



February 17, 2026
<Sent online via Regulations.gov>

Dr. Mehmet Oz, Administrator
Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850
Attn: CMS-9883-P

RE: Comments on NPRM “Patient Protection and Affordable Cre Act, HHS Notice of Benefit and Payment Parameters for 2027; and Basic Health Program,” CMS-998-P

Dear Dr. Mehmet Oz,

The United Council on Welfare Fraud (UCOWF), appreciates the opportunity to respond to the Notice of Proposed Rulemaking (NPRM) Rule CMS-9883-P as published in the Federal Register on February 11, 2026.

UCOWF fully supports the mission of promoting program integrity in our nation’s public assistance programs across the nation. After careful consideration, UCOWF supports the Proposed Rule with some suggested improvements.

About UCOWF

UCOWF is the only national association exclusively dedicated to preventing, detecting, and prosecuting welfare fraud.

As the states’ frontline enforcers for capturing waste, fraud and abuse for more than 50 years, we have advocated for stronger policies to protect and strengthen America’s social safety net programs. As a 501(c)(3) nonprofit funded entirely by our members, UCOWF works to ensure that critical public assistance programs are safeguarded, taxpayer dollars reach the vulnerable citizens they are intended to help, and program integrity aligns with their intended purpose.

Our membership includes county and state investigators who conduct both administrative and criminal investigations into recipient and beneficiary fraud, as well as efforts to recover funds lost to fraudulent activity. We commend CMS for strengthening Marketplace verification standards in this NPRM. At the same time, we respectfully highlight significant Medicaid beneficiary integrity deficiencies and gaps that remain unaddressed.

Program Integrity in Medicaid

UCOWF strongly supports efforts to enhance program integrity in both Federally Facilitated Exchanges (FfEs) and State-based Exchanges (SBEs). We welcome the anti-fraud initiatives outlined in this 195-page NPRM. However, CMS has not yet issued guidance to State Medicaid Directors on detecting, preventing, and recovering from beneficiary fraud following the May 1, 2025, rescission of SMD #24-005. UCOWF has engaged directly with CMS leadership - including a meeting on January 30, 2026 - and has submitted four letters

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addressing this gap.¹ The absence of updated CMS guidance ahead of this NPRM's release is concerning and raises concerns about the uniformity of enforcement at the state and local level and the Administration's inconsistent application of federal law.

While this NPRM focuses primarily on Exchange/Marketplace integrity and is not a comprehensive framework for Medicaid beneficiary program enforcement, it does not resolve the ongoing legislative and regulatory gaps in Medicaid program integrity that UCOWF, the Government Accountability Office and even Congress have all repeatedly raised.

To its credit, the NPRM does align by shifting certain program integrity measures to the front end and reducing reliance on self-attestation. This is particularly evident in the narrow areas of lawful presence and MAGI income verifications when Exchanges are involved. However, we would again repeat from our letters that CMS has within its authority to unilaterally immediately end self-attestation, as opposed to this incremental element.

UCOWF strongly supports CMS's direction toward stronger front-end verification and reduced reliance on unsupported self-attestation in the Exchange context, but we would strongly encourage more in both regards.

Specifically, UCOWF supports:

• **Income Verification Tightening**

The continuation of income documentation requirements when trusted data as sources contradict attested income – particularly when income is just about 100% FLP – is an appropriate integrity safeguard. Requiring documentation rather than default acceptance of applicant provided information reduces inflated income manipulation, protects program integrity, and prevents “pay and chase” recovery models. This is consistent with UCOWF's long-standing recommendation that verifications precede payment wherever possible.

• **Lawful Presence Verification Through SAVE**

Requiring Exchanges to verify eligible noncitizen status through DHS SAVE and resolve inconsistencies strengthens lawful presence controls. Reducing reliance on unsupported immigration attestations aligns with basic program integrity standards and reflects recognition that eligibility cannot rest solely on applicant self-certification.

• **Special Enrollment Period (SEP) Verification**

UCOWF strongly supports removal of the sunset on enhanced SEP verification and continued pre-enrollment verification requirements for Federal platform enrollments. CMS appropriately recognizes that self-attestation of qualifying events can be exploited. Verification of SEP triggers is necessary to prevent opportunistic or unauthorized enrollment.

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¹https://www.ucowf.net/assets/pdf/UCOWF+letter+to+House+Oversight+regarding+MN+Fraud+Hearing+and+CMS+Guidance+on+FWA_5Jan2026/



- **Improper Payment Measurement**

Establishing structured improper payment measurement and corrective action plan processes strengthens oversight and accountability. UCOWF supports increased data transparency and standardized reporting of eligibility and enrollment errors.

