CONSTITUENCY ISSUES

COASTAL
HOME HEALTH, INC.
"Personal Care At Its Best"

DATE: 07-08-99

TO: SARA BIANCHI

FROM: Ofelia Saldivar

PAGES: 18
(including cover sheet)

Belinda
1-800 644 8791

COMMENTS:

Contact at HCEA in D.C.
Jennifer Boulanger or Coreylee
690-5705 (Phone)
690-8168 (Fax)

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Thank you

D.C.

Jennifer Boulanger 690 5705

Jason → 690 5493
Susan (other contacts who can get Jennifer ; were on conf. call) → 690 8070

Texas Office of the General Counsel in TX:
Lydia Due: (214) 767-5579

Sean McKenna: (214) 767-0788

Problem of Ownership — A) an invalid sale b/c Hill purchased 100% of co. stock, but that doesn't constitute a change of ownership

Fiscal Integrity ↓

PIP:
$ reimbursement
2 million of Medicare Trust Fund invested in CHC Coastal

B) Not legal to sell individual provider #'s to an individual b/c Coastal is a corporation & can only do if break the corporation down.

COASTAL
HOME HEALTH, INC.
"Personal Care At Its Best"

July 8,1999

Sent by Fax: 202-456-5557

Mr. Al Gore
Vice President of the United States

Attn: Sara Bianchi

Dear Sara:

As per our telephone conversation on July 7, 1999 I am submitting a summary of what is occurring with Coastal Home Health, Inc

Coastal Home Health, Inc. has been in service since 1992 and was as large as four (4) provider numbers with six (6) branches. Coastal began to downsize companies when the IPS was introduced. We have worked diligently with the state and federal government to keep our company in operation.

The owners of Coastal Home Health, Inc. which were, Ofelia Saldivar and Olga Uresti, sold two of the provider numbers in December, 1998 to two separate corporations. The state was notified immediately of the sale of the two agencies.

In January 19, 1999 the Stock of the Corporation with the remaining two licenses were sold to Mr. Kenneth A. Hill. In February, 1999 our problems began when Palmetto Government Benefits Administrators held our payments in lieu of an overpayment for one of the companies that was sold in December, 1998. At the time a copy of the Sales Agreement was submitted to Palmetto. Clare Orvin, a reimbursement officer with Palmetto, released the money she was holding in lieu of the overpayment. Problem surfaced again in May 7, 1999 where 100% of our reimbursement was withheld for the same reason as noted above again. Palmetto, again, was not recognizing the change of ownership. Contact was made with Sean McKenna with the HCFA Region Office in Dallas, Texas. A call was also made to the office of Doug Marshall in Atlanta, Georgia and Chuck Booth in Baltimore, Maryland and pleaded the case. At this time one full payment was released and a proposed repayment plan was submitted; one for provider #67-7516 which belongs to Kenneth A. Hill and one for provider #67-7640 which is not owned by Kenneth A. Hill.

This Proposed repayment plan was done in good faith between Regional Office, Sean McKenna and Kenneth A. Hill until the determination of ownership of the two companies. Approval on payment plan for provider #67-7516 was received as to date, we have never received denial of payment plan for provider #67-7640. We did not realize that they were withholding funds on Provider #67-7516 until we realized we were receiving only 50% of our revenues. Phone calls were made to Clare Orvin and Sean McKenna in regards to our revenues being only 50%. Clare Orvin stated to Norma Rodriguez, Director of Finance, that this was a decision made by HCFA and the orders came per phone by Sean McKenna. When Mr. Hill addressed Mr. McKenna in reference to this decision, at first Mr. McKenna advised Mr. Hill that he did not know the reason why this was being done. Later, Mr. McKenna advised Mr. Hill that a conference was held between Baltimore, Atlanta and Dallas, Texas. Due to the huge 50% cut of our reimbursement, we were unable to make first payment on plan for #67-7516 causing a 100% retention of reimbursement. Being that we were not able to work with HCFA as far as the determination of ownership between both agencies, we are being forced to file Chapter 11 hoping that HCFA would release our funds until the determination of ownership came to view. HCFA declined to accept the notice from the court of our Chapter 11. We proposed a court order for a Temporary Restraining Order on July 6, 1999 and due to HCFA appealing the date and not being prepared, a rescheduled court hearing was scheduled for July 19, 1999.

