

ONE HUNDRED NINETEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE

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March 3, 2026

The Honorable Maura Healey
Governor
Commonwealth of Massachusetts
Massachusetts State House
24 Beacon St.
Boston, MA 02133

Dr. Kiame J. Mahaniah, MD
Secretary
Executive Office of Health and Human
Services
1 Ashburton Pl., 11th Fl.
Boston, MA 02108

Dear Governor Healey and Secretary Mahaniah:

Pursuant to Rules X and XI of the U.S. House of Representatives, the Committee on Energy and Commerce (Committee) writes to request information related to program integrity and fraud, waste, and abuse (FWA) in your state's Medicaid program.

Recent reports and law enforcement actions have exposed unprecedented levels of Medicaid fraud in the State of Minnesota and other states. The magnitude of the fraud demands states proactively address FWA in Medicaid programs.¹ The swath of criminal schemes coming to light in Minnesota include overbilling, falsifying records, identity theft, and phantom claims in Medicaid social service and health programs for the elderly and disabled, children with autism, people struggling with substance use disorders, and homelessness.² The Committee is concerned that your state's Medicaid programs may be similarly vulnerable to FWA that harms Medicaid enrollees, legitimate providers, and taxpayers. To inform the Committee's oversight and potential legislative reforms, we are examining Medicaid program integrity and actions your state has taken, and is taking, to proactively identify and root out FWA.

¹ Alyssa Chen, *Report: Poor policy language may have cost \$1.7B across 14 Medicaid services in Minnesota*, MINNESOTA REFORMER (Feb. 6, 2026), <https://minnesotareformer.com/2026/02/06/report-poor-policy-language-may-have-cost-minnesota-1-7b-across-14-medicaid-services/>; see also Letter from Mehmet Oz, Administrator, U.S. Centers for Medicare and Medicaid Services, to The Hon. Janet Mills, Governor of Maine and Sara Gagné-Holmes, Comm'r, Maine Dep't of Health and Human Services (Feb. 6, 2026), <https://x.com/DrOzCMS/status/2019894197466116237/photo/1>.

² Joe Walsh, *What to know about Minnesota's "industrial-scale fraud" scandal, as more charges are filed and Trump weighs in*, CBS NEWS (Dec. 19, 2025), <https://www.cbsnews.com/news/what-to-know-minnesota-fraud-scandal-more-charges-filed-trump-walz/>; Press release, The Office of Minnesota Attorney General Keith Ellison, Two plead guilty to Medicaid fraud in case Attorney General Ellison investigated jointly with U.S. Attorney's Office (Oct. 22, 2025), https://www.ag.state.mn.us/Office/Communications/2025/10/22_EvergreenRecovery.asp.

In fiscal year 2024, Massachusetts Medicaid (MassHealth) spending totaled over \$26 billion (\$14.7 billion in federal funding) and covered over 1.6 million people.³ According to the Governor's 2026 budget, MassHealth spending is expected to increase 12.6 percent in fiscal year 2026.⁴ The Massachusetts State Auditor Diana DiZoglio recently announced that the Bureau of Special Investigations (BSI) identified \$1.3 million in MassHealth fraud in fiscal year 2025.⁵ Massachusetts broadly defines Medicaid eligibility and administers several Medicaid programs that are considered high risk for FWA.⁶ In Massachusetts, these include non-emergency medical transportation (NEMT), the Personal Care Attendant (PCA) program, home health, and clinical laboratory services.⁷

Recent fraud investigations and convictions related to MassHealth are concerning. Last month, the Massachusetts Attorney General announced an indictment of an individual for multiple charges of NEMT fraud and money laundering.⁸ In this scheme, the defendant and his transportation company allegedly billed MassHealth for nearly 17,000 rides, totaling more than \$770,000, for rides purportedly given to MassHealth patients seeking opioid addiction treatments at methadone clinics.⁹ An additional 100 rides were billed for patients who were deceased at the time.¹⁰ These rides were allegedly not provided and the defendant is purported to have laundered

