Medicaid

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This is not a comprehensive collection of all work on the state level. If there are resources you'd like to see featured here, please send them to us!

Committees

- Iowa Joint Health Policy Oversight Committee
- Kansas Interim Committee on Home and Community Based Services & KanCare Oversight
- Michigan House Medicaid and Behavioral Health Committee
- Ohio House and Senate Medicaid Committees

Oversight Partners

- Arkansas Medicaid Inspector General
- Kansas Office of the Inspector General
- Utah Office of Inspector General of Medicaid Services
- Washington, D.C. Office of the Inspector General, Medicaid Fraud Control Unit

Audits, Agency Reports

- Colorado Office of the State Auditor: Department of Health Care Policy & Financing Medicaid Correspondence, Sept. 2023
- Idaho, Office of Performance Evaluations: Medicaid Rate Setting, March 2022

- Iowa. State Auditor: A Review of Managed Care Organization Contracts Established by the Iowa Medicaid Enterprise within the Department of Human Services for the period April 1, 2016 through July 31, 2019, July 2020
- Iowa, State Auditor: Report on a Review of Medicaid Member Appeals and Managed Care Organization Contract Compliance for the period July 1, 2013 through August 31, 2019, July 2021
- Kansas, Legislative Research Department: State Legislature Involvement with State Medicaid Managed Care Organization Request for Proposal Process and Selection, Nov. 2023
- Michigan, Office of the Auditor General: Medicaid and Children's Health Insurance Program Client Eligibility Determinations, March 2022
- New Mexico, Legislative Finance Committee Program Evaluation Unit: Program Evaluation: Medicaid Network, Adequacy, Access, and Utilization, Dec. 2022
- Oregon, Secretary of State Audits Division: Oregon Health Authority: Without Federal Action, States Will Continue to Pay Millions of Dollars in Duplicate Medicaid Payments, Oct. 2024
- Utah, Office of the Legislative Auditor: A Performance Audit of Medicaid's Pharmacy Benefit Oversight, May 2020
- Washington, Office of the State Auditor: Examining Lead Testing for Children Enrolled in Medicaid, Dec. 2023

Legislative/Committee Reports

- Montana, Legislative Fiscal Division: Medicaid Expansion in Montana, 2022 Expansion Brochure

Legislation of Interest

- Kentucky SB 173: AN ACT relating to legislative oversight of the Medicaid state plan and declaring an emergency (from legislation).
- Tennessee HB 2537: As introduced, requires TennCare to create a methodology to make medicaid facility fee reimbursement rates for birthing centers comparable to rates for similar services provided at a hospital; requires the department of health to give priority to allocating federal rural health transformation program grant funds to birthing centers in rural counties and urban counties that serve residents of rural counties. - Amends TCA Title 68 and Title 71 (from website).

- Wyoming HB 64: AN ACT relating to medical assistance and services; authorizing the department of health to apply for enhanced Medicaid reimbursement for eligible providers of maternal services; providing definitions; providing purposes for enhanced reimbursement rates; requiring reports; providing appropriations; requiring rulemaking; and providing for effective dates (from legislation).

Other Resources of Interest

- KFF: Status of State Medicaid Expansion Decisions, March 2026
- National DPP Coverage Toolkit: The Role of the State Legislature in Medicaid Coverage, April 2025
- State Oversight Academy's *Oversight Overview* Medicaid Oversight Committees
- State Oversight Academy's *Preventative Care*: *State Legislative Oversight of Medicaid*

In the News

- New report shows **Idaho's** shortage of direct care workers is worse than national average (The Spokesman-Review, 3/17/2023)
    - A report presented to the Joint Legislative Oversight Council by the Office of Performance Evaluations revealed a dire shortage of at least 3,000 direct care workers needed to assist older and disabled Idahoans, exacerbated by low pay capped by Medicaid rates set by the state. The study found that 76% of surveyed direct care workers indicated that higher pay would deter them from leaving their jobs. The report recommended measures to address the problem, including setting more competitive wage targets, adjusting Medicaid rates more frequently, and considering region-specific rates.

- Idaho's direct care workforce is in 'crisis,' state legislative panel hears (Idaho Capital Sun, 9/22/2023)
    - Idaho's direct care workforce, responsible for caring for individuals with disabilities and older citizens, is facing a severe crisis due to a shortage of about 3,000 workers compared to national staffing levels, as reported by the Office of Performance Evaluations. The low pay rates provided by Idaho Medicaid are identified as a major issue, resulting in a wage cap and making it challenging to retain qualified workers. Recommendations include improving Medicaid reimbursement rates and creating a career ladder for direct care workers, with a proposed budget increase of $46 million to address the problem.

- Medicaid cuts could hurt older adults who rely on home care, nursing homes (NC Newsline, 3/31/2025)
  - Proposed federal Medicaid cuts under consideration by Congress could shift significant financial burdens to states, potentially leading to reduced eligibility or elimination of optional services such as home-based and community care, according to healthcare advocates and state lawmakers. Experts warn that older adults and people with disabilities, who account for over half of Medicaid spending in many states, would be disproportionately affected, especially in rural areas where programs like PACE centers depend on Medicaid funding. While some Republican officials and governors have voiced opposition to the cuts, the final outcome remains uncertain as Congress debates how to offset proposed tax reductions.

