



STATE OF NEW YORK  
 OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 259 Monroe Avenue, Room 312  
 Rochester, New York 14607

ANDREW M. CUOMO  
 GOVERNOR

JAMES C. COX  
 MEDICAID INSPECTOR GENERAL

March 14, 2014

[REDACTED]  
 Genesee Valley Presbyterian Nursing Center  
 d/b/a/ Kirkhaven  
 254 Alexander Street  
 Rochester, New York 14607

Re: Notice of Rate Changes #14-1631  
 NPI Number: [REDACTED]  
 Provider Number: [REDACTED]

Dear [REDACTED]

The Office of the Medicaid Inspector General (the "OMIG") adjusted Kirkhaven's (the Facility) May 1, 1984 through October 31, 1984 base period operating costs under audit #12-3609 which covered the Facility's January 1, 2007 through December 31, 2008 Medicaid rates. The base period operating costs were reduced to reflect the elimination of services no longer reimbursable in the Facility's Medicaid rates.

The May 1, 1984 through October 31, 1984 base period is also used to calculate the operating portion of the January 1, 2009 through March 31, 2009 Medicaid rate. Therefore, revisions in this rate are being handled under this Notice of Rate Change. Based on the enclosed audited rate calculated by the Bureau of Long Term Care Reimbursement, the Medicaid overpayment currently due is \$10,999. 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.

Enclosed is the appropriate rate sheet to support the amount due. The rate sheet reflects only the carry forward of the base period operating expense adjustment. All other components of the January 1, 2009 through March 31, 2009 rates may be subject to future audit. The revised rates and Medicaid impact are as follows.

<u>Rate Period</u>	<u>Issued Rate</u>	<u>Final Rate</u>	<u>Rate Decrease</u>	<u>Medicaid Days</u>	<u>Medicaid Impact</u>
01/01/09-03/31/09	\$158.42	\$156.94	\$1.48	7,432	\$ 10,999
<b>TOTAL MEDICAID OVERPAYMENT</b>					<b><u>\$10,999</u></b>

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 #14-1631  
Albany, New York 12237-0048

**OPTION #2:** Enter into a repayment agreement with the Office of the Medicaid Inspector General. 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 50% withhold after 20 days until an agreement is established. 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. In addition, if you receive an adjustment in your favor while you owe funds to the State, such adjustment will be applied against any amount owed. If you wish to enter into a repayment agreement, please contact the Bureau of Collections Management within 20 days at the following:

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

Should you have any questions, please contact me at [REDACTED] or through e-mail at [REDACTED]. Please refer to audit number 14-1631 in all correspondence.

Sincerely,

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

Enclosure

CERTIFIED MAIL [REDACTED]  
RETURN RECEIPT REQUESTED

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

**NAME AND ADDRESS OF AUDITEE**

Genesee Valley Presbyterian  
Nursing Home  
(d/b/a Kirkhaven)  
254 Alexander Street  
Rochester, New York 14607

NPI #: [REDACTED]  
PROVIDER #: [REDACTED]

AUDIT #14-1631

AMOUNT DUE: \$10,999

AUDIT	<input type="checkbox"/>	PROVIDER
TYPE	<input checked="" type="checkbox"/>	RATE
	<input type="checkbox"/>	PART B
	<input type="checkbox"/>	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 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 #14-1631  
Albany, New York 12237-0048

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

[REDACTED]

CORRECT PROVIDER NUMBER