



STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
90 Church Street, 14th Floor
New York, New York 10007

ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
ACTING MEDICAID INSPECTOR GENERAL

September 29, 2011

[REDACTED]
Cabrin Center for Nursing and Rehabilitation
542 East 5th Street
New York, New York 10009

Re: Revised Notice of Rate Changes #08-3496
NPI Number: [REDACTED]
Provider Number: [REDACTED]

Dear [REDACTED]

The Department of Social Services conducted an audit of your costs for base period March 13, 1993 through September 30, 1993 (audit #94-C04-3022). This audit resulted in downward adjustments of your March 13, 1993 through December 31, 1994 rates.

Previously issued Notices of Rate Changes have addressed overpayments through December 31, 2007. However, the 2007 Notice of Rate Changes issued on December 29, 2008 has been revised due to changes in the 2007/08 Rebasing Transition Adjustment, the Administrative and Fiscal Services Adjustment and Medicaid days. This revised Notice of Rate Changes supersedes the December 29, 2008 Notice of Rate Changes. Based on the enclosed audited rates calculated by the Bureau of Long Term Care Reimbursement, the Medicaid overpayment currently due is \$345,999. 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 are the appropriate rate sheets to support the amount due. The rate sheets reflect only the carry forward of the base period operating expense adjustments. All other components of the 2007 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>
01/01/07-03/31/07	\$233.53/233.47	\$226.99/226.93	\$6.54	12,934	\$ 84,588
04/01/07-06/30/07	232.20/232.14	225.70/225.64	6.50	13,142	85,423
07/01/07-12/31/07	230.22/230.16	223.72/223.66	6.50	27,075	175,988
REVISED TOTAL MEDICAID OVERPAYMENT					<u>\$345,999</u>

The difference between the total shown above and the amounts previously collected on the December 29, 2008 Notice of Rate Changes will be resolved by the Bureau of Collections Management in our Albany office. Should you have any questions in this regard, 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]

Rate Audit Manager
Division of Medicaid Audit
Audit Management and Development
Office of the Medicaid Inspector General

Attachment
Enclosure

CERTIFIED MAIL # [REDACTED]
RETURN RECEIPT REQUESTED