



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
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(609) 826-4700

KEVIN D. WALSH
Acting State Comptroller

JOSH LICHTBLAU
Director

August 20, 2021

BY ELECTRONIC MAIL

Mr. Dmitriy Kovalenko
President
Best Home Care, Inc.
879 Bergen Ave. Suite 200
Jersey City, NJ 07306

Re: Revised Final Notice of Overpayment – Medicaid Provider No.

Dear Mr. Kovalenko:

This letter serves to inform you that the Office of the State Comptroller, Medicaid Fraud Division (OSC) completed its review of New Jersey Medicaid claims submitted by Best Home Care, Inc. (Best Home) during the review period of January 1, 2015 through June 30, 2020. As you know, OSC's review identified Personal Care Services (PCS) provided to beneficiaries while, on the same day, these beneficiaries had in-patient status in a hospital setting.

On October 21, 2020, OSC issued Best Home a Notice of Overpayment for 292 claims totaling \$17,037.56 paid to Best Home for PCS provided to beneficiaries while these beneficiaries appeared to have had in-patient status in a hospital setting. Best Home agreed with some of those findings and reimbursed the Medicaid program for 119 claims totaling \$6,608.48 in claims payments that it had improperly received. For the remaining 173 claims totaling \$10,429.08 (\$17,037.56 minus \$6,608.48), Best Home provided OSC with records in support of its position that it had rendered services and was entitled to have been paid for these services.

OSC reviewed the records for these 173 claims in conjunction with hospital records OSC obtained from various hospitals to determine whether the identified beneficiaries were admitted in a hospital when Best Home provided PCS. Based upon its review, OSC

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determined that, in addition to the previously paid amount of \$6,608.48, Best Home improperly billed and received payments totaling \$1,150.18 for 18 PCS claims for beneficiaries who were in hospital settings on the same date when the PCS were rendered. These improperly billed claims constitute overpayments that Best Home must repay to the Medicaid program. (See Appendix for claim detail.)

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:

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], Supervising Auditor by electronic mail at [REDACTED].

If you agree with MFD’s conclusion, please mail a Certified Check, Bank Check, or Attorney Trusts Check within ten business days from the date of this letter, for \$1,150.18 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

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 email [REDACTED] at [REDACTED] or you may email me at [REDACTED].

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Sincerely,

KEVIN D. WALSH
ACTING STATE COMPTROLLER

Date: 08/20/2021

By: /s/ Michael Morgese
Michael Morgese
Chief Auditor
Office of the State Comptroller
Medicaid Fraud Division

Attachment: Best Home Care, Inc. – Claims Detail Report (password protected)
[The attachment was omitted to maintain confidentiality.]

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

MFD Audit Update - September 21, 2021

On September 8, 2021, OSC received a supplemental check dated August 24, 2021, from Best Home Care, Inc., in the amount of \$1,150.18. In total, Best Home Care, Inc., fully reimbursed the State \$7,758.66 for PCS claims it improperly billed and received payment for while certain beneficiaries were in-patients in a hospital setting for the period of January 1, 2015, through June 30, 2020.