³ Medicaid and CHIP Payment Access Commission, MACStats, Exhibit 16, Medicaid Spending by State, Category, and Source of Funds, FY 2024, 45, <https://www.macpac.gov/wp-content/uploads/2026/01/EXHIBIT-16.-Medicaid-Spending-by-State-Category-and-Source-of-Funds-FY-2024.pdf>; U.S. Centers for Medicare and Medicaid Services, December 2024: Medicaid and CHIP Eligibility Operations and Enrollment Snapshot, 26 (Apr. 30, 2025), <https://www.medicare.gov/resources-for-states/downloads/eligib-oper-and-enrol-snap-december2024.pdf>.

⁴ Massachusetts Taxpayers Foundation, MTF Bulletin: Fiscal Year 2026 Budget: A Closer Look (Mar. 6, 2025), <https://www.masstaxpayers.org/sites/default/files/publications/2025-03/MTF%20Brief%20-%20Health%20Care%20Spending%20in%20FY%202026.pdf>.

⁵ Press Release, Massachusetts Office of the State Auditor, Auditor DiZoglio's Bureau of Special Investigations identifies nearly \$12 million in public benefit fraud in FY25 (Jan. 30, 2026), <https://www.mass.gov/news/auditor-dizoglios-bureau-of-special-investigations-identifies-nearly-12-million-in-public-benefit-fraud-in-fy25>.

⁶ U.S. Centers for Medicare and Medicaid Services, Medicaid, Children's Health Insurance Program, & Basic Health Program Eligibility Levels, <https://www.medicare.gov/medicaid/national-medicare-chip-program-information/medicaid-childrens-health-insurance-program-basic-health-program-eligibility-levels> (last visited Feb. 9, 2026); *see also* Letter from Mehmet Oz, Administrator, U.S. Centers for Medicare and Medicaid Services, to The Hon. Janet Mills, Governor of Maine and Sara Gagné-Holmes, Comm'r, Maine Dep't of Health and Human Services, 2 (Feb. 6, 2026), <https://x.com/DrOzCMS/status/2019894197466116237/photo/1>.

⁷ *See* U.S. Centers for Medicare and Medicaid Services, Non-Emergency Medical Transportation: Medicaid Non-Emergency Medical Transportation Booklet for Providers, 7 <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/nemt-booklet.pdf>; *see also* U.S. Centers for Medicare and Medicaid Services, Monitoring Fraud, Waste, & Abuse in HCBS Personal Care Services, 3, <https://www.medicare.gov/medicaid/home-community-based-services/downloads/hcbs-3a-fwa-in-pcs-training.pdf>; *see also* U.S. Centers for Medicare and Medicaid Services, Fact Sheet, Preventing Fraud, Waste, and Abuse in Medicaid Home Health Services and Durable Medical Equipment (May 2016), <https://www.cms.gov/files/document/hcbs-preventingfwahhdmef050216pdf>; *see also* Health Care Fraud Prevention Partnership, Examining Clinical Laboratory Services: A Review by the Healthcare Fraud Prevention Partnership, 7 (May 2018), <https://www.cms.gov/files/document/download-clinical-laboratory-services-white-paper.pdf>.

⁸ Press Release, Massachusetts Office of the Attorney General, AG's Office secures indictments against Waltham-based non-emergency medical transportation provider and former owner over money laundering and Medicaid fraud scheme (Feb. 11, 2026), <https://www.mass.gov/news/ags-office-secures-indictments-against-waltham-based-non-emergency-medical-transportation-provider-and-former-owner-over-money-laundering-and-medicare-fraud-scheme>.

