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NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

NUNC PRO TUNC July 10, 2013

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

In the matter of:

MONICA MEHTA, M.D.

FINAL ORDER

Overview

This matter was returned to the New Jersey State Board of Medical Examiners (the "Board") from the Office of Administrative Law ("OAL") following the issuance of an Initial Decision ("ID") dated May 13, 2013 by ALJ Joann Lasala Candido. Within the ID, ALJ Candido dismissed multiple allegations set forth within a six count Administrative Complaint filed by the Attorney General against respondent Monica Mehta, M.D., on February 8, 2011 (subsequently amended post-hearing on December 17, 2012). ALJ Candido sustained two charges -- first, that Dr. Mehta violated N.J.S.A. 45:1-21 (b) and (k) (but not N.J.S.A. 45:1-21(e) and/or 45:9-6)¹ based on her

¹ N.J.S.A. 45:1-21 provides that a Board may suspend or revoke a license issued by the board upon proof that the holder of the license:

(b) Has engaged in the use or employment of dishonesty, fraud, deception, misrepresentation, false promise or false pretense;

(e) Has engaged in professional or occupational misconduct, as may be determined by the Board;

(k) Has violated any provision of P.L. 1983, c. 320 (C. 17:33A-1 et seq.) or any insurance fraud prevention law or act of another jurisdiction or has been

having been adjudged to have violated the New Jersey Insurance Fraud Prevention Act, N.J.S.A. 17:33A-1, et seq. (the "IFPA") by submitting three claim forms (two pre-certification request forms and one health insurance claim form) each of which contained a material misrepresentation to Encompass Insurance Company (those findings having been made within a Partial Summary Judgment Order entered by the Superior Court of New Jersey on March 15, 2005) and second, that Dr. Mehta violated N.J.A.C. 13:35-6.17(c)(4) and N.J.S.A. 45:1-21(h)² by having submitted claim forms to insurance carriers on which she failed to disclose the identity and the credentials of physical therapists who had performed services on her patients. A.L.J. Candido concluded that both violations were "technical" only and upon "balancing the equities," recommended that no sanctions be assessed.

adjudicated, in civil or administrative proceedings, of a violation of P.L. 1983, c. 320 (17:33A-1 et seq.) or has been subject to a final order, entered in civil or administrative proceedings, that imposed civil penalties under that act against the applicant or holder.

N.J.S.A. 45:9-6 requires any applicant for licensure to present proof that he or she is "of good moral character." That requirement has repeatedly been recognized to be a continuing requirement to maintain licensure.

² N.J.A.C. 13:35-6.17(c)(4) requires that:

A bill for services of members of a professional service corporation, or services of a physician's employees which have been rendered by licensed professionals authorized to provide services without medical supervision, shall identify the provider of service by name and degree, as well as the name of the service entity (if different).

N.J.S.A. 45:-1-21(h) provides that a board may suspend or revoke a license upon proof that the licensee "has violated or failed to comply with the provisions of any act or regulation administered by the Board."

Following review of the extensive record below, and upon consideration of both the written exceptions filed by the parties and oral arguments of counsel, we have concluded that cause exists to adopt the entirety of the findings of fact and conclusions of law set forth within ALJ Candido's comprehensive Initial Decision, with only two exceptions. ALJ Candido engaged in a deliberate and thorough evaluation of the evidence presented and of applicable standards of law. Her decision is, in substantial measure, predicated on her assessment that the expert witnesses who testified for Dr. Mehta did so more credibly than the State's expert witness. We find insufficient basis to disturb those assessments, nor to reverse or modify most of the findings of fact and conclusions of law set forth in the Initial Decision.

We are persuaded, however, that cause exists to modify ALJ Candido's determinations upon Count 1 of the Complaint that respondent did not violate N.J.S.A. 41:1-21(e) or fail to continue to maintain good moral character as required by N.J.S.A. 45:1-36. The findings that respondent violated the IFPA, established by and memorialized within the Superior Court's Order, clearly provide grounds for disciplinary sanction under both statutory provisions. Additionally, we reject as overbroad a proposed finding of fact which included a global statement that insurance companies will "down code" physicians' claims to lower

level CPT codes when insurance companies "disagree" with a physician's use of a higher level code.