- **Idaho** built few accountability measures into Health Data Exchange, watchdog report finds (Idaho Capital Sun, 11/6/2023)
  - A report by the Idaho Office of Performance Evaluations revealed that the Idaho Health Data Exchange, a government-created nonprofit meant to share health data among doctors, insurance companies, and Medicaid, lacked proper regulation due to its status as a private nonprofit corporation. The exchange, supported by almost $92 million in federal tax funds and $2 million in state tax funds, filed for bankruptcy in 2022. The report highlighted the absence of accountability measures and transparency, with the exchange operating without adequate oversight mechanisms, leading to challenges in regulation and financial stability.
    - Read the report

- About 1,000 **North Carolinians** a day enroll in expanded Medicaid. Is that good? (NC Newsline, 2/7/2024)
  - Around 1,000 people daily are enrolling in government health insurance through Medicaid expansion in North Carolina, with approximately 349,000 of the estimated 600,000 eligible individuals having enrolled since the program’s launch on December 1. State Senator Ralph Hise expressed concern about the seemingly slow initial push in enrollment, prompting discussions at two legislative oversight hearings about strategies to increase participation. The state aims to complete the two-year enrollment projection faster than anticipated, with the federal government covering 90% of the cost for those enrolled in expanded Medicaid.

- **Kansas** legislative committee jumps into battle over selection of Medicaid contractors (Kansas Reflector, 6/26/2024)
    - The Kansas Legislature's committee is investigating the selection process of Medicaid contractors by the Kansas Department of Health and Environment (KDHE), particularly the replacement of Aetna Better Health with Healthy Blue, which had a controversial exit from the program in 2018. The committee is seeking documents to understand the decision-making process, and has asked the Attorney General for guidance on obtaining procurement information. Aetna Better Health and CareSource Kansas, another bidder, have formally protested the selection process, challenging the scoring and the perceived conflict of interest due to former state employees being hired by Healthy Blue's affiliates. The Department of Administration is reviewing these protests, with the director's decision to be considered the final agency action.

- **Minnesota**: House committee looks into Medicaid fraud prevention measures (Valley News Live, 7/8/2025)
    - The House Fraud Committee held a hearing to examine Medicaid fraud prevention efforts, focusing on improper payments and the effectiveness of current safeguards. Lawmakers questioned officials from the Department of Human Services about enforcement challenges and data reliability. DHS and State Medicaid officials discussed how they are planning to respond to federal funding changes.

- Despite spending increases, report finds **NM** health care access not improving (Albuquerque News, 9/23/2025)
    - A Legislative Finance Committee report found that New Mexico residents face significant barriers to accessing healthcare, with a "secret shopper" study showing that patients often need to make multiple calls to schedule appointments—up to 14 for behavioral health providers. Despite $10.6 billion in annual Medicaid spending and recent rate increases, the report noted that provider shortages persist, with a loss of 1,500 behavioral health providers between 2022 and 2024, and limited follow-up care after emergency visits. Lawmakers expressed concern over the lack of improvement and are considering new approaches, such as interstate medical compacts and regional behavioral health funding plans.

- **NC** Republican lawmakers criticize state health officials for cutting Medicaid provider rates (NC Newsline, 10/14/2025)
    - Several North Carolina Republican lawmakers criticized state health officials during a recent oversight committee meeting for reducing Medicaid provider reimbursement rates. Lawmakers raised concerns that the rate cuts could harm patient access and strain healthcare providers, particularly in rural areas. According to officials from the Department of Health and Human Services, the reductions were due to budget constraints and higher-than-expected costs following Medicaid expansion.

- **Kansas** inspector general digs into KanCare provider organizations (Kansas Reflector, 10/31/2025)
    - According to the Kansas Reflector, recent legislative changes expanded the authority of the Kansas Inspector General to investigate potential fraud and inefficiencies in state-administered social welfare programs, including Medicaid and food assistance. Lawmakers supporting the move cited concerns over program integrity and the need for independent oversight. The Kansas Department for Children and Families and the Department of Health and Environment are among the agencies now subject to broader scrutiny under these reforms.

- **Minnesota**: Auditor urges more aggressive posture in cases of alleged Medicaid kickbacks (MPR News, 3/17/2026)
    - According to a recent audit, reviews of alleged kickbacks in a Medicaid program had gaps that limited effective oversight and enforcement. The report recommended changes to state law to clarify authority, strengthen investigations, and improve coordination among agencies. Officials indicated the findings could prompt legislative action to address vulnerabilities in the program.

- **Nebraska:** State auditor raises alarm about ‘highly questionable billing’ in program for aged and disabled (Nebraska Examiner, 8/24/2026)
    - According to Nebraska Auditor Mike Foley’s report, the state’s Medicaid Aged and Disabled Waiver program showed “highly questionable billing” and oversight weaknesses, including providers billing more than 24 hours a day, receiving payments while allegedly working elsewhere, and altering verified service hours. The audit said program payments grew from about $65 million in 2016 to $434 million in 2025, while DHHS responded that it has already addressed some concerns through system changes and will investigate other cases. Foley also raised concerns that providers may structure themselves to obtain higher reimbursement rates

and called for stronger controls as demand for the program grows.

- Read the report