



STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
800 North Pearl Street
Albany, New York 12204

ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
MEDICAID INSPECTOR GENERAL

June 20, 2014

[REDACTED]
Huntington Hills Center for Health and Rehabilitation
400 South Service Road
Melville, New York 11747

Re: Notice of Rate Changes #14-2292
NPI Number: [REDACTED]
Provider Number: [REDACTED]

Dear [REDACTED]

The Office of the Medicaid Inspector General (the "OMIG") conducted an audit of Huntington Hills Center for Health and Rehabilitation's costs for base year May 1, 2001 through April 30, 2002 (audit #08-1967). This audit resulted in downward adjustments of your May 1, 2005 through December 31, 2007 rates.

The May 1, 2001 through April 30, 2002 base year is also used to calculate the operating portion of the January 1, 2008 through March 31, 2009 rates. Based on the enclosed audited rates calculated by the Bureau of Long Term Care Reimbursement, the Medicaid overpayment currently due is \$117,302. This overpayment is subject to Department of Health (the "DOH") and Division of Budget (the "DOB") final approval. While not anticipated, any difference between the calculated overpayment and the final DOH and DOB approved amount will be resolved with the Facility by the OMIG Bureau of Collections Management.

Enclosed are the appropriate rate sheets to support the amount due. The rate sheets reflect only the carry forward of the base period operating expense adjustments. All other components of the January 1, 2008 through March 31, 2009 rates may be subject to future audit. The revised rates and Medicaid impact are as follows.

<u>Rate Period</u>	<u>Issued Rates</u>	<u>Final Rates</u>	<u>Rate Decrease</u>	<u>Medicaid Days</u>	<u>Medicaid Overpayment</u>
1/01/08 – 3/31/08	\$281.75/279.78	\$280.22/278.25	\$1.53	15,359	\$23,499
4/01/08 – 6/30/08	276.61/274.65	275.08/273.12	1.53	15,601	23,870
7/01/08 – 12/31/08	282.35/280.39	280.82/278.86	1.53	30,880	47,246
1/01/09 – 3/31/09	286.45/284.45	284.89/282.89	1.56	14,543	<u>22,687</u>
TOTAL MEDICAID OVERPAYMENT					<u>\$117,302</u>

In accordance with 18 NYCRR Part 518 which regulated the collection of overpayments, your repayment options are described below.

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

[REDACTED]
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File # 14-2292
Albany, New York 12237-0048

OPTION #2: Enter into a repayment agreement with the OMIG. If your repayment terms exceed 90 days from the date of the final audit report, recoveries of amounts due are subject to interest charges at the prime rate plus 2%. If the process of establishing the repayment agreement exceeds 20 days from the date of the final audit report, the OMIG will impose a 15% withhold after 20 days until the agreement is established. The OMIG may require financial information from you to establish the terms of the repayment agreement. If additional information is requested, the OMIG must receive the information within 30 days of the request or a 50% withhold will be imposed. OMIG acceptable of the repayment agreement is based on your repaying the Medicaid overpayment as agreed. The OMIG will adjust the rate of recover, or require payment in full, if your unpaid balance is not being repaid as agreed. The OMIG will notify you no later than 5 days after initiating such action. If you wish to enter into a repayment agreement, you must forward your written request within 20 days to the following:

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

Should you have any questions, please contact [REDACTED] or through email at [REDACTED]. Please refer to audit number 14-2292 in all correspondence.

Sincerely,

[REDACTED]

Bureau of Rate Audit
Division of Medicaid Audit
Office of the Medicaid Inspector General

Enclosure

CERTIFIED MAIL [REDACTED]
RETURN RECEIPT REQUESTED

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

NAME AND ADDRESS OF AUDITEE

Huntington Hills Center for Health
and Rehabilitation
400 South Service Road
Melville, New York 11747

AMOUNT DUE: \$117,302

NPI #: [REDACTED]
PROVIDER #: [REDACTED]

AUDIT #14-2292

**AUDIT
TYPE**

PROVIDER
 RATE
 PART B
 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 the Audit Number on your check.
4. Mail check to:

[REDACTED]
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #14-2292
Albany, New York 12237-0048

5. If the provider number shown above is incorrect, please enter the correct number below.

CORRECT PROVIDER NUMBER