



**Office of the
Medicaid Inspector
General**

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

March 5, 2020

Administrator
Schoelkopf Health Center SNF
621 Tenth Street
Niagara Falls, New York 14302

Re: MDS Final Audit Report
Audit #: 18-7842
Provider ID#: 00356381

Dear Administrator:

This is the final audit report of findings with regard to the Office of the Medicaid Inspector General's (OMIG) Minimum Data Set (MDS) audit of Schoelkopf Health Center SNF for the census period ending July 25, 2016. In accordance with 18 NYCRR §517.6, this final audit report represents the OMIG's final determination on issues found during OMIG's review.

In your response to the draft audit report dated November 27, 2019, you identified specific audit findings with which you disagreed. Your comments have been considered (see Attachment D) and the report has been either revised accordingly and/or amended to address your comments (see Attachment D). Consideration of your comments resulted in an overall reduction of \$12,810.02 to the total Medicaid overpayment shown in the draft audit report.

The Medicaid overpayment of \$12,919.57 was calculated using the number of Medicaid days paid for the rate period January 1, 2017 through June 30, 2017 and the change in the direct component of your Medicaid rate as calculated by the Department of Health's Bureau of Long Term Care Reimbursement (BLTCR). The calculation of this overpayment is detailed in Attachment A. BLTCR will adjust your Medicaid rates for the relevant rate period to reflect the change in the direct component. The findings explanation, regulatory references, and applicable adjustment can be found in the attachments following Attachment A.

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

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

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

In accordance with 18 NYCRR 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 a hearing is held, you may have a person represent you or you may represent yourself. If you choose to be represented by someone other than an attorney, you must supply along with your hearing request a signed authorization permitting that person to represent you at the hearing; you may call witnesses and present documentary evidence on your behalf.

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

Should you have any questions regarding the above, please contact [REDACTED]
[REDACTED] or through email at [REDACTED]

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

[REDACTED]
Attachments:
ATTACHMENT A - Calculation of Medicaid Adjustment
ATTACHMENT B - Detailed Findings by Sample Number
ATTACHMENT C - Detailed Findings by Disallowance
ATTACHMENT D - Analysis of Provider Response

CERTIFIED MAIL # 7019 0700 0000 1671 5219
RETURN RECEIPT REQUESTED