Stopping Fraud and Waste

Wisconsin is missing its Medicaid accountability moment

By Mark Lisheron

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EXECUTIVE SUMMARY

Missing our Medicaid accountability moment

Wisconsin's Medicaid program is now the largest item in the state budget, accounting for nearly one-third of all state spending. It serves important functions, including coverage for low-income residents.

But its size, complexity and financing structure make transparency and accountability essential. At a time when Medicaid fraud, improper payments and weak oversight are receiving sustained national attention, Wisconsin should use this moment to impose greater discipline on a program that now costs taxpayers $36.4 billion over the 2025-27 budget cycle.

This chapter provides recommendations for improving accountability and value for money in the state's Medicaid program.

Key recommendations include:

- The Department of Health Services should provide regular public reporting on its efforts to prevent, detect and correct fraud and improper payments.
- The Legislature should establish a state Medicaid fraud task force or otherwise require the DHS to create and publish a detailed fraud-control plan.
- Lawmakers should demonstrate successful management of the program Wisconsin already has before adding new commitments, as many states have done through Medicaid expansion, to a program that consumes nearly one-third of the state budget.
- The DHS should explain what accounts for the increase in enrollment from pre-pandemic levels and what steps are being taken to ensure that Medicaid rolls are accurate and current.
- Wisconsin lawmakers should scrutinize the state's use of provider taxes and question arrangements that reward higher spending rather than better stewardship.
- The Legislature should stop Medicaid mission creep by barring the state from expanding the number of programs under the Medicaid umbrella.

Wisconsin must manage Medicaid like the enormous public program it has become. That means public reporting, legislative oversight, provider scrutiny, eligibility discipline, a response to federal improper-payment findings and a willingness to question fiscal arrangements that reward more spending rather than wiser spending.

Wisconsin is missing its Medicaid accountability moment

By Mark Lisheron

Introduction

Wisconsin is missing an historic opportunity to bring transparency, discipline and accountability to Medicaid, its biggest and perhaps most troubled state program.

Medicaid is the joint federal-state program that provides health care coverage for low-income Americans and many people with disabilities, while also paying for a large share of births, nursing-home care and long-term services. In Wisconsin, it is administered by the Department of Health Services, supported heavily by federal funds and spread across 19 programs under the Medicaid umbrella.[1]

Medicaid serves important functions. However, it is not currently being managed with the transparency, discipline and oversight appropriate for a program that now consumes nearly one-third of the state budget. More specifically, recent developments suggest Wisconsin's Medicaid program has become too vulnerable to improper payments, eligibility failures, fiscal gamesmanship and outright fraud.

Medicaid accountability is now receiving sustained national attention, which gives Wisconsin officials an opportunity to implement reforms. Federal officials are pressing states to review providers and confront improper payments. Several states are facing scrutiny over fraud, weak oversight and questionable billing. Minnesota, Wisconsin's neighbor, has become the most dramatic example of what can happen when fraud and misspending become embedded in a large and complex Medicaid system.[2]

As with many other states, there is clear evidence Wisconsin has accountability and mismanagement problems related to the design and delivery of Medicaid. These include a federal finding of potentially improper Medicaid payments, lingering enrollment questions after the pandemic unwinding, weak public reporting on fraud and program integrity, provider-tax gamesmanship, and the steady expansion of services under the Medicaid umbrella. Here, we review the evidence and examples of mismanagement, and we present options to improve accountability, oversight and the cost-effectiveness of Medicaid spending.

A national Medicaid accountability reckoning

Across the country, Medicaid accountability is now drawing national attention. Federal officials are pressing states to review and revalidate providers. Several states are facing questions about fraud, improper payments and weak program oversight. Auditors and

investigators in states as different as Minnesota, California, North Carolina and Ohio have identified or begun examining challenges in their Medicaid programs.

The most dramatic example is next door. Minnesota has drawn national attention to the bloat and corruption that have embedded themselves in America's $910 billion-a-year program. The billions of dollars of fraud already identified in Minnesota's Medicaid program helped spur President Trump to establish a fraud task force to coordinate an accounting for federal spending on social programs in every state.[3]

In April 2026, Centers for Medicare & Medicaid Services Administrator Mehmet Oz called for a nationwide crackdown on Medicaid fraud. He gave all states until the end of May to provide plans to review and revalidate every one of their Medicaid providers.

