



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

ANDREW M. CUOMO  
GOVERNOR

JAMES C. COX  
MEDICAID INSPECTOR GENERAL

November 6, 2013

[REDACTED]  
North Westchester Restorative Therapy  
& Nursing Center  
3550 Lexington Avenue  
Mohegan Lake, New York 10547

Re: Notice of Rate Changes #13-4247  
NPI Number: [REDACTED]  
Provider Number: [REDACTED]

Dear [REDACTED]

The Office of the Medicaid Inspector General (the "OMIG") conducted an audit of your costs for base period November 22, 2004 through November 21 2005 (audit #08-4290). This audit resulted in adjustments of your November 22, 2004 through December 31, 2008 rates.

The November 22, 2004 through November 21, 2005 base period is also used to calculate the operating portion of the January 1, 2009 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 \$13,751. 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 underpayment 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, 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 Rates</u>	<u>Final Rates</u>	<u>Rate Decrease (Increase)</u>	<u>Medicaid Days</u>	<u>Medicaid Impact</u>
01/01/09-03/31/09	\$236.16	\$238.34	\$(2.18)	6,308	\$(13,751)
<b>TOTAL MEDICAID OVERPAYMENT/(UNDERPAYMENT)</b>					<b><u>\$(13,751)</u></b>

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

Should you have any questions, please contact [redacted] or through email at [redacted]. Please refer to audit number 13-4247 in all correspondence.

Sincerely,

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

Enclosure

CERTIFIED MAIL [redacted]  
RETURN RECEIPT REQUESTED