




processed by a fiscal agent which at the time of this case was Molina Medicaid Solutions (Molina). See N.J.A.C. 10:49-81. Generally speaking, all claims must be billed within 12 months of the date of services. N.J.A.C. 10:49-7.2(d)2. If additional information is needed, a provider must supply that information "as soon as possible but not more than 30 days after the end of the timely submission period. N.J.A.C. 10:49-7.2(h). Additionally, claims that are denied may be resubmitted "30 days of the date of adjudication as indicated on the Remittance Advice Statement." N.J.A.C. 10:49-7.2(h).

Melmark submitted thirty claims from seven individuals for services rendered from 2015 through 2017. Those claims were either adjudicated and denied or did not appear in the system for adjudication. For those that were adjudicated and denied, Molina issued Remittance Advice Statements with notations "in process" or "in process-CCF" and corresponding error codes. However, whether or not a corresponding Claims Correction Form (CCF) was received, it was Melmark's duty to follow up if the claim was not paid and to supply the necessary information. Lincoln Park Intermediate Care Center v. DMAHS, 92 N.J.A.R. 2d 63, 11. If a claim was not paid, it was incumbent upon the Petitioner to timely follow up with Molina. I agree with the ALJ that regardless of whether Petitioner received a Remittance Advice Statement or a CCF, the lack of payment was sufficient notice that a claim was problematic and required a prompt response. There is no evidence in the record that Melmark timely followed up on the claims at issue.

THEREFORE, it is on this<sup>1st</sup> day of JUNE 2020,

ORDERED:

That the Initial Decision is hereby ADOPTED.

  
Jennifer Langer Jacobs, Assistant Commissioner  
Division of Medical Assistance  
and Health Services



## State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
P.O. Box 712  
Trenton, NJ 08625-0712

PHILIP D. MURPHY  
*Governor*

SHEILA Y. OLIVER  
*Lt. Governor*

SARAH ADELMAN  
*Acting Commissioner*

JENNIFER LANGER JACOBS  
*Assistant Commissioner*

June 10, 2021

Christopher Coval, Esq.  
5 Neshaminy Interplex  
Suite-315  
Trevose, PA 19053

**Re: FINAL AGENCY DECISION**

MELMARK, INC.

OAL Dkt No. HMA 09721-2020

Dear Sir or Madam

Enclosed is the Final Agency Decision rendered in the above captioned matter.

If you are dissatisfied with the decision, you have the right to seek judicial review by the Appellate Division, Superior Court of New Jersey, Richard J. Hughes Complex, P.O. Box 006, Trenton, New Jersey 08625. A request for judicial review must be initiated within 45 days from the date of receipt of the decision. If you have any questions concerning an appeal to the Appellate Division, you should call (609) 815-2950.

Very truly yours,

A handwritten signature in cursive script that reads "Lisa N. Lackay".

Lisa N. Lackay, Esq.

Office of Legal & Regulatory Liason  
DMAHS

MVP:GO  
Enclosure

DMAHS - Michael McMullen

C:

MMIS - Bill Otto




processed by a fiscal agent which at the time of this case was Molina Medicaid Solutions (Molina). See N.J.A.C. 10:49-81. Generally speaking, all claims must be billed within 12 months of the date of services. N.J.A.C. 10:49-7.2(d)2. If additional information is needed, a provider must supply that information "as soon as possible but not more than 30 days after the end of the timely submission period. N.J.A.C. 10:49-7.2(h). Additionally, claims that are denied may be resubmitted "30 days of the date of adjudication as indicated on the Remittance Advice Statement." N.J.A.C. 10:49-7.2(h).

Melmark submitted thirty claims from seven individuals for services rendered from 2015 through 2017. Those claims were either adjudicated and denied or did not appear in the system for adjudication. For those that were adjudicated and denied, Molina issued Remittance Advice Statements with notations "in process" or "in process-CCF" and corresponding error codes. However, whether or not a corresponding Claims Correction Form (CCF) was received, it was Melmark's duty to follow up if the claim was not paid and to supply the necessary information. Lincoln Park Intermediate Care Center v. DMAHS, 92 N.J.A.R. 2d 63, 11. If a claim was not paid, it was incumbent upon the Petitioner to timely follow up with Molina. I agree with the ALJ that regardless of whether Petitioner received a Remittance Advice Statement or a CCF, the lack of payment was sufficient notice that a claim was problematic and required a prompt response. There is no evidence in the record that Melmark timely followed up on the claims at issue.

THEREFORE, it is on this<sup>1st</sup> day of JUNE 2020,

ORDERED:

That the Initial Decision is hereby ADOPTED.

  
\_\_\_\_\_  
Jennifer Langer Jacobs, Assistant Commissioner  
Division of Medical Assistance  
and Health Services