SETTLEMENT AGREEMENT AND MUTUAL RELEASE

THIS SETTLEMENT AGREEMENT AND MUTUAL RELEASE ("Settlement Agreement") is entered into this 19th day of August, 2016 ("Effective Date") by and between Arturo Jimenez, MD/Community Medical Care, (Medicaid (Dr. Jimenez) and the STATE OF NEW JERSEY, OFFICE OF THE STATE COMPTROLLER, MEDICAID FRAUD DIVISION ("MFD"). Dr. Jimenez and MFD are hereinafter collectively referred to as the "Parties" and each individually as a "Party."

WHEREAS, MFD reviewed the Medicaid billing of Dr. Jimenez and asserted that between July 1, 2010 through June 30, 2015 for Fee-for-Service claims and July 1, 2011 through June 30, 2015 for Medicaid Managed Care claims, Dr. Jimenez submitted claims for American Medical Association (AMA) Current Procedural Terminology (CPT) Evaluation and Management (E & M) services provided to Medicaid patients that lacked appropriate documentation which resulted in an overpayment in the amount of \$75,783.51;

WHEREAS, Dr. Jimenez was given credit for performing the service that would have been reimbursable at a lower payment in the amount of \$24,017.28;

WHEREAS, the parties desire to amicably resolve all disputes between them giving rise to the recovery and have reached a mutually acceptable resolution of the controversies that exist between them;

NOW THEREFORE, in consideration of the mutual promises contained herein, as well as for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to settle their dispute on the following terms:

- (1) Dr. Jimenez agrees to pay to MFD the sum of fifty-one thousand and seven hundred and sixty-six dollars and twenty-three cents (\$51,766.23) in the following manner:
 - a. Ten thousand dollars (\$10,000.00) will be paid upon execution of the agreement.

Eleven consecutive monthly payments of \$3,796.93 will be made b.

commencing on September 15, 2016.

(2) Payment shall be by certified check, bank check, or attorney trust check made payable

to "Treasurer, State of New Jersey," and shall be mailed or delivered as follows:

Attention: Processing Bureau

Treasurer, State of New Jersey

Division of Revenue

200 Woolverton Street, Building 20

Lockbox 656

Trenton, New Jersey 08646

Dr. Jimenez will include "Arturo Jimenez, MD/MFD-" in the memo line so that the payment

is properly credited.

(3) The parties agree that this Settlement Agreement is intended to be a final resolution of all

issues arising out of the claims at issue in this matter, and is intended by each party to release the other

party and its representatives from liability arising out of the claims at issue in this matter, unless MFD is

mandated to act by federal or State law; or mandated by order or judgment of a court or administrative

agency (other than MFD).

(4) Nothing in this Settlement Agreement waives the rights of any other State or federal

agency, including, among others, the New Jersey Division of Criminal Justice, from continuing with a

pending or beginning a future civil or criminal investigation or other action for alleged conduct

concerning Dr. Jimenez or from taking any action for such conduct. Nothing in this Settlement

Agreement waives the rights of MFD to conduct an audit or investigation of future years for the improper

submission of any claims or conduct not specifically covered by this agreement, and to take any action

civilly or criminally for such conduct.

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(5) Dr. Jimenez has agreed to submit a Corrective Action Plan (CAP) upon execution of this settlement agreement.

(6) Subject to the express terms of this Settlement Agreement as provided for in paragraphs <u>1-5</u> above, by the signatures set forth below, the authorization of which is hereby affirmed, Dr. Jimenez and MFD agree to the following Release: in consideration of the provision hereof including this release, each party agrees to release the other party and its representatives from liability, obligations and damages arising out of the recovery.

(7) Nothing herein shall constitute an admission, concession or finding of wrongdoing by any party.

(8) This Settlement Agreement shall be construed, enforced and governed by the laws of the State of New Jersey.

(9) This Settlement Agreement may be executed in Counterparts.

(10) This Settlement Agreement is effective upon the last date it is executed by the parties hereto.

(11) This Settlement Agreement sets forth the entire agreement between and among the parties hereto with respect to the claims described herein and supersedes any other written or oral understandings. This Settlement Agreement does not reflect any other terms or conditions or agreements between or among the parties with respect to any other matter.

IN WITNESS WHEREOF, and intending to be legally bound, the parties hereto have executed the foregoing Settlement Agreement:

FORM AND CONTENT ACCEPTED AND AGREED TO BY:

SIGNATURES ON THE FOLLOWING PAGE

DATE:

By: _____Arturo Jimenez, MD

Community Medical Care

500 Westfield Ave. Elizabeth, NJ 07208 P:908-994-1500 F:908-994-0035

DATE:

9/16/16

By:

Josh Lichtblau

Director

Office of the State Comptroller Medicaid Fraud Division

DATE: 9/19/16

By:

Don Catinello Supervising Regulatory Officer Office of the State Comptroller Medicaid Fraud Division