⁹ *Id.*

¹⁰ *Id.*

the fraudulent funds through banks, real estate, and investment accounts before sending the money overseas to Uganda where he now lives.¹¹ This follows a case in 2025, in which a Worcester-based NEMT company and its proprietor were indicted for more than \$3 million in NEMT services not provided.¹² In this case, not only is the accused alleged to have billed for rides never provided, rides with no corresponding medical visits, patients who canceled their trips, and patients who were hospitalized or deceased at the time, he is also alleged to have employed drivers that impersonated MassHealth patients by stealing their identity, allowed illicit drug use and sales during rides, sexually assaulted patients, and failed to transport wheelchair patients in accessible vehicles.¹³

The PCA program pays workers to assist seniors and those with disabilities with in-home care services, such as bathing and dressing.¹⁴ From 2015 to 2024, PCA annual costs increased from \$841 million to \$1.75 billion.¹⁵ Recently, a Northampton man was indicted for a \$99,000 MassHealth fraud scheme in which he is alleged to have billed MassHealth for PCA services purportedly provided by his 95 year old mother and son, despite his mother “not physically being able to assist him with the services he claimed he needed” and his son living out of state.¹⁶ Prior to this charge, another individual pleaded guilty to fraudulently conspiring with a PCA recipient to bill MassHealth over \$157,000 for caretaker services that were purportedly provided while he was incarcerated.¹⁷ Late last year, a woman pleaded guilty to \$500,000 in fraudulent billing to MassHealth for PCA, home health, and adult foster care services.¹⁸ In this scheme, the woman invited disabled, elderly, and homeless people to live in her home while she enrolled them in MassHealth services, without their knowledge or consent, and billed MassHealth as their caretaker, despite not providing these services.¹⁹

As noted in the Oversight and Investigations Subcommittee’s recent hearing on common schemes in Medicare and Medicaid, “[l]aboratory services and genetic testing continue to be a

¹¹ *Id.*

¹² Press Release, Massachusetts Office of the Attorney General, Worcester-based medical transportation company and its owner indicted for MassHealth fraud, patient abuse and neglect, and money laundering (Apr. 1, 2025), <https://www.mass.gov/news/worcester-based-medical-transportation-company-and-its-owner-indicted-for-masshealth-fraud-patient-abuse-and-neglect-and-money-laundering>.

¹³ *Id.*

¹⁴ Sam Drysdale, Working group targets meal prep, overtime for cuts from \$1.7B personal care attendant program, WORCESTER BUSINESS JOURNAL (Jan. 2, 2026), <https://wbjournal.com/article/working-group-targets-meal-prep-overtime-for-cuts-from-1-7b-personal-care-attendant-program/>.

¹⁵ *Id.*

¹⁶ Press Release, Massachusetts Office of the Attorney General, AG’s office secures indictments against Northampton resident for causing more than \$99,000 in false claims to MassHealth (Aug. 5, 2025), <http://mass.gov/news/ags-office-secures-indictments-against-northampton-resident-for-causing-more-than-99000-in-false-claims-to-masshealth>.

¹⁷ Press Release, Massachusetts Office of the Attorney General, Personal care attendant pleads guilty to defrauding MassHealth while incarcerated (June 25, 2025), <https://www.mass.gov/news/personal-care-attendant-pleads-guilty-to-defrauding-masshealth-while-incarcerated>.

¹⁸ Press Release, Massachusetts Office of the Attorney General, AG Campbell secures guilty plea from ringleader of Worcester-based home health fraud scheme exploiting vulnerable residents (Sept. 15, 2025), <https://www.mass.gov/news/ag-campbell-secures-guilty-plea-from-ringleader-of-worcester-based-home-health-fraud-scheme-exploiting-vulnerable-residents>.

¹⁹ *Id.*

problem.”²⁰ Last year, a \$7.8 million alleged home health and clinical laboratory services MassHealth fraud and kickback scheme targeting sober homes was revealed.²¹ In the scheme, indictments against two clinical laboratories, a home health agency, their owners, and a physician detail allegations that the laboratories, home health agency, and the physician were participating in a mutual kickback scheme in which they billed MassHealth for millions of dollars in fraudulent claims for urine tests and home health services that never occurred, were not medically necessary, or were not accompanied by a physician’s orders.²² In this case, the indicted physician is alleged to have provided orders for these fraudulent services without ever seeing the patients.²³

