



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

April 21, 2016

[REDACTED]
[REDACTED]
Highland Hospital of Rochester
1000 South Ave
Rochester, NY 14620

Re: Medicaid EHR Incentive Program
Project # 16-1685
NPI # [REDACTED]
Provider ID # [REDACTED]

Dear [REDACTED]

The New York State Department of Health (DOH) has previously identified your organization as being subject to an adjustment to your NYS Medicaid EHR incentive payments as a result of updated guidance.

For additional information on the updated guidance, please see the Amendment to Hospital Incentive Payment Calculation <https://www.emedny.org/meipass/archive/AmendedHospitalCalculation-20120308.pdf>.

Your agreement to the overpayment amount of \$366,883.33 has been established by your adjustment attestation, signed February 17, 2016, for the NYS Medicaid EHR Incentive Program. As a result, The New York State Office of The Medicaid Inspector General (OMIG) is providing you with repayment instructions.

See the following repayment instructions:

OPTION #1: Make full payment by check or money order within 20 days of the date of this letter. The check should be made payable to the New York State Department of Health and be sent with the attached Remittance Advice to:

[REDACTED]
Bureau of Collections Management
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, New York 12204
Phone #: [REDACTED]
Fax#: [REDACTED]

OPTION #2: Enter into a repayment agreement with the Office of the Medicaid Inspector General. If your repayment terms exceed 365 days from the date of this Letter, recoveries of amounts due are subject to interest charges at the prime rate plus 2%. OMIG acceptance of the repayment agreement is based on your repaying the Medicaid overpayment as agreed. If you wish to enter into a repayment agreement, please contact the Bureau of Collections Management within 20 days at the following:

[REDACTED]
Bureau of Collections Management
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, New York 12204
Phone #: [REDACTED]
Fax#: [REDACTED]

For questions regarding repayment, please contact the OMIG Bureau of Collections Management at [REDACTED]

For questions regarding the incentive payment adjustment determination made by the Department of Health (DOH), please contact the NY Medicaid EHR Incentive Program Support at [REDACTED]

Sincerely,

[REDACTED]
Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]
[REDACTED]

**NEW YORK STATE
OFFICE OF THE MEDICAID INSPECTOR GENERAL
REMITTANCE ADVICE**



Highland Hospital of Rochester
1000 South Ave
Rochester, NY 14620

PROVIDER ID #

PROJECT#16-1685

PROJECT	<input type="checkbox"/>	PROVIDER
	<input type="checkbox"/>	RATE
	<input type="checkbox"/>	PART B
TYPE	<input checked="" type="checkbox"/>	OTHER

AMOUNT DUE: \$366,883.33

CHECKLIST

1. To ensure proper credit, please enclose this form with your check.
2. Make checks payable to: *New York State Department of Health*
3. Record Project #16-1685HIT
4. Mail check to:

Bureau of Collections Management
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, New York 12204
Phone #:
Fax#:

Thank you for your cooperation.