



STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
800 North Pearl Street
Albany, New York 12204

DAVID A. PATERSON
GOVERNOR

JAMES G. SHEEHAN
MEDICAID INSPECTOR GENERAL

August 30, 2010

[REDACTED]
Sunrise Manor Nursing Home
1325 Brentwood Road
Bay Shore, New York 11706-5799

Re: Medicaid Rate Audit #06-1476
NPI Number: [REDACTED]
Provider Number: [REDACTED]

Dear [REDACTED]

Enclosed are the January 1, 2002 through December 31, 2004 rate sheets calculated by the Bureau of Long Term Care Reimbursement for the Sunrise Manor Nursing Home. The rates are based on the "Stipulation in Settlement of Audit" that was signed in July of 2010 to resolve the above audit. The resulting rates and Medicaid impact are summarized below.

<u>Rate Period</u>	<u>Issued Rates</u>	<u>Final Rates</u>	<u>Rate Decrease (Increase)</u>	<u>Medicaid Days</u>	<u>Medicaid Impact</u>
01/01/02-02/28/02	\$196.09/\$196.04	\$192.98/\$192.93	\$3.11	3,943	\$12,263
03/01/02-03/31/02	198.54/198.49	195.39/195.34	3.15	2,101	6,618
04/01/02-05/31/02	203.32/203.27	200.17/200.12	3.15	4,159	13,101
06/01/02-08/31/02	206.15/206.10	202.90/202.85	3.25	5,937	19,295
09/01/02-11/30/02	203.10/203.05	199.95/199.90	3.15	5,739	18,078
12/01/02-12/31/02	204.04/203.99	200.87/200.82	3.17	1,961	6,216
01/01/03-02/28/03	205.21/205.16	202.05/202.00	3.16	3,601	11,379
03/01/03-05/31/03	208.48/208.43	205.24/205.19	3.24	5,666	18,358
06/01/03-08/31/03	210.16/210.11	206.87/206.82	3.29	5,684	18,700
09/01/03-11/30/03	204.56/204.51	201.42/201.37	3.14	5,610	17,615
12/01/03-12/31/03	206.16/206.11	202.99/202.94	3.17	1,968	6,239
01/01/04-02/29/04	215.72/215.67	212.40/212.35	3.32	3,851	12,785
03/01/04-03/31/04	207.51/207.46	204.40/204.35	3.11	2,102	6,537
04/01/04-05/31/04	207.33/207.28	204.40/204.35	2.93	4,323	12,666
06/01/04-08/31/04	207.82/207.77	204.88/204.83	2.94	6,637	19,513
09/01/04-11/30/04	217.51/217.46	214.31/214.26	3.20	6,143	19,658
12/01/04-12/31/04	218.26/218.21	215.04/214.99	3.22	1,994	6,421
TOTAL MEDICAID OVERPAYMENT					<u>\$225,442</u>

This overpayment is subject to Department of Health (the "DOH") and Division of Budget (the "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 Facility by the OMIG Bureau of Collections Management.

The Medicaid rate sheets have been enclosed for your convenience. The difference between the total shown above and the amounts previously collected on the above audits will be resolved by the Bureau of Collections Management in our Albany Office. Should you have any questions in this regard, please contact them at the following address.

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

If you have any questions regarding the above, please call [REDACTED] at [REDACTED]

[REDACTED]
Chief Medical Facilities Auditor
Division of Medicaid Audit
Audit Management and Development
Office of the Medicaid Inspector General

CERTIFIED MAIL# [REDACTED]
RETURN RECEIPT REQUESTED