NEW YORK STATE | Office of the Medicaid Inspector General

FRANK T. WALSH, JR.
Acting Medicaid Inspector General

Audit of Medicaid Rates

Final Audit Report
Audit #: 20-2885

Townhouse Center for Rehabilitation and Nursing

Provider ID #: 01701651
NPI #: 1306875141

NEW YORK STATE | Office of the Medicaid Inspector General

KATHY HOCHUL
Governor

FRANK T. WALSH, JR.
Acting Medicaid Inspector General

September 20, 2022

[redacted]
Townhouse Center for Rehabilitation and Nursing
755 Hempstead Turnpike
Uniondale, New York 11553

Re: Final Audit Report
Audit #: 20-2885
Provider ID #: 01701651

Dear [redacted]

This is the Office of the Medicaid Inspector General's (OMIG) Final Audit Report for Townhouse Center for Rehabilitation and Nursing (Provider).

In accordance with Title 18 of the Official Compilation of the Codes, Rules and Regulations of the State of New York Section 517.6, the attached Final Audit Report represents the final determination on the issues found during OMIG's audit.

After reviewing the Provider's August 9, 2022 response to OMIG's May 25, 2022 Draft Audit Report, OMIG has reduced the overpayment identified in the Draft Audit Report from $529,104 to $522,562 in the Final Audit Report. Further explanation can be found in the Audit Findings section of this report.

If you have any questions or comments concerning this report, please contact [redacted] or through email at [redacted] Please refer to audit number 20-2885 in all correspondence.

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

Attachments: A - H
Certified Mail Number: 70220410000252480159
Return Receipt Requested

Table of Contents

Background	1
Objective	1
Audit Scope	1
Audit Findings	2
Repayment Options	3
Hearing Rights	4
Contact Information	5
Remittance Advice	
Attachments:	
A - Summary of Per Diem Impact and Medicaid Overpayment	
B - Summary of Medicaid Rates Audited	
C - Property Expense Disallowances/(Allowances) – Nursing Facility	
D - Property Expense Disallowances/(Allowances) – Vent Unit	
E - Return of Real Property Equity Disallowances/(Allowances)	
F - Provider's Response to the Draft Audit Report	
G - Disposition to Provider's Response	
H - Bridge from Draft Audit Report to Final Audit Report	

Background, Objective, and Audit Scope

Background

The New York State Department of Health (DOH) is the single state agency responsible for the administration of the Medicaid program. As part of its responsibility as an independent entity within DOH, the Office of the Medicaid Inspector General (OMIG) conducts audits and reviews of various providers of Medicaid reimbursable services, equipment, and supplies. These audits and reviews are directed at assessing provider compliance with applicable laws, regulations, rules, and policies of the Medicaid program as set forth in New York Public Health Law, New York Social Services Law, the regulations of DOH (Titles 10 and 18 of the New York Codes Rules and Regulations), DOH's Medicaid Provider Manuals and *Medicaid Update* publications.

Objective

The objective of this audit was to determine whether Townhouse Center for Rehabilitation and Nursing's (Provider) Medicaid rates for services complied with applicable Federal and State laws, regulations, rules, and policies governing the New York State Medicaid program and to verify that:

- the data reported by the Provider and used in the establishment of the Medicaid rates was accurate and proper;
- the underlying costs used in the rate calculation were necessary, proper, and related to patient care given by the Provider;
- the Provider and/or patient related records contained the documentation required by the regulations; and,
- the expenses and associated rates of payment were submitted in accordance with DOH regulations and the appropriate Provider and Reporting Manuals.

Audit Scope

An audit of Medicaid rates paid to the Provider from January 1, 2015 through December 31, 2018 was completed.

The audit consisted of a review of the Provider's records that support the capital portion of its Report of Residential Health Care Facility (RHCF-4) cost report for each of the calendar years January 1, 2013 through December 31, 2016. These reports are the basis for the capital portion of the Provider's January 1, 2015 through December 31, 2018 Medicaid rates. The audit also included a review of the capital portion of the Ventilator Unit's January 1, 2015 through December 31, 2018 Medicaid rates. In addition, the audit included a review of the records that support the Appeals #16234 and #16235. Other capital costs and per diem adjustments in these rates, which were based upon subsequent RHCF-4 reports or other sources of information, were also subject to audit.

Audit Findings

OMIG issued a Draft Audit Report to the Provider on May 25, 2022 that identified a $529,104 Medicaid overpayment. The Provider's August 9, 2022 response (Attachment F) to the Draft Audit Report disputed specific audit findings. After reviewing the Provider's response to the Draft Audit Report, consideration of the Provider's comments resulted in a reduction of the overpayments identified in the Draft Audit Report by $6,542, from $529,104 to $522,562. OMIG's findings appear in Attachments A through E. The attachments present the Medicaid impact, promulgated Medicaid rates subject to audit, compilation of audit findings including a description of each, as well as supporting regulations. Based on the attached audited rates calculated by Bureau of Residential Health Care Reimbursement, the Medicaid overpayment currently due is $522,562. 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.

Repayment Options

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 audit 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
  [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.

Hearing Rights

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.

Contact Information



Office Address:

New York State
Office of the Medicaid Inspector General
Division of Medicaid Audit
250 Veterans Memorial Highway, Room 4A12
Hauppauge, New York 11788

Mission

The mission of the Office of the Medicaid Inspector General is to enhance the integrity of the New York State Medicaid program by preventing and detecting fraudulent, abusive, and wasteful practices within the Medicaid program and recovering improperly expended Medicaid funds while promoting high quality patient care.

Vision

To be the national leader in promoting and protecting the integrity of the Medicaid program.

NEW YORK STATE | Office of the Medicaid Inspector General

REMITTANCE ADVICE

Townhouse Center for Rehabilitation and Nursing **755 Hempstead Turnpike** **Uniondale, New York 11553**	**Provider ID #: 01701651** **Audit #: 20-2885**
Amount Due: $522,562	**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 Office of the Medicaid Inspector General
Bureau of Collections Management
800 North Pearl Street
Albany, New York 12204
[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.