At the Committee’s request, the Centers for Medicare and Medicaid Services (CMS) briefed the Committee in January on what is currently known about the Medicaid fraud in Minnesota and actions CMS has taken to date to investigate FWA in other states. This further underscored the need for the Committee’s oversight to ensure program integrity in states nationwide. The Committee subsequently launched an investigation into Medicaid fraud in Minnesota.²⁴ The Committee’s Subcommittee on Oversight and Investigations then held a hearing on February 3, 2026, entitled “Common Schemes, Real Harm: Examining Fraud in Medicare and Medicaid.”²⁵ The hearing examined fraud within Medicare and Medicaid, including common fraud schemes plaguing these programs, and how these schemes have changed over time; aspects of program design that make these programs vulnerable to fraud; and high risk areas for fraud in these programs.²⁶ The hearing reinforced that Medicaid fraud is not limited to Minnesota and confirmed that Medicaid fraud investigators “see that fraud schemes cross state lines far more than they used to.”²⁷ Expert witnesses testified that Medicaid programs experiencing high rates of fraud include Applied Behavioral Analysis (ABA) services for children with Autism Spectrum Disorder (ASD), NEMT, home and community based services

²⁰ *Common Schemes, Real Harm: Examining Fraud in Medicare and Medicaid: Hearing Before the H. Comm. on Energy & Commerce, Subcomm. on Oversight & Investigations*, 119th Cong. (Feb. 3, 2026), <https://energycommerce.house.gov/events/oversight-and-investigations-common-schemes-real-harm-examining-fraud-in-medicare-and-medicaid>.

²¹ Press Release, Massachusetts Office of the Attorney General, Home health agencies, laboratory, and physician indicted for MassHealth fraud and kickback schemes involving over \$7.8 million in false claims (Mar. 12, 2025), <https://www.mass.gov/news/home-health-agencies-laboratory-and-physician-indicted-for-masshealth-fraud-and-kickback-schemes-involving-over-78-million-in-false-claims>.

²² *Id.*

²³ *Id.*

²⁴ Letter from The Hon. Brett Guthrie, Chairman of H. Comm. on Energy & Commerce, et al., to The Hon. Tim Walz, Governor of Minnesota and Temp. Comm’r, Minnesota Dept. of Human Services (Jan. 16, 2026), https://d1dth6e84htgma.cloudfront.net/1_16_2026_MN_Medicaid_Fraud_Letter_944a806843.pdf.

²⁵ *Common Schemes, Real Harm: Examining Fraud in Medicare and Medicaid: Hearing Before the H. Comm. on Energy & Commerce, Subcomm. on Oversight & Investigations*, 119th Cong. (Feb. 3, 2026), <https://energycommerce.house.gov/events/oversight-and-investigations-common-schemes-real-harm-examining-fraud-in-medicare-and-medicaid>.

²⁶ *Id.*

²⁷ *Id.* at 35 (statement of Kaye Lynn Wootton, President, National Association of Medicaid Fraud Control Units), Unofficial Hearing Transcript.

(HCBS), laboratory services, substance use disorder (SUD) treatment, and hospice.²⁸ Regarding ABA services fraud, Jessica Gay, a Certified Fraud Examiner, testified that:

The concerns around these [ABA] services and misuse of millions of dollars of resources are discussed at every program integrity conference I've attended for the past several years. It should be on every state's radar; we started working ABA cases in the CHIP spaces 6 years ago. If a state isn't monitoring ABA services closely, they are likely missing a considerable area where FWA is committed.²⁹

Mrs. Gay further noted that in Medicaid programs relying on self-attestation, such as HCBS, "there needs to be additional oversight in our self-reporting across the board for eligibility both for provider participation as well as member eligibility."³⁰ Additionally, Kaye Lynn Wootton, President of the National Association of Medicaid Fraud Control Units, testified that:

Non-Emergency Medicaid Transportation fraud schemes include providers illegally billing Medicaid for: (1) "ghost rides" that were never provided; (2) tolls that were never incurred during trips, (3) individually billed rides when group rides were actually provided; (4) trips that were falsely billed when recipients were deceased, incarcerated or hospitalized; (5) trips provided by providers that paid kickbacks to Medicaid recipients to induce them to choose that provider to provide transportation; and (6) trips that never occurred but for which the provider paid the recipient a kickback.³¹