1st McKenna

Mr. Vice President, we are not trying to get away with any liability that is ours. We just want to work out a plan that will enable us to continue to do the service that we are doing. Coastal Home Health has approximately 300 patients and 125 employees that depend on our function to survive. I cannot see where the government is intentionally trying to harm our people. We have sought help from Congressmen, Ruben Hinojosa, Ciro Rodriguez and Salomon Ortiz and Senator Carlos Truan and Governor ~~George~~ Bush. No communication from Salomon Ortiz to this date. Congressman Rodriguez is setting forth his efforts to try to help us. Governor Bush's office point blank told us he did not and will not get involved with the private sector. Enclosed you will find a copy of the court hearing to be set July 19, 1999. Mr. Vice President we cannot wait until July 19, 1999. It is detrimental to our patients and employees to do something now. As we converse many of our patients will be left unattended due to very little home health agencies available

Your help with this matter will be greatly appreciated. Our doors are open to anybody who wants to see what our company is all about. We have Medical Directors that are very involved with the functioning of our company regarding our patient care.

Sincerely,

Ofelia Saldivar

Ofelia Saldivar
Executive Director

o : christopher butler@ogc@dallas
: :
c : :
rom : Sean McKenna@OGC@DALLAS
ubject : fwd: FW:COASTAL -Reply -Forwarded
ate : Wednesday, May 26, 1999 at 1:25:55 pm CDT
ttach : Headers.822
ertify : N
ncrypt : N

---

riginal Text
rom: "David Hardy" <DHardy@hcfa.gov>, on 5/26/1999 12:39 PM:
o: ISMTP@B11WDC-OV08B@Servers[<debbie.dickson@pgba.com>],
SMTP@B11WDC-OV08B@Servers[<virginia.jordan@pgba.com>], Sean McKenna@OGC@DALLAS

he attached has been returned to me twice. Hopefully, it will get through to
ll of you this time.

ate: Wed, 26 May 1999 13:28:05 -0400
rom: David Hardy <DHardy@hcfa.gov>
o: smckenna.@os.dhhs.gov, DEBBIE.DICKSON@pgba.com
c: CLARE.ORVIN@pgba.com, VIRGINIA.JORDAN@pgba.com
ubject: FW:COASTAL -Reply

ebbie,

hanks. I agree that nothing more can be done re. either ERS request until
dequate and appropriate documentation is received for evaluation from the
rovider.

>> "DEBBIE DICKSON" <DEBBIE.DICKSON@pgba.com> 05/26/99 01:22pm >>>
am forwarding you an email regarding the extended repayment schedule you
equested us to process for Coastal Home Health. We have received the
equest; however, it does not contain sufficient documentation. We will
ontinue to try and contact the provider to receive all the documentation.
----------(Forwarded letter 1 follows)----------
ate: Wednesday, 26 May 1999 9:26am ET
o: DEBBIE.DICKSON, VIRGINIA.JORDAN
rom: CLARE.ORVIN
ubject: Coastal

esterday afternoon I received an incomplete ERS request from Ricky Wallace
or Coastal provider # 67-7516 & 67-7640.
just called Ricky Wallace and left him a very detailed voice mail message.
According to the receptionist, Ricky is out of the office this week and next
eek but he will be checking his voice mail.)

roblems with this request:
1) There is no signed capital contribution letter from Ken Hill.

2) The financials submitted are for provider #67-7516. We need financials
rom each of the provider #s. 67-7640,

3) The letter is not clear as to which overpayments the request is for. I
sked him to submit separate requests for each overpayment. 12.5%

4) The amortization schedule is for a total of $1,487,835.00. It does not
nclude any interest. I asked for amortization schedule to reflect interest on

hose o/p which are assessed interest.

do not see how I can process any request when all the above is incomplete. ebbie, we never have received that detail on 67-7516 for FYE 12/31/98 income tatement on the contractual allowances and bad debts.

lare

COASTAL
HOME HEALTH, INC.
"Personal Care At Its Best"

June 02, 1999

To: Rosie at the office of Congressman Hinojosa

From: Ofelia Saldivar, Executive Director
Coastal Home Health, Inc. (1-800-644-8791; Fax: (361) 664-8157)

As per our conversation today, would like for Congressman Hinojosa to assist us with our repayment plan declined by Palmetto GBA.

Enclosed is the paper work that was sent to Palmetto GBA.

The reason Palmetto is denying our repayment plan is because a previous repayment was in default by the previous owners. This new repayment plan is being proposed to by the new owner Ken Hill.