And in mid-May, Medicaid withheld $1.3 billion in reimbursements to the State of California pending an examination of fraud in its program. Federal officials had done the same earlier in the year when they stopped $280 million heading to Minnesota.

Wisconsin has not been identified as another Minnesota, but that is not a reason for inaction. The purpose of Medicaid oversight is not to wait until a scandal becomes undeniable. It is to make sure a program this large is transparent, accountable and protected from the kinds of improper payments, eligibility failures and provider abuses now receiving national attention.

Unfortunately, the response from Gov. Tony Evers' administration has been underwhelming.

Medicaid is too large to be left on autopilot

The Badger Institute's reporting on Medicaid, particularly in the last five years, has documented a program of ever-increasing size, resistant to anyone or anything trying to slow it or even take an accurate measure of it.

In April 2021, a little more than a year into the COVID-19 pandemic, we put Medicaid on "red alert," warning the public that a program representing 25 percent of annual state spending was being mismanaged.[4]

At the time, U.S. Sen. Ron Johnson, a leading proponent of Medicaid reform, expressed exasperation at trying to even draw public attention to the problem.

"It's insane. You have all of these health providers who have based their business model on a horribly complex and distorted marketplace controlled by the government," Johnson told the Badger Institute. "How do you fix something so entrenched, that is way too expensive and way too painful to change?"

Five years later, Medicaid is now at 32.7 percent of all state spending, or $36.4 billion of the $111.1 billion biennial budget for 2025-27. This amount is split roughly 60-40 between federal and state funding. Both federal and state taxpayers, who are, of course, often the same people, are paying more for the roughly 1.26 million Wisconsinites now on Medicaid. As in every other state, Medicaid is the largest single item in Wisconsin's budget, and its growth perpetually threatens to

crowd out the availability of funds for other programs. Ensuring accountability and value for money spent in this program should therefore be a top priority for state policymakers.[5]

A warning sign of accountability problems and mismanagement

Recent developments in Minnesota illustrate how large and expensive problems can go undetected for extended periods of time. Until the Minnesota Medicaid fraud scandal drew national attention, few Americans were likely aware that the program annually tolerates $35 billion to $60 billion in payments that federal inspectors deem improper or illegal.

Wisconsin, unlike Minnesota, is not a clearly identifiable hotspot for waste, fraud and abuse. But it already has had its own warning sign.

In July 2025, the U.S. Department of Health and Human Services Office of Inspector General determined that Wisconsin's Department of Health Services, which runs the 19 programs under the Medicaid umbrella, made $94.3 million in "potentially improper" payments to providers of applied behavior analysis services for children with autism in 2021 and 2022. That included $62.3 million in federal funds and $32 million in state funds.[6]

In 2018, annual fees for the autism testing were $39.9 million. By 2022, those annual fees totaled $53.7 million, according to the report.

The report recommended Wisconsin refund $12.2 million to the federal government — the federal share of payments that the inspector general estimated to be improper, not just potentially so — along with whatever of the feds' $62.3 million in potentially improper spending might be found to be actually improper after a state review of "reasonable diligence." State Medicaid officials did not respond to emails asking for a response to the report and the current disposition of the recommendations.

That finding should have prompted a clear public accounting from the Wisconsin DHS. Instead, there has been no visible state follow-up explaining what happened, what has been recovered, what safeguards have changed or whether similar vulnerabilities exist elsewhere in the program.

Wisconsin has stopped telling the public what it knows

The problem is not only improper payments. It is opacity.

Not since Gov. Scott Walker left office in January 2019 has state government provided comparable public reporting about the size and scope of Medicaid fraud in Wisconsin. Walker administration officials identified at least $150 million in Medicaid and FoodShare fraud.[7] The Evers administration has provided no similar accounting.

The state Department of Health Services has an Office of Inspector General, which "periodically publishes reports summarizing the overall accomplishments of our fraud-fighting efforts within (the) DHS and across the state with our various

partners," according to its website.[8]

Those reports are nowhere to be found on the website.

