



STATE OF NEW YORK  
 OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 445 Hamilton Avenue, Suite 506  
 White Plains, NY 10601

DAVID A. PATERSON  
 GOVERNOR

JAMES G. SHEEHAN  
 MEDICAID INSPECTOR GENERAL

November 10, 2010

██████████  
 Port Chester Nursing & Rehabilitation Center  
 1000 High Street  
 Port Chester, New York 10573

Re: Notice of Rate Changes #10-4886  
 NPI Number: ██████████  
 Provider Number: ██████████

Dear ██████████

The Department of Health conducted an audit of your costs for base period October 15, 1993 through October 14, 1994 (audit #97-W04-3056). This audit resulted in adjustments of your October 15, 1993 through December 31, 1996 rates.

Previously issued Notices of Rate Changes have addressed underpayments through December 31, 2007. However, the October 15, 1993 through October 14, 1994 base period is also used to calculate the operating portion of the 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 \$9,712. 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 2008 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 Rates</u>	<u>Final Rates</u>	<u>Rate Decrease (Increase)</u>	<u>Medicaid Days</u>	<u>Medicaid Impact</u>
01/01/08 – 03/31/08	\$202.63/202.19	\$202.83/202.39	\$(.20)	9,688	\$(1,938)
04/01/08 – 06/30/08	198.87/198.43	199.07/198.63	(.20)	9,307	(1,861)
07/01/08 – 12/31/08	202.84/202.40	203.04/202.60	(.20)	19,989	(3,998)
01/01/09 – 03/31/09	199.55/199.10	199.75/199.30	(.20)	9,574	(1,915)

**TOTAL MEDICAID OVERPAYMENT/ (UNDERPAYMENT)**

**\$(9,712)**

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 me at [REDACTED]

[REDACTED]  
Division of Medicaid Audit  
Audit Management and Development  
Office of the Medicaid Inspector General

Enclosure

CERTIFIED MAIL # [REDACTED]  
RETURN RECEIPT REQUESTED