

# United States Senate

WASHINGTON, DC 20510

June 9, 2025

Bruce Caswell  
President, Chief Executive Officer  
Maximus  
1600 Tysons Blvd, Suite 1400  
McLean, VA 22102

Dear Mr. Caswell,

We write with alarm about your company's troubling history of wrongly kicking millions of low-income Americans off of their Medicaid coverage. Both you personally and Maximus have profited handsomely from ejecting millions of Americans from Medicaid—even when they meet all the program's eligibility requirements—and now you stand to earn even more thanks to Donald Trump's tax bill for the ultra-wealthy.<sup>1</sup> Your company has extensively lobbied for and stands to profit from implementing policies in the House-passed legislation, including the application of so-called “work requirements” on Medicaid beneficiaries. The House-passed bill refers to this onerous paperwork as so-called “community engagement requirements.” In reality, these policies are nothing more than red tape. Your company has described its work to strip away coverage from Medicaid beneficiaries by applying these red tape requirements as a “core competency.”<sup>2</sup>

Medicaid is a crucial health insurance program for millions of low and middle-income Americans, covering more than one in five people nationwide.<sup>3</sup> Almost two-thirds of all Americans know someone who has benefited from Medicaid, and over half have either themselves or had family members covered by the program.<sup>4</sup> Despite this, President Trump and Congressional Republicans are pushing to make the largest cuts to Medicaid in the program's history, including nearly \$350 billion in cuts from implementing so-called “work requirements.”<sup>5</sup> The Congressional Budget Office has found that this deceptively-named policy would rip away

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<sup>1</sup> One Big Beautiful Bill Act, H.R. 1, <https://www.congress.gov/bill/119th-congress/house-bill/1/text>.

<sup>2</sup> Seeking Alpha, “MAXIMUS’ (MMS) CEO Bruce Caswell on Q2 2018 Results – Earnings Call Transcript,” May 10, 2018, <https://seekingalpha.com/article/4172576-maximus-mms-ceo-bruce-caswell-on-q2-2018-results-earnings-call-transcript>.

<sup>3</sup> Kaiser Family Foundation, “Health Insurance Coverage of the Total Population, Timeframe: 2023,” <https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

<sup>4</sup> Kaiser Family Foundation, “7 Charts About Public Opinion on Medicaid,” March 7, 2025, <https://www.kff.org/medicaid/poll-finding/7-charts-about-public-opinion-on-medicaid/>.

<sup>5</sup> Congressional Budget Office, “Estimated Budgetary Effects of H.R. 1, the One Big Beautiful Bill Act,” June 4, 2025, <https://www.cbo.gov/publication/61461>.

health insurance coverage from millions of Americans,<sup>6</sup> a majority of whom are already working or otherwise qualify for the program.<sup>7</sup>

As the largest contractor for Medicaid eligibility determinations,<sup>8</sup> your company would likely assess whether individuals meet the requirements outlined in the Republican bill, giving you extraordinary power over Americans' access to health care. But your company has an abysmal track record, with reports of egregious backlogs and service delays and several reported instances of fraud.<sup>9</sup> Furthermore, Americans are required to submit intrusive personal information to complete eligibility checks, yet your company has experienced massive data breaches of Social Security numbers and sensitive personal health information.<sup>10</sup> This has resulted in contract cancellations,<sup>11</sup> tens of millions of dollars in settlements,<sup>12</sup> and other lawsuits.<sup>13</sup> All of these service failures directly affect Medicaid enrollees, who would be especially vulnerable to losing their health coverage due to the mountains of red tape and bureaucratic hurdles imposed by so-called "work requirements."<sup>14</sup>

To make matters worse, investigative journalists have revealed that, in administering other federal benefit programs like Temporary Assistance for Needy Families (TANF) in which Maximus was charged with helping recipients secure work, your company was often paid more

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<sup>6</sup> Congressional Budget Office, "Estimated Effects on the Number of Uninsured People in 2034 Resulting From Policies Incorporated Within CBO's Baseline Projections and H.R. 1, the One Big Beautiful Bill Act," June 4, 2025, [https://www.cbo.gov/system/files/2025-06/Wyden-Pallone-Neal\\_Letter\\_6-4-25.pdf](https://www.cbo.gov/system/files/2025-06/Wyden-Pallone-Neal_Letter_6-4-25.pdf).