Turning to the issue of penalty, we have concluded that cause exists to reject ALJ Candido's recommendation that no penalty at all be assessed against Dr. Mehta based upon the violations that were found. We instead conclude that the findings that Dr. Mehta repeatedly violated the IFPA, and the conduct upon which those findings were predicated (that is, the submission of two pre-certification forms and one insurance claim form to Encompass Insurance Company, each of which contained material misrepresentations of fact and each of which bore Dr. Mehta's signature) -- are findings which cannot be discounted as "technical," nor dismissed without penalty. At their core, the Superior Court's findings establish that respondent Mehta, on repeated occasions, engaged in knowing and purposeful fraudulent conduct, which we unanimously conclude should be redressed by the imposition of sanctions. On balance, we conclude and order that Dr. Mehta's license to practice medicine and surgery in New Jersey be suspended for a period of one year, to be stayed and served as a period of probation, and that Dr. Mehta be assessed a civil penalty of \$10,000. We set forth below, in greater detail, a summary of the procedural history of this matter and the basis for the determinations that we herein make.

Procedural History

The procedural history of this matter, prior to the return of this matter to the Board on May 13, 2013, is detailed within ALJ Candido's Initial Decision, and adopted herein. Following the issuance of the ID, the parties were granted extensions of time through June 3, 2013 to file written exceptions to the decision. On June 3, 2013, Senior Deputy Attorney General Gelber filed a 37 page letter brief urging that the Board overturn ALJ Candido's determinations in their entirety, and further urging that the Board assess maximum penalties to include license revocation, maximum civil penalties for each infraction and all costs and attorneys' fees. Susan Fruchtman, Esq., on behalf of respondent Mehta, filed a 42 page letter brief urging the Board to accept without reservation the conclusions of ALJ Candido, to include her recommendation that the Board impose no discipline. Respondent thereafter filed a letter brief replying to the Attorney General's exceptions on June 17, 2013.

On June 5, 2013, the OAL entered an Order extending the time for the Board to enter a final decision adopting, rejecting or modifying the final decision of ALJ Candido through August 12, 2013, to allow the matter to be heard before the Board at the Board's July meeting. On July 10, 2013, SDAG Gelber appeared for Complainant, and Alex J. Keosky, Esq. appeared for Respondent. We initially afforded both counsel an opportunity to

present oral arguments upon their filed exceptions. Following deliberations, we announced our decision to generally adopt the findings of fact and conclusions of law within the ID subject to the two noted modifications. We then proceeded to hold a hearing on the issue of penalty to be assessed.

Determination to Adopt and Modify Findings of Fact
And Conclusions of Law

As noted above, upon careful consideration of the extensive hearing record, and upon review and consideration of the filed exceptions, we have concluded that cause exists to adopt all findings of fact and conclusions of law within ALJ Candido's Initial Decision, with the following two exceptions:

1. We reverse ALJ Candido's determination that the Partial Summary Judgment Order entered by the Superior Court of New Jersey does not provide bases for disciplinary sanction under N.J.S.A. 45:1-21(e) or 45:9-6. ALJ Candido expressly found (and we in turn adopted her finding) that:

31. By Order filed March 15, 2001, the Superior Court of New Jersey - Law Division granted Encompass Insurance Company partial summary judgment regarding a counterclaim that respondent committed common law fraud and violation of the IFPA when respondent included material misrepresentations on the pre-certification forms submitted to Encompass on February 23, 2001 and June 19, 2002, and a claim form submitted on June 9, 2001 (See P-47). As a result of that order, V.C.'s Encompass insurance policy was voided as to any claims submitted by respondent's entities (Ibid.). Respondent subsequently appealed an order denying her motion to re-open and to

vacate that partial summary judgment order, but the Appellate Division affirmed. (P-47e.).

