



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

ANDREW M. CUOMO  
GOVERNOR

JAMES C. COX  
MEDICAID INSPECTOR GENERAL

August 19, 2013

[REDACTED]  
Riverledge Health Care  
and Rehabilitation Center  
8101 State Highway 68  
Ogdensburg, New York 13669-4403

Re: Medicaid Rate Audit #11-3387  
Formerly known as United Helpers  
Nursing Home Inc.  
NPI Number: [REDACTED]  
Provider Number: [REDACTED]

Dear [REDACTED]:

Enclosed is the final audit report of the Office of the Medicaid Inspector General's (the "OMIG") audit of United Helpers Nursing Home's (the "Facility") Medicaid rates for the rate period January 1, 2006 through December 31, 2008. In accordance with 18 NYCRR Section 517.6, this report represents the OMIG's final determination on issues raised in the draft audit report.

Since you did not respond to our draft audit report dated May 31, 2013, the findings in the final audit report remain identical to the draft audit report. As previously stated in the draft audit report, the Medicare Part B and D offsets were not within the scope of the review and may be examined as part of a future audit. Based on the enclosed audited rates calculated by the Bureau of Long Term Care Reimbursement, the Medicaid overpayment currently due is \$4,609. 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.

In accordance with 18 NYCRR Part 518 which regulates the collection of overpayments, your repayment options are described below.

**OPTION #1:** Make full payment by check or money order 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 and be sent with the attached Remittance Advice to:

[REDACTED]  
New York State Department of Health  
Medicaid Financial Management  
GNARESP Corning Tower, Room 2739  
File #11-3387  
Albany, New York 12237-0048

**OPTION #2:** Enter into a repayment agreement with the 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%. If the process of establishing the repayment agreement exceeds 20 days from the date of the final audit report, the OMIG will impose a 15% withhold after 20 days until the agreement is established. The OMIG may require financial information from you to establish the terms of the repayment agreement. If additional information is requested, the OMIG must receive the information within 30 days of the request or a 50% withhold will be imposed. OMIG acceptance of the repayment agreement is based on your repaying the Medicaid overpayment as agreed. The OMIG will adjust the rate of recovery, or require payment in full, if your unpaid balance is not being repaid as agreed. The OMIG will notify you no later than 5 days after initiating such action. If you wish to enter into a repayment agreement, you must forward your written request within 20 days to the following:

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

If within 20 days, you fail to make full payment or contact the OMIG to make repayment arrangements, the OMIG will establish a withhold equal to 50% of your Medicaid billings to secure payment and liquidate the overpayment amount, interest and/or penalty, not barring any other remedy allowed by law. The OMIG will provide notice to you no later than 5 days after the withholding of any funds.

In addition, if you receive an adjustment in your favor while you owe funds to the State, such adjustment will be applied against the amount owed.

You have the right to challenge this action and determination by requesting an administrative hearing within sixty (60) days of the date of this notice. You may not request a hearing to raise issues related to rate setting or rate setting methodology. In addition, you may not raise any issue that was raised or could have been raised at a rate appeal with your rate setting agency. You may only request a hearing to challenge specific audit adjustments which you challenged in a response to the draft audit report.

If you wish 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, New York 12204

Questions regarding the request for a hearing should be directed to the Office of Counsel at

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 a signed authorization permitting that person to represent you along with your hearing request. At the hearing, you may call witnesses and present documentary evidence on your behalf.

Should you have any questions, please contact [REDACTED] or through email at [REDACTED]. Please refer to audit number 11-3387 in all correspondence.

Sincerely,

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

Attachments:

- EXHIBIT I - Summary of Per Diem Impact and Medicaid Overpayment
- EXHIBIT II - Summary of Medicaid Rates Audited
- EXHIBIT III - Property Expense Disallowances/(Allowances)
- EXHIBIT IV - Correction of Patient Days

CERTIFIED MAIL # [REDACTED]  
RETURN RECEIPT REQUESTED

**NEW YORK STATE  
OFFICE OF THE MEDICAID INSPECTOR GENERAL  
REMITTANCE ADVICE**

NAME AND ADDRESS OF AUDITEE

RIVERLEDGE HEALTH CARE &  
REHABILITATION CENTER  
8101 STATE HIGHWAY 68  
OGDENSBURG, NEW YORK  
13669-4403

NPI [REDACTED]  
PROVIDER [REDACTED]

AUDIT #11-3387

AUDIT  
TYPE

PROVIDER  
 RATE  
 PART B  
 OTHER:

AMOUNT DUE: \$4,609

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 check to:

[REDACTED]  
New York State Department of Health  
Medicaid Financial Management  
GNARESP Corning Tower, Room 2739  
File #11-3387  
Albany, New York 12237-0048

5. If the provider number shown above is incorrect, please enter the correct number below.

CORRECT PROVIDER NUMBER

**UNITED HELPERS NURSING HOME INC.- AUDIT #11-3387**  
**RATE PERIODS JANUARY 1, 2006 THROUGH DECEMBER 31, 2008**  
**SUMMARY OF PER DIEM IMPACT AND MEDICAID OVERPAYMENT**

