



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

June 10, 2019

[REDACTED]
The Grand Rehabilitation and Nursing at Pawling
9 Reservoir Road
Pawling, New York 12564

Re: Notice of Rate Changes #19-3567
NPI Number: 1235127374
Provider Number: 00309013

Dear [REDACTED]

The Office of the Medicaid Inspector General (OMIG) conducted an audit of Dutchess Center for Rehabilitation and Healthcare's costs for base year August 20, 2004 through August 19, 2005 (audit #10-5544). This audit resulted in adjustments of your August 20, 2004 through December 31, 2008 rates.

Previously issued Notice of Rate Changes have addressed over or underpayments through March 31, 2009. However, the August 20, 2004 through August 19, 2005 base year is also used to calculate the operating portion of 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 \$68,924. 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.

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 April 1, 2009 through December 31, 2011 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>
04/01/09-04/30/09	\$220.83	\$220.06	\$0.77	2574	\$ 1,982
05/01/09-06/30/09	213.86	213.09	0.77	5229	4,026
07/01/09-12/31/09	212.28	211.52	0.76	16,042	12,192
01/01/10-03/31/10	213.56	212.80	0.76	8,475	6,441
04/01/10-06/30/10	214.86	214.10	0.76	8,209	6,239
07/01/10-12/31/10	220.47	219.71	0.76	16,733	12,717
01/01/11-03/31/11	221.89	221.12	0.77	7,951	6,122
04/01/11-06/30/11	212.41	211.65	0.76	7,961	6,050
07/01/11-07/06/11	215.46	214.70	0.76	549	417
07/07/11-12/31/11	206.42	205.66	0.76	16,761	12,738
TOTAL MEDICAID OVERPAYMENT					<u>\$68,924</u>

In accordance with 18 NYCRR Part 518 which regulates 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:

New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #19-3567
Albany, New York 12237-0048

OPTION #2: Enter into a repayment agreement with the Office of the Medicaid Inspector General. 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 50% withhold after 20 days until an agreement is established. OMIG acceptance of the repayment agreement is based on your repaying the Medicaid overpayment as agreed. The OMIG will adjust the rate of recovery, or require payment in full, if your unpaid balance is not being repaid as agreed. In addition, if you receive an adjustment in your favor while you owe funds to the State, such adjustment will be applied against any amount owed. If you wish to enter into a repayment agreement, please contact the Bureau of Collections Management within 20 days at the following:

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

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Should you have any questions, please contact [REDACTED] at [REDACTED] or through email at [REDACTED]. Please refer to Notice of Rate Changes number 19-3567 in all correspondence.

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

Enclosure

CERTIFIED MAIL #7017 2620 0000 9540 1769
RETURN RECEIPT REQUESTED