Medicaid was established for low-income children, pregnant women, the disabled, and seniors. In 2016 Montana’s Medicaid program added adults without children, costing taxpayers another $800 million a year. But are recipients really low-income?

There’s a huge problem in some of the states that “expanded” Medicaid, as Montana did. Many individuals “appeared to gain Medicaid coverage for which they were seemingly income-ineligible.” Writing in the Wall Street Journal, Brian Blasé and Aaron Yelowitz say, “there’s evidence of massive improper enrollment. According to 2018 reports by the Inspector General’s Office at the Department of Health and Human Services, 25% of Medicaid expansion enrollees were likely ineligible in both California
and New York. A state audit in Louisiana found 82% of expansion enrollees were ineligible at some point during the year they were enrolled. People who entered no income while exploring their options via the federal exchange website were automatically enrolled in Medicaid.”

A legislative audit here in Montana found the Department of Health and Human Services “does not verify income prior to enrollment … and does not verify income information from FFM (federal website) applications,” and individuals do not have to, “report changes in income or resources.” One-fourth of flagged cases received no follow-up.

The audit states: “When ineligible people are enrolled in Medicaid and obtain Medicaid services, federal and state taxpayer dollars cover Medicaid services for people for whom they were not intended. This potentially leaves fewer resources for those actually eligible for benefits.”

DPHHS needs to tighten its income verification procedures to make sure taxpayer dollars are available to assist those with low incomes.

Rep. Tom Burnett
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