

GOP's Johnson Asks Medicaid Agency for Fraud, Waste Actions

By Shira Stein

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- Sen. Ron Johnson wants update on initiative to audit waste and abuse
- Medicaid overpayments at over \$36B in 2017

The chairman of the Senate committee in charge of government oversight wants information to determine how effective the Medicaid program is in combating waste, fraud, and abuse.

Senate Homeland Security and Government Affairs Committee Chairman Ron Johnson (R-Wis.) sent a letter June 26 to Seema Verma, administrator of the Centers for Medicare & Medicaid Services, asking what auditing has been done in the year since the agency announced an initiative to help states determine who is eligible to receive Medicaid benefits.

The initiative was announced just days after the Homeland Security Committee released a report finding Medicaid is "plagued by waste, fraud, and abuse." The report also said the CMS has not taken basic steps to fight Medicaid fraud, including reviewing federal eligibility determinations for accuracy and creating an antifraud strategy.

Verma told the committee in August 2018 that CMS has a "responsibility to make sure that taxpayer dollars are spent only on those who are truly eligible."

Medicaid overpayments grew from \$29.1 billion in 2015 to \$36.7 billion in 2017 and accounted for 26% of governmentwide improper payments in 2017, according to a 2018 Government Accountability Office report.

Johnson asked which states have been audited, what the audits found, and whether any actions have been taken to enhance the program's integrity based on the audits.

Johnson also asked Verma to provide information on what analytics and solutions are being used to improve Medicaid eligibility and payment data.

The CMS eligibility program began in August 2018 in California, Kentucky, and New York, according to an agency spokesperson, and the first state engagement letter was sent the next month.

The HHS inspector general's office has issued 10 state Medicaid-based reports in 2019, ranging from problems in Medicaid drug price calculations to improper federal reimbursements for eight states.

Johnson previously asked Verma about improper Medicaid payments in California and how the agency planned to recoup them.

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