[emphasis added].

Thereafter, in a lengthy discussion and analysis of law set forth at pages 51-54 of the ID, ALJ Candido concluded that the issue whether respondent violated the IFPA had been conclusively decided by the Superior Court, and that the collateral estoppel doctrine precluded attempts made by respondent at the OAL hearing to reopen or re-litigate issues necessarily decided by that Order. ALJ Candido further concluded that the Superior Court's findings provided grounds for disciplinary sanction pursuant to 45:1-21(b) and (k), but found that the absence of any express determinations within the Superior Court Order whether respondent's conduct constituted "professional misconduct" and/or "impinged respondent's good moral character" supported a conclusion that "the Superior Court Summary Judgment Order does not constitute grounds for disciplinary sanction under N.J.S.A. 45:1-21(e) or 45:9-6."

We agree with the Attorney General that ALJ Candido erred when concluding that there was a need for the Superior Court to have found "professional misconduct" and/or of absence of "good moral character," and reverse her determination that the absence of those specific findings by the Superior Court would preclude their being made in this proceeding. The Superior Court had no reason, when entering its Order, to consider whether Dr. Mehta's conduct

constituted professional misconduct and/or demonstrated a lack of good moral character. Those findings, however, can be extrapolated from the specific language of the statute that Dr. Mehta was adjudged to have violated. The IFPA provides, at N.J.S.A. 17:33A-4, that a person or practitioner violates the act if she:

(1) presents or causes to be presented any written or oral statement as part of, or in support of or opposition to, a claim for payment or other benefit pursuant to an insurance policy, ... knowing that the statement contains any false or misleading information concerning any fact or thing material to the claim, or

(2) prepares or makes any written or oral statement that is intended to be presented to any insurance company ... in connection with, or in support or opposition to any claim for payment or other benefit pursuant to an insurance policy ... knowing that the statement contains any false or misleading information concerning any fact or thing material to the claim.

[emphasis supplied]

Dr. Mehta was thus adjudged by the Superior Court to have knowingly prepared written statements which contained false or misleading material information, and to have submitted those statements to Encompass Insurance on three separate instances.³

³ Respondent has repeatedly suggested, both during the pendency of proceedings before the OAL and in the argument on exceptions before this Board, that the Superior Court Order should not be relied upon in this proceeding, because there was no full hearing before the Superior Court and because the Order was entered on a motion for summary judgment. Summary judgment can only be entered where there are no genuine issues of material fact. The Superior Court Order clearly states that Dr. Mehta violated the IFPA by: (1) submitting a pre-certification request form containing a material misrepresentation to Encompass Insurance on 2/23/01; (2) submitting a pre-certification request form containing a material misrepresentation to Encompass Insurance on 6/19/02; and (3) submitting a Health Insurance Claim Form containing a material misrepresentation to Encompass Insurance on 6/9/01. We fully concur with and adopt ALJ Candido's analysis of the collateral estoppel doctrine, and her conclusion that respondent

The specific forms at issue were two pre-authorization forms and one health claims form, all of which were entered into evidence. The two pre-authorization forms were submitted to Encompass on February 23, 2001 and June 19, 2002, and sought authorization to treat patient V.C. for motor vehicle accidents that occurred in 2001 and 2002. On each form, Dr. Mehta knowingly and falsely represented that V.C. had no prior injuries and no previous medical history (she also answered "yes" to a question posed whether all of the proposed treatment was related to the specific motor vehicle accident for which the form was submitted). The health claims form was submitted to Encompass on June 9, 2001, and contained a knowingly false representation that V.C. had no other health benefit plan.

