



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

May 16, 2022

Rainbow Home Medical Day Care
370 Campus Drive, Suite 114
Somerset, NJ 08873
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 Rainbow Home Adult Medical Day Care (Rainbow), Medicaid Provider ID [REDACTED], submitted for services from January 1, 2016 through December 31, 2021 (review period). As explained more fully below, MFD found that Rainbow improperly submitted 151 claims for which it received Medicaid overpayments totaling \$12,050.10 that it must repay to the Medicaid program.

This Notice of Overpayment for \$12,050.10 stems from MFD's review of claims submitted by Rainbow to Medicaid Managed Care Organizations and the State Fee-For-Service program. Specifically, MFD identified the following three categories of deficient Rainbow claims, with the number of deficient claims noted for each category:

1. In excess of five (5) days per week (in violation of N.J.A.C. 10:164-1.4(a)) – 123 claims with overpayments of \$9,838.10;
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) – 19 claims with overpayments of \$1,507.50; and
3. While the recipients were receiving services from another adult medical day care provider, resulting in a duplication of services (in violation of N.J.A.C. 10:49-9.8) – 9 claims with overpayments of \$704.50.

Enclosed please find a password protected file of MFD's analysis of all paid claims comprising the overpayment for the period reviewed. 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.

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

Enclosure: Claims Spreadsheet (password protected) [Omitted to maintain confidentiality.]
Copy: [REDACTED]

MFD Update – August 16, 2022

On August 16, 2022, MFD received a Certified Check, dated July 11, 2022, from Rainbow Health Care Inc. for the full amount due, \$12,050.10.