



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

March 9, 2016

[REDACTED]
Golden Gate Rehabilitation
and Health Care Center
191 Bradley Avenue
Staten Island, New York 10314

Re: **Revised Notice of Rate Changes**
#13-5602
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 September 1, 2001 through August 31, 2002 (audit #04-C04-1020). This audit resulted in adjustments of your September 1, 2001 through December 31, 2006 rates. In addition, this base year was also used to calculate the operating portion of the January 1, 2007 through March 31, 2009 rates, and the Facility was notified of the overpayment associated with these rates in a Notice of Rate Changes (#13-5602) dated February 5, 2015.

The Facility subsequently challenged the September 1, 2001 through August 31, 2002 base year audit adjustments which resulted in a stipulation in settlement of the base year audit that was signed in January of 2016. This settlement resulted in reductions to the overpayments previously identified for the September 1, 2001 through March 31, 2009 rates. The reduced overpayment for the September 1, 2001 through December 31, 2006 rates was sent to the Facility in a letter dated February 16, 2016.

This "Revised Notice of Rate Changes" superseded the previous Notice of Rate Changes that was issued on February 5, 2015 for the January 1, 2007 through March 31, 2009 rates.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 overpayment of \$113,268. 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 Collection 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>
01/01/07 – 03/31/07	\$243.39	\$242.61	\$.78	14,907	\$ 11,627
04/01/07 – 06/30/07	242.11	241.33	.78	15,786	12,313
07/01/07 – 08/31/07	249.56	248.78	.78	11,029	8,603
09/01/07 – 12/31/07	249.56	248.78	.78	21,844	17,038
01/01/08 – 03/31/08	257.91	257.12	.79	16,430	12,980
04/01/08 – 06/30/08	253.37	252.58	.79	15,281	12,072
07/01/08 – 12/31/08	258.23	257.44	.79	32,427	25,617
01/01/09 – 03/31/09	256.08	255.26	.82	15,876	<u>13,018</u>
TOTAL MEDICAID OVERPAYMENT					<u>\$113,268</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 [REDACTED]
[REDACTED] Please refer to audit number 13-5602 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