The misrepresentations made on each of the three forms are particularly striking, given that V.C. had been a patient of Dr. Mehta's continuously since 1998 and had been receiving treatment from Dr. Mehta throughout that time period (i.e., from 1998 through the dates on which the forms were submitted) for injuries sustained in two other motor vehicle accidents. Respondent clearly knew that there had been prior injuries sustained, and that she had been treating V.C. for those injuries for multiple years. She also knew that V.C. had other health

must be collaterally estopped from relitigating issues necessarily decided upon the entry of that Order.

benefit plans, as she had been submitting bills for her treatment of V.C. to State Farm Insurance. The misrepresentations made on the pre-authorization and claims forms were thus significant and substantial, and were clearly efforts to withhold or obscure pertinent information from the insurance carrier which was then being asked to approve and to pay for Dr. Mehta's services. We conclude that Dr. Mehta's false completion of the above forms was conduct which clearly constituted professional misconduct and evinced a failure to maintain good moral character. See In re: License Issued to Zahl, 186 N.J. 341, 354-44.⁴

2. The Board expressly rejects finding of fact #21 within the recitation of facts found related to Counts 1 and 2, ID p. 42, which reads:

When an insurance company disagrees with a doctor's use of a "higher level" CPT Code, such as 99215 for a follow-up visit, based upon the documentation submitted by that doctor, that insurance company "down codes" the claim to a "lower level" CPT code, such as 99213 for a follow-up visit.

⁴ ALJ Candido cites to Polk, 90 N.J. at 565, 574 for the proposition that professional misconduct can only be found where there is a determination that the acts of the licensee were "so particularly egregious as to constitute misconduct in the magnitude of gross malpractice." See ID 54, ID 72. Although gross malpractice was alleged but not proven in this case, we clarify that a finding of "gross malpractice" is not a precondition for a finding of "professional misconduct." Indeed, pursuant to the terms of the Uniform Enforcement Act, N.J.S.A. 45:1-21, a practitioner's license can be suspended or revoked on a finding that the practitioner has engaged in fraudulent conduct, repeated acts of negligence, or for any of the other multiple bases set forth individually in the statute. We consider the findings made herein that Dr. Mehta engaged in repeated acts of fraudulent conduct to be every bit as significant as, and of similar magnitude to, a finding of gross negligence. See In re License issued to Zahl, 186 N.J. 341 (2006) (dishonesty a sufficient basis to justify license revocation; no requirement for a showing of patient harm necessary to support revocation).

We reject the proposed finding of fact as overbroad and beyond the scope of this record. We further express concern that the proposed finding could be read to be establishing a universal standard of practice for insurance companies. On review of the record, we find nothing that would support the making of such a broad finding.⁵ We therefore expressly reject that finding as far exceeding the scope of this hearing record (we also note that the finding is in no way a necessary finding to support the conclusion reached that the Attorney General failed to sustain her burden of proof upon all allegations made within Count 2 of the Complaint).

Mitigation Presentations

In mitigation of penalty, Dr. Mehta presented three mitigation witnesses and offered her own testimony. Dr. Mahrukh Bamji testified that she found Dr. Mehta to be a thoroughly competent physician and an ethical, compassionate physician. Her husband, Dinshaw Bamji, M.D., similarly testified that he found Dr. Mehta to be a knowledgeable, empathetic physician, with a good reputation in the community. Patient Frank Romano testified that he saw Dr. Mehta for multiple ailments, found her care to be

⁵ We are cognizant that there was a specific finding made, in the analysis of Count 5, that a bill Dr. Mehta submitted to Medicare for \$295 under CPT code 99205 for medical evaluation provided to patient L.C. in January 2001 was downgraded by Medicare to code 99202. See ID, Count V findings of fact, ¶8. We have no issue with that specific finding, but do not find it reasonable to infer from that one instance that the practice is universal. Ultimately, it is the practitioner's responsibility alone to ensure that bills submitted include accurate and appropriate codes, and not the insurance carrier's responsibility or obligation to review documentation submitted and then "downcode" the bill.

excellent and stated that Dr. Mehta routinely would spend over an hour with him on his office visits.

