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Procedural Medicaid errors *not* a reflection of enrollee fraud or abuse

Payment error findings should not mean Medicaid enrollees are punished, Ohio Benefits issues need to be addressed

CLEVELAND, OH – The Center for Community Solutions, responding to a memo released today by the Ohio Department of Medicaid, stresses that issues with Ohio benefits must be addressed as soon as possible and payment error findings are not a measure of Medicaid fraud or abuse.

“This review doesn’t show that a single Ohio Medicaid beneficiary did anything wrong or was ineligible for Medicaid, and these findings shouldn’t deter anyone from signing up for Medicaid if they are eligible,” said John Corlett, the President and Executive Director of The Center for Community Solutions.

Community Solutions appreciates Ohio Medicaid’s transparency about the challenges it’s confronting with the Ohio Benefits system. Fully understanding the problem is the only way the department, and advocates, can more completely address it.

He went on to address issues identified with the Ohio benefits system, saying “It’s imperative that the Ohio Benefit system be able to determine Medicaid, SNAP, TANF and childcare benefit eligibility accurately and on a timely basis. **It’s appalling that even after Ohio spent \$1.2 billion on the system, it apparently doesn’t.**”

Nearly a quarter million Ohioans have been dropped from the Ohio Medicaid program since 2017, and most of Ohio’s children and working-age, uninsured adults are eligible for Medicaid but aren’t enrolled.

What should Ohio do now?

Step one: Fix the system and support counties and county caseworkers who have to implement more than 1,700 workarounds.

Step two: Get input about the problem from consumers, local county case workers, application assisters and major Medicaid health care providers who are on the front line of this issue.



What *shouldn't* Ohio do?

Ohio shouldn't penalize those covered by Medicaid by imposing additional application requirements that will only worsen the problem of *eligible* children and adults losing coverage. Ohio doesn't need any additional data or information from recipients, it just needs to act on the information it already has.

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