



# 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*

February 25, 2020

**BY CERTIFIED AND ELECTRONIC MAIL**

Mr. Duane Oxford  
Full Circle Health Services, LLC  
1460 Morris Ave., Suite 2A and 2B  
Union, NJ 07083

**Re: Notice of Overpayment – Medicaid Provider No. [REDACTED]**

Dear Mr. Oxford:

This letter serves to inform you that the Office of the State Comptroller, Medicaid Fraud Division (MFD) conducted a review of New Jersey Medicaid claims submitted by Full Circle Health Services, LLC (Full Circle) during the period of January 1, 2015 through May 31, 2019 (review period). Specifically, MFD reviewed Personal Care Services (PCS) Full Circle billed under the American Medical Association's (AMA) Healthcare Common Procedure Coding System (HCPCS) code T1019. MFD found that Full Circle improperly billed for services provided to beneficiaries while these beneficiaries had in-patient status in a hospital setting. Pursuant to Medicaid regulations, a beneficiary cannot receive PCS services, Private Duty Nursing or In-Home-Nursing services, while Medicaid is paying a hospital for room and board services for the same beneficiary. After reviewing Full Circle's identified PCS claims, MFD has determined that during the review period, Full Circle improperly billed and received payments, totaling \$24,991.42. These improperly billed claims constitute overpayments that Full Circle must repay to the Medicaid program.

The following regulatory provision demonstrates that billing for PCS while a beneficiary has in-patient status in a hospital is improper under the Medicaid program. *N.J.A.C. 10:60-3.8* provides in relevant part:

Mr. Duane Oxford  
Full Circle Health Services, LLC  
February 25, 2020  
Page 2

Medicaid/NJFamilyCare reimbursement shall not be made for personal care assistant services provided to Medicaid or NJ FamilyCare –Plan A beneficiaries in the following settings: A residential health care facility; A Class C boarding home; A hospital . . . ; Adult Family Care, Assisted Living Program, and Assisted Living Residence.

Moreover, pursuant to *N.J.A.C.* 10-49-9.8, “providers shall certify that the information furnished on the claim is true, accurate, and complete.”

Enclosed please find a password protected file containing a list of those improperly billed claims referenced above. To obtain the password, please contact [REDACTED], [REDACTED] by telephone at [REDACTED] or via electronic mail at [REDACTED].

**PLEASE TAKE NOTICE:** If, after reviewing MFD’s list of claims, you believe that Full Circle properly billed the Medicaid program in accordance with the relevant regulations and AMA guidelines, you may submit to MFD a written explanation with relevant supporting documentation within 30 days from the date of this letter. Should you submit such a written explanation within this 30-day time period, MFD reserves the right to initiate an audit, 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 30-day period, MFD may 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 any other remedy available to MFD by law.

If you agree with MFD’s conclusion, please mail a Certified Check, Bank Check, or Attorney Trusts Check for the above stated amount made payable to “Treasurer, State of New Jersey” to the address below. 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

Mr. Duane Oxford  
Full Circle Health Services, LLC  
February 25, 2020  
Page 3

In addition, please forward a copy of your certified payment by email to [REDACTED] or by US Mail to the Office of the State Comptroller, Medicaid Fraud Division, P.O. Box 025, Trenton, New Jersey, 08625-0025, attention: [REDACTED]. Should you have any questions regarding this letter please contact [REDACTED] at [REDACTED] or you may call me at [REDACTED].

Sincerely,

KEVIN D. WALSH  
ACTING STATE COMPTROLLER

By:

  
Michael Morgese  
Audit Supervisor  
Medicaid Fraud Division

Attachment: Full Circle Health Services, LLC - Claims Detail Report (password protected)

c: Don Catinello, Supervising Regulatory Officer, MFD  
Glenn Geib, Recovery Supervisor, MFD

**MFD Audit Update - June 29, 2020**

After MFD completed the above review, Full Circle Health Services, LLC and Medicaid managed care organizations provided MFD with documentation that caused MFD to lower the overpayment from \$24,991.42 to \$19,943.62. On June 29, 2020, Full Circle Health Services, LLC submitted to MFD a copy of a Cashier's Check for the full amount due, \$19,943.62.