



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

September 3, 2015

[REDACTED]  
Mary Hitchcock Memorial Hospital  
[REDACTED]

21 LaFayette Street, Suite 211, Box 36  
Lebanon, New Hampshire 03766

Re: Audit # 15-4583  
Provider ID #: [REDACTED]

Dear [REDACTED]:

The New York State Office of the State Comptroller (OSC) issued an audit report 2012-S-24 to the State Department of Health identifying Medicaid overpayments made to Mary Hitchcock Memorial Hospital. Details relating to the claim(s) paid in error is attached.

Following contact and discussions with the New York State Office of the Medicaid Inspector General (OMIG) regarding the overpayment, you have agreed to repay the overpayment of \$14,006.72 via check. If the foregoing represents your understanding of our agreement, please countersign this letter where indicated below. Please forward the check and the countersigned letter to the following address:

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

**Please make the check payable to NYSDOH referencing the audit number #15-4583.**

Please be advised that if you do not agree to repay the overpayment at this time, you are entitled to receive a Draft Audit Report pursuant to 18 NYCRR Part 517, through which you may contest the overpayment. If OMIG does not receive payment within 30 days of the date of this letter, OMIG may issue a Draft Audit Report pursuant to 18 NYCRR Part 517.

[REDACTED]

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If you have any questions, please contact me by email at [REDACTED] or by phone at [REDACTED].

Thank you.

Sincerely,

[REDACTED]

Division of Medicaid Audit, Albany Office  
Office of the Medicaid Inspector General

Accepted and agreed to:

Mary Hitchcock Memorial Hospital

I represent that I am authorized to countersign this letter.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Enclosure  
CERTIFIED MAIL # [REDACTED]  
RETURN RECEIPT REQUESTED

MARY HITCHCOCK MEMORIAL HOSPITAL INC.

APRIL 1, 2012 THROUGH SEPTEMBER 30, 2012

PROVIDER ID (REDACTED)

Audit# 15-4583

| TCN #      | CIN #      | DATE OF SERVICE | TOTAL AMOUNT PAID | AMT PAID FOR MILES (minus flat rate of \$513) | # OF PAID MILES | NAUTICAL MILES per PROVIDERS RECORDS | CONVERSION TO MEDICAID REIMBURSED STATUTE MILES (i.e. ground miles) 1 nm = 1.150779 statute miles | CORRECT AMT COLUMN G*\$38 (per mile amt) | AMT DUE BACK TO MEDICAID |
|------------|------------|-----------------|-------------------|---|-----------------|--------------------------------------|---|--|--------------------------|
| (REDACTED) | (REDACTED) | 3/8/2011        | \$12,116.90       | \$11,603.90                                   | 959             | 95.90                                | 110.36  | \$4,193.67                               | \$7,410.23               |
| (REDACTED) | (REDACTED) | 2/4/2012        | \$5,582.70        | \$5,069.70                                    | 393             | 39.30                                | 45.23   | \$1,718.57                               | \$3,351.13               |
| (REDACTED) | (REDACTED) | 1/21/2011       | \$5,595.00        | \$5,082.00                                    | 420             | 42.00                                | 48.33   | \$1,836.64                               | \$3,245.36               |
|            |            |                 | \$23,294.60       | \$21,755.60                                   |                 |                                      |   | \$7,748.88                               | <u>\$14,006.72</u>       |