



# 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

April 14, 2023

Jersey Shore Medical Day Care  
c/o Jack Wenik, Esq.  
Epstein Becker Green  
One Gateway Center, 13<sup>th</sup> Floor  
Newark, NJ 07102-5311

Sent via certified electronic mail to [REDACTED].

**Re: Fourth Revised Notice of Overpayment**

**Case Number:** [REDACTED]

Dear Provider:

This notice is in response to your correspondence dated March 21, 2023, regarding the original Notice of Overpayment dated May 16, 2022, subsequent revised notice of overpayment dated September 7, 2022, second revised notice of overpayment dated October 27, 2022, and third revised notice of overpayment dated November 14, 2022 that the Office of the State Comptroller, Medicaid Fraud Division (MFD) sent to Jersey Shore Medical Day Care (Jersey Shore), Medicaid Provider ID [REDACTED]. As explained in its May 16<sup>th</sup>, September 7<sup>th</sup>, October 27<sup>th</sup>, and November 14<sup>th</sup> notices, MFD identified three categories of claims in which Jersey Shore improperly submitted 378 claims for which it received Medicaid overpayments totaling \$31,469.83 that it must repay to the Medicaid program. In its March 21<sup>st</sup> response, Jersey Shore provided additional information regarding one of the three categories of claims. Each of the three categories are outlined below.

1. In excess of five (5) days per week (in violation of N.J.A.C. 10:164-1.4(a)): **In its September 7<sup>th</sup> notice, MFD adjusted its prior findings and Jersey Shore must repay the Medicaid program for 53 claims with an overpayment amount of \$4,459.23.**
2. While the recipients were admitted to an inpatient facility, such as a hospital or skilled nursing/long term care center (in violation of N.J.A.C. 10:164-1.5): **In its September 7<sup>th</sup> notice, MFD adjusted its prior findings and Jersey Shore must repay the Medicaid program for 241 claims with an overpayment amount of \$20,220.**
3. While the recipients were receiving services from another adult medical day care provider (in violation of N.J.A.C. 10:49-9.8): In its September November 14<sup>th</sup> notice, MFD adjusted

its prior findings to 68 claims with an overpayment amount of \$5,534.60. In its March 21<sup>st</sup> correspondence, Jersey Shore provided clarification on additional documentation for 11 claims, amounting to \$863.50. **Accordingly, MFD has adjusted its prior findings and Jersey Shore must repay the Medicaid program for 57 claims with an overpayment amount of \$4,671.10.** Attached please find a password protected file of MFD's revised analysis of all paid claims 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 e-mail correspondence.

**In sum, given Jersey Shore's March 21<sup>st</sup> response, MFD finds that Jersey Shore must pay the adjusted overpayment amount of \$29,350.33.** 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: [REDACTED]

Medicaid Fraud Division

Copy: [REDACTED], MFD

**MFD Update – May 15, 2023**

On May 15, 2023, MFD received a Certified Check, dated April 20, 2022, from Jersey Shore Medical Day Care for the full amount due, \$29,350.33.