The Evers administration issued no statements when the owner of a small health care company was charged early in May with siphoning off $2.1 million in Medicaid reimbursements to buy a custard stand and a Mercedes-Benz,[9] or in March when a federal judge sentenced a Milwaukee man who stole $2.7 million from a program to assist at-risk pregnant women.[10]

Those cases do not by themselves prove a systemic fraud problem. But they illustrate why state government should be eager to demonstrate that it is watching closely, reporting clearly and responding aggressively.

Wisconsin taxpayers should not have to rely on sporadic criminal cases, federal inspector general reports or outside policy organizations to learn whether the state's largest program is being adequately monitored. The Wisconsin DHS should provide regular public reporting on its efforts to prevent, detect and correct fraud and improper payments, including a clear account of its response to federal findings such as the inspector general's report on autism-services payments.

Without that transparency, neither lawmakers nor taxpayers can adequately assess the integrity of Wisconsin's Medicaid program.

The Medicaid expansion debate must include accountability

The need for state-level accountability is especially urgent because Medicaid spending has proven so difficult to restrain at the federal level. Congress has repeatedly expanded the program, and policymakers in both parties have shown little appetite for checking the growth of Medicaid, Social Security or Medicare. That leaves states like Wisconsin with a narrower but still important responsibility: to scrutinize the parts of Medicaid they administer, including eligibility systems, provider enrollment and revalidation, fraud prevention, improper-payment reviews, managed-care oversight, and the use of federal financing arrangements.

After three years of "unwinding," why are there still 60,888 more people on Medicaid than there were before the pandemic in a state with barely any population growth? Federal and state taxpayers deserve to know.

No number of red alerts or evidence of problems in the Medicaid system have stopped Congress from expanding a program originally designed to fund health care services to low-income families with children — expanding it at least 20 times since its original approval.[11]

The most dramatic change came with the passage of Obamacare, or the Affordable Care Act, in 2010.

The bill gave states the option to expand their Medicaid programs to cover able-bodied childless adults earning up to 138 percent of the federal poverty line. In exchange, the federal government would cover 90 percent of the additional costs. In the past, states had covered the small end

of a roughly 60-40 ratio.

To date, 40 states and the District of Columbia[12] have agreed to the expansion. Wisconsin is one of 10 holdouts: The state has received a waiver to remain at that 60-40 ratio and guarantees subsidized coverage on Affordable Care Act exchanges for able-bodied childless adults with incomes 133 percent of the poverty line.

Prior to the Affordable Care Act, most states' Medicaid programs didn't cover able-bodied childless adults. Wisconsin, though, already covered such people up to twice the poverty level. Lawmakers and then-Gov. Scott Walker pared it so childless adults were covered up to the poverty line. Above that, they were sent to buy private insurance on the other feature of Obamacare, the subsidized "exchanges."

"I am incredibly proud that we found a way to take care of people slightly above the poverty level," state Assembly Speaker Robin Vos, who voted for the waiver package, told the Badger Institute. "We had a solution other states didn't have. And we proved expansion was not a one-size-fits-all solution."

Republican legislative majorities in Wisconsin have since turned away every Medicaid expansion package Evers has included in every one of his budgets.

That debate should not be separated from the question of program integrity. A state that has not provided a serious public accounting of fraud control, improper payments, eligibility management and program oversight should not rush to add new commitments to a program already consuming nearly a third of the state budget.

Wisconsin's approach has preserved coverage while avoiding the full expansion model embraced by most states. The refusal to embrace expansion is prudent given that lawmakers should demonstrate successful management of the program before rushing to expand it.

The pandemic exposed weaknesses in eligibility control

The Minnesota scandal and Wisconsin's own federal improper-payment finding show why anti-fraud measures and payment integrity require stronger oversight. But Medicaid accountability is not limited to fraud or provider payments. Eligibility control is another major concern.

Early in the pandemic, President Biden declared a health emergency, forbidding states from rejecting new enrollees

or removing ineligible enrollees from Medicaid. To defray some of that cost, the declaration provided a sweetener — in the case of Wisconsin, an increase in the share of Medicaid costs covered by the federal government, from 60 percent to 65.57 percent.

Not surprisingly, Medicaid enrollment jumped more than 41 percent, from 1.2 million in March 2020 to a peak of 1.7 million in Wisconsin in May 2023, the month after Biden finally called off the emergency.

