



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

July 02, 2015

[REDACTED]
HealthAlliance Hospital Broadway Campus
The Kingston Hospital
396 Broadway
Kingston, New York 12401

Re: Medicaid EHR Incentive Program
Project # 15-3665
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 payment(s) 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 \$321,298.23 has been established by your adjustment attestation, signed May 5, 2015, 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:

Please 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]

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

For questions regarding the original incentive payment adjustment determination(s) made by the Department of Health (DOH), please contact the NY Medicaid EHR Incentive Program Support at [REDACTED] or 877-646-5410 option #2.

Sincerely

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

CERTIFIED MAIL # [REDACTED]
RETURN RECEIPT REQUESTED

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

NAME AND ADDRESS OF PROVIDER

[REDACTED]
HealthAlliance Hospital Broadway Campus
The Kingston Hospital
396 Broadway
Kingston, New York 12401

PROVIDER ID # [REDACTED]

PROJECT#15-3665

AMOUNT DUE: \$321,298.23

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

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 #15-3665HIT
4. Mail check 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]

Thank you for your cooperation.

**NY Medicaid EHR Incentive Program
Administrative Support Service**

**IN ORDER TO EXPEDITE THE PROCESSING OF YOUR
INCENTIVE PAYMENT APPLICATION PLEASE RETURN THE ENTIRE
ATTESTATION PACKET, INCLUDING THE SIGNATURE PAGE. THIS PACKET
SHOULD BE MAILED WITHIN 30 DAYS FROM THE DATE OF ATTESTATION.**

DO NOT WRITE ON THIS FORM

NPI:	<input type="text" value="██████████"/>
Registration ID:	<input type="text" value="██████████"/>
Transaction Number:	<input type="text" value="██████████"/>
Date of Submission:	<input type="text" value="04/30/2015"/>

Please remit all forms to:

NY Medicaid EHR Incentive Program Administrative Support Service
| P.O. Box 809 | Rensselaer, NY 12144-0809
| ██████████ | www.emedny.org

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New York Medicaid EHR Incentive Program Attestation

Federal Information:

Hospital Name:	The Kingston Hospital		
Provider Type:	Acute Care Hospitals		
Address:	396 Broadway		
City, State Zip:	Kingston, NY 12401-4652		
Phone :	[REDACTED]		
E-mail :	[REDACTED]		
Payee NPI:	[REDACTED]	Payee TAX ID:	[REDACTED]

Eligibility Information:

Reporting Period	Start Date:	01/01/2009	End Date:	03/31/2009
Encounter Information	Medicaid Encounters :	1817	Total Encounters:	6669
EHR Certification Information				
EHR Status:	Implement	EHR Certification Number:	[REDACTED]	

Medicaid Volume Threshold : 27.24 %

Discharge Information

Base/Fiscal Year:	01/01/2009	To:	12/31/2009
Total Acute Discharges for Reporting Year:	6878		
Total Acute Discharges for Prior Year1:	6484		
Total Acute Discharges for Prior Year2:	6749		
Total Acute Discharges for Prior Year3:	6681		
Medicaid Acute Inpatient Bed Days for Reporting Year:	6957		
Total Acute Inpatient Bed Days for Reporting Year:	33915		
Total Charity Care Charges:	7471439		
Total Charges:	229021987		

Payment Amount

Year 1: \$	837,695.89	Year 2: \$	670,156.71	Year 3: \$	167,539.17
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New York Medicaid Incentive Payment Attestation

This is to certify that the foregoing information is true, accurate, and complete. I understand that Medicaid EHR incentive payments submitted under this provider number will be from Federal funds, that by filing this registration I am submitting a claim for federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicaid EHR Incentive Program payment, may be prosecuted under Federal and State laws and may also be subject to civil penalties.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicaid EHR Incentive Program requirements and to furnish those records to the New York State Department of Health (DOH), Department of Health and Human Services, or contractor acting on their behalf.

No Medicaid EHR Incentive Program payment may be paid unless this registration form is completed and accepted as required by existing law and regulations (42 CFR 495.10)

ROUTINE USE(S): Information from this Medicaid EHR Incentive Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made. Appropriate disclosures may be made to other federal, state, local, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicaid EHR Incentive Program.

DISCLOSURES: Voluntary; however, failure to provide information will result in delay in payment or may result in denial of EHR incentive payment. With the one exception listed below, there are no penalties under this program for refusing to supply information. However, failure to furnish information on this registration form will prevent the EHR incentive payment from being issued. Failure to furnish subsequently requested information or documents will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell DOH if you believe that you have been overpaid under the Medicaid EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.

(Title)

5-5-2015

(Date)



May 5, 2015

New York Medicaid EHR Incentive Program
Administrative Support Service
PO Box 809
Rensselaer, NY 12144-0809

To Whom It May Concern:

Please find enclosed the original hard copy of the New York Medicaid EHR Incentive Program Attestation for the following HealthAlliance Hospital:

NPI [REDACTED] Kingston Hospital Transaction # [REDACTED]

If there any further questions in regard to this matter, please feel free to contact my office directly at [REDACTED] or [REDACTED] Thank you.

Sincerely,

[REDACTED]

Chief Information and Community Officer
HealthAlliance of the Hudson Valley

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HealthAlliance Hospital Mary's Avenue Campus 105 Mary's Avenue Kingston, NY 12401 (845) 338-2500	HealthAlliance Hospital Broadway Campus 396 Broadway Kingston, NY 12401 (845) 331-3131	Margaretville Hospital 42084 State Highway 28 Margaretville, NY 12455 (845) 586-2631	Mountainside Residential Care Ctr. 42158 State Highway 28 Margaretville, NY 12455 (845) 586-1800	Woodland Pond at New Paltz 100 Woodland Pond Circle New Paltz, NY 12561 (845) 883-9800
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www.hahv.org

HealthAlliance of the Hudson Valley

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