



**Office of the
Medicaid Inspector
General**

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

June 07, 2019

[REDACTED]
Jewish Home of Central New York, Inc.
4101 East Genesee Street
Syracuse, New York 13214

Re: **Revised Notice of Rate Changes #16-1355**
NPI Number: 1376537019
Provider Number: 02995453 (new)
00313002 (old)

Dear [REDACTED]

The Office of the Medicaid Inspector General (OMIG) conducted an audit of Jewish Home of Central New York Inc.'s (Provider) costs for base year April 1, 2002 through March 31, 2003 (audit #06-1514). This audit resulted in adjustments of your January 1, 2002 through December 31, 2005 rates. The Provider subsequently challenged the April 1, 2002 through March 31, 2003 base year audit adjustments which resulted in a stipulation in settlement of the base year audit that was signed in October of 2014.

The April 1, 2002 through March 31, 2003 base year is also used to calculate the operating portion of the April 1, 2009 through December 31, 2011 rates. The adjustments per the stipulation agreement were carried forward, and the Provider was notified of the overpayment associated with these rates in a Notice of Rate Changes (#16-1355) dated February 12, 2019.

The Provider subsequently notified the OMIG of a computation error. The correction of this error resulted in a reduction of the overpayment previously identified.

This "Revised Notice of Rate Changes" supersedes the previous Notice of Rate Changes that was issued on February 12, 2019 for the April 1, 2009 through December 31, 2011 rates. Based on the enclosed audited rates calculated by the Bureau of Long Term Care Reimbursement, the Medicaid overpayment currently due is \$219,174. This overpayment is subject to Department of Health ("DOH") and Division of Budget ("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 Provider by the OMIG Bureau of Collections Management. The resulting rates and Medicaid impact are summarized below.

Medicare Part B & D Eligible

<u>Rate Period</u>	<u>Issued Rates</u>	<u>Final Rates</u>	<u>Rate Decrease</u>	<u>Medicaid Days</u>	<u>Medicaid Overpayment</u>
04/01/09-04/30/09	\$226.70	\$223.25	\$3.45	1,702	\$ 5,872
05/01/09-06/30/09	219.74	216.29	3.45	3,417	11,788
07/01/09-12/31/09	217.31	213.86	3.45	10,576	36,487
01/01/10-03/31/10	216.35	212.89	3.46	4,851	16,784
04/01/10-06/30/10	217.64	214.18	3.46	4,919	17,020
07/01/10-12/31/10	221.58	218.11	3.47	10,223	35,474
01/01/11-03/31/11	222.58	219.07	3.51	5,225	18,340
04/01/11-04/30/11	217.56	214.09	3.47	1,609	5,583
05/01/11-05/31/11	307.15	303.68	3.47	1,695	5,882
06/01/11-06/30/11	217.56	214.09	3.47	1,588	5,510
07/01/11-07/06/11	220.57	217.10	3.47	318	1,103
07/07/11-12/31/11	220.57	217.10	3.47	9,570	33,208
TOTAL MEDICAID OVERPAYMENT - MEDICARE PART B & D ELIGIBLE					<u>\$ 193,051</u>

Medicare Part B & D Non-Eligible

<u>Rate Period</u>	<u>Issued Rates</u>	<u>Final Rates</u>	<u>Rate Decrease</u>	<u>Medicaid Days</u>	<u>Medicaid Overpayment</u>
04/01/09-04/30/09	\$233.53	\$230.08	\$3.45	90	\$ 310
05/01/09-06/30/09	226.57	223.12	3.45	271	935
07/01/09-12/31/09	224.44	220.99	3.45	1,387	4,785
01/01/10-03/31/10	223.60	220.14	3.46	526	1,820
04/01/10-06/30/10	224.89	221.43	3.46	455	1,574
07/01/10-12/31/10	229.24	225.77	3.47	1,164	4,039
01/01/11-03/31/11	230.35	226.84	3.51	730	2,562
04/01/11-04/30/11	225.25	221.78	3.47	210	729
05/01/11-05/31/11	314.84	311.37	3.47	228	791
06/01/11-06/30/11	225.25	221.78	3.47	296	1,027
07/01/11-07/06/11	228.26	224.79	3.47	63	219
07/07/11-12/31/11	221.59	218.12	3.47	2113	7,332
TOTAL MEDICAID OVERPAYMENT - MEDICARE PART B & D NON-ELIGIBLE					<u>\$ 26,123</u>
TOTAL MEDICAID OVERPAYMENT					<u>\$ 219,174</u>

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The difference between the total shown above and the amounts previously collected on the above Notice of Rate Changes 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
Phone #: [REDACTED]
Fax #: [REDACTED]

Should you have any questions, please contact me at [REDACTED] or through email at [REDACTED]. Please refer to Revised Notice of Rate Changes number 16-1355 in all correspondence.

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

Enclosure

CERTIFIED MAIL #7018 1830 0000 1336 5002
RETURN RECEIPT REQUESTED