<sup>7</sup> Center on Budget and Policy Priorities, "Research Note: Most Medicaid Enrollees Work, Refuting Proposals to Condition Medicaid on Unnecessary Work Requirements," Gideon Lukens, November 12, 2024, <https://www.cbpp.org/research/health/most-medicaid-enrollees-work-refuting-proposals-to-condition-medicaid-on>; Center on Budget and Policy Priorities, "Harsh Work Requirements in House Republican Bill Would Take Away Medicaid Coverage From Millions: State and Congressional District Estimates," Elizabeth Zhang and Gideon Lukens, May 13, 2025, <https://www.cbpp.org/research/health/harsh-work-requirements-in-house-republican-bill-would-take-away-medicaid-coverage>; Center on Budget and Policy Priorities, "Pain But No Gain: Arkansas' Failed Medicaid Work-Reporting Requirements Should Not Be a Model," Laura Harker, August 8, 2023, <https://www.cbpp.org/research/health/pain-but-no-gain-arkansas-failed-medicaid-work-reporting-requirements-should-not-be>.

<sup>8</sup> Modern Healthcare, "The market opportunity behind Medicaid redeterminations," Nona Tepper, April 6, 2023, <https://www.modernhealthcare.com/medicaid/medicaid-redeterminations-contractors-maximus-automated-health-systems>.

<sup>9</sup> Mother Jones, "This Is What Happens When You Let a For-Profit Company Run Public Benefits," Becky Z. Dernbach, December 16, 2019, <https://www.motherjones.com/politics/2019/12/this-is-what-happens-when-you-let-a-for-profit-company-run-public-benefits/>.

<sup>10</sup> POLITICO Pro, "Spring hack of Medicare contractor was massive," Ben Leonard, July 28, 2023, <https://subscriber.politicopro.com/article/2023/07/spring-hack-of-medicare-contractor-was-massive-00108817>.

<sup>11</sup> The Kansas City Star, "Kansas replaces troubled Medicaid contractor notorious for backlogs, lost documents," Katie Bernard, October 5, 2020, <https://www.kansascity.com/news/state/kansas/article246173300.html>.

<sup>12</sup> Mother Jones, "This Is What Happens When You Let a For-Profit Company Run Public Benefits," Becky Z. Dernbach, December 16, 2019, <https://www.motherjones.com/politics/2019/12/this-is-what-happens-when-you-let-a-for-profit-company-run-public-benefits/>.

<sup>13</sup> Communication Workers of America, "CWA Files Unfair Labor Practice Charges Against Billion-Dollar Federal Contractor Maximus on the Heels of Worker Protest Outside HHS Headquarters, Says Maximus Retaliated Against & Intimidated Workers for Engaging in Union Activity," May 25, 2023, <https://cwa-union.org/news/releases/cwa-files-unfair-labor-practice-charges-against-billion-dollar-federal-contractor>.

<sup>14</sup> Kaiser Family Foundation, "5 Key Facts About Medicaid Work Requirements," Elizabeth Hinton and Robin Rudowitz, February 18, 2025, <https://www.kff.org/medicaid/issue-brief/5-key-facts-about-medicaid-work-requirements/>.

to “churn people through the system.”<sup>15</sup> In doing so, your company was rewarded for cycling some of America’s poorest individuals in and out of short-term, low-paying jobs rather than placing them in stable, long-term employment. In other words, Maximus profited not from promoting work—the stated goal of Republican policymakers—but instead from trapping low-income Americans in a cycle of poverty, with individuals falling into and out of employment and eligibility for benefits in part due to the perverse incentives in your state contracts.

Your own bids for state Medicaid contracts explain this dynamic: in a 2017 proposal, Maximus boasted that, if so-called “work requirements” were implemented, it could offer a “one-stop solution” to states – verifying whether individuals meet the requirements, placing individuals who fail the requirement in jobs, and then re-enrolling those individuals in Medicaid.<sup>16</sup> This raises significant concerns that Maximus would have a strong financial incentive to kick more people off of Medicaid if enlisted to administer these red tape requirements in future contracts, continuing its long track record of prioritizing profits over people.

Maximus knows that its shareholders and bottom line benefit when vulnerable Americans face more red tape—and your company works actively to erect those bureaucratic hurdles. The company has spent millions in recent years on lobbying and campaign contributions to federal, state, and local campaigns to persuade political leaders to implement stricter eligibility requirements for programs like Medicaid.<sup>17</sup> In fact, in 2024, Maximus spent its highest ever annual amount on lobbying, followed by a new quarterly record for expenditures in the first quarter of this year.<sup>18</sup> All told, the company has spent more than \$2 million on influence-peddling since the start of last year attempting to secure favorable legislation.<sup>19</sup> This included lobbying to “eliminate limitations on contractors performing eligibility determinations for state and federal means-tested programs.”<sup>20</sup>

