



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

ERIN E. IVES
Acting Medicaid Inspector General

December 31, 2020

[REDACTED]
St. Johnland Nursing Center
395 Sunken Meadow Road
Kings Park, New York 11754

Re: Notice of Rate Changes #19-6077
NPI Number: 1295744761
Provider Number: 00309393

Dear [REDACTED]

The Office of the Medicaid Inspector General (OMIG) conducted an audit of St. Johnland Nursing Center's costs for base year July 1, 2005 through June 30, 2006 (audit #09-4255). This audit resulted in adjustments of your July 1, 2005 through December 31, 2008 rates.

Previously issued Notice of Rate Changes have addressed over or underpayments through March 30, 2009. However, the July 1, 2005 through June 30, 2006 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 \$74,341. 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.

NURSING FACILITY

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	\$255.30	\$254.86	\$0.44	4,949	\$ 2,178
05/01/09-06/30/09	246.88	246.44	0.44	10,089	4,439
07/01/09-12/31/09	246.64	246.22	0.42	30,442	12,786
01/01/10-03/31/10	257.44	257.09	0.35	14,481	5,068
04/01/10-06/30/10	259.10	258.75	0.35	14,312	5,010
07/01/10-12/31/10	254.66	254.30	0.36	29,241	10,527
01/01/11-03/31/11	257.43	257.05	0.38	14,852	5,644
04/01/11-04/30/11	250.88	250.52	0.36	4,885	1,759
05/01/11-05/31/11	379.68	379.32	0.36	5,200	1,872
06/01/11-06/30/11	250.88	250.52	0.36	4,981	1,793
07/01/11-07/06/11	254.87	254.51	0.36	985	354
07/07/11-12/31/11	254.87	254.51	0.36	28,214	10,157
TOTAL MEDICAID OVERPAYMENT - PART B & D ELIGIBLE					<u>\$61,587</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	\$260.50	\$260.07	\$0.43	454	\$ 195
05/01/09-06/30/09	252.08	251.65	0.43	895	385
07/01/09-12/31/09	252.18	251.78	0.40	3,244	1,297
01/01/10-03/31/10	263.58	263.23	0.35	1,602	561
04/01/10-06/30/10	265.24	264.89	0.35	2,079	728
07/01/10-12/31/10	260.71	260.35	0.36	4,730	1,703
01/01/11-03/31/11	263.54	263.16	0.38	1,787	679
04/01/11-04/30/11	256.93	256.57	0.36	602	216
05/01/11-05/31/11	385.73	385.37	0.36	596	215
06/01/11-06/30/11	256.93	256.57	0.36	564	203
07/01/11-07/06/11	260.92	260.56	0.36	112	40
07/07/11-12/31/11	254.91	254.55	0.36	3,619	1,303
TOTAL MEDICAID OVERPAYMENT - PART B & D NON-ELIGIBLE					<u>\$ 7,525</u>

TRAUMATIC BRAIN INJURY UNIT

<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	\$653.78	\$652.18	\$1.60	68	\$ 109
05/01/09-06/30/09	630.33	628.73	1.60	156	250
07/01/09-12/31/09	675.01	673.41	1.60	992	1,588
01/01/10-03/31/10	742.01	740.42	1.59	547	870
04/01/10-06/30/10	747.28	745.69	1.59	404	642
07/01/10-12/31/10	740.29	738.69	1.60	497	794
01/01/11-03/31/11	748.38	746.76	1.62	115	186
04/01/11-06/30/11	728.77	727.17	1.60	188	301
07/01/11-07/06/11	740.61	739.01	1.60	12	19
07/07/11-12/31/11	664.77	663.17	1.60	294	470
TOTAL MEDICAID OVERPAYMENT - TBI					<u>\$ 5,229</u>
TOTAL MEDICAID OVERPAYMENT					<u>\$74,341</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:

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]

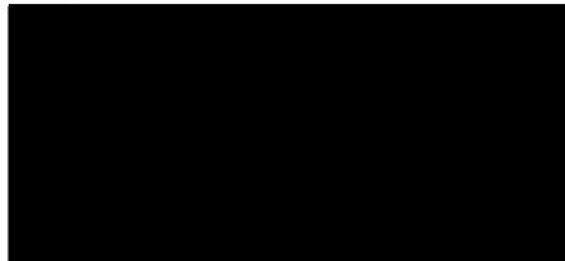
- If you elect to pay electronically through OMIG's Online Payment Portal, please visit [REDACTED] or contact OMIG's Bureau of Collections Management by telephone or email, at the above number or address.

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.

December 31, 2020

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 19-6077 in all correspondence.



Bureau of Rate Audit
Division of Medicaid Audit
Office of the Medicaid Inspector General

Enclosure

CERTIFIED MAIL #70201290000228975402
RETURN RECEIPT REQUESTED



Office of the
Medicaid Inspector
General

REMITTANCE ADVICE

St Johnland Nursing Center
395 Sunken Meadow Road
Kings Park, New York 11754

PROVIDER #: 00309393

PROJECT #19-6077

AMOUNT DUE: \$74,341

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.