While the NPRM appropriately strengthens Marketplace verification, it **does not address the much larger Medicaid beneficiary integrity gap.**

UCOWF again raises the following concerns, none of which are addressed in this NPRM:

- 1. There Remains No Federal Medicaid Beneficiary Fraud Framework**

There are no clear federal regulations addressing Medicaid beneficiary fraud standards or regulatory structure for beneficiary sanctions (outside limited asset look-back disqualification). There is no CPI reporting requirement for beneficiary fraud nor any uniform guidance clarifying state authority to pursue beneficiary overpayment recoveries.

Unlike provider fraud (addressed through Medicaid Fraud Control Units and state statutory frameworks), **beneficiary fraud remains largely undefined at the federal regulatory level.** This NPRM does not close that gap and the lack of guidance in the aftermath of the rescinded SMD #24-005 creates enforcement hesitancy and inconsistent state practice.

- 2. Self-Attestation in Medicaid Remains Largely Untouched**

Despite tightening verification in the Exchange context, Medicaid continues to permit self-attestation in key eligibility areas:

- MAGI income (when data is unavailable or the state has not checked)
- Residency
- Household Composition
- Non-MAGI asset reporting (subject to AVS timing)
- Identity Proofing
- Retroactive Eligibility

The NPRM does not amend 42 CFR Part 435 or strengthen Medicaid identity, residency, or household verification. If CMS acknowledges that self-attestation presents risk in Marketplace enrollment, the same logic applies – more forcefully – in Medicaid.

- 3. Asset Verification System (AVS) Enforcement Gap**

The Medicaid Extenders Act of 2019 requires asset verification systems for applicable populations, with FMAP penalties for noncompliance. Yet states have eliminated or drastically raised asset limits (to the point of eliminating them, such as California increasing individual resource limits from \$2,000 to \$130,000 without any scientific or real evidence-based methodology) or reduced look-back periods. Yet AVS enforcement penalties required by law (PL 116-3) have not been applied.²

This NPRM fails to reinforce AVS compliance, clarify the FMAP penalty enforcement, or address the erosion of asset safeguards in non-MAGI Medicaid. If verification integrity matters in APTC eligibility, it must matter in Medicaid long-term care eligibility as well.

² <https://www.govinfo.gov/content/pkg/PLAW-116publ3/pdf/PLAW-116publ3.pdf>

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4. Working Families Tax Cut (WFTC) Section 1634 Loophole

The six-month recertification requirement in WFTC (PL 119-21) requires regulatory clarity as to the loophole that exists for states utilizing the Section 1634 Social Security Act (42 USC §1383c) agreement with the Social Security Administration (SSA). Currently, 34 states (plus DC) utilizing the §1634 option automatically enroll individuals in Medicaid if they are approved for Social Security Income (SSI) by the SSA. However, the SSA does not conduct beneficiary redeterminations that follow the WFTC requirement. Currently SSA policy (POMS SI 02301.005) require redeterminations only every 1-2 years for recipients with earnings, income changes, history of reporting problems, or a high probability of financial change. Otherwise, SSI redeterminations are only done every 3 to 7 years.

The NPRM fails to correct this outstanding loophole in beneficiary redeterminations.

5. Section 1115 Waiver Oversight

The WFTC legislation requires Section 1115 Waivers to be budget neutral. The NPRM does not address how CMS will re-evaluate state plans or waivers for compliance, eligibility verification deviations under waiver authority, or integrity impacts of enrollment growth through waiver flexibilities.

UCOWF Recommendations

UCOWF respectfully recommends CMS build upon integrity principles demonstrated in this NPRM and extend them to Medicaid beneficiary integrity.

In addition to addressing the five concerns, CMS should issue formal beneficiary fraud guidance that clarifies state authority to investigate and recover beneficiary overpayments consistent with prior GAO and HHS OIG recommendations. The clarification should include authority to sanction/disqualify individuals found to have committed fraud in administrative and criminal proceedings and FMAP implications for states failing to address beneficiary fraud controls in annual audits, reviews, and state plans.

States should also report on the number of beneficiary fraud investigations, overpayments established, recoveries collected, and the number of criminal referrals. These reports should be publicly posted in a timely manner to increase transparency and accountability.

CMS must issue regulations and enforce the Medicaid Extenders Act of 2019, adopt minimum NIST-aligned identity proofing standards for Medicaid online and telephonic applications.

Closing

UCOWF appreciates CMS’s commitment to improving Marketplace integrity and affordability. This Rule is a solid foundation to build upon, and we hope that our suggestions are considered either separately, or in the Final Rule. For the above reasons, we support Rule CMS-9884-P.



Again, we represent – including myself – the individuals who do nothing but police these programs 24-7, 365 days a year. So, we appreciate your consideration and stand ready to provide any additional information or assistance you may require in supporting these efforts towards our shared goal.

Sincerely,

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