



# 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*

June 1, 2023

First Healthcare, LLC  
d/b/a South Amboy Adult Day Healthcare Center  
Owners: Yaakov Friedman and Sholem Friedman  
c/o Jack Wenik  
Epstein Becker Green  
One Gateway Center, 13th Floor  
Newark, NJ 07102-5311  
Sent via encrypted electronic mail to [REDACTED]

***Re: Third Revised Notice of Overpayment***  
***Case Number:*** [REDACTED]

Dear Provider:

This notice is in response to your correspondence dated May 8, 2023, regarding the second revised Notice of Overpayment dated April 26, 2023 that the Office of the State Comptroller, Medicaid Fraud Division (MFD) sent to First Healthcare, LLC d/b/a South Amboy Adult Day Healthcare Center (South Amboy), Medicaid Provider ID [REDACTED]. As explained in its April 26<sup>th</sup> second revised notice, MFD identified three categories of claims in which South Amboy improperly submitted 187 claims for which it received Medicaid overpayments totaling \$15,754.70 that it must repay to the Medicaid program. In its May 8<sup>th</sup> response, South Amboy provided additional information regarding these three categories of claims. Each of the three categories is outlined below:

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) – 102 claims with overpayments of \$8,597.00. In its May 8<sup>th</sup> correspondence, South Amboy agreed to repay the adjusted amount. **Accordingly, South Amboy must repay the Medicaid program for 102 claims with overpayments of \$8,597.00.**

2. In excess of five (5) days per week (in violation of N.J.A.C. 10:164-1.4(a)) – 33 claims with overpayments of \$2,777.40. In its May 8<sup>th</sup> correspondence, South Amboy provided documentation of refunds that South Amboy sent to Managed Care Organizations (MCOs) for 17 claims totaling \$1,437.80. **Accordingly, MFD has adjusted its prior findings and South Amboy must repay the Medicaid program for 16 claims with overpayments of \$1,339.60.**
  
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) – 52 claims with overpayments of \$4,380.30. In its May 8<sup>th</sup> correspondence, South Amboy provided documentation of refunds that South Amboy sent to MCOs for 3 claims totaling \$258.30. South Amboy also submitted documentation in support of services provided for 21 claims totaling \$1,775.50. **Accordingly, MFD has adjusted its prior findings and South Amboy must repay the Medicaid program for 28 claims with overpayments of \$2,346.50.**

**In sum, given South Amboy’s May 2023 response, MFD finds that South Amboy must pay the adjusted overpayment amount of \$12,283.10.** Please mail a Certified Check in the amount noted above made payable to “Treasurer, State of New Jersey” to the address below **within ten (10) business days from the date of this notice.** 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]**. Please include the case number, “**[REDACTED]**”, in the subject line of any e-mail correspondence.

If a check is not received within ten (10) business days from the date of this notice, 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.

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: \_\_\_\_\_

Medicaid Fraud Division

Copy: \_\_\_\_\_ Recovery Supervisor, MFD

**MFD Update – June 23, 2023**

On June 23, 2023, MFD received a Certified Check, dated June 7, 2023, from South Amboy Adult Day Healthcare Center for the full amount due, \$12,283.10.