Those efforts appear to have paid off. Now, once again, Republican policies that are bad for Americans’ health are good for your bottom line. Maximus’ stock has climbed as Donald Trump and Republicans raced to pass legislation that would impose red tape requirements on Medicaid and Supplemental Nutrition Assistance Program (SNAP) beneficiaries.<sup>21</sup> With \$100 million set aside in Republicans’ new bill to implement Medicaid red tape requirements just in fiscal year 2026,<sup>22</sup> Maximus potentially stands to gain tens of millions worth of contracts,<sup>23</sup> representing a

<sup>15</sup> Mother Jones, “How One Company Is Making Millions Off Trump’s War on the Poor,” Tracie McMillan, January/February 2019 Issue, <https://www.motherjones.com/politics/2018/12/how-one-company-is-making-millions-off-trumps-war-on-the-poor/>.

<sup>16</sup> Maximus, “Response to: MHBE Consolidated Service Center; Prepared for: Maryland Health Benefit Exchange, Technical Proposal Solicitation No. MDM0031030513,” June 1, 2017, p. C-11, [https://www.marylandhbe.com/wp-content/uploads/2022/04/MDM0031030513\\_Technical\\_Proposal\\_BAFO\\_MHBE\\_Redact.pdf](https://www.marylandhbe.com/wp-content/uploads/2022/04/MDM0031030513_Technical_Proposal_BAFO_MHBE_Redact.pdf).

<sup>17</sup> *Id.*

<sup>18</sup> OpenSecrets, “Client Profile: Maximus Inc,” <https://www.opensecrets.org/federal-lobbying/clients/summary?cycle=2025&id=D0000027466>.

<sup>19</sup> *Id.*

<sup>20</sup> Secretary of the Senate, Office of Public Records, “Lobbying Report for DiNino Associates, LLC, Q1 2025,” <https://lda.senate.gov/filings/public/filing/99dc33ec-1130-4a5e-bc37-27e2dc297fe8/print/>.

<sup>21</sup> Yahoo! Finance, “Maximus, Inc. (MMS),” <https://finance.yahoo.com/quote/MMS/>.

<sup>22</sup> One Big Beautiful Bill Act, H.R. 1, Sec. 44141(d)(3), <https://www.congress.gov/bill/119th-congress/house-bill/1/text>.

<sup>23</sup> Modern Healthcare, “The market opportunity behind Medicaid redeterminations,” Nona Tepper, April 6, 2023, <https://www.modernhealthcare.com/medicaid/medicaid-redeterminations-contractors-maximus-automated-health->

more than 30x return on its influence campaign. And this is almost certainly an undercount, as states will need to spend hundreds of millions more to fully implement these requirements and need to spend further on administering SNAP red tape requirements, which Maximus also has a history of managing.<sup>24</sup>

This potential windfall should come as no surprise to you. When so-called “work requirements” were considered in the prior Trump Administration, you called the implementation of these red tape requirements a “core competency” and boasted that “no other company in the market has [that competency] like Maximus.”<sup>25</sup> Indeed, your company holds 60 percent of the market for these contracts, and as of 2019, had earned \$1.7 billion to implement means-testing in Medicaid and the Children’s Health Insurance Program in 28 states and Washington, D.C.<sup>26</sup>

On a recent earnings call, you once again highlighted the ways Maximus stands to benefit from Medicaid cuts, noting that “DOGE and the [Trump] Administration’s objectives align” with your company’s objectives.<sup>27</sup> You made it clear that the “Big Beautiful Bill” creates numerous pathways to profit, stating that “changes that require customer engagement ... increase our activity volume” and that “a reduction in Medicaid recipients may not necessarily decrease consumer engagement, especially if eligibility verification or activity reporting requirements become more frequent than today.”<sup>28</sup> Just as troublingly, you noted that “in many of our largest states, we also manage state-based exchanges where customers can enroll if they no longer are eligible for Medicaid.”<sup>29</sup> In other words, Maximus gets multiple chances to profit while Americans struggle to keep their health insurance—first, when an individual is mired in red tape to maintain their Medicaid, and then again if that individual is kicked off Medicaid and looks for coverage on the Affordable Care Act’s marketplaces.

Unfortunately, this isn’t your first time profiting handsomely while Americans lose their health insurance. From late 2022 to 2023, your company’s stock price jumped almost 50 percent on the news that states would begin purging their rolls of Medicaid enrollees once pandemic moratoriums preventing states from disenrolling Medicaid recipients expired.<sup>30</sup> In fact, you bragged to investors that the “unprecedented” Medicaid unwinding would lead to an “improvement in operating margin.” And you, personally, earned nearly \$7.5 million in FY

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systems.

