



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

ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
MEDICAID INSPECTOR GENERAL

October 16, 2014

[REDACTED]
Niagara Falls Memorial Medical Center
621 10th Street
Niagara Falls, New York 14302

Re: Medicaid EHR Incentive Program
Project # 14-5935
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 \$5,546.85 has been established by your adjustment attestation, signed July 30, 2014, for the NYS Medicaid EHR Incentive Program. As a result, The New York State Office of Medicaid Inspector General (OMIG) is providing you with repayment instructions.

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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:

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

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

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

Sincerely,

Division of Medicaid Audit
Office of the Medicaid Inspector General

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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

NAME AND ADDRESS OF PROVIDER

PROVIDER ID [REDACTED]

[REDACTED]
Niagara Falls Memorial Medical Center
621 10th Street
Niagara Falls, New York 14302

PROJECT# 14-5935

AMOUNT DUE: \$5,546.85

	<input type="checkbox"/>	PROVIDER
PROJECT	<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 #14-5935HIT**
- 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
[REDACTED]

Thank you for your cooperation.