



STATE OF NEW YORK  
OFFICE OF THE MEDICAID INSPECTOR GENERAL  
90 Church Street, 14<sup>th</sup> Street  
New York, New York 10007

DAVID A. PATERSON  
GOVERNOR

JAMES G. SHEEHAN  
MEDICAID INSPECTOR GENERAL

November 22, 2010

[REDACTED]  
Caton Park Nursing Home  
1312 Caton Avenue  
Brooklyn, New York 11226

Re: Notice of Rate Changes #10-4924  
NPI Number: [REDACTED]  
Provider Number: [REDACTED]

Dear [REDACTED]

The Department of Social Services conducted an audit of your costs for base period January 1, 1989 through June 30, 1989 (audit #94-C04-3023). This audit resulted in adjustments of your January 1, 1989 through December 31, 1993 rates.

Previously issued Notices of Rate Changes have addressed over or underpayments through December 31, 2007. However, the January 1, 1989 through June 30, 1989 base period 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 \$147,957. 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 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	\$215.72/215.17	\$218.97/218.42	\$(3.25)	9,493	\$ (30,852)
04/01/08-06/30/08	212.14/211.59	215.40/214.85	(3.26)	8,807	(28,711)
07/01/08-12/31/08	215.39/214.84	218.65/218.10	(3.26)	18,381	(59,922)
01/01/09-03/31/09	216.80/216.24	220.03/219.47	(3.23)	8,815	<u>(28,472)</u>

**TOTAL MEDICAID UNDERPAYMENT**

**\$(147,957)**

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]  
[REDACTED]  
Division of Medicaid Audit, New York City  
Office of the Medicaid Inspector General

Attachment  
Enclosure

CERTIFIED MAIL # [REDACTED]  
RETURN RECEIPT REQUESTED