<sup>24</sup> Mother Jones, “How One Company Is Making Millions Off Trump’s War on the Poor,” Tracie McMillan, January/February 2019 Issue, <https://www.motherjones.com/politics/2018/12/how-one-company-is-making-millions-off-trumps-war-on-the-poor/>.

<sup>25</sup> Seeking Alpha, “MAXIMUS’ (MMS) CEO Bruce Caswell on Q2 2018 Results – Earnings Call Transcript,” May 10, 2018, <https://seekingalpha.com/article/4172576-maximus-mms-ceo-bruce-caswell-on-q2-2018-results-earnings-call-transcript>.

<sup>26</sup> Mother Jones, “How One Company Is Making Millions Off Trump’s War on the Poor,” Tracie McMillan, January/February 2019 Issue, <https://www.motherjones.com/politics/2018/12/how-one-company-is-making-millions-off-trumps-war-on-the-poor/>.

<sup>27</sup> Maximus, “Fiscal 2025 Second Quarter Earnings Call,” Bruce Caswell, May 8, 2025, [https://dl1o3yog0oux5.cloudfront.net/\\_77485021e7df8fb655cf486e3de7860a/maximus/db/1936/19125/earnings\\_presentation/Q2FY25\\_Earnings-Presentation\\_Final2.pdf](https://dl1o3yog0oux5.cloudfront.net/_77485021e7df8fb655cf486e3de7860a/maximus/db/1936/19125/earnings_presentation/Q2FY25_Earnings-Presentation_Final2.pdf).

<sup>28</sup> Seeking Alpha, “Maximus, Inc. (MMS) CEO Q2 2025 Earnings Call Transcript,” May 10, 2025, <https://seekingalpha.com/article/4784894-maximus-inc-mms-q2-2025-earnings-call-transcript>.

<sup>29</sup> *Id.*

<sup>30</sup> The Lever, “The Company Salivating Over The Medicaid Disaster,” Matthew Cunningham-Cook, July 12, 2023, <https://www.levernews.com/the-company-salivating-over-the-medicaid-disaster/>.

2023, a nearly 20 percent increase over your prior year compensation, for hitting incentive targets that derived directly from kicking people off of Medicaid and other safety net programs.<sup>31</sup>

All of this raises serious questions about your ability to effectively administer Medicaid eligibility determinations and avoid the perverse incentives that allow you to benefit from kicking even more Americans off of Medicaid if Donald Trump and Republicans' "Big Beautiful Bill" becomes law. With millions of dollars spent on lobbyists in Washington and around the nation, you have worked to enact the largest Medicaid cuts in the program's history—and ensure that your company and you personally will financially benefit.

Given our deep concerns about your track record administering so-called "work requirements" in other federal programs and executing Medicaid unwinding, and the implications of President Trump and Republicans' legislation to slash health coverage for millions of Americans, we request that you respond to the following questions by June 16, 2025:

1. Do any of Maximus's state Medicaid contracts include pay-for-performance clauses or other payment structures that tie payments or revenue to the number of individuals your company removes from Medicaid?
  - a. If so, how many of your contracts include these provisions?
  - b. What do the provisions entail?
  - c. Please provide a copy of the contract provisions.
  - d. Specifically, when conducting enrollment assessments, does your company earn more for disenrolling beneficiaries than it does by retaining their enrollment?
2. Please provide a detailed summary of the documentation Maximus may require to determine an individual's eligibility for Medicaid, including the frequency with which such documentation is updated. Furthermore, based on Maximus's experience in the industry, please state whether the company believes such documentation would be sufficient to enact the "community engagement" requirements contemplated by current Republican policy. If not, please identify additional categories of documents that may be necessary.
3. Is Maximus penalized under any of its contracts for any of the following reasons:
  - a. Wrongly terminating the Medicaid eligibility of any individual;
  - b. Failing to meet federal requirements concerning call center wait times or language accessibility requirements;
  - c. Failed compliance with any other federal or state law regarding call center operations, government service providers, or other germane regulations or laws?
  - d. What do those provisions entail?
4. Has Maximus recently been censured by the Centers for Medicare and Medicaid Services (CMS) or any state agencies for failing to adequately deliver on contract terms? If yes, please provide any written communication pertaining to contract violations or concerns raised by the government agencies about Maximus' service delivery and follow through.
5. For each of the last five years, please provide complete data on the number of people Maximus has referred to state Medicaid offices as ineligible for coverage with the justifications for these determinations.