Dr. Mehta then testified on her own behalf. She testified about topics including her background in practice; the nature of her practice; her having secured accreditation for her office surgical facility from the Joint Commission and for her electromyography facility from the AANEM; and her having attended record-keeping and professional ethics courses after the filing of the complaint to "find out what it is that I have done something wrong regarding the billing, and regarding filling out of forms and all this stuff." Transcript of 7/10/13 hearing, 43:15 - 22.⁶ She also testified that she has consistently sought advice from government authorities and private entities alike when she has questions about the conduct of insurance carriers or billing and coding issues, and her counsel pointed out that Dr. Mehta has repeatedly filed challenges to payment determinations made by third party payors, to include the Superior Court action in which the Summary Judgment Order relied on to support the allegations against her in this case was entered.

⁶ While Dr. Mehta's voluntary completion of record-keeping and ethics courses suggests a recognition on her part of the need to address issues that were at the core of this case, we express concern that her testimony suggests that these courses may have done little to reshape her practices. For example, when testifying about the courses, Dr. Mehta suggested that the sole insight she gained and took back from the courses was that she should have seen her patients on separate days for non-work related and work-related injuries, rather than seeing patients on one day for both sorts of injuries and then billing for those sessions separately. Transcript 7/10/13 hearing, 43:23 - 44:14.

Dr. Mehta repeatedly suggested that she had high ethical standards, and repeatedly stated that any judgments regarding her integrity or moral character should not be based on "mistakes" made by her secretary. When asked on cross-examination why she had not sought to introduce any statements from that secretary into evidence below, Dr. Mehta claimed that the woman had left the practice "abruptly" in March 2003, and that thereafter Dr. Mehta had been unable to locate her despite making repeated efforts to do so. Finally, when asked on cross examination about settlements she had made in other actions -- to include a case brought by the Department of Justice which she agreed to settle by paying two million, two hundred fifty thousand dollars (\$2,250,000) -- Dr. Mehta suggested that she felt as though she was being extorted but that it was better to simply "pay" and "move on" in lieu of incurring litigation expenses. We point out that we found Dr. Mehta's testimony to be distinctly devoid of any hint of remorse for the misconduct found in this case. Dr. Mehta instead continues to eschew accepting personal responsibility for any of the misconduct that was found below, and continues to blame others for the violations. We find that to be disturbing, if for no other reason than her failure to accept any responsibility would suggest that she has not recognized any need to make any changes to her

practice to at a minimum ensure that there will be no future recurrences of the violations found herein.⁷

At the conclusion of the proceeding, we entertained closing arguments from counsel. Mr. Keosky urged the Board to

⁷ In addition to oral testimony from the three character witnesses, respondent presented and entered into evidence "letters of support" from ten physicians and one podiatrist (R-1) (two of the eleven letters were from Drs. Dinshaw Bamji and Mahrukh Bamji, who testified on behalf of respondent). Two of the letters were specifically written to respondent's counsel for submission in this proceeding (those letters being one dated July 9, 2013 from Dr. Patrick McGovern, Jr. and one dated July 22, 2013 from Dr. Alfred Steinberger, M.D.). Dr. McGovern commented that Dr. Mehta was "an extremely qualified Board Certified physical medicine and rehabilitation specialist" held in "high esteem not only for her competency but also for her ethics." Dr. Steinberger's "letter of recommendation" commented that Dr. Mehta was an "excellent" physician. The remainder of the "letters of support" submitted for Board consideration were copies of letters or recommendation forms submitted to Christ Hospital and Jersey City Medical Center in 2012, in support of applications for re-privileging that Dr. Mehta submitted to those the health care facilities.

Respondent additionally submitted and entered into evidence (as Exhibit R-2) a copy of a "Quality Report," (printed from www.qualitycheck.org on April 30, 2013), reflecting that the "Pain and Disability Institute, P.C.," 191 Palisade Avenue, Jersey City, NJ, had been accredited by the Joint Commission effective January 30, 2013, following an on-site survey done on January 29, 2013. The "Pain and Disability Institute, P.C., while not specifically referenced as one of Dr. Mehta's three billing entities in the decision below, appears to be Dr. Mehta's new practice entity. Specifically, Dr. Mehta's new Curriculum Vitae, submitted and entered into evidence during the mitigation hearing (R-4), states that Dr. Mehta was the "owner" of "Monica Mehta, M.D., P.A." until 5/23/12 and thereafter has been the co-owner of the "Pain and Disability Institute" as of May 23, 2012.

