



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

ANDREW M. CUOMO  
GOVERNOR

JAMES C. COX  
ACTING MEDICAID INSPECTOR GENERAL

September 29, 2011

[REDACTED]  
Morris Park Nursing Home  
1235 Pelham Parkway North  
Bronx, New York 10469

Re: Notice of Rate Changes #11-4999  
NPI Number: [REDACTED]  
Provider Number: [REDACTED]

Dear [REDACTED]

The Department of Social Services conducted an audit of your costs for base year 1981 (audit #88-C04-1025). This audit resulted in downward adjustments of your 1983 through 1993 rates.

The 1981 base year is also used to calculate the operating portion of the January 1, 1994 through March 31, 2009 rates. Based on the enclosed audited rates calculated by the Bureau of Long Term Care Reimbursement, the Medicaid overpayment currently due is \$428,536. 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 January 1, 1994 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</u>	<u>Medicaid Days</u>	<u>Medicaid Impact</u>
01/01/94-01/31/94	\$152.24/152.19	\$151.95/151.90	\$0.29	4,701	\$ 1,363
02/01/94-03/31/94	152.81/152.76	152.52/152.47	0.29	9,027	2,618
04/01/94-04/30/94	153.22/153.17	152.93/152.88	0.29	4,595	1,333
05/01/94-06/30/94	152.41/152.36	152.12/152.07	0.29	9,798	2,841

<u>Rate Period</u>	<u>Issued Rates</u>	<u>Final Rates</u>	<u>Rate Decrease</u>	<u>Medicaid Days</u>	<u>Medicaid Impact</u>
07/01/94-07/31/94	\$151.59/151.54	\$151.31/151.26	\$0.28	5,022	\$ 1,406
08/01/94-10/31/94	152.81/152.76	152.53/152.48	0.28	14,645	4,101
11/01/94-11/02/94	151.96/151.91	151.67/151.62	0.29	317	92
11/03/94-12/31/94	207.38/207.33	207.09/207.04	0.29	9,353	2,712
01/01/95-01/31/95	154.58/154.53	154.29/154.24	0.29	4,715	1,367
02/01/95-03/31/95	155.42/155.37	155.13/155.08	0.29	9,534	2,765
04/01/95-04/30/95	152.90/152.85	152.47/152.42	0.43	4,912	2,112
05/01/95-06/30/95	153.91/153.86	153.49/153.44	0.42	10,007	4,203
07/01/95-07/31/95	160.27/160.22	159.85/159.80	0.42	5,102	2,143
08/01/95-10/31/95	161.59/161.54	161.15/161.10	0.44	14,609	6,428
11/01/95-12/31/95	154.72/154.67	154.29/154.24	0.43	9,296	3,997
01/01/96-01/31/96	163.06/163.01	162.61/162.56	0.45	4,605	2,072
02/01/96-03/31/96	164.71/164.66	164.26/164.21	0.45	8,585	3,863
04/01/96-04/30/96	155.73/155.68	155.30/155.25	0.43	4,372	1,880
05/01/96-07/31/96	161.98/161.93	161.54/161.49	0.44	13,738	6,045
08/01/96-10/31/96	163.87/163.82	163.44/163.39	0.43	14,013	6,026
11/01/96-12/31/96	161.83/161.78	161.39/161.34	0.44	9,027	3,972
01/01/97-01/31/97	162.53/162.48	162.08/162.03	0.45	4,358	1,961
02/01/97-02/28/97	164.41/164.36	163.96/163.91	0.45	4,057	1,826
03/01/97-03/31/97	161.33/161.28	160.88/160.83	0.45	4,475	2,014
04/01/97-04/30/97	168.54/168.49	168.09/168.04	0.45	4,377	1,970
05/01/97-07/31/97	168.01/167.96	167.56/167.51	0.45	13,711	6,170
08/01/97-10/31/97	169.01/168.96	168.56/168.51	0.45	14,566	6,555
11/01/97-12/31/97	169.91/169.86	169.46/169.41	0.45	9,218	4,148
01/01/98-01/31/98	171.70/171.65	171.23/171.18	0.47	4,664	2,192
02/01/98-03/31/98	173.23/173.18	172.74/172.69	0.49	8,950	4,385
04/01/98-04/30/98	172.58/172.53	172.09/172.04	0.49	4,498	2,204
05/01/98-07/31/98	171.83/171.78	171.34/171.29	0.49	14,142	6,930
08/01/98-10/31/98	173.33/173.28	172.84/172.79	0.49	14,517	7,113
11/01/98-12/31/98	173.60/173.55	173.11/173.06	0.49	9,132	4,475
01/01/99-01/31/99	178.78/178.73	178.29/178.24	0.49	4,436	2,174
02/01/99-03/31/99	179.69/179.64	179.21/179.16	0.43	8,627	4,141
04/01/99-04/30/99	182.45/182.40	182.12/182.07	0.33	4,415	1,457
05/01/99-06/30/99	174.93/174.88	174.60/174.55	0.33	9,319	3,075
07/01/99-07/31/99	169.44/169.39	168.96/168.91	0.48	4,998	2,399
08/01/99-10/31/99	170.22/170.17	169.74/169.69	0.48	14,831	7,119
11/01/99-12/31/99	163.93/163.88	163.45/163.40	0.48	9,561	4,589
01/01/00-01/31/00	163.68/163.63	163.20/163.15	0.48	4,429	2,126
02/01/00-04/30/00	164.21/164.16	163.72/163.67	0.49	12,526	6,138
05/01/00-07/31/00	165.18/165.13	164.70/164.65	0.48	13,243	6,357

