



**Office of the
Medicaid Inspector
General**

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

January 28, 2020

[REDACTED]
Boro Park Center for Rehabilitation and Healthcare
4915 10th Avenue
Brooklyn, New York 11219

Re: Final Audit Report
Audit #19-3496
NPI Number: 1982913109
Provider Number: 00309031

Dear [REDACTED]

This Final Audit Report covers the Office of the Medicaid Inspector General's (OMIG) audit of Boro Park Center for Rehabilitation and Healthcare (Provider) services for the rate period January 1, 2013 through December 31, 2017. In accordance with Sections 30, 31 and 32 of the New York State Public Health Law, and Title 18 of the Official Compilation of the Codes, Rules and Regulations of the State of New York (NYCRR) § 517.5, this report represents the final determination of overpayments found during the review.

After reviewing the Provider's October 11, 2019 and October 16, 2019 responses to OMIG's August 26, 2019 Draft Audit Report, OMIG has reduced the overpayment identified in the Draft Audit Report from \$6,060,436 to \$3,610,381 in the Final Audit Report. OMIG's audit findings are detailed in the Attachment B. The attachment list base year services that were no longer performed by the Provider, yet were reimbursed in the Provider's Medicaid nursing home rate during the rate period reviewed. Changes to this nature must be reported by the Provider in accordance with 10 NYCRR 86-2.27.

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 OMIG Bureau of Collections Management.

In accordance with 18 NYCRR Part 518, which regulates the collection of overpayments, your repayment options are described below.

Option #1: Make a full payment by check or money order within 20 days of the date of this Final Audit Report. The check should be made payable to the **New York State Department of Health** with the audit number included, and be sent with the attached remittance advice to:

New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
Audit #: 19-3496
Albany, New York 12237

Option #2: Enter into a repayment agreement with OMIG. If your repayment terms exceed 90 days from the date of this Final Audit Report, recoveries of amounts due are subject to interest charges at the Prime Rate plus two percent (2%). If the process of establishing the repayment agreement exceeds 20 days from the date of the final audit report, 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. 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 New York 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:

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

The Provider has the right to challenge this action and determination by requesting an administrative hearing within 60 days of the date of this notice. In accordance with 18 NYCRR Section 519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered by the department upon submission of objections to a draft audit or notice of proposed agency action."

If the Provider wishes to request a hearing, the request must be submitted in writing to:

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

Questions regarding the request for a hearing should be directed to Office of Counsel, at [REDACTED]

If a hearing is held, the Provider may have a person represent it or the Provider may represent itself. If the Provider chooses to be represented by someone other than an attorney, the Provider must supply along with its hearing request a signed authorization permitting that person to represent the Provider at the hearing; the Provider may call witnesses and present documentary evidence on its behalf.

For a full listing of hearing rights please see 18 NYCRR Part 519.

Should you have any questions, please contact [REDACTED] or through email at [REDACTED]. Please refer to Final Audit Report number 19-3496 in all correspondence.

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

Attachments: A - E
Certified Mail Number: 7019 0700 0000 1671 9477
Return Receipt Requested



Office of the
Medicaid Inspector
General

REMITTANCE ADVICE

Boro Park Center for Rehabilitation and
Healthcare
4915 10TH Avenue
Brooklyn, New York 11219

Provider ID #: 00309031

Audit#: 19-3496

Amount Due: \$3,610,381

Audit
Type


☐ Managed Care

☐ Fee-for-Service

☒ Rate

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 audit number on your check.
4. Mail the check to:


New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
Audit #: 19-3496
Albany, New York 12237