



**Office of the
Medicaid Inspector
General**

ANDREW M. CUOMO
Governor

ERIN E. IVES
Acting Medicaid Inspector General

December 31, 2020

[REDACTED]
Island Nursing and Rehabilitation Center
5537 Expressway Drive North
Holtsville, New York 11742

Re: Notice of Rate Changes #19-6261
NPI Number: 1487669172
Provider Number: 02228191

Dear [REDACTED]

The Office of the Medicaid Inspector General (OMIG) conducted an audit of Island Nursing and Rehabilitation Center's costs for base year January 1, 2003 through December 31, 2003 (audit #08-2360). This audit resulted in adjustments of your January 1, 2003 through December 31, 2007 rates.

Previously issued Notice of Rate Changes have addressed over or underpayments through March 31, 2009. However, the January 1, 2003 through December 31, 2003 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 \$110,498. 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 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	\$275.44	\$273.94	\$1.50	2,215	\$ 3,323
05/01/09-06/30/09	266.58	265.08	1.50	4,388	6,582
07/01/09-12/31/09	267.53	266.05	1.48	13,388	19,814
01/01/10-03/31/10	282.40	280.93	1.47	6,413	9,427
04/01/10-06/30/10	284.17	282.70	1.47	6,298	9,258
07/01/10-12/31/10	278.69	277.23	1.46	12,123	17,700
01/01/11-03/31/11	283.38	281.90	1.48	5,662	8,379
04/01/11-06/30/11	276.85	275.39	1.46	5,495	8,023
07/01/11-07/06/11	280.79	279.33	1.46	357	521
07/07/11-12/31/11	280.79	279.33	1.46	11,411	16,660
TOTAL MEDICAID OVERPAYMENT – PART B & D ELIGIBLE					<u>\$ 99,687</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	\$289.14	\$287.64	\$1.50	122	\$ 183
05/01/09-06/30/09	280.28	278.78	1.50	252	379
07/01/09-12/31/09	282.36	280.89	1.47	1,210	1,779
01/01/10-03/31/10	298.99	297.52	1.47	671	986
04/01/10-06/30/10	300.76	299.29	1.47	811	1,193
07/01/10-12/31/10	295.04	293.59	1.45	1,539	2,232
01/01/11-03/31/11	299.90	298.43	1.47	754	1,108
04/01/11-06/30/11	293.20	291.75	1.45	706	1,024
07/01/11-07/06/11	297.14	295.69	1.45	42	61
07/07/11-12/31/11	280.79	279.33	1.46	1,278	1,866
TOTAL MEDICAID OVERPAYMENT – PART B & D NON-ELIGIBLE					<u>\$ 10,811</u>
TOTAL MEDICAID OVERPAYMENT					<u>\$110,498</u>

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, money order, or OMIG's Online Payment Portal 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, should include the project number on the memo line, and be mailed with the attached remittance advice to:

December 31, 2020

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]
Email: [REDACTED]

- If you elect to pay electronically through OMIG's Online Payment Portal, please visit [REDACTED] or contact OMIG's Bureau of Collections Management by telephone or email, at the above number or address.

Option #2: Enter into a repayment agreement with OMIG. 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%. OMIG's acceptance of a 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. If you wish to enter into a repayment agreement, please contact the Bureau of Collections Management within 20 days, by telephone or email, as provided above.

Should you fail to select a payment option above within 20 days of the date of this Report, OMIG will initiate recoupment by withholding all or a part of your payments otherwise payable, in accordance with 18 NYCRR 518.6. Additionally, OMIG reserves the right to use any remedy allowed by law to collect the amount due. Pursuant to the State Finance Law Section 18(5), a collection fee equal to twenty two percent (22%) of the amount due, including interest, may be added to the amount owed.

Should you have any questions, please contact [REDACTED] or through email at [REDACTED]. Please refer to Notice of Rate Changes number 19-6261 in all correspondence.

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

Enclosure

CERTIFIED MAIL #70201290000228975433
RETURN RECEIPT REQUESTED



Office of the
Medicaid Inspector
General

REMITTANCE ADVICE

Island Nursing and Rehabilitation
Center
5537 Expressway Drive North
Holtsville, New York 11742

PROVIDER #: 02228191

PROJECT #19-6261

AMOUNT DUE: \$110,498

PROJECT
TYPE

☐ PROVIDER
☒ RATE
☐ PART B
☐ 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:

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]
Email: [REDACTED]

If you elect to pay electronically through OMIG's Online Payment Portal, please visit [REDACTED] or contact OMIG's Bureau of Collections Management by telephone or email, at the above number or address.