



State of New Jersey

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
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

March 13, 2023

The Care Factory, Inc.
Owner: Harris Kahf
397 Haledon Ave.
Lower Level Y
Haledon, NJ 07508

Sent via encrypted electronic mail to [REDACTED].

Re: Revised Notice of Overpayment
Case Number: [REDACTED]

Dear Provider:

This notice is in response to your correspondence dated December 20, 2022, regarding the Notice of Overpayment dated November 18, 2022 that the Office of the State Comptroller, Medicaid Fraud Division (MFD) sent to The Care Factory, Inc. (TCF), Medicaid Provider ID [REDACTED]. As explained in its November 18th notice, MFD identified three categories of claims in which TCF improperly submitted 306 claims for which it received Medicaid overpayments totaling \$24,809 that it must repay to the Medicaid program. In its December 20th response, TCF provided additional information regarding one these three categories of claims, each of which is outlined below.

1. While the recipients were admitted to an inpatient facility, such as a hospital or skilled nursing/long term care center– 211 claims, with overpayments of \$17,092.90 (in violation of N.J.A.C. 10:164-1.5). TCF did not address this overpayment in its December 20th correspondence. **Accordingly, TCF must repay the Medicaid program for the payments it received for these claims.**
2. In excess of five (5) days per week– 3 claims with overpayments of \$258.30 (in violation of N.J.A.C. 10:164-1.4(a)). TCF did not address this overpayment in its December 20th

correspondence. **Accordingly, TCF must repay the Medicaid program for the payments it received for these claims.**

3. While the recipients were receiving services from another adult medical day care provider— 92 claims, with overpayments of \$7,457.80 (in violation of N.J.A.C. 10:49-9.8). TCF submitted documentation in support of food delivery services it provided to beneficiaries during the pandemic for 89 claims with overpayments totaling \$7,211.80. Documentation that TCF submitted in support of three (3) claims totaling \$246 was insufficient, as it did not include a signature. **Accordingly, MFD has adjusted its prior finding and TCF must repay the Medicaid program for three (3) claims totaling \$246.** Attached please find a password protected file of MFD's revised analysis of all paid claim comprising the overpayment for this category. To obtain the password, please contact me via email at [REDACTED]. Please include the case number, "[REDACTED]" in the subject line of any email correspondence.

In sum, given TCF's December 20th response, MFD finds that TCF must pay the adjusted overpayment amount of \$17,597.20. Please mail a Certified Check in the amount noted above made payable to "Treasurer, State of New Jersey" to the address below within ten (10) business days from the date of this notice. Please insert on the memo line of the check "[REDACTED]".

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

Please also forward a copy of the Certified Check and the transmittal letter to my attention at Office of the State Comptroller, Medicaid Fraud Division, P.O. Box 025, Trenton, New Jersey, 08625-0025 or via email to [REDACTED]. Please include the case number, "[REDACTED]", in the subject line of any e-mail correspondence.

If a check is not received within ten (10) business days from the date of this notice, MFD will take further appropriate action, including but not limited to: issuing a Notice of Claim, Certificate of Debt, and Notice of Withholding, which would withhold a portion of your future claims payments, and/or any other remedy available to MFD by law.

This Notice of Overpayment documents and seeks a recovery relating to the improper billing of claims by the provider (entity). Please be advised that this Notice is a public document and, as such, may be placed on the OSC/MFD website.

Sincerely,

KEVIN D. WALSH
ACTING STATE COMPTROLLER

By: _____

Medicaid Fraud Division

Copy: _____, MFD

MFD Update – July 19, 2023

On July 19, 2023, MFD received a Certified Check, dated April 4, 2023, from The Care Factory, Inc. for the full amount due, \$17,597.20.