<u>RATE PERIOD</u>	<u>ISSUED PART B &amp; D NON-ELIGIBLE RATES*</u>	<u>FINAL PART B &amp; D NON-ELIGIBLE RATES</u>	<u>RATE DECREASE (INCREASE)</u>	<u>MEDICAID DAYS</u>	<u>MEDICAID OVERPAYMENT</u>
01/01/06 - 01/31/06	\$130.14	\$130.14	\$ -	2,814	\$ -
02/01/06 - 03/31/06	130.98	130.98	-	5,402	-
04/01/06 - 04/30/06	130.69	130.69	-	2,743	-
05/01/06 - 07/31/06	131.80	131.80	-	8,561	-
08/01/06 - 09/19/06	133.49	133.49	-	4,569	-
09/20/06 - 10/31/06	140.17	140.15	0.02	3,857	77
11/01/06 - 12/31/06	140.20	140.18	0.02	5,319	106
01/01/07 - 03/31/07	144.41	144.38	0.03	7,605	228
04/01/07 - 06/30/07	143.62	143.59	0.03	8,076	242
07/01/07 - 08/31/07	141.63	141.60	0.03	5,481	164
09/01/07 - 11/30/07	141.63	141.60	0.03	7,628	229
12/01/07 - 12/31/07	141.63	141.60	0.03	2,556	77
01/01/08 - 03/31/08	166.12	166.03	0.09	8,108	730
04/01/08 - 06/30/08	163.46	163.37	0.09	7,974	718
07/01/08 - 08/31/08	166.08	165.99	0.09	6,789	611
09/01/08 - 12/31/08	166.08	165.99	0.09	15,861	<u>1,427</u>
<b>TOTAL MEDICAID OVERPAYMENT</b>					<b><u>\$ 4,609</u></b>

\* Any differences between these rates and the rates listed in Exhibit II of this report represent rate changes made subsequent to OMIG's audit. These changes remain open to future audit by the OMIG. For the purpose of this Exhibit, the Medicare Part B and D rates are not shown. The rate decrease/(increase) for those rates is the same as shown for the Medicare Part B and D non-eligible rates above.

**UNITED HELPERS NURSING HOME INC.- AUDIT #11-3387**  
**RATE PERIODS JANUARY 1, 2006 THROUGH DECEMBER 31, 2008**  
**SUMMARY OF MEDICAID RATES AUDITED**

The Facility's Medicaid utilization was approximately 76 percent for the period under audit and the Medicaid per diem rates audited are shown below. Any differences between these rates and the "Issued Rates" listed in Exhibit I of this report represent rate changes made subsequent to our audit. These changes remain open to future audit by the OMIG.

<b><u>RATE PERIOD</u></b>	<b><u>Issued Medicare Part B &amp; D Non-Eligible Rates *</u></b>
01/01/06 - 01/31/06	\$ 130.14
02/01/06 - 03/31/06	130.98
04/01/06 - 04/30/06	130.69
05/01/06 - 07/31/06	131.80
08/01/06 - 09/19/06	133.49
09/20/06 - 10/31/06	140.17
11/01/06 - 12/31/06	140.20
01/01/07 - 03/31/07	144.41
04/01/07 - 06/30/07	143.62
07/01/07 - 08/31/07	141.63
09/01/07 - 11/30/07	141.63
12/01/07 - 12/31/07	141.63
01/01/08 - 03/31/08	166.12
04/01/08 - 06/30/08	163.46
07/01/08 - 08/31/08	166.08
09/01/08 - 12/31/08	166.08

\* The Medicare Part B and D rates are not shown for the purpose of this Exhibit. The Medicare Part B and D offsets were not within the scope of this audit and may be examined as part of a future audit.

**UNITED HELPERS NURSING HOME INC.- AUDIT #11-3387  
 RATE PERIODS JANUARY 1, 2006 THROUGH DECEMBER 31, 2008  
 PROPERTY EXPENSE DISALLOWANCES/(ALLOWANCES)**

DESCRIPTION	CTR.	COST DISALLOWED (ALLOWED)	TRACE- BACK %	RATE PERIODS			
				1/1/2006	9/20/2006	1/1/2007	1/1/2008
				<u>9/19/2006</u>	<u>12/31/2006</u>	<u>12/31/2007</u>	<u>12/31/2008</u>
				\$ 198,901	\$ 484,993	\$ 482,702	\$ 1,701,702

Property Expense Allowed per HE-12B  
 Less Disallowances/(Allowances):

**PROPERTY INSURANCE DISALLOWANCE**

Providers receiving payments on the basis of reimbursable costs are required to provide adequate cost data based on financial and statistical records that can be verified on audit. Cost data must be current, accurate, and in sufficient detail. The Facility did not provide adequate documentation to substantiate reported property insurance expense. Consequently, a disallowance was necessary.

Regulations: 10 NYCRR Section 86-2.17(a), PRM-1 Sections 2300 and 2304

Prop. Ins. 005 \$4,794 99.91% 4,790

Property Expense Disallowances/(Allowances)

TOTAL AUDITED PROPERTY EXPENSE

\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,790
<u>\$ 198,901</u>	<u>\$ 484,993</u>	<u>\$ 482,702</u>	<u>\$ 482,702</u>	<u>\$ 1,696,912</u>			

**UNITED HELPERS NURSING HOME INC.- AUDIT #11-3387**  
**RATE PERIODS JANUARY 1, 2006 THROUGH DECEMBER 31, 2008**  
**CORRECTION OF PATIENT DAYS**

The audit of patient day statistics disclosed that the patient days reported were understated in rate years 2006 through 2007. The following adjustments were necessary to include the proper days in the rate calculations.

**Regulation: 10 NYCRR Section 86-2.8(c)**

	<b><u>RATE PERIODS</u></b>	
	<b><u>2006</u></b>	<b><u>2007</u></b>
Patient Days in Promulgated Rates	42,856	42,610
Patient Days per Audit	42,910	42,723
<b>Understated Patient Days</b>	<b><u>54</u></b>	<b><u>113</u></b>