Finally, respondent submitted and entered into evidence as R-3 a copy of a Certificate of Credit that she received from U-C San Diego for 17 hours of Category 1 continuing medical education based on her participation in U-C San Diego's "Medical Record Keeping Course" on April 25-26, 2013. That certificate also included a "combined audit matrix" which set forth ratings that Dr. Mehta received following a chart audit done on April 19, 2013; those ratings included an "auditor overall assessment note" stating "over all the documentation is superior, it looks a template is followed, though" [sic].

All documents have been reviewed and considered by the Board in mitigation of penalty. Collectively, those documents suggest that Dr. Mehta is considered by those who offered letters of support to be a competent and qualified physician, that her office based surgical practice enjoys accreditation by the Joint Commission, and that she has recently completed targeted continuing education in record keeping.

adopt the findings and recommendations made by ALJ Candido and her conclusion that the violations that were proven were "technical" and not warranting of penalty. Deputy Attorney General Gelber urged the Board to assess an appropriate penalty.⁸

Determinations upon Penalty

⁸ The day after the mitigation proceeding, concerns were identified by the Board regarding the truthfulness and/or completeness of certain testimony that was offered by Dr. Mehta generally regarding the Joint Commission's accreditation of her office-based surgical facility, and regarding the accuracy and completeness of information set forth on the documents submitted into evidence (or offered post-hearing to be submitted into evidence) related to those same issues. Specifically, Dr. Mehta testified that her office-based practice facility had been accredited by the Joint Commission since 2010, and offered documents that suggested that the facility was accredited at the time of the hearing. Unbeknown to the Board on July 10, 2013, the Joint Commission had in fact conducted an inspection of Dr. Mehta's facility on June 27, 2013, found conditions that caused it to declare an "imminent threat to life," and thereafter changed the accreditation status of the facility from "accredited" to "preliminary denial of accreditation."

The parties were asked to respond in writing to the identified concerns, and to address the issue whether there was cause for reopening of this matter before the Board or for the Board to reconsider its penalty assessments based on the identified concerns. The information of record and the position statements of the parties were then reviewed by the Board's Executive Committee on July 25, 2013. The Executive Committee identified a need for additional investigation to occur in order to more fully establish a factual record before any reopening or reconsideration of this matter could properly occur. The Executive Committee suggested that, in lieu of holding this matter open any further, the preferred course would be for the Attorney General to file a new, independent action against Dr. Mehta, should cause to support disciplinary charges be found to exist at the conclusion of the investigation.

The Executive Committee's recommendations were memorialized in a letter sent to the parties dated August 8, 2014. The recommendations were presented to the Board for review on August 14, 2013, however the Board did not then formally vote whether to adopt, reject or modify the recommendations because a quorum was not present. The recommendations were re-presented to the Board on September 11, 2013, and then ratified by the Board. In deference to the recognized need for investigation to further establish a more complete record, we have not included in this Order any additional discussion of the post-hearing concerns that were identified (that is, any discussion other than that in this footnote). Our discussion and summation of Dr. Mehta's mitigation presentations should all be read to be based solely on the information that was of record to the Board at the conclusion of the hearing on July 10, 2013, as at that time there simply was no information available that would have caused us to question or discount the completeness and/or veracity of the mitigation presentations that Dr. Mehta made.

On careful consideration of the record before us, we conclude that the misconduct which Dr. Mehta engaged in cannot be fully discounted as "technical" nor dismissed without penalty. We therefore reject ALJ Candido's recommendation that no penalty be assessed in this case.

