



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

DAVID A. PATERSON  
GOVERNOR

JAMES G. SHEEHAN  
MEDICAID INSPECTOR GENERAL

January 20, 2009

Ms. Caroline Greene, CFO  
Margaret Sanger Center  
Planned Parenthood Diagnostic and Treatment Center  
26 Bleecker Street  
New York, New York 10012

Re: Audit #08-3045  
Provider # [REDACTED]

Dear Ms. Greene:

This letter is in response to your request to settle the above captioned audit.

In accordance with 18 NYCRR Part 518 which regulates the collection of overpayments, your repayment options are described below. Since you have decided to repay the amount of \$207,809.00, one of the following repayment options must be selected within 20 days from the date of this letter:

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

Mr. Matthew J. Brady  
New York State Department of Health  
Medicaid Financial Management, B.A.M.  
GNARESP Corning Tower, Room 1237  
Albany, New York 12237-0016

**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 this letter, recoveries of amounts due are subject to interest charges at the prime rate plus 2%.

Furthermore, 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:

Collections Management Group  
New York State Office of the Medicaid Inspector General  
800 North Pearl Street  
Albany, New York 12204  
Phone #: (518) 474-5878  
Fax#: (518) 408-0593

Should you have any questions, please contact Mr. Richard Fernandez at (212) 417-5210.

Thank you for the cooperation and courtesy extended to our staff during this audit.

Sincerely,



Craig C. Francis, Director  
Bureau of Medicaid Audit, New York City  
Office of the Medicaid Inspector General

Attachment

NEW YORK STATE  
OFFICE OF THE MEDICAID INSPECTOR GENERAL  
REMITTANCE ADVICE

**NAME AND ADDRESS OF AUDITEE**

Margaret Sanger Center  
Planned Parenthood Diagnostic and  
Treatment Center  
26 Bleecker Street  
New York, New York 10012

**PROVIDER ID #** [REDACTED]

**AUDIT #08-3045**

**AMOUNT DUE: \$207,809.00**

AUDIT	<input checked="" type="checkbox"/>	PROVIDER
	<input type="checkbox"/>	RATE
	<input type="checkbox"/>	PART B
TYPE	<input type="checkbox"/>	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:

Mr. Matthew J. Brady  
New York State Department of Health  
Medicaid Financial Management, B.A.M.  
GNARESP Corning Tower, Room 1237  
File #08-3045  
Albany, New York 12237-0016

Thank you for your cooperation.