Due to monies being withheld, 115 employees have not been paid in over 30 days. If money is not released by the end of the week, employees will not do patient care and we have over 300 patients. This would force Coastal Home Health to shut down our doors and the federal government be out the 1,487,836.00

Need your assistant ASAP!

Sincerely,

Ofelia Saldivar

Ofelia Saldivar,
Executive Director

HCMC

May 27, 1998

Claire Orvin
Medicare
Palmetto Government Benefits Administrators
Post Office Box 10044
Columbia, South Carolina 29202

Re: Extended Repayment Plan
Coastal Home Health, Inc.
Provider # 67-7515

Dear Ms. Orvin:

This letter is to request a 36 month repayment plan for the overpayment of $462,659.14 on the 12/31/98 Notice of Program Reimbursement determined on 12/4/98. The following is the additional information to support this request.

The owner will be making monthly Capital Contributions of $15,683.48 during the term of the repayment.

Certification:

Signed _____ Date 5/27/98
Kenneth A. Hill

Title Owner

Please note the following additional information supporting this request.

1. Balance Sheets

   See attached

2. Income Statements

   See attached

3. Amortization Schedule

   See attached

4. Cash Flow Statement

   See Attached

5. Projected Cash Flow

   See Attached

6. Amount of outstanding accelerated payments
   None

7. List of restricted cash funds by amounts as of the date of request and the purpose for which cash fund is to be used.
   None

8. List investments by type
   None

9. List of notes and mortgage payable by amounts as of the date of the report, and their due date.

   See attached Balance Sheet

10. Schedule showing types and amounts of expenses (included in the income statements) paid to related organizations

    None

11. The percentage of occupancy by type of patient.

    99% Medicare

12. Two letters denying providers loan request for the amount of the overpayment.

    See attached

13. First payment according to proposed repayment schedule.

    Consider a portion the payments that have been withheld as the initial payment and refund the remainder to the provider.

We request that the provider be taken off of withholding until this information has been reviewed and a decision has been made to approve the requested repayment plan.

Please call me to confirm receipt of this request and that the provider has been removed form withholding, and if you need any additional information, please call me at 904-725-7100 ext. 202.

We look forward to your favorable response.

Sincerely,

Ricky Wallace

Ricky Wallace,
Director, Reimbursement Consultant

)ASTAL HOME HEALTH PROVIDER #67-7516 05-27-1999 Pg 1

mpounding period...: Monthly

minal annual rate..: 13.500 %
ective annual rate: 14.367 %
riodic rate.....: 1.1250 %
uivalent daily rate: 0.03699 %

ASH FLOW DATA

	Event	Date	Amount	#	Period	End-date
1	Loan	05-27-99	462,453.00	1		
2	Payment	06-27-99	15,693.48	36	Monthly	05-27-02

AORTIZATION SCHEDULE - Normal amortization

nt	Date	Payment	Interest	Principal	Balance
	an 05-27-1999				462,453.00
1	06-27-1999	15,693.48	5,202.60	10,490.88	451,962.12
2	07-27-1999	15,693.48	5,084.57	10,608.91	441,353.21
3	08-27-1999	15,693.48	4,965.22	10,728.26	430,624.95
4	09-27-1999	15,693.48	4,844.53	10,848.95	419,776.00
5	10-27-1999	15,693.48	4,722.48	10,971.00	408,805.00
6	11-27-1999	15,693.48	4,599.06	11,094.42	397,710.58
7	12-27-1999	15,693.48	4,474.24	11,219.24	386,491.34
99	totals	109,854.36	33,892.70	75,961.66	
8	01-27-2000	15,693.48	4,348.03	11,345.45	375,145.89
9	02-27-2000	15,693.48	4,220.39	11,473.09	363,672.80
0	03-27-2000	15,693.48	4,091.32	11,602.16	352,070.64
1	04-27-2000	15,693.48	3,960.79	11,732.69	340,337.95
2	05-27-2000	15,693.48	3,828.80	11,864.68	328,473.27
3	06-27-2000	15,693.48	3,695.32	11,998.16	316,475.11
4	07-27-2000	15,693.48	3,560.34	12,133.14	304,341.97
5	08-27-2000	15,693.48	3,423.85	12,269.63	292,072.34
6	09-27-2000	15,693.48	3,285.81	12,407.67	279,664.67
7	10-27-2000	15,693.48	3,146.23	12,547.25	267,117.42
8	11-27-2000	15,693.48	3,005.07	12,688.41	254,429.01
9	12-27-2000	15,693.48	2,862.33	12,831.15	241,597.86
00	totals	188,321.76	43,428.28	144,893.48	
0	01-27-2001	15,693.48	2,717.98	12,975.50	228,622.36
1	02-27-2001	15,693.48	2,572.00	13,121.48	215,500.88
2	03-27-2001	15,693.48	2,424.38	13,269.10	202,231.78
3	04-27-2001	15,693.48	2,275.11	13,418.37	188,813.41
4	05-27-2001	15,693.48	2,124.15	13,569.33	175,244.08
5	06-27-2001	15,693.48	1,971.50	13,721.98	161,522.10
6	07-27-2001	15,693.48	1,817.12	13,876.36	147,645.74
7	08-27-2001	15,693.48	1,661.01	14,032.47	133,613.27
8	09-27-2001	15,693.48	1,503.15	14,190.33	119,422.94
9	10-27-2001	15,693.48	1,343.51	14,349.97	105,072.97

