



**U.S. House of Representatives Committee on Energy & Commerce
Subcommittee on Oversight & Investigations
Scott Partika, Director, Ohio Department of Medicaid
Thursday, June 25, 2026, at 10:15am**

Chairman Joyce, Vice Chairman Balderson, Ranking Member Clarke, and members of the Subcommittee on Oversight and Investigations, my name is Scott Partika, and I am the Director of the Ohio Department of Medicaid (ODM). Thank you for the opportunity to appear before you today.

Introduction

Since joining the Department in November of 2025, I have focused on ensuring Ohio has robust program integrity and oversight measures in place to secure this vital program. Addressing fraud, waste, and abuse (FWA) within Ohio's Medicaid program has always been a focus of the DeWine Administration. Testimony I provided before Ohio's House and Senate Medicaid Committees in March of this year provides a detailed overview of the longstanding and various protections, supports, and partnerships the program has in this space.¹ However, this work has sharpened and expanded in response to recent program trends unfolding in Ohio, and our work is far from over.

¹ https://search-prod.lis.state.oh.us/api/v2/general_assembly_136/committees/cmte_j_medicaid_1/meetings/cmte_j_medicaid_1_2026-03-24-0400_1206/submissions/odm.partika.testimony.pdf?inline=true

Program Improvements Under the DeWine Administration

Ohio has implemented significant healthcare delivery system and payment reforms over the last five years in addition to adding operational efficiencies through administrative consolidation and new advanced IT infrastructure. The result is growing transparency and tools for accountability that are just beginning to bear fruit.

Key program concerns spanning previous years included payment accuracy, member eligibility and concurrent member enrollments in other state programs, as well as broader program spending growth. Ohio has taken steps to address each concern head-on, including by:

- Reducing Ohio's federal payment error rate measurement (PERM) finding to 2.05% in report year (RY) 2025;²
- Adding new operational and technical supports for county caseworkers³ and instituting new eligibility system program logic; and
- Increasing data transparency and availability to monitor program spending and guide policymaking.⁴

² This is below both the RY 2025 combined national Medicaid estimated federal improper payment rate of 6.12%, and the combined Cycle 1 Medicaid estimated federal improper payment rate is 2.30%. This rate was over 40% when Governor DeWine took office.

³ Counties administer the eligibility determinations in Ohio with training and support by the Department.

⁴ For instance, see ODM's public Medicaid Demographic and Expenditure (MDE) Dashboard: <https://analytics.das.ohio.gov/t/ODMPUB/views/MedicaidDemographicandExpenditure/Home?%3AisGuestRedirectFromVizportal=y&%3Aembed=y>

Other ongoing initiatives include rule and policy updates, provider screenings and revalidations, utilization management (UM) analyses, and targeted provider audits. These and other activities have helped address concerns highlighted by state partners like the Ohio Auditor of State Keith Faber and former Ohio Attorney General Dave Yost while complementing concurrent improvements made by the Trump Administration since taking office again.

Improving Federal Accountability

Public Law 119-21, also known as the Working Families Tax Cut legislation, was a watershed moment for oversight of state Medicaid programs.⁵ Enshrined through this law are policy reforms long overdue to reinforce checks and balances in the program and ensure protections are modernized to reflect the needs of state Medicaid programs. These include:

- Addressing concurrent enrollments across multiple state Medicaid programs;
- Ensuring deceased individuals are removed from program rolls;
- Increased emphasis on the importance of audits and subsequent corrective action;
- Increasing the frequency of eligibility determinations for the Medicaid expansion populations; and

⁵ <https://www.congress.gov/bill/119th-congress/house-bill/1>

- Mandating community engagement requirements to facilitate helping people move up and off the program.

These efforts are helpful, and we believe our federal partners can, and should, continue to improve protection and oversight.

Fighting Bad Actors in Ohio

Troubling data concerning the Home and Community-Based Services (HCBS) space was uncovered in Ohio late last year. We began investigating the information in conjunction with the Ohio Auditor of State Keith Faber and the former Ohio Attorney General Dave Yost shortly thereafter. The result has culminated in new actions and initiatives to address areas of weakness. In recent weeks, Ohio Governor Mike DeWine announced multiple new measures to address program integrity concerns arising around the HCBS space.⁶ These new measures include:

- An immediate, six-month, statewide provider moratorium related to HCBS providers in conjunction with recent efforts from the Centers for Medicare & Medicaid Services (CMS);⁷

⁶ <https://governor.ohio.gov/media/news-and-media/governor-dewine-announces-new-medicare-fraud-prevention-initiatives>

⁷ The provider types affected by the moratorium are 16 (Other Accredited Home Health Agency), 25 (Non-Agency Person Care Aide), 26 (Non-Agency Home Care Attendant), 38 (Private Duty Nurse (Registered Nurse & Licensed Practical Nurse)), 44 (Hospice), 45 (Waivered Services Organization), 55 (Waivered Services Individual), and 60 (Medicare Certified Home Health Agency).

- Implementing emergency rules to require more frequent revalidation of providers being identified as higher risk for committing fraud;⁸
- Implementing an emergency rule allowing suspension of provider claim payments without also suspending the Medicaid provider agreement upon the determination of a credible allegation of fraud;⁹ and
- Updating Ohio’s electronic visit verification rules.

Additionally, the Ohio legislature just passed Ohio Senate Bill 315, which includes some of the most significant reforms to the integrity of the Ohio Medicaid program in recent memory – Including increased penalties for fraud violations, expanded oversight of provider ownership structures, enhanced provider enrollment requirements, and an expanded use of Electronic Visit Verification.

Although not panaceas, these efforts establish valuable protections and help stem a dangerous program effusion.

Additional Areas of Improvement

Work to strengthen other high-risk program areas is already underway. Policy and program updates and oversight improvements to Ohio’s nursing facility ventilator program, private room compliance monitoring, behavioral healthcare services, durable medical equipment billing, and skin substitute coverages are just a few

⁸ Via Executive Order 2026-01D: <https://governor.ohio.gov/media/executive-orders/executive-order-2026-01D>

⁹ Via Executive Order 2026-02D: <https://governor.ohio.gov/media/executive-orders/executive-order-2026-02d>

examples of where we are improving protections to ensure fidelity of the public's trust and funds.

Moving forward, one area we believe the Federal government and states could improve our partnership is through improved data sharing and tracking of provider ownership and affiliation across state lines and programs. As we continue our program integrity work, it is critical that we are able to systematically root out bad actors and not leave any door open for exploitation of the program.

Closing

The Department is committed to ensuring Ohioans receive their health care in accordance with law and rooting out fraud, waste, and abuse across the program. Chairman Joyce, Vice Chairman Balderson, Ranking Member Clarke, and members of the Subcommittee on Oversight and Investigations, thank you for this opportunity to testify today.