Biden's refusal to allow states to kick more than 20 million ineligible recipients off Medicaid cost more than $115 billion nationwide.[13] Medicaid spending in Wisconsin increased during that time by $4.5 billion, according to a report by the state Department of Administration.[14]

More maddening for taxpayers, the Department of Health Services dragged its feet with the disenrollment, or "unwinding" as federal officials called it. At the end of 2024, after the unwinding, the agency reported that more than 25 percent of the total enrollment had been trimmed from its pandemic peak.

What the agency did not explain was why there were 163,000 more people on Wisconsin's Medicaid rolls after the unwinding in June 2024 than there were in March 2020. As of the end of April 2026, there were still 60,888 more people on Medicaid than when the pandemic began, according to DHS records.

And despite all of that cutting and unwinding, Medicaid will be over budget by $213 million over the next two budget years, DHS Secretary Kirsten Johnson told the Joint Legislative Committee on Finance earlier this year.[15]

This deserves a clear explanation from the DHS. After three years of "unwinding," why are there still 60,888 more people on Medicaid than there were before the pandemic in a state with barely any population growth? Are those enrollees eligible? Are eligibility systems functioning properly? Has the DHS reviewed the causes of the remaining increase? Has it reported those findings to lawmakers?

Federal and state taxpayers deserve to know.

Medicaid's incentives encourage fiscal gamesmanship

The accountability problem is not limited to fraud, improper payments or eligibility. Medicaid's financing structure also invites fiscal gamesmanship, especially through provider taxes.

Such taxes allow states to tax hospitals or other health care providers, use the revenue to draw additional federal Medicaid matching funds, and then return much of the money to providers through higher Medicaid payments. Critics argue that this creates a circular financing arrangement in which states and providers benefit from higher federal reimbursements while federal taxpayers bear much of the cost.

When Congress passed its budget reconciliation bill last year, lawmakers from both parties described it as imposing wholesale cuts to Medicaid. The bill included a requirement that able-bodied childless adults on Medicaid find work,

which congressional budget scorekeepers projected would cause some such recipients to drop out of the program.

But part of what Congress had voted for was a set of restrictions on this system of state taxation and federal reimbursement, which skeptics like U.S. Sen. Ron Johnson have called a money laundering scheme.[16]

Paragon Health Institute has for years decried the hospital tax levy merry-go-round in its many studies. Niklas Kleinworth, co-author of the most recent study, told the Badger Institute, "Everyone involved — hospitals, doctors, insurance companies and the states — has a perverse incentive. The only people who don't benefit are the enrollees and the federal taxpayer. It's a shell game."[17]

The provider tax issue matters for Wisconsin because it highlights a deeper problem: Medicaid's structure encourages states to maximize federal reimbursement rather than to instill discipline on their spending. That may be legal, but legality is not the same as sound policy. A system in which state governments, providers and insurers can all benefit from drawing more federal money is a system that naturally resists restraint.

Leaders of Wisconsin's Joint Finance Committee need to commence a serious discussion of the state's role in gaming the Medicaid system with the provider tax. This is certain to meet resistance from the hospital industry, which has long profited from the increased federal payments. Trump's reconciliation bill put a moratorium on new or increased provider taxes by the state but did nothing to alter those already in place.

The provider tax issue is a reminder that the discussion needs to change concerning waste, fraud and abuse in Medicaid. Democrats, including those in the Evers administration, have treated any attempts to combat illegal spending or even to slow it as an attack on Medicaid itself.

As we've reported, President Obama included plans in two of his budgets to reduce the ability of states to ratchet up federal funding through provider taxes. His vice president, Joe Biden, wanted them eliminated. The plans were stricken from both budgets.[18]

This is not merely a fight about illegal fraud. It is also a fight about incentives. Medicaid financing has created legal mechanisms that encourage states and providers to treat federal taxpayers as a revenue source to be maximized, rather than as citizens whose money should be protected.

Medicaid mission creep

Medicaid's Section 1115 invites states to pitch new programs, however vaguely attached to Medicaid, promising federal money to cover 60 percent of the cost. As we've reported, there are 76 different services within 19 Medicaid programs, among them the aptly named Medicaid Housing Support Services.[19]

This is another accountability problem. Section 1115 allows states to put more and more social policy under the Medicaid umbrella. Some of those services may be defensible on their own terms. But the effect is to make Medicaid larger, more complex and harder for legislators and taxpayers to oversee.

