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Good afternoon Chairwoman Krueger, Chairwoman Weinstein, distinguished members of the Senate Finance and Assembly Ways and Means Committees, and Health Committee Chairs Senator Rivera and Assemblyman Gottfried. I appreciate this opportunity to share with you the activities and initiatives of the Office of the Medicaid Inspector General (OMIG).

The ongoing COVID-19 pandemic has impacted every facet of the healthcare delivery system, business and economic sectors, and the daily lives of each and every American. Without question, New York's health providers continue to face unprecedented challenges during this public health emergency.

Like all health providers and State and local agencies, OMIG quickly adapted its processes to ensure continuation of the Agency's critical work. At the same time, OMIG recognized the unrelenting stressors COVID imposed upon the provider community. To that end, throughout the pandemic, OMIG has worked closely with individual providers, associations and other stakeholders to share information, establish mutually agreed upon timeframes and practices related to audit processes, and address issues and concerns resulting from this new health care delivery system landscape.

Specifically, to protect the health and safety of OMIG staff and the provider community, our audits have been conducted remotely; information and documentation are communicated and shared electronically. Further, in addition to these audit activity modifications, OMIG has equipped staff with the resources needed to remotely perform Agency functions. I am also proud of the many OMIG staff who stepped up to the challenge and volunteered their time to support various critical initiatives to battle the pandemic and help New Yorkers during these unprecedented times. These efforts, while critical to protecting health and safety during the current crisis, will serve the Agency and the State well going forward and reflects the Governor's commitment that NY "build back better."

Throughout the pandemic, these efforts resulted in OMIG achieving two key objectives – first, protect the integrity of the Medicaid program, and, second, maintain open communications and understanding with program stakeholders to avoid imposing unnecessary burdens on a health care delivery system under siege by the COVID virus and that, most importantly, New Yorkers' access to health care services is sustained to the best extent possible

These collaborative efforts have enabled OMIG to both deliver on its mission to protect the integrity of the Medicaid program, while supporting the provider community's unwavering commitment to deliver health care services under the most-dire circumstances.

For example, preliminary 2020 calendar-year figures for the Agency's cost savings and Medicaid recoveries are estimated at more than \$2.9 billion. Breaking that down, OMIG's proactive cost-avoidance measures alone delivered estimated savings of more than \$2.4 billion. OMIG recoveries - including audits, third-party liability, and investigations - total more than \$558 million.

Throughout 2020, OMIG also continued to focus on managed care-related program integrity initiatives. For example, OMIG's various match-based audits and data analyses efforts resulted in 419 finalized audits with more than \$159 million in recoveries.

As part of its collaborative effort to protect the Medicaid program, OMIG continues to work closely with managed care organizations (MCO) and their special investigation units to address network provider fraud, waste, and abuse.

Also, through legislation enacted in 2019 designed to hold MCOs accountable for the program integrity obligations outlined in their contract with the State, OMIG, in 2020, continued reviews of each of New York's 15 mainstream MCOs to assess their compliance with contractual standards that prevent fraud, waste, or abuse.

In addition to the mainstream plans, OMIG will review managed long-term care plans' (MLTC) compliance with contractual standards. These managed care reviews constitute an essential component of OMIG's program integrity efforts in the managed care arena.

Also, OMIG, in collaboration with its sister agencies and numerous stakeholders, continues to play a critical role in implementing MRTII initiatives designed to enhance accountability and oversight while improving access to high-quality health care services.

Rooting out fraud, waste and abuse in the Medicaid program is central to OMIG's work. To that end, the Agency maintains strong partnerships with law enforcement and agencies at the local, state and federal levels. OMIG investigators, auditors, data analysts, and other licensed health care professionals work closely with Agency partners to help identify and hold accountable those who seek to exploit the Medicaid program for personal gain.

For example, in 2020, OMIG worked closely with the New York City Special Narcotics Prosecutor and other law enforcement partners in a joint investigative effort that led to the arrests of a Manhattan-based psychiatrist and a medical assistant for their alleged roles in selling prescriptions for addictive controlled substances drugs - with no legitimate medical purpose - for cash.

The investigation revealed a blatant disregard of both the health care professionals' oath to 'do no harm' as well as the rule of law. OMIG will continue to work with its law enforcement

and government partners to hold fully accountable those who jeopardize the health and safety of the most vulnerable New Yorkers by attempting to defraud the Medicaid program.

Now more than ever, OMIG's comprehensive Medicaid program integrity efforts serve to help sustain New York's health care delivery system. Our office looks forward to continuing our work with providers, stakeholders, and our partners at every level to overcome the challenges before us and to seize renewed opportunities to enhance Medicaid program integrity today and tomorrow.

Thank you. I'm pleased to address any questions you may have.