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<sup>31</sup> Maximus, "2024 Proxy Statement," January 24, 2024, p. 58, <https://investor.maximus.com/sec-filings/all-sec-filings/content/0001032220-24-000009/0001032220-24-000009.pdf>.

- a. How many of these individuals were deemed ineligible for failing to follow administrative steps?
- b. How many of these individuals were deemed ineligible for failing to meet substantive eligibility requirements?
- c. For those individuals deemed ineligible, describe if and how Maximus continued to process the individuals' cases in dispute resolution or other appeals processes.
- d. For those individuals deemed ineligible, describe if and how Maximus continued to process the individuals in their application and eligibility determination for state health insurance exchanges or marketplaces.
- e. In states where Maximus administers so-called "work requirements" in TANF, Medicaid, or SNAP, does Maximus process any requests for hardship exemptions?
  - i. If so, what share of hardship exemptions did Maximus recommended providing?
  - ii. Does Maximus generate more revenue by denying hardship exemptions, because, for example, such denials allow Maximus to engage in workforce development and training?
6. Does Maximus have any contracts wherein it both helps states determine or recommend when Medicaid eligibility requirements are not met, and also helps to administer dispute resolution, fair hearings, or other appeals processes when beneficiaries seek to appeal the eligibility decisions?<sup>32</sup>
  - a. If so, does Maximus' role as both the initial arbiter of eligibility and the appellate reviewer of the initial decision create a conflict of interest? If not, why not?
7. Federal law requires states to inform individuals on how to access the Affordable Care Act (ACA) marketplace in the event they lose Medicaid coverage.<sup>33</sup> Do Maximus's active state contracts require your company to disclose this information or otherwise assist individuals in accessing private plans through the ACA marketplace?
  - a. If so, what percentage of individuals that Maximus deemed ineligible for Medicaid coverage enrolled in a private health plan through the ACA? Please provide complete data for each of the last five years.
8. When Maximus has previously implemented federal welfare-to-work programs like TANF or SNAP, what share of participants were placed in jobs that qualify as full-time employment?
  - a. What percentage of workers placed in a job through Maximus welfare-to-work programs were unemployed again within one month, three months, and six months?
  - b. Does Maximus have internal guidelines or presentations that incentivize placement of such workers in short-term or unstable employment? Please provide any internal guidance to Maximus employees on job placements for workers.

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<sup>32</sup> Two years ago, both you and your company suggested that Maximus plays a role in administering the "fair hearing" process for appeals of eligibility decisions. Post on LinkedIn by Bruce Caswell, 2023, [https://www.linkedin.com/posts/bruce-caswell\\_anticipate-spike-in-fair-hearings-that-activity-7037085950455238656-KEUT/?trk=public\\_profile\\_like\\_view](https://www.linkedin.com/posts/bruce-caswell_anticipate-spike-in-fair-hearings-that-activity-7037085950455238656-KEUT/?trk=public_profile_like_view); Post on LinkedIn by Maximus, 2023, [https://www.linkedin.com/posts/maximus\\_anticipate-spike-in-fair-hearings-that-activity-7036787182136643584-2ctF/](https://www.linkedin.com/posts/maximus_anticipate-spike-in-fair-hearings-that-activity-7036787182136643584-2ctF/).

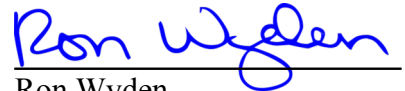
<sup>33</sup> The Washington Post, "Medicaid rolls are being cut. Few are finding refuge in ACA plans," Amy Goldstein, September 28, 2023, <https://www.washingtonpost.com/health/2023/09/28/medicaid-unwinding-aca-health-plans/>.

- c. What percentage of beneficiaries are determined by Maximus to be eligible for a hardship exception from the so-called “work requirements”?
- 9. What are the annual and total lobbying expenditures by Maximus in the past five years of federal, state, and local governments? More specifically, what are the annual and total lobbying expenditures by Maximus in the past five years of federal, state, and local governments on the subject of so-called “work requirements” in Medicaid?
- 10. What has your annual total compensation been for the past five years?
  - a. What is your projected annual total compensation for FY 2025?
  - b. Is your projected compensation this year contingent on any bonuses or incentives tied, directly or indirectly, to disenrolling individuals from Medicaid?
  - c. Do “pay-for-performance” clauses in your company’s contracts with states generate higher revenues or profits for the company that impact your total compensation?

Sincerely,



Elizabeth Warren  
United States Senator



Ron Wyden  
United States Senator  
Ranking Member, Committee  
on Finance