<u>Rate Period</u>	<u>Issued Rates</u>	<u>Final Rates</u>	<u>Rate Decrease</u>	<u>Medicaid Days</u>	<u>Medicaid Impact</u>
08/01/00-10/31/00	\$165.42/165.37	\$164.93/164.88	\$0.49	13,023	\$ 6,381
11/01/00-12/31/00	160.93/160.88	160.46/160.41	0.47	8,616	4,050
01/01/01-01/31/01	166.94/166.89	166.46/166.41	0.48	4,654	2,234
02/01/01-04/30/01	170.23/170.18	169.72/169.67	0.51	13,369	6,818
05/01/01-07/31/01	171.71/171.66	171.20/171.15	0.51	13,562	6,917
08/01/01-10/31/01	172.32/172.27	171.81/171.76	0.51	14,029	7,155
11/01/01-12/31/01	173.76/173.71	173.26/173.21	0.50	9,496	4,748
01/01/02-01/31/02	177.76/177.71	177.24/177.19	0.52	4,930	2,564
02/01/02-03/31/02	179.25/179.20	178.73/178.68	0.52	9,717	5,053
04/01/02-04/30/02	181.36/181.31	180.84/180.79	0.52	4,896	2,546
05/01/02-07/31/02	174.23/174.18	173.73/173.68	0.50	14,238	7,119
08/01/02-10/31/02	177.25/177.20	176.73/176.68	0.52	14,889	7,742
11/01/02-12/31/02	177.14/177.09	176.62/176.57	0.52	10,009	5,205
01/01/03-01/31/03	178.10/178.05	177.58/177.53	0.52	5,088	2,646
02/01/03-04/30/03	180.29/180.24	179.77/179.72	0.52	14,862	7,728
05/01/03-07/31/03	179.85/179.80	179.33/179.28	0.52	14,785	7,688
08/01/03-10/31/03	181.18/181.13	180.67/180.62	0.51	14,721	7,508
11/01/03-12/31/03	180.78/180.73	180.26/180.21	0.52	9,947	5,172
01/01/04-01/31/04	186.80/186.75	186.27/186.22	0.53	5,174	2,742
02/01/04-03/31/04	189.09/189.04	188.55/188.50	0.54	9,674	5,224
04/01/04-04/30/04	189.09/189.04	188.55/188.50	0.54	4,863	2,626
05/01/04-07/31/04	189.02/188.97	188.48/188.43	0.54	14,927	8,061
08/01/04-10/31/04	191.50/191.45	190.96/190.91	0.54	15,476	8,357
11/01/04-12/31/04	186.93/186.88	186.39/186.34	0.54	9,882	5,336
01/01/05-01/31/05	193.56/193.51	193.00/192.95	0.56	4,805	2,691
02/01/05-04/30/05	195.09/195.04	194.53/194.48	0.56	13,827	7,743
05/01/05-06/30/05	196.01/195.96	195.45/195.40	0.56	9,927	5,559
07/01/05-07/31/05	196.01/195.96	195.45/195.40	0.56	5,177	2,899
08/01/05-10/31/05	195.92/195.87	195.36/195.31	0.56	14,875	8,330
11/01/05-12/31/05	193.97/193.92	193.41/193.36	0.56	10,006	5,603
01/01/06-01/31/06	202.34/202.29	201.76/201.71	0.58	5,037	2,921
02/01/06-03/31/06	204.99/204.94	204.41/204.36	0.58	9,464	5,489
04/01/06-04/30/06	204.52/204.47	203.95/203.90	0.57	4,748	2,706
05/01/06-07/31/06	200.54/200.49	199.96/199.91	0.58	14,741	8,550
08/01/06-10/31/06	200.54/200.49	199.96/199.91	0.58	15,136	8,779
11/01/06-12/31/06	204.01/203.96	203.43/203.38	0.58	9,654	5,599
01/01/07-03/31/07	210.61/210.56	210.12/210.07	0.49	13,783	6,754
04/01/07-06/30/07	209.45/209.40	208.86/208.81	0.59	14,766	8,712
07/01/07-08/31/07	208.42/208.37	207.83/207.78	0.59	9,931	5,859
09/01/07-12/31/07	208.42/208.37	207.83/207.78	0.59	19,013	11,218

