
COMMITTEE OF METHADONE PROGRAM ADMINISTRATORS OF NEW YORK STATE, INC.

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Memorandum of Support for

Governor Cuomo to Sign

A.5686-A Gottfried and S.2184-A Little

Relates to the fair procedures, practices, and standards for actions by the Office of Medicaid Inspector General and social services districts

The Committee of Methadone Program Administrators of New York State, Inc. (COMPA) represents a network of hospital-based and community-based treatment providers across New York State, who collectively treat more than 38,000 of our fellow citizens struggling with the disease of addiction. This represents approximately 40% of the treatment capacity within the system licensed by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). COMPA strongly urges Governor Cuomo to sign the above-mentioned legislation into law.

We at COMPA fully support the need for strong action to combat Medicaid fraud wherever it exists. But it is our view that the recent behavior of the Office of the Medicaid Inspector General (OMIG) has strayed far from the goal of rooting out fraud and encouraging appropriate accountability. The current auditing practices used by the OMIG often focus on human error rather than intent to defraud. When error is discovered in a small audit sample, it is then magnified by the projection technique used by the OMIG. The result is often crippling disallowances. These disallowances can and do imperil the survival of good and valuable services to some of our most needy citizens. When such disallowances are presented to the service provider the OMIG usually encourages the provider settle quickly and pay a "low-point" settlement number. If the treatment provider decides to exercise their full legal rights of appeal rather than accept the "low-point" offer they risk a potentially much higher disallowance at the end of the process. This approach has

the feel of a kind of legal extortion where the ultimate loser may be the substance abuser in need of treatment services.

A new and equally disturbing trend in OMIG audits is to second-guess the clinical judgments made by counselors, clinicians, and medical professionals inside OASAS licensed substance abuse treatment programs. In recent audits the OMIG has sought to take disallowances if the audit team disagreed with judgment calls about issues such as appropriate patient length of stay and intensity and type of service. Treatment needs vary from patient to patient and there can be legitimate differences of opinion about the best approach to take with any given patient. A difference of opinion between the patient's clinical team and an OMIG audit team should never translate into a punitive disallowance with a presumption of fraudulent intent.

A.5686-A/S.3184-A helps to refocus the OMIG back to its original mission of rooting out fraud and abuse within the Medicaid system. We strongly encourage the Governor to sign this legislation into law.

Sincerely,

A handwritten signature in cursive script, appearing to read "H. M. Bartlett".

Henry M. Bartlett
Executive Director