



STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
584 Delaware Ave, 2nd floor
Buffalo, New York 14202

DAVID A. PATERSON
GOVERNOR

JAMES G. SHEEHAN
MEDICAID INSPECTOR GENERAL

November 9, 2010

[REDACTED]
Heritage Green Nursing Home
3 Boulder Drive
Churchville, New York 14428

Re: Heritage Green Nursing Home
Notice of Rate Changes #10-4879
NPI Number: [REDACTED]
Provider Number: [REDACTED]

Dear [REDACTED]

The Department of Health conducted an audit of your costs for base year 1995 (audit #02-E04-1440). This audit resulted in downward adjustments of your 1995 through 2001 rates.

Previously issued Notice(s) of Rate Changes have addressed over or underpayments through December 31, 2006. A Notice of Rate Changes for 2007 was not issued as there was no Medicaid impact. However, the 1995 base year is also used to calculate the operating portion of the January 1, 2008 through March 31, 2009 rates. Based on the enclosed audited rates calculated by the Bureau of Long Term Care Reimbursement, the Medicaid underpayment currently due the facility is \$269. This underpayment 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 are the appropriate rate sheets to support the amount due the facility. The rate sheets reflect only the carry forward of the base period operating expense adjustments. All other components of the January 1, 2008 to 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 Rates</u>	<u>Final Rates</u>	<u>Rate Decrease</u>	<u>Medicaid Days</u>	<u>Medicaid Impact</u>
01/01/08-03/31/08	\$157.98/156.76	\$157.98/156.76	\$.00	8,099	\$ 0
04/01/08-06/30/08	155.35/154.14	155.36/154.15	.01	8,496	(85)
07/01/08-12/31/08	158.11/156.90	158.12/156.91	.01	18,384	(184)
01/01/09-03/31/09	152.38/151.14	152.38/151.14	.00	9,418	<u>0</u>
TOTAL MEDICAID OVERPAYMENT/(UNDERPAYMENT)					<u>\$ (269)</u>

Arrangements for crediting the facility for the amount of the underpayment will be made by the Bureau of Collections Management in our Albany office. Should you have any questions, please contact them at:

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].

Sincerely,

[REDACTED]

Director, Audit Resources Management
Division of Medicaid Audit
Audit Management and Development
Office of the Medicaid Inspector General

CC: [REDACTED]

Enclosure – Rate Sheets