<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	\$212.81/212.76	\$212.22/212.17	\$0.59	14,243	\$ 8,403
04/01/08-06/30/08	209.06/209.01	208.48/208.43	0.58	15,190	8,810
07/01/08-12/31/08	212.85/212.80	212.27/212.22	0.58	29,251	16,966
01/01/09-03/31/09	214.63/214.58	214.03/213.98	0.60	14,113	<u>8,468</u>

**TOTAL MEDICAID OVERPAYMENT**

**\$428,536**

In accordance with 18 NYCRR Part 518 which regulates the collection of overpayments, your repayment options are described below.

**OPTION #1:** Make full payment by check or money order within 20 days of the date of the final audit report. The check should be made payable to the New York State Department of Health and be sent with the attached Remittance Advice to:

[REDACTED]  
New York State Department of Health  
Medicaid Financial Management  
GNARESP Corning Tower, Room 1237  
File #11-4999  
Albany, New York 12237-0048

**OPTION #2:** Enter into a repayment agreement with the Office of the Medicaid Inspector General. If your repayment terms exceed 90 days from the date of the final audit report, recoveries of amounts due are subject to interest charges at the prime rate plus 2%. If the process of establishing the repayment agreement exceeds 20 days from the date of the final audit report, the OMIG will impose a 15% withhold after 20 days until the agreement is established. The OMIG may require financial information from you to establish the terms of the repayment agreement. If additional information is requested, the OMIG must receive the information within 30 days of the request or a 50% withhold will be imposed. OMIG acceptance of the repayment agreement is based on your repaying the Medicaid overpayment as agreed. The OMIG will adjust the rate of recovery, or require payment in full, if your unpaid balance is not being repaid as agreed. The OMIG will notify you no later than 5 days after initiating such action. If you wish to enter into a repayment agreement, you must forward your written request within 20 days to the following:

Bureau of Collections Management  
New York State Office of the Medicaid Inspector General  
800 North Pearl Street  
Albany, New York 12204  
[REDACTED]

If within 20 days, you fail to make full payment or contact the OMIG to make repayment arrangements, the OMIG will establish a withhold equal to 50% of your Medicaid billings to secure payment and liquidate the overpayment amount, interest and/or penalty, not barring any other remedy allowed by law. The OMIG will provide notice to you no later than 5 days after the withholding of any funds.

In addition, if you receive an adjustment in your favor while you owe funds to the State, such adjustment will be applied against the amount owed.

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

**NEW YORK STATE  
OFFICE OF THE MEDICAID INSPECTOR GENERAL  
REMITTANCE ADVICE**

**NAME AND ADDRESS OF AUDITEE**

Morris Park Nursing Home  
1235 Pelham Parkway North  
Bronx, New York 10464

**NPI #:** [REDACTED]

**PROVIDER #:** [REDACTED]

**AUDIT #11-4999**

**AMOUNT DUE: \$428,536**

**AUDIT  
TYPE**

PROVIDER  
 RATE  
 PART B  
 OTHER:

**CHECKLIST**

1. To ensure proper credit, please enclose this form with your check.
2. Make checks payable to: *New York State Department of Health*
3. Record the Audit Number on your check.
4. Mail check to:

[REDACTED]  
New York State Department of Health  
Medicaid Financial Management  
GNARESP Corning Tower, Room 1237  
File #11-4999  
Albany, New York 12237-0048

5. If the provider number shown above is incorrect, please enter the correct number below.

**CORRECT PROVIDER NUMBER**