Dr. Mehta engaged in knowing and purposeful fraudulent conduct on three separate occasions. The findings that she violated the IFPA necessarily establish that she knowingly and purposefully filed false submissions, and that she did so with intent to mislead. The record demonstrates that the misrepresentations cannot be excused as trivial, as Dr. Mehta sought to hide from Encompass the fact that she had been treating V.C. for many years for injuries sustained in multiple prior automobile accidents, and the fact that she had been submitting bills to another health care provider for those services. She did so in the context of seeking approval from Encompass for treatments and/or payments, which is the very essence of insurance fraud. Nor can the misrepresentations be excused as isolated or aberrant, because they were made on three separate forms all sent to the same insurance carrier. Whether Encompass Insurance ultimately relied on the forms, or was deceived by respondent's misrepresentations, is not the relevant issue - rather, what is significant, and what fully warrants the imposition of penalty, is the fact that Dr.

Mehta submitted the forms with an intent to deceive or mislead, and did so knowing that the representations made thereon were false.

We expressly reject respondent's testimony, offered both at the hearings below and when testifying during the mitigation hearing, that she should not be found to be at fault or responsible for the content of the submissions made because the forms were completed by a secretary without her knowledge. Clearly, there was no finding made - during the Superior Court proceedings or at the OAL - to support those claims. More significantly, it is Dr. Mehta alone who bears responsibility for the accuracy of the submissions made on her behalf, regardless whether she completed those forms or delegated the task of completing the forms to her staff. The forms at issue all bore Dr. Mehta's signature, thereby representing and connoting to Encompass Insurance that Dr. Mehta had reviewed the forms and that Dr. Mehta was attesting to the accuracy and honesty of the information therein.

This Board has consistently found that a practitioner must be honest, and that dishonest conduct - whether in record-keeping practices, in responding to questions on application forms filed with the Board or with other entities, in the submission of bills for services or indeed in any other capacity - can and should subject a practitioner to disciplinary sanction. The New Jersey Supreme Court has likewise recognized that a physician's license may be revoked for dishonest conduct, even if the dishonest conduct

bears no relationship to the quality of the licensee's patient care. In re: License Issued to Zahl, 186 N.J. 341 (2006). The misrepresentations that Dr. Mehta made to Encompass Insurance were substantial and striking, and simply cannot be discounted as "technical" violations. On balance, we hold that the established violations of law fully support the entry of an Order of suspension of one year, to be stayed in its entirety and served as a period of probation, and the assessment of a civil penalty in the amount of \$10,000.⁹ In light, however, of the scope and breadth of charges that were brought against Dr. Mehta and the fact that the Attorney General failed to sustain the vast majority of those charges, we do agree with ALJ Candido that the balancing of the equities weighs in favor of rejecting an assessment of costs against respondent.

WHEREFORE it is on this 11th day of September, 2013

ORDERED, effective upon oral announcement of this Order on the record on July 10, 2013:

1. The license of respondent Monica Mehta, M.D. to practice medicine and surgery in the State of New Jersey is hereby suspended for a period of one year. The suspension shall be stayed in its entirety and shall be served as a period of "probation."

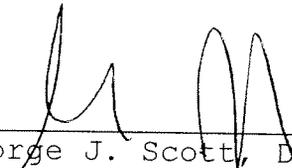
⁹ We have decided not to impose a separate or additional sanction based on the additional violations found regarding Dr. Mehta's submission of claim forms without proper identification of the provider of services and/or the credentials of the providers. While we do not perceive those violations to be "technical," we are satisfied that the aggregate penalty being ordered herein is sufficient to penalize Dr. Mehta for all of the misconduct which we have found, and thus consider the penalty for the violations of N.J.A.C. 13:35-6.17(c)(4) and N.J.S.A. 45:1-21(h) to be subsumed within the ordered penalties.

The probationary period shall be deemed to have commenced on July 10, 2013 and shall continue through and including July 9, 2014.

2. Respondent is assessed a civil penalty in the amount of \$10,000, payment of which shall be made in full within ten days of the date of entry of this Order.

NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

By:



George J. Scott, D.O., D.P.M.
Board President