



# 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*

November 3, 2021

**Sent via Electronic Mail**

Jersey Shore University Medical Center  
1945 Route 33  
Neptune, New Jersey 07753  
ATTN: Daniel McManus, Compliance Officer, North - Corporate Compliance

**Re: Amended 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) has determined that Jersey Shore University Medical Center (JSUMC) (Medicaid Provider IDs [REDACTED] and [REDACTED], NPIs [REDACTED] and [REDACTED]) received a total overpayment in the amount of **\$117,758.12** for services rendered to Medicaid recipients during the time period of January 1, 2016 through June 26, 2020.

This amended Notice of Overpayment for **\$117,758.12** is derived from MFD's review of your submitted Medicaid claims for the period of January 1, 2016 through June 26, 2020, as well as the medical records that correspond to these claims. You may recall that in response to MFD's original request for 186 medical records, your facility provided 180 of those records. In response to the Notice of Overpayment dated September 17, 2021, JSUMC submitted six additional medical records on September 30, 2021, which reduced the total overpayment amount from \$143,060.21 to \$117,758.12. As discussed more fully below, we based our review on those records which covered the time period of January 1, 2016 through June 26, 2020 for Medicaid claims.

During the review period, Medicaid paid your facility \$375,550,717.42 for all submitted claims. As part of its review, MFD analyzed a sample of claims for which Medicaid paid \$314,803.80.

MFD reviewed the following documents:

- Medical Records/clinical documentation for services rendered by your facility to Medicaid recipients

- Provider claims data for the time period referenced above
- Healthcare Common Procedure Coding System (HCPCS) Guidelines
- Medicaid Regulations

MFD's review found that your facility inappropriately billed for services identified by HCPCS codes S9480 and S9484. According to HCPCS guidelines and the guidance issued by the Division of Medical Assistance and Health Services in Newsletter Volume 24 Number 10 entitled "Additional Information Regarding NJ FamilyCare (NJFC) Coverage and Reimbursement for Psychiatric Emergency Rehabilitation Services", HCPCS code S9480 should be used for psychiatric emergency rehabilitation services (PERS) provided on site for the first 23.99 consecutive hours, per episode of care; and HCPCS code S9484 should be used for PERS provided on site beyond the first 23.99 consecutive hours. Facilities should bill one unit of service for each additional hour beyond the first 23.99 consecutive hours. However, your facility billed code S9484, in 153 instances, for more time than the documentation supported and inappropriately used the emergency room admission time as the start time for PERS. In 23 instances, JSUMC billed for less time than the documentation supported and the units billed were increased appropriately.

The total Medicaid overpayment amount identified in this review totals **\$117,758.12**.

Attached please find a password protected spreadsheet of MFD's analysis of all paid claims comprising the overpayment for the period reviewed. A secure password will be provided separately by e-mail.

**After reviewing MFD's analysis, if you believe that MFD failed to consider relevant documentation that may affect the number of discrepant claims and overpayment amount, you may submit to MFD information relating to such claims. If you would like MFD to consider such additional information, you must submit to MFD within thirty (30) calendar days of your receipt of this letter all relevant supporting information. Should you fail to respond to MFD with your position in writing and any relevant additional documents within this thirty (30) calendar day period, 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.**

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 on the "memo line" of the check "OSC/MFD".

N.J.D.M.A.H.S  
Medicaid Fraud Division,  
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 and the transmittal letter to Investigator [REDACTED] at [REDACTED] or if email is not possible, to [REDACTED] attention at the Office of the State Comptroller, Medicaid Fraud Division, P.O. Box 025, Trenton, New Jersey 08625-0025.

If you are unable to repay the full amount in one payment, please contact Investigator [REDACTED] immediately to discuss payment options, which may include a payment plan over time, which will be potentially subject to interest. Investigator [REDACTED] can be reached via e-mail at [REDACTED]. Please include your case number, [REDACTED], in the "Subject" line of any e-mail correspondence.

KEVIN D. WALSH  
ACTING STATE COMPTROLLER

By: Robert Graves, Jr.  
Robert Graves, Jr.  
Chief of Investigations  
Office of the State Comptroller  
Medicaid Fraud Division

### **MFD Investigations Update - January 6, 2022**

On January 6, 2022, OSC received a check dated December 9, 2021 from Jersey Shore University Medical Center, in the amount of \$117,758.12, which fully reimbursed the State for paid claims that were improperly billed for psychiatric emergency rehabilitation services for the period of January 1, 2016 through June 26, 2020.