A program that already accounts for nearly

one-third of Wisconsin's state budget does not need more loosely related add-ons. It needs clearer boundaries, stronger reporting and a serious accounting of what it is already doing.

The Legislature should bar the state from using Section 1115 to expand the number of programs under the Medicaid umbrella. The latitude offered by the loophole has allowed Wisconsin to get funding for services already provided to low-income people by other state social services agencies.

A Medicaid accountability agenda for Wisconsin

Wisconsin should use the current federal attention as leverage for its own state-level accountability agenda. Medicaid is administered by states, heavily funded by Washington, and vulnerable everywhere to improper payments, weak provider oversight and eligibility errors. The state should not treat the federal crackdown as a partisan sideshow or a problem only for other states. It should treat it as an opportunity and a warning.

Wisconsin does not need to wait for a Minnesota-sized scandal to impose basic discipline on Medicaid. The state already knows the program is enormous. It already knows enrollment surged during the pandemic. It already knows improper payments have been identified in at least one area of care. It already knows public fraud reporting has withered. And it already knows the federal government is demanding a more serious accounting from every state.

That accounting should begin with several immediate steps.

Wisconsin should establish a state Medicaid fraud task force. At least 10 states have started fraud investigations based on the Minnesota and California revelations. All states are currently being asked to submit to the Centers for Medicare & Medicaid Services plans to reduce fraud and misspending. This federal request could provide the basis for a Wisconsin task force plan of attack.[20]

With or without a formal task force, the state **Legislature must press the DHS to create and make public a plan for fraud control**. Such an effort would benefit from a detailed study of every step in the uncovering of the massive fraud in Minnesota. It should also include making enrollee and service-provider information more available to the federal government, which pays the majority share of Medicaid expenses.

The state should require the DHS Office of the Inspector General to produce and post to its website an annual fraud report like its federal counterpart. The 2025 federal report includes nearly $2 billion in combined criminal and civil recoveries the previous year, as well as 1,185 convictions. Those are small numbers for a program with a $919 billion budget, and a reminder of the yawning need for greater enforcement.[21]

The DHS needs a plan for heightened enforcement and should offer proof of results in an annual presentation to the Legislature. That presentation should include a report on the DHS' response to the findings of improper payments to autism service providers.

Finance Committee leaders should commence **a serious discussion of the**

state's role in gaming the Medicaid system with the provider tax. This is certain to meet resistance from the hospital industry, which has long profited from increased federal payments. Trump's reconciliation bill put a moratorium on new or increased provider taxes by the state but did nothing to alter the systems still in place.

The provider-tax issue is a reminder that **the discussion needs to change concerning waste, fraud and abuse in Medicaid**. Democrats, including those in the Evers administration, have treated attempts to slow or combat illegal spending as an attack on Medicaid itself. But even Democratic presidents have recognized the problem. As we've reported, President Obama included plans in two of his budgets to reduce the ability of states to ratchet up federal funding through provider taxes. His vice-president, Joe Biden, wanted them eliminated. The plans were stricken from both budgets.

The Legislature should bar the state from using Section 1115 to expand the number of programs under the Medicaid umbrella. The latitude offered by the loophole has allowed Wisconsin to get funding for services already provided to low-income people by other state social services agencies.

The DHS should also be required to account for the post-pandemic Medicaid enrollment increase. After three years of "unwinding," there are still 60,888 more people on Medicaid than before the pandemic in a state with barely any population growth. The Legislature should require the DHS to explain that increase — whether the additional enrollment reflects eligible recipients and deliberate policy choices — and what steps are being taken to ensure that Medicaid rolls are accurate and current.

Wisconsin should manage Medicaid like the enormous public program it has become. That means public reporting, legislative oversight, provider scrutiny, eligibility discipline, a response to federal improper-payment findings and a willingness to question fiscal arrangements that reward spending more rather than spending wisely.

Across the country, there is a growing awareness of the problems in Medicaid and the need for scrutiny and reform. Wisconsin should use this national accountability moment to impose transparency, discipline and accountability on the state's largest program.

About the author

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