

**HEARING BEFORE THE UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON ENERGY AND COMMERCE, SUBCOMMITTEE ON OVERSIGHT
AND INVESTIGATIONS**

June 25, 2026

Testimony of Amir Bassiri, MSW
Deputy Commissioner of the Office of Health Insurance Programs
New York State Medicaid Director

Chairman Guthrie, Ranking Member Pallone, Subcommittee Chairman Joyce, Ranking Member Clarke, and Members of the Subcommittee:

Thank you for the opportunity to testify today regarding New York's Medicaid program and our efforts to combat fraud, waste, and abuse. My name is Amir Bassiri, and I serve as the Deputy Commissioner of the Office of Health Insurance Programs, as well as the Medicaid Director for New York State Department of Health. I first joined the Department of Health in 2019 as Chief of Staff to the Medicaid Director and recently served as the Deputy Medicaid Director, overseeing the operation and performance of nine Medicaid Divisions. Collectively, these nine Divisions are comprised of more than 1,000 State staff and over 500 contracted staff. They manage over 300 contracts, including some of the State's largest technology, actuarial and financial audit contracts, along with health plans. It is an honor and a privilege to serve my State in this way.

I have devoted my career in public service to helping to ensure that government programs remain effective and accountable to the people that they serve and to the taxpayers. I entered this role to do just that: working to sustainably operate New York's Medicaid program, including through more effective prevention of fraud, waste, and abuse. That objective continues to guide my work today. I am proud of the progress achieved to date and remain fully committed to advancing these efforts on behalf of the New Yorkers who rely on this program.

New York's Medicaid Program: Scope and Commitment

New York's Medicaid program is one of the largest in the United States, serving more than 6.4 million residents, including over 2 million children, nearly 100,000 pregnant women, and over 1.5 million aged, blind or disabled persons. The scale of the program underscores the importance of strong oversight. We are committed both to ensuring access to medically necessary care and to exercising responsible stewardship of public funds. Fiscal discipline and long-term sustainability are core principles guiding our administration of the program.

We work closely with state and federal partners, as well as law enforcement, to strengthen fraud prevention and detection efforts. In recent years, New York has made sustained investments in oversight while preserving access to care for vulnerable populations. The State has made critical investments to modernize key technology to both better support the consumer and provider experience and improve data access and accountability across the system. This includes

investments to modernize a decades old Non-Modified Adjusted Gross Income (MAGI) eligibility system and a paper-based provider enrollment system.

Demonstrated Results in Combating Fraud, Waste, and Abuse

New York's program integrity framework reflects coordinated oversight across multiple state agencies with complementary and sometimes overlapping responsibilities. The Department of Health's Office of Health Insurance Programs administers the Medicaid program and maintains responsibility for provider enrollment, payment integrity, and regulatory compliance. The Office of the Medicaid Inspector General (OMIG) is an independent agency solely dedicated to identifying, preventing, and remediating instances of fraud, waste, and abuse, executing audits, conducting investigations, and imposing administrative enforcement to recover overpayments and ensure provider compliance. The Medicaid Fraud Control Unit of the New York Attorney General's Office—the largest unit within that office—is responsible for investigating and prosecuting alleged violations of state law related to fraud connected to the Medicaid program. This multi-agency structure creates layered safeguards—front-end screening, ongoing monitoring, and coordinated enforcement—that have produced measurable results.

New York's program integrity framework has been effective. In 2024, OMIG completed more than 2,500 audits and investigations, referred over 450 matters for criminal prosecution, and generated approximately \$4.5 billion in cost savings and recoveries. These outcomes reflect coordinated, multi-year efforts across agencies to identify improper activity and enforce compliance. Our commitment to rooting out fraud, waste, and abuse has only grown as our Medicaid program has grown.

Structural Reforms to High-Risk Program Areas

Under Governor Hochul's leadership, New York has undertaken a myriad of structural reforms in areas that historically present elevated risk in order to safeguard taxpayer resources:

- *Consumer Directed Personal Assistance Program (CDPAP)*. CDPAP is a New York State Medicaid program that allows Medicaid members who are eligible for home care services to choose and hire their own personal caregiver, or “personal assistant.” Previously, more than 600 middlemen or “fiscal intermediaries” operated within the program, with average administrative payments exceeding \$200 per member per month. In 2025, the State transitioned to a single statewide fiscal intermediary. As a result of that transition, the State is able to provide oversight and implement accountability measures that were not possible under the prior program structure. The transition to a single statewide fiscal intermediary has also made the program more efficient, bringing the administrative rate down to \$68.50 per member per month.
- *Non-Emergency Medical Transportation (NEMT)*. In 2023, New York implemented a single statewide brokerage model that includes provider credentialing, centralized scheduling, authorization and GPS tracking for all trips, and consistent monitoring with unified accountability. As a result of enhanced screening and oversight, nearly 800

providers were removed from or not admitted into the network, materially reducing exposure to improper billing while maintaining access to this critical service.

- *Pharmacy Administration.* In April 2023, the State transitioned Medicaid pharmacy benefits to the NYRx program, establishing a single, standardized formulary and uniform coverage rules for all beneficiaries. This change reduced administrative complexity and eliminated intermediary structures that limited transparency. It also reduced the diversion of critical Medicaid funding. This transition has enabled advanced analytics to proactively identify outlier prescribing or fulfillment patterns and has saved the state and federal government over \$500 million annually in higher federal and state negotiated drug rebates from pharmaceutical manufacturers while reducing aggregate Medicaid spending on pharmacy.
- *Provider Enrollment and Screening Enhancements.* Last year, New York began modernizing its provider enrollment and revalidation processes to improve efficiency and provider experience while strengthening safeguards. The Provider Services Portal will centralize enrollment and revalidation, enabling enhanced screening and reducing reliance on paper submissions. The State is also implementing a risk-based revalidation schedule that exceeds federal minimum requirements, ensuring more frequent review of higher-risk providers while maintaining appropriate oversight across the program and utilizing provider moratoriums to stabilize the provider roster in key areas and enhance the application and monitoring processes.

Commitment to Continued Partnership

I am proud of our work to protect the health of millions of vulnerable New Yorkers through the Medicaid program. As a part of that work, New York has been actively engaged in combating fraud, waste, and abuse for several years, and these efforts continue to evolve. We value our ongoing partnership with federal agencies and remain committed to cooperating with oversight bodies and law enforcement to protect the integrity of the Medicaid program.

My focus is solely on the effective administration of New York's Medicaid system and ensuring that the program remains both fiscally sustainable—free of fraud, waste and abuse—and responsive to the needs of the people it serves. I appreciate the opportunity to testify today and am prepared to answer the Subcommittee's questions.

Thank you for your time and attention.