

State of New Jersey

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER
Lt. Governor

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
PO Box 712
TRENTON, NJ 08625-0712

SARAH ADELMAN Acting Commissioner

JENNIFER LANGER JACOBS
Assistant Commissioner

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES

MELMARK, INC.,

PETITIONER.

OF ST. DICK SHALL CONTROL

٧.

DIVISION OF MEDICAL ASSISTANCE:

AND HEALTH SERVICES,

RESPONDENT.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 09721-20

As Assistant Commissioner of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision, the OAL case file and the documents filed below. Neither party filed exceptions in this matter. Procedurally, the time period for the Agency Head to render a Final Agency Decision is June 3, 2021 in accordance with an Order of Extension. The Initial Decision was received on March 4, 2021.

Based upon my review of the record, I hereby ADOPT the Initial Decision in its entirety and incorporate the same herein by reference. This case stems from claims submitted by Melmark, Inc. (Melmark) from 2015 through 2017. Melmark is an Intermediate Care Facility (ICF) for individuals with intellectual disabilities. The services provided by Melmark are reimbursable by the Division of Medical Assistance and Health Services (DDMAHS) for Medicaid recipients through the claims processing system. In New Jersey, claims are

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 1st day of JUNE 2020,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Jennifer Langer Jacobs, Assistant Commissioner

Division of Medical Assistance

and Health Services



PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER Lt. Governor DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
P.O. Box 712
Trenton, NJ 08625 0712

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.

isa N. Lackay, Esq.

Office of Legal & Regulatory Liason

DMAHS

MVP:GO Enclosure

DMAHS - Michael Mcmullen

C:

MMIS - Bill Otto



State of New Jersey

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
PO Box 712
TRENTON, NJ 08625-0712

SARAH ADELMAN
Acting Commissioner

JENNIFER LANGER JACOBS
Assistant Commissioner

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES

MELMARK, INC.,

PETITIONER.

ADMINISTRATIVE ACTION

٧.

FINAL AGENCY DECISION

DIVISION OF MEDICAL ASSISTANCE:

AND HEALTH SERVICES.

OAL DKT. NO. HMA 09721-20

RESPONDENT.

As Assistant Commissioner of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision, the OAL case file and the documents filed below. Neither party filed exceptions in this matter. Procedurally, the time period for the Agency Head to render a Final Agency Decision is June 3, 2021 in accordance with an Order of Extension. The Initial Decision was received on March 4, 2021.

Based upon my review of the record, I hereby ADOPT the Initial Decision in its entirety and incorporate the same herein by reference. This case stems from claims submitted by Melmark, Inc. (Melmark) from 2015 through 2017. Melmark is an Intermediate Care Facility (ICF) for individuals with intellectual disabilities. The services provided by Melmark are reimbursable by the Division of Medical Assistance and Health Services (DDMAHS) for Medicaid recipients through the claims processing system. In New Jersey, claims are

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 1st day of JUNE 2020,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Jennifer Langer Jacobs, Assistant Commissioner

Division of Medical Assistance

and Health Services