



# 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*

August 3, 2022

New Life Adult Day Care  
340 Evelyn St.  
Paramus, NJ 07652  
*Sent via certified mail.*

**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) reviewed Medicaid claims that New Life Adult Day Care (New Life), Medicaid Provider ID [REDACTED], submitted for services from January 1, 2017 through May 31, 2022 (review period). As explained more fully below, MFD found that New Life improperly submitted 2,180 claims for which it received Medicaid overpayments totaling \$173,461.90 that it must repay to the Medicaid program.

This Notice of Overpayment for \$173,461.90 stems from MFD's review of claims submitted by New Life to Medicaid Managed Care Organizations and the State Fee-For-Service program. Specifically, MFD identified the following three categories of deficient New Life claims, with the number of deficient claims noted for each category:

1. 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) – 96 claims, with overpayments of \$7,897.40;
2. In excess of five (5) days per week (in violation of N.J.A.C. 10:164-1.4(a)) – 1,918 claims with overpayments of \$151,315.50; and
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) – 166 claims, with overpayments \$14,249.

To obtain a file of MFD's analysis of all paid claims comprising the overpayment for the period reviewed, please contact me via email at [REDACTED]. Please include the case number, "[REDACTED]", in the subject line of any e-mail correspondence.

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) days of the date 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) 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 "[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].

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 Update – September 12, 2022**

On September 12, 2022, MFD received a Certified Check, dated August 30, 2022, from New Life Adult Day Care for the full amount due, \$173,461.90.