

OHIO AUDITOR OF STATE KEITH FABER



65 East State Street

Columbus, Ohio 43215

ContactUs@ohioauditor.gov

Joint Meeting of the House & Senate Medicaid Committees Chief Deputy Auditor Tiffany Ridenbaugh, Ohio Auditor of State Tuesday, March 24, 2026

Chair Gross, Vice Chair Romanchuk, Ranking Member Liston, and members of the House and Senate Medicaid committees, my name is Tiffany Ridenbaugh, and I am the Chief Deputy Auditor of the Auditor of State's office. Thank you for the invitation to testify on the important work our office does as it relates to the Medicaid program.

With nearly 800 staff statewide, the Ohio Auditor of State audits more than 6,000 public entities under Ohio law and issues approximately 3,500 audits annually. Under Chapter 117 of the Ohio Revised Code, our office conducts financial audits at least biennially and exercises broad audit authority over public funds. Our work follows national auditing standards requiring independence and objectivity, meaning our role is to report findings so governing bodies and responsible agencies can determine next steps.

Medicaid Oversight Through Multiple Audit Functions

Because Medicaid represents roughly 44% of Ohio's budget and is the state's largest federal program, it is reviewed through several distinct audit functions.

First, our office conducts the annual state financial and federal single audit, which tests whether financial statements are materially accurate, federal funds are spent properly, and internal controls are functioning. For Medicaid, materiality is approximately **\$1.5 million**, and this work requires about 12,000 audit hours annually. These audits rely on sampling and are designed to detect material weaknesses, not perform full fraud investigations.

Recent findings have identified concerns involving:

- ineligible recipients
- unresolved income eligibility verification issues
- system alerts generated at volumes too large to be effectively resolved

The most recent state financial report was issued December 17, 2025, and the full financial and federal audit is expected to be released March 26, 2026.

Special Investigations Unit

When fraud indicators arise, the work shifts to our Special Investigations Unit, which includes 50 forensic auditors, investigators, attorneys, and intake specialists.

SIU processes more than 1,900 complaints annually, including over 100 social benefits complaints already this year. At any point in time, we have around 150 active investigations, and we've achieved **157 convictions** during Auditor Faber's tenure.

For Medicaid-related matters, our focus is fraud involving public employees. Complaints involving providers or recipients are referred to the appropriate enforcement entities, including the Medicaid Fraud Control Unit.

Medicaid Contract Audit Team

Our Medicaid Contract Audit team performs targeted program integrity work under contract with the Ohio Department of Medicaid and the Ohio Department of Developmental Disabilities.

This team spends approximately **28,000** audit hours annually reviewing:

- Medicaid cost reports
- provider compliance examinations
- county developmental disability systems
- intermediate care facilities and PASSPORT providers

Because Ohio has more than 200,000 active Medicaid providers, examinations are selected through data analytics and risk indicators. Due to limited resources received, our office tests approximately 50 providers annually.

In calendar year 2025 alone:

- 47 compliance examinations identified **\$4.5 million** in improper payments
- 55 agreed-upon procedure reports identified an additional **\$32,000 in findings**.

Since 2019:

- 231 compliance examinations have identified **\$20 million** in improper payments

The most common provider errors involve:

- practitioner qualification issues
- insufficient documentation
- missing or incomplete service authorizations
- billing beyond coverage limits

These examinations support recoveries, referrals, and public accountability through published audit reports.

Public Interest Medicaid Audits

Over the last five years, our office has also completed several statewide Medicaid reviews with significant findings:

- 2020 eligibility audit: estimated **\$455 million** in potential loss tied to Ohio Benefits system failures
- 2022 capitation audit: identified **\$118.5 million** in payments involving incarcerated, deceased, or duplicate enrollees
- 2022 PARIS alert review: estimated **\$5.3 million to \$24.5 million** annually in improper multi-state enrollment payments
- 2024 concurrent enrollment audit: found more than **124,000 individuals** enrolled in Ohio and another state simultaneously, with potential impact exceeding **\$200 million**
- 2024 EVV audit: found 56% of home care services were not processed through Electronic Visit Verification, affecting approximately **\$1.1 billion** in claims

Current Work Underway

Two major Medicaid audits are currently underway:

First, a statutory audit of Aged, Blind, and Disabled Medicaid eligibility, covering nearly 500,000 recipients, with completion expected later this year.

Second, the Ohio Performance Team is conducting the Next Generation Medicaid audit, examining:

- strategic planning
- forecasting
- county performance variation
- contract oversight
- provider claims processing

That work is also expected in fall 2026.

The Auditor of State's role in Medicaid oversight spans financial auditing, fraud investigation, provider compliance, and performance review. Together, these functions help protect taxpayer dollars, strengthen accountability, and identify opportunities for reform across one of Ohio's largest and most complex public programs.

Chair Gross, Vice Chair Romanchuk, Ranking Member Liston, and members of the House and Senate Medicaid Committees, thank you again for letting us testify today, and we are happy to answer any questions you may have.