)ASTAL HOME HEALTH PROVIDER #67-7516 **05-27-1999 Pg**

nt	Date	Payment	Interest	Principal	Balance
)	11-27-2001	15,693.48	1,182.07	14,511.41	90,561.56
[	12-27-2001	15,693.48	1,018.82	14,674.66	75,886.90
01	totals	188,321.76	22,610.80	165,710.96	
2	01-27-2002	15,693.48	853.73	14,839.75	61,047.15
3	02-27-2002	15,693.48	686.78	15,006.70	46,040.45
4	03-27-2002	15,693.48	517.96	15,175.52	30,864.93
5	04-27-2002	15,693.48	347.23	15,346.25	15,518.68
6	05-27-2002	15,693.48	174.80	15,518.68	0.00
02	totals	78,467.40	2,580.50	75,886.90	
and	totals	564,965.28	102,512.28	462,453.00	

HCFA
Health Care Financing Administration

MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

June 8, 1999

Ofelia Saldivar
Coastal Home Health
P.O. Box 350
Alice, TX 78333

SUBJECT: EXTENDED REPAYMENT SCHEDULE FOR
COASTAL HOME HEALTH
PROVIDER NUMBER: 67-7516
FISCAL YEAR ENDED: DECEMBER 31, 1996

Dear Ms. Saldivar:

We received notification from the Health Care Financing Administration (HCFA) Atlanta Regional Office that they have approved a thirty-six-month extended repayment schedule for the final settlement overpayment.

This request was approved based on the capital contribution plan you submitted. As a result, you will need to submit a copy of each check from the contributor of your company, a copy of the company's updated balance sheet illustrating the increase in the related capital account, and your payment. This documentation is requested as part of this agreement in order to document that the capital contributions are being made under the agreed upon conditions.

The following is the repayment schedule for the final settlement overpayment:

Payment Number	Payment Due Date	Payment Amount	Interest Portion	Principal Portion	Remaining Balance
					457,506 20
1	6/18/99	$15,700 00	10,293.88	5,406.12	452,100.08
2	7/18/99	15,700 00	5,086 13	10,613.87	441,486.21
3	8/18/99	15,700.00	4,966.72	10,733.28	430,752 93
4	9/18/99	15,700.00	4,845 97	10,854 03	419,898.90
5	10/18/99	15,700 00	4,723.86	10,976.14	408,922.76
6	11/18/99	15,700.00	4,600.38	11,099.62	397,823.14
7	12/18/99	15,700 00	4,475 51	11,224.49	386,598 65
8	1/18/00	15,700.00	4,349 23	11,350 77	375,247.88
9	2/18/00	15,700.00	4,221.54	11,478.46	363,769 42
10	3/18/00	15,700 00	4,092.41	11,607 59	352,161.83
11	4/18/00	15,700.00	3,961.82	11,738.18	340,423.65
12	5/18/00	15,700.00	3,829 77	11,870.23	328,553.42
13	6/18/00	15,700.00	3,696.23	12,003 77	316,549.64
14	7/18/00	15,700.00	3,561.18	12,138.82	304,410.83
15	8/18/00	15,700.00	3,424.62	12,275.38	292,135.45
16	9/18/00	15,700.00	3,286.52	12,413.48	279,721.97
17	10/18/00	15,700.00	3,146.87	12,553 13	267,168 84
18	11/18/00	15,700.00	3,005.65	12,694.35	254,474.49
19	12/18/00	15,700 00	2,862.84	12,837.16	241,637 33
20	1/18/01	15,700.00	2,718.42	12,981.58	228,655.75
21	2/18/01	15,700.00	2,572.38	13,127 62	215,528 13
22	3/18/01	15,700.00	2,424.69	13,275.31	202,252.82
23	4/18/01	15,700.00	2,275.34	13,424.66	188,828 16

