



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

July 24, 2023

First Healthcare Bergenfield, LLC
d/b/a Sunshine Adult Day Health Care Center
Owners: Yaakov Friedman, First Healthcare LLC, First Healthcare Asbury Park, LLC
c/o Jack Wenik
Epstein Becker Green
One Gateway Center, 13th Floor
Newark, NJ 07102-5311
Sent via encrypted electronic mail to [REDACTED].

Re: Second Revised Notice of Overpayment
Case Number: [REDACTED]



Dear Provider:

This notice is in response to your correspondence dated July 6, 7, and 19, 2023, regarding the Revised Notice of Overpayment dated June 23, 2023 that the Office of the State Comptroller, Medicaid Fraud Division (MFD) sent to First Healthcare Bergenfield, LLC d/b/a Sunshine Adult Day Health Care Center (Sunshine), Medicaid Provider ID [REDACTED]. As explained in its March 10th and June 23rd notices, MFD identified three categories of claims in which Sunshine improperly submitted 182 claims for which it received Medicaid overpayments totaling \$15,437.20 that it must repay to the Medicaid program. In its July responses, Sunshine provided additional information regarding two of 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) – 133 claims with overpayments of \$11,166.30. Sunshine did not dispute the adjusted overpayment amount. **Accordingly, Sunshine must repay the Medicaid program for 133 claims with overpayments of \$11,166.30.**

2. In excess of five (5) days per week (in violation of N.J.A.C. 10:164-1.4(a)) – 16 claims with overpayments of \$1,318.30. In its July 6th correspondence, Sunshine provided additional information for 1 claim totaling \$78.50. **Accordingly, MFD has adjusted its prior findings and Sunshine must repay the Medicaid program for 15 claims with overpayments of \$1,239.80.**

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) – 33 claims with overpayments of \$2,952.60. In its July 7th and July 19th correspondence, Sunshine provided information regarding MCO recoveries from South Amboy Adult Day Healthcare Center for 9 claims totaling \$706.50 and an MCO recovery from Sunshine for 1 claim totaling \$78.50. **Accordingly, MFD has adjusted its prior findings and Sunshine must repay the Medicaid program for 23 claims with overpayments of \$2,167.60.**

In sum, given Sunshine’s July 2023 response, MFD finds that Sunshine must pay the adjusted overpayment amount of \$14,573.70. 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 “
”.

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 . Please include the case number, “
”, 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: _____, MFD

MFD Update – August 10, 2023

On August 10, 2023, MFD received a Certified Check, dated August 3, 2023, from Sunshine Adult Day Health Care Center for the full amount due, \$14,573.70.