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AND THE WORKFORCE

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515-3221**

June 17, 2025

Bruce Caswell  
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CEO, Equifax

Jason Girzadas  
CEO, Deloitte US

Dr. Moses Haregewoyn  
President, Automated Health Systems

Dear Sir/Madam,

I write today with deep concern regarding recent media reports<sup>1</sup> of state Medicaid programs' widespread failure in verifying enrollee eligibility. In light of this, I am requesting a thorough review to ensure compliance with mandated Medicaid eligibility redeterminations per the *Consolidated Appropriations Act of 2023*.

As a member of Congress committed to fiscal responsibility and the integrity of federal entitlement programs, I am dedicated to ensuring that taxpayer-funded resources effectively support our nation's most vulnerable populations. Critical programs such as Medicaid must be safeguarded against waste, fraud, and abuse to allow funds to directly benefit those truly in need.

Your company is an essential partner assisting state and territorial agencies with Medicaid eligibility verification and detecting potential fraudulent applications and recertifications. As I conduct a thorough review to ensure compliance with mandated Medicaid eligibility redeterminations per the *Consolidated Appropriations Act of 2023*, your cooperation and insights are invaluable.

Frequently I have observed scenarios where individuals adhere strictly to the letter of regulations while disregarding their intent. It is vital that assistance reaches those genuinely in need rather

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<sup>1</sup> [Ohio Lawmaker's Probe Finds Failures in Verifying Medicaid Eligibility, Potentially \\$6 Billion Wasted.](#)

than scenarios involving affluent individuals exploiting resources intended for the truly vulnerable.

To support Congressional oversight efforts, please provide detailed responses to the following inquiries for calendar years 2023 and 2024:

1. Which states or territories utilize your data for Medicaid beneficiary ex parte renewals?
2. For each state and territory, provide the number of income verifications you performed for Medicaid applicants during calendar years 2023 and 2024 including the percentage of verifications that revealed discrepancies affecting eligibility.
3. For each state and territory, provide the number of asset verifications you performed for Medicaid applicants during calendar years 2023 and 2024 including the percentage of verifications identifying undisclosed assets impacting eligibility.
4. Have states or territories requested your assistance in updating or supplementing beneficiary contact information as part of CMS's recommended enhanced outreach efforts (text, email, phone)? If so, please include contact accuracy rates for calendar years 2023 and 2024.
5. For each state and territory, please estimate the potential savings that taxpayers could have realized if each state or territory acted upon your findings for calendar years 2023 and 2024 based on your analysis and identification of enrollees who may not qualify for ABD Medicaid according to asset verification. Additionally, please provide comprehensive statistical data and analysis to support these projected savings.
6. For each state and territory, share any details available about Medicaid applicants who did not meet statutory enrollment requirements for calendar years 2023 and 2024.
7. In alignment with President Trump's March 20, 2025, Executive Order "Stopping Waste, Fraud, and Abuse by Eliminating Information Silos" aimed at enhancing anti-fraud measures across federal programs, please include your data related to SSI and SSA verifications for beneficiaries for each state and territory.
8. Based on your extensive experience, what potential integrity improvements and cost savings could be realized by expanding comprehensive eligibility verification across all Medicaid populations?
9. Provide specific examples demonstrating how your verification processes have assisted states in identifying potential Medicaid fraud cases that would otherwise have remained undetected. Quantify the financial impact for calendar years 2023 and 2024 where available.
10. Have you observed any shifts in fraud patterns or eligibility discrepancies since states completed their unwinding periods following the COVID-19 Public Health Emergency? Please describe any emerging trends and suggest how verification processes might adapt to these challenges.

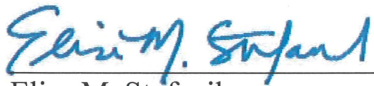
Additionally, I seek your input regarding actions by CMS or its contractors that may have disregarded Congressional directives particularly concerning CMS's guidance issued on October 17, 2022. This guidance instructs states not to recover the costs of services from beneficiaries found guilty of Medicaid fraud contrary to explicit Congressional mandates, severely undermining program integrity and accountability.

As a steward of public resources, it is imperative that guidance or policies that effectively immunize fraudulent activities or hinder the recovery of improperly paid benefits is not tolerated.

Please respond to these inquiries by the close of business on **Tuesday, June 24, 2025**. If preferred, responses can be delivered on a rolling or iterative basis. Should you have any questions or require further discussion, please reach out directly to [Sarah.Salas@mail.house.gov](mailto:Sarah.Salas@mail.house.gov).

Thank you for your attention and cooperation. I look forward to your comprehensive response and our continued collaboration to uphold the integrity and effectiveness of federal entitlement programs.

Sincerely,



Elise M. Stefanik  
Chairwoman  
House Republican Leadership