



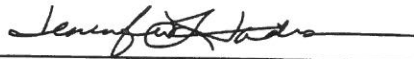
This matter concerns an investigation by the Office of the State Comptroller; Medicaid Fraud Division (MFD) of Petitioner's billing practices. Based on the investigation, DMAHS sought recovery of \$465,059.47 in overpayments. By way of settlement the parties agreed to resolve the matter as set forth in the agreement.

The ALJ approved the Settlement Agreement because it was consistent with the law, fully disposed of all issues in controversy and was voluntarily entered into by both parties, in accordance with N.J.A.C. 1:1-19.1. Based upon my review of the record, I agree with the ALJ's conclusions and ADOPT the Settlement Agreement as based upon substantial credible evidence and consistent with applicable law.

THEREFORE, it is on this 21<sup>st</sup> day of July 2022,

ORDERED:

That the Initial Decision approving the Settlement Agreement is hereby ADOPTED.



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