



State of New Jersey

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

OFFICE OF THE STATE COMPTROLLER
MEDICAID FRAUD DIVISION
P.O. BOX 025
TRENTON, NJ 08625-0025
(609) 826-4700

KEVIN D. WALSH
Acting State Comptroller

JOSH LICHTBLAU
Director

April 4, 2024

BY ELECTRONIC MAIL

John Kokkinen, Esq.
c/o Riverside Medical Group, part of Optum
Attorney for Empire Medical Associates, PC
264 Boyden Avenue Upper Level
Maplewood, New Jersey 07040

Re: Notice of Overpayment

Case Number: [REDACTED]

Dear Provider:

This letter serves to inform you that the Office of the State Comptroller, Medicaid Fraud Division (MFD) completed its review of Medicaid claims submitted by Empire Medical Associate P.C. (EMA), NPI number 1760515860, from January 1, 2017 through November 30, 2021 (review period). Specifically, MFD reviewed a statistically valid sample of a total of 119 claims in which EMA billed American Medical Association (AMA) Current Procedural Terminology (CPT) codes 99214, 99243 and 99244. From that review, MFD determined that EMA failed to sufficiently document 108 claims. Based on those findings, on May 30, 2023, MFD issued EMA a Notice of Overpayment totaling \$128,201.50.

In response to MFD's May 30, 2023 Notice of Overpayment, in a letter dated September 1, 2023, EMA disputed some of the findings and submitted additional documentation for review.

MFD reviewed the additional documentation and found that the documentation did support six of the nine claims for 99214 that were disputed. However, the documentation did not support all 71 claims for consultations, 99243 and 99244, that were disputed, as there was no report back to the referring doctor, which is required. Per the American Medical Association CPT manual, "*The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated by written report to the requesting physician or other appropriate source.*" After revising its findings accordingly, MFD extrapolated the findings to the total universe of claims and calculated the revised total overpayment amount to be \$76,797.74.

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Page 2

Attached are two password-protected spreadsheets of MFD's analysis of all paid claims in the samples. A secure password will be provided separately by e-mail.

If you believe that MFD did not consider relevant documentation that may affect the number of discrepant claims and the overpayment amount, you may submit the relevant documentation to [REDACTED] via email at [REDACTED] for review within ten (10) calendar days of receipt of this letter. Should you submit such a written explanation within this 10-day time period, MFD reserves the right to initiate a more comprehensive investigation, obtain additional records, conduct on-site visits, and perform any additional analysis necessary to conclude this review. Should you fail to respond in writing to MFD within this 10-day period, MFD may take further appropriate action, including but not limited to issuing a Notice of Claim, Certificate of Debt, and Notice of Withhold, and/or any other remedy available to MFD by law.

If you agree with the amount of the overpayment, please mail a certified check in the amount noted above made payable to "Treasurer, State of New Jersey" to the address below. Please insert [REDACTED] on the memo line of the check.

Treasurer, State of New Jersey
Division of Revenue
200 Woolverton Street, Building 20
Lockbox 656
Trenton, New Jersey 08646
Attn: Processing Bureau

Please forward a copy of the certified check to my attention at the Office of the State Comptroller, Medicaid Fraud Division, P.O. Box 025, Trenton, New Jersey 08625-0025.

If you have questions regarding this matter, please contact [REDACTED] via e-mail at [REDACTED]. Please include the case number, [REDACTED], in the subject line of any e-mail correspondence.

This Notice of Overpayment documents and seeks a recovery relating to the improper billing of claims by the provider (entity) and its owner(s). Please be advised that this Notice is a public document and, as such, may be placed on the OSC/MFD website. In addition, please be advised that should MFD find deficiencies pertaining to the same or sufficiently similar underlying conduct for a time period after the date of this letter, pursuant to N.J.S.A. 30:4D-7(h), N.J.S.A. 30:4D-17(e), and N.J.S.A. 30:4D-57(d)(2), in addition to seeking to recover the principle owed, MFD may impose civil penalties against the provider (entity) and each owner for such deficiencies.

Sincerely,

KEVIN D. WALSH
ACTING STATE COMPTROLLER

John Kokkinen, Esq.
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Attorney for Empire Medical Associates, PC
April 4, 2024
Page 3

By: Khia O'Neal
Khia O'Neal
Supervising Investigator
Office of the State Comptroller
Medicaid Fraud Division

Attachment: Empire Medical Associates, P.C. - Claims Spreadsheet (password protected)

c: Don Catinello, Deputy Director, OSC
Glenn Geib, Recovery Supervisor, OSC

MFD Update - March 10, 2026

On March 10, 2026, MFD received a Certified Check, dated February 23, 2026, from Empire Medical Associates, PC for the full amount due of \$76,797.74.