Ensuring Medicaid program integrity is critical to preserving access to vital health care services for those that need it most. Every dollar stolen from the Medicaid program by fraudsters is taken from children, pregnant women, the elderly, and people with disabilities. It is the duty of

²⁸ See *Common Schemes, Real Harm: Examining Fraud in Medicare and Medicaid: Hearing Before the H. Comm. on Energy & Commerce, Subcomm. on Oversight & Investigations*, 119th Cong. at 9 (Feb. 3, 2026) (written testimony of Kaye Lynn Wootton, President, National Association of Medicaid Fraud Control Units), <https://docs.house.gov/meetings/IF/IF02/20260203/118917/HHRG-119-IF02-Wstate-WoottonJDK-20260203.pdf>; see also *Common Schemes, Real Harm: Examining Fraud in Medicare and Medicaid: Hearing Before the H. Comm. on Energy & Commerce, Subcomm. on Oversight & Investigations*, 119th Cong. at 4 (Feb. 3, 2026) (written testimony of Jessica Gay, Vice President and Co-Founder, Integrity Advantage), <https://docs.house.gov/meetings/IF/IF02/20260203/118917/HHRG-119-IF02-Wstate-GayCPCAHFICFEJ-20260203.pdf>.

²⁹ *Common Schemes, Real Harm: Examining Fraud in Medicare and Medicaid: Hearing Before the H. Comm. on Energy & Commerce, Subcomm. on Oversight & Investigations*, 119th Cong. at 4 (Feb. 3, 2026) (written testimony of Jessica Gay, Vice President and Co-Founder, Integrity Advantage), <https://docs.house.gov/meetings/IF/IF02/20260203/118917/HHRG-119-IF02-Wstate-GayCPCAHFICFEJ-20260203.pdf>.

³⁰ *Common Schemes, Real Harm: Examining Fraud in Medicare and Medicaid: Hearing Before the H. Comm. on Energy & Commerce, Subcomm. on Oversight & Investigations*, 119th Cong. at 26 (Feb. 3, 2026) (statement of Jessica Gay, Vice President and Co-Founder, Integrity Advantage), Unofficial Hearing Transcript.

³¹ *Common Schemes, Real Harm: Examining Fraud in Medicare and Medicaid: Hearing Before the H. Comm. on Energy & Commerce, Subcomm. on Oversight & Investigations*, 119th Cong. at 11 (Feb. 3, 2026) (written testimony of Kaye Lynn Wootton, President, National Association of Medicaid Fraud Control Units), <https://docs.house.gov/meetings/IF/IF02/20260203/118917/HHRG-119-IF02-Wstate-WoottonJDK-20260203.pdf>.

states to design Medicaid programs with adequate fraud control measures and work with CMS to swiftly identify and address vulnerabilities in programs. To assist the Committee in its oversight, please provide written responses and all responsive documents regarding Medicaid program integrity by March 17, 2026:

1. What actions, if any, are being taken to identify, assess fraud risk, and investigate Medicaid fraud schemes that may be occurring in the state?
 - a. Please provide all audits related to fraud, waste, and abuse in the state's Medicaid programs including audits completed by third-party contract auditors, from January 1, 2021, to present.
 - b. Are any audits of the Medicaid program ongoing? If so, please detail the type of audits that are ongoing.
2. What program integrity measures are currently in place to prevent FWA in your state's Medicaid programs?
3. Describe the process for making criminal referrals for suspected Medicaid fraud to state, local, and federal law enforcement agencies.
4. What steps are being taken to sanction or disenroll fraudulent Medicaid providers? Please provide information about any sanctions or disenrollments of fraudulent providers, including all evidence supporting disenrollment proceedings.
5. How are Medicaid service providers screened for compliance with federal law?³² Please describe the process for screening, enrolling, and revalidating Medicaid providers, including but not limited to credentialing and site visits.
 - a. Are additional provider screening efforts imposed in addition to federal requirements to screen, enroll, and revalidate Medicaid providers?³³ If yes, please describe these processes.
 - b. How frequently are on-site visits conducted by your state for Medicaid providers by federal screening risk category (limited, moderate, and high-risk), including out-of-state providers?
 - c. Are any programs, provider types, or enrollment pathways exempt from on-site visits, and what statutory or regulatory authority permits those exemptions?
6. How does your state designate and evaluate risk level of provider types in the Medicaid program in accordance with 42 C.F.R. § 455 subpart E? Please provide the

