



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Acting Medicaid Inspector General

May 4, 2015

Provider Name
Address
City, State Zip Code

Dear Sir or Madam,

The Office of the Medicaid Inspector General (OMIG) has contracted with the University of Massachusetts Medical School (UMASS) to perform traditional Medicare appeals to ensure providers seek reimbursement from Medicare and all other third parties before submitting a claim to Medicaid (Section 540.6(e) (1) of Title 18 of the Official Compilation of Codes, Rules, and Regulations). Your agency submitted demand bills to Medicare for home health services previously paid by Medicaid. As a result of the appeal process pursued by UMASS, your agency has been paid by Medicare.

Enclosed you will find a report listing each beneficiary and the episodes of care paid by Medicare. OMIG is requesting that your agency reimburse only the amount **paid by Medicare** as a result of the demand billing process. After reviewing the enclosed report, please prepare the following:

1. A copy of the Medicare final remittance advice for each episode listed on the report.
2. A copy of the enclosed report with the Medicare payment amount your agency is returning listed under "Medicare Payment Amount". As an alternative, you may also submit an internal spreadsheet used by your agency to track Medicare payments returned as a result of this project.
3. Send the above documentation **only** (no checks) to the following address:

**Third Party Appeals NY
University of Massachusetts Medical School
333 South Street
Shrewsbury, MA 01545-4169
Attn: Laurie Burns- Program Manager**

4. Send a **check made payable to NYS OMIG** to the following address:

**Bank of America Lockbox Services
New York State 417151
MA5-527-02-07
2 Morrissey Blvd.
Dorchester, MA 02125**

If you disagree or have questions pertaining to the findings of this overpayment notice identifying payments your agency has received from Medicare, please contact the UMASS Medicare Appeals

Team at (866) 626-7594. All documentation sent to the UMASS address and all checks sent to the lockbox must be received within **thirty (30) calendar days** of this letter.

Thank you for your assistance in completing the requirements of this Medicare Appeals project. As always, your cooperation is greatly appreciated.

Sincerely,

A handwritten signature in black ink that reads "Kevin Ryan". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Kevin Ryan
Deputy Medicaid Inspector General
Division of System Utilization and Review
Office of the Medicaid Inspector General