



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

January 15, 2020

[REDACTED]
West Lawrence Care Center, LLC
1410 Seagirt Boulevard
Far Rockaway, New York 11691

Re: Notice of Rate Changes #19-7730
NPI Number: 1063401404
Provider Number: 00312905

Dear [REDACTED]:

The Office of the Medicaid Inspector General (OMIG) conducted an audit of West Lawrence Care Center, LLC's costs for the base year September 18, 2003 through September 17, 2004 (audit #05-1821). This audit resulted in adjustments of your September 18, 2003 through December 31, 2006 rates.

The previously issued Notice of Rate Changes addressed over or underpayments through March 31, 2009. However, the September 18, 2003 through September 17, 2004 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 Residential Health Care Reimbursement, the Medicaid overpayment currently due is \$77,165. 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.

Medicare Part B & D Non-Eligible

<u>Rate Period</u>	<u>Issued Rates</u>	<u>Final Rates</u>	<u>Rate Decrease/ (Increase)</u>	<u>Medicaid Days</u>	<u>Medicaid Overpayment/ (Underpayment)</u>
04/01/09-04/30/09	\$233.13	\$233.15	\$(0.02)	1,184	\$ (24)
05/01/09-06/30/09	225.09	225.11	(0.02)	2,529	(51)
07/01/09-12/31/09	214.27	214.28	(0.01)	7,347	(73)
01/01/10-03/31/10	216.67	216.47	0.20	3,767	754
04/01/10-06/30/10	218.12	217.92	0.20	4,531	906
07/01/10-12/31/10	218.07	217.41	0.66	8,768	5,787
01/01/11-03/31/11	223.35	222.69	0.66	4,153	2,741
04/01/11-04/30/11	213.32	212.66	0.66	1,447	955
05/01/11-05/31/11	712.02	711.36	0.66	1,537	1,014
06/01/11-06/30/11	213.32	212.66	0.66	1,541	1,017
07/01/11-07/06/11	216.61	215.95	0.66	297	196
07/07/11-12/31/11	208.53	207.85	0.68	8,532	5,802
MEDICAID OVERPAYMENT – MEDICARE PART B & D NON-ELIGIBLE					<u>\$19,024</u>

Medicare Part B & D Eligible

<u>Rate Period</u>	<u>Issued Rates</u>	<u>Final Rates</u>	<u>Rate Decrease/ (Increase)</u>	<u>Medicaid Days</u>	<u>Medicaid Overpayment/ (Underpayment)</u>
04/01/09-04/30/09	\$224.93	\$224.95	\$(0.02)	4,443	\$ (88)
05/01/09-06/30/09	216.89	216.91	(0.02)	9,210	(184)
07/01/09-12/31/09	205.67	205.68	(0.01)	27,580	(276)
01/01/10-03/31/10	207.28	207.07	0.21	13,365	2,807
04/01/10-06/30/10	208.73	208.52	0.21	12,906	2,710
07/01/10-12/31/10	208.49	207.81	0.68	26,986	18,350
01/01/11-03/31/11	213.61	212.94	0.67	12,694	8,505
04/01/11-04/30/11	203.69	203.01	0.68	4,061	2,762
05/01/11-05/31/11	702.39	701.71	0.68	4,292	2,918
06/01/11-06/30/11	203.69	203.01	0.68	4,180	2,843
07/01/11-07/06/11	206.98	206.30	0.68	844	574
07/07/11-12/31/11	206.98	206.30	0.68	25,324	17,220
MEDICAID OVERPAYMENT – MEDICARE PART B & D ELIGIBLE					<u>\$58,141</u>

TOTAL MEDICAID OVERPAYMENT

\$77,165

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
Project #19-7730
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 #: [REDACTED]
Fax #: [REDACTED]

Should you have any questions, please contact me at [REDACTED] or through email at [REDACTED]. Please refer to Notice of Rate Changes number 19-7730 in all correspondence.

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

Enclosure
CERTIFIED MAIL #7016-2070-0001-1664-0841
RETURN RECEIPT REQUESTED

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

West Lawrence Care Center, LLC
1410 Seagirt Boulevard
Far Rockaway, New York 11691

NPI #: 1063401404
PROVIDER #: 00312905

PROJECT #19-7730

AMOUNT DUE: \$77,165

PROJECT TYPE	<input type="checkbox"/> PROVIDER
	<input checked="" type="checkbox"/> RATE
	<input type="checkbox"/> PART B
	<input 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 the Project Number on your check.
4. Mail check to:

[REDACTED]
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
Project #19-7730
Albany, New York 12237-0048

5. If the provider number shown above is incorrect, please enter the correct number below.

[REDACTED]
CORRECT PROVIDER NUMBER