24	5/18/01	15,700.00	2,124.32	13,575.68	175,252.48
25	6/18/01	15,700.00	1,971.59	13,728.41	161,524.07
26	7/18/01	15,700.00	1,817.15	13,882.85	147,641.22
27	8/18/01	15,700.00	1,660.96	14,039 04	133,602.18
28	9/18/01	15,700.00	1,503 02	14,196.98	119,405.21
29	10/18/01	15,700.00	1,343.31	14,356.69	105,048.51
30	11/18/01	15,700.00	1,181.80	14,518.20	90,530 31
31	12/18/01	15,700.00	1,018 47	14,681.53	75,848.78
32	1/18/02	15,700.00	853.30	14,846 70	61,002.07
33	2/18/02	15,700 00	686.27	15,013.73	45,988.35
34	3/18/02	15,700.00	517.37	15,182.63	30,805.72
35	4/18/02	15,700.00	346 56	15,353 44	15,452.28
36	5/18/02	15,626 12	173.84	15,452.28	0.00

Your facility's check should be made payable to **MEDICARE FEDERAL HIB** and mailed to:

Medicare Finance
Supervisor of Government Receipts and Disbursements
Palmetto Government Benefits Administrators
Attn: Patricia Hammond
I-20 East at Alpine Road
Columbia, SC 29219

As you were previously informed, 42 CFR 405.376 requires that interest be assessed on the amount due the Medicare Program unless full payment is made within 30 days from the determination date of the overpayment. The interest rate for overpayment determinations made on or after October 23, 1998 is 13.5 percent.

Interest for all periods is based on the unpaid balance as of the first day of that period. The payment as indicated on the schedule must be received in this office on or before the due date.

Any payment received after the due date will require that additional interest charges be assessed on the principal portion of the payment which was not received timely A default of the repayment schedule may require a reassessment of the interest rate if the current prevailing interest rate is higher than the rate specified in this repayment agreement. As specified in 42 CFR 413.153, interest accrued on funds borrowed specifically to repay overpayments are not allowable costs

Please remember to include a copy of the capital contribution check to the company from its contributors, as well as a copy of the updated balance sheet, with each payment. If payment is not received by the payment due dates, the payment schedule will be deemed to be in default and will become immediately due and payable in full.

Thank you for your cooperation in this matter. If you have any questions concerning this repayment schedule, please call me at extension 26153

Sincerely,

Clare Orvin

Clare Orvin
Reimbursement Consultant
Medicare Audit and Reimbursement

co

cc: Overpayment File
ERS File
CFO File

JUN 09 1999

HCMC

May 27, 1999

Claire Orvin
Medicare
Palmetto Government Benefits Administrators
Post Office Box 10044
Columbia, South Carolina 29202

Re: Extended Repayment Plan
Coastal Home Health, Inc.
Provider # 67-7640

Dear Ms. Orvin:

This letter is to request a 36 month repayment plan for the overpayment of overpayment of $1,025,182.00. The following is the additional information to support this request.

The owner will be making monthly Capital Contributions of $28,477.28 during the term of the repayment.

Certification:

Signed Kenneth A. Hill Date 5/26/99
Kenneth A. Hill

Title Owner

Please note the following additional information supporting this request.

