



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

445 Hamilton Avenue, Suite 506
White Plains, New York 10601

ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
MEDICAID INSPECTOR GENERAL

June 20, 2014

[REDACTED]
Nathan Miller Center for Nursing Care, LLC
c/o New Surfside Nursing Home
22-41 New Haven Avenue
Far Rockaway, New York 11691

Re: Revised Notice of Rate Changes

#13-1182

NPI Number: [REDACTED]

Provider Number: [REDACTED]

Dear [REDACTED]

The Office of the Medicaid Inspector General (the "OMIG") conducted an audit of your costs for base period November 1, 2004 through October 31, 2005 (audit #09-5176). This audit resulted in adjustments of your November 1, 2004 through December 31, 2008 rates. In addition, this base year was also used to calculate the operating portion of the January 1, 2009 through March 31, 2009 rates, and the Facility was notified of the overpayment associated with these rates in a Notice of Rate Changes (#13-1182) dated January 31, 2013.

The Facility subsequently challenged the November 1, 2004 through October 31, 2005 base year audit adjustments which resulted in a stipulation in settlement of the base year audit that was signed in May of 2014. This settlement resulted in reductions to the overpayments previously identified for the November 1, 2004 through March 31, 2009 rates. The reduced overpayment for the November 1, 2004 through December 31, 2008 rates was sent to the Facility in a letter dated June 4, 2014.

This "Revised Notice of Rate Changes" supersedes the previous Notice of Rate Changes that was issued on January 31, 2013 for the January 1, 2009 through March 31, 2009 rates. Based on the stipulation in settlement, the enclosed audited rates calculated by the Bureau of Long Term Care Reimbursement resulted in a revised Medicaid underpayment of \$23,281. This underpayment is subject to Department of Health (the "DOH") and Division of Budget (the "DOB") final approval. While not anticipated, any difference between the calculated underpayment and the final DOH and DOB approved amount will be resolved with the Facility

by the OMIG Bureau of Collections Management. The resulting rates and Medicaid impact are summarized below.

<u>Rate Period</u>	<u>Issued Rates</u>	<u>Final Rates</u>	<u>Rate Decrease</u>	<u>Medicaid Days</u>	<u>Medicaid Overpayment</u>
01/01/09-03/31/09	\$232.92	\$237.97	\$(5.05)	4,610	<u>\$(23,281)</u>
TOTAL MEDICAID OVERPAYMENT					<u>\$(23,281)</u>

The difference between the total shown above and the amounts previously collected on the above audits will be resolved by the Bureau of Collections Management in our Albany Office. Should you have any questions in this regard, please contact them at the following address.

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

Should you have any questions, please contact me at [REDACTED] or through email at [REDACTED]. Please refer to audit number 13-1182 in all correspondence.

Sincerely,

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

Enclosure

cc: [REDACTED]

CERTIFIED MAIL [REDACTED]
RETURN RECEIPT REQUESTED