State Comptroller’s Office Will Recover $2.5 Million Under Settlement with North Jersey Medicaid Provider

The Office of the State Comptroller (OSC) will recover $2.5 million in Medicaid funds under a settlement agreement reached with a North Jersey health care provider that submitted more than 10,000 Medicaid claims that OSC identified as unauthorized.

OSC’s Medicaid Fraud Division (MFD) found that, throughout a period of five years, Universal Institute (Universal) of Livingston did not maintain records to show that it provided services in accordance with required treatment plans. In addition, MFD determined that Universal had billed for services that exceeded the limits set forth in the treatment plans. Universal, which provides therapy and residential services to patients with traumatic brain injuries, operates in several locations and services more than 300 Medicaid beneficiaries.

“We are pleased that our efforts to investigate, identify and recover Medicaid program overpayments have resulted in this significant settlement,” said OSC Medicaid Fraud Division Director Josh Lichtblau. “It should send a clear message to the provider community and the public that we will continue to aggressively and persistently identify waste, fraud and abuse and see these cases through to their rightful conclusion.”
As part of the Settlement Agreement, Universal has agreed to adhere to a Corrective Action Plan that will include a closer monitoring of future billing practices and revisions to its internal practices.

If you have information regarding Medicaid fraud, please call 1-888-937-2835.

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