1. Balance Sheets

   See attached

2. Income Statements

   See attached

ASTAL HOME HEALTH PROVIDER #67-7640 05-27-1999 Pg 1

npounding period...: Monthly

ninal annual rate..: 0.000 %
ective annual rate: 0.000 %
iodic rate.....: 0.0000 %
iivalent daily rate: 0.00000 %

SH FLOW DATA

Event	Date	Amount	#	Period	End-date
Loan	05-27-99	1,025,182.00	1		
Payment	06-27-99	28,477.28	36	Monthly	05-27-02

ORTIZATION SCHEDULE – Normal amortization

it	Date	Payment	Interest	Principal	Balance
an	05-27-1999				1,025,182.00
	06-27-1999	28,477.28	0.00	28,477.28	996,704.72
	07-27-1999	28,477.28	0.00	28,477.28	968,227.44
	08-27-1999	28,477.28	0.00	28,477.28	939,750.16
	09-27-1999	28,477.28	0.00	28,477.28	911,272.88
	10-27-1999	28,477.28	0.00	28,477.28	882,795.60
	11-27-1999	28,477.28	0.00	28,477.28	854,318.32
	12-27-1999	28,477.28	0.00	28,477.28	825,841.04
99	totals	199,340.96	0.00	199,340.96	
3	01-27-2000	28,477.28	0.00	28,477.28	797,363.76
9	02-27-2000	28,477.28	0.00	28,477.28	768,886.48
0	03-27-2000	28,477.28	0.00	28,477.28	740,409.20
1	04-27-2000	28,477.28	0.00	28,477.28	711,931.92
2	05-27-2000	28,477.28	0.00	28,477.28	683,454.64
3	06-27-2000	28,477.28	0.00	28,477.28	654,977.36
4	07-27-2000	28,477.28	0.00	28,477.28	626,500.08
5	08-27-2000	28,477.28	0.00	28,477.28	598,022.80
6	09-27-2000	28,477.28	0.00	28,477.28	569,545.52
7	10-27-2000	28,477.28	0.00	28,477.28	541,068.24
8	11-27-2000	28,477.28	0.00	28,477.28	512,590.96
9	12-27-2000	28,477.28	0.00	28,477.28	484,113.68
000	totals	341,727.36	0.00	341,727.36	
20	01-27-2001	28,477.28	0.00	28,477.28	455,636.40
21	02-27-2001	28,477.28	0.00	28,477.28	427,159.12
22	03-27-2001	28,477.28	0.00	28,477.28	398,681.84
23	04-27-2001	28,477.28	0.00	28,477.28	370,204.56
24	05-27-2001	28,477.28	0.00	28,477.28	341,727.28
25	06-27-2001	28,477.28	0.00	28,477.28	313,250.00
26	07-27-2001	28,477.28	0.00	28,477.28	284,772.72
27	08-27-2001	28,477.28	0.00	28,477.28	256,295.44
28	09-27-2001	28,477.28	0.00	28,477.28	227,818.16
29	10-27-2001	28,477.28	0.00	28,477.28	199,340.88

\STAL HOME HEALTH PROVIDER #67-7640 **05-27-1999 Pg**

Date	Payment	Interest	Principal	Balance
11-27-2001	28,477.28	0.00	28,477.28	170,863.60
12-27-2001	28,477.28	0.00	28,477.28	142,386.32
1 totals	341,727.36	0.00	341,727.36	
01-27-2002	28,477.28	0.00	28,477.28	113,909.04
02-27-2002	28,477.28	0.00	28,477.28	85,431.76
03-27-2002	28,477.28	0.00	28,477.28	56,954.48
04-27-2002	28,477.28	0.00	28,477.28	28,477.20
05-27-2002	28,477.28	0.08	28,477.20	0.00
2 totals	142,386.40	0.08	142,386.32	
nd totals	1,025,182.08	0.08	1,025,182.00	

3. Amortization Schedule

   See attached

4. Cash Flow Statement

   See Atthached

5. Projected Cash Flow

   See Attached

6. Amount of outstanding accelerated payments
   None

7. List of restricted cash funds by amounts as of the date of request and the purpose for which cash fund is to be used.
   None

8. List investments by type
   None

9. List of notes and mortgage payable by amounts as of the date of the report, and their due date.

   See attached Balance Sheet

10. Schedule showing types and amounts of expenses (included in the income statements) paid to related organizations.

    None

11. The percentage of occupancy by type of patient

    99% Medicare

12. Two letters denying providers loan request for the amount of the overpayment.

    See attached

13. First payment according to proposed repayment schedule.

    Consider a portion the payments that have been withheld as the initial payment and refund the remainder to the provider.

We request that the provider be taken off of withholding until this information has been reviewed and a decision has been made to approve the requested repayment plan.

Please call me to confirm receipt of this request and that the provider has been removed form withholding, and if you need any additional information, please call me at 804-725-7100 ext. 202.

We look forward to your favorable response.

Sincerely,

Ricky Wallace

Ricky Wallace,
Director, Reimbursement Consultant