³² Screening levels for Medicaid providers, 42 C.F.R. § 455 subpart E (2011).

³³ *Id.*

- state's current Medicaid programs classified by screening risk level (limited, moderate, and high categorical risk).
- a. Have any Medicaid programs' categorical risk levels been reassigned since January 1, 2021? If so, please describe which program(s) were reassigned, including any supporting evidence that contributed to risk reassignment.
 - b. How often does your state reevaluate Medicaid provider screening risk level?
7. Does your state collect data on Medicaid programs with abnormal or statistically significant increases in provider enrollment or claims over time, including programs which greatly exceed their estimated cost upon enactment?
- a. If so, please detail the programs that have experienced abnormal or statistically significant increases since January 1, 2021, the data that was collected on the programs, and how this data has been used to inform assessments of program vulnerability to FWA.
 - b. Is your state utilizing innovative tools, including but not limited to identity verification, artificial intelligence, and data analytics, to detect irregular Medicaid claims activity? If so, please describe these tools.
 - c. If you don't collect this data, why not?
8. Please provide information on active Section 1115 and 1915 demonstrations and waivers, from January 1, 2021, to present, including:
- a. program name;
 - b. provider category risk level;
 - c. effective date;
 - d. spending;
 - e. enrollment;
 - f. services offered;
 - g. FWA measures; and
 - h. eligibility.
9. Please provide information regarding improper payments and recovery efforts in your state's Medicaid program, including:
- a. Total Medicaid improper payments identified annually from January 1, 2021, to present, broken out by provider type and service category where available.
 - b. Total recoveries and recoupments of improper Medicaid payments annually from January 1, 2021, to present.
 - c. The average amount of time between identification of suspected fraudulent or improper payments and recovery, enforcement action, or case resolution.

- d. The extent to which the state utilizes payment suspension authority pursuant to 42 CFR § 455.23, including the number of payment suspensions issued annually since January 1, 2021, and the provider types or services impacted.
- e. The extent to which the state has pursued civil enforcement actions, including actions under state or federal False Claims Act authorities, related to Medicaid FWA since January 1, 2021.

10. Please provide information regarding screening, oversight, and enforcement actions related to Medicaid fiscal intermediaries, including:

- a. Screening, enrollment, credentialing, and monitoring requirements for fiscal intermediaries participating in Medicaid programs.
- b. Oversight mechanisms used to monitor caregiver time reporting, billing accuracy, and verification of services furnished through fiscal intermediaries.
- c. The frequency and scope of audits conducted on fiscal intermediaries since January 1, 2021, including audits conducted by the state or third-party contractors.
- d. The number of fiscal intermediaries that have been terminated, sanctioned, suspended, or otherwise subject to corrective action since January 1, 2021, and the basis for those actions.

If you have any questions about this request, please contact the Majority Committee Staff at (202) 225-3641.

Sincerely,



Brett Guthrie
Chairman
Committee on Energy and Commerce



John Joyce, M.D.
Chairman
Subcommittee on Oversight and
Investigations



H. Morgan Griffith
Chairman
Subcommittee on Health

Letter to Governor Healey and Secretary Mahaniah

March 3, 2026

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cc: The Honorable Frank Pallone, Jr., Ranking Member, Committee on Energy and
Commerce
The Honorable Yvette D. Clarke, Ranking Member, Subcommittee on Oversight and
Investigations
The Honorable Diana DeGette, Ranking Member, Subcommittee on Health