Healthcare Investigator
(Medical Review Analyst)
Medicaid Fraud Division
New Jersey Office of the State Comptroller

About OSC:
The Office of the State Comptroller (OSC) is an independent State agency that oversees the Executive Branch of state government. Our mission is to make government in New Jersey more efficient, transparent and accountable. Our office audits and investigates municipalities, school districts, and counties; state colleges and universities; independent state authorities; and state agencies. We also oversee government expenditures, review public contracts, and evaluate local and state programs. By sharing our findings through public reports, we detect and uncover fraud, waste and abuse.

About the Division:
The Medicaid Fraud Division (MFD) oversees New Jersey's Medicaid program. The Division works to improve the efficiency and integrity of Medicaid in New Jersey and returns millions of dollars to taxpayers each month. The Division consists of the Audit Unit, Data and Fiscal Unit, Regulatory and Exclusion Unit, Third Party Liability Unit, and Investigations Unit. MFD audits and investigates health care providers, recipients, and managed care organizations (MCOs) that coordinate the provision of an individual's health care needs. We evaluate the care provided to Medicaid recipients and work to prevent and detect fraud, waste, and abuse in the program. In addition, we pursue civil and administrative enforcement actions and, when necessary, disqualify providers from participating in the Medicaid program.

About the Role:
The Investigations Unit of MFD seeks a motivated and committed professional for the role of Medical Review Analyst. This individual is responsible for performing analysis of Medicaid claims, reviewing medical records, interviewing providers, and conducting field investigations.

Responsibilities:
- Perform necessary investigative steps to obtain relevant information, including on-site visits; issuing subpoenas to obtain medical, financial and other records/data; interviewing providers, recipients and other parties.
- Analyze Medicaid claims, documentation in support of claims, Medicaid payments, business records relating to ownership of Medicaid providers, recipient financial information, and other relevant information.
- Apply appropriate laws, regulations, guidelines, contractual requirements, and policies to evidence obtained, including medical claims, medical documentation and other information, to determine whether providers billed and were paid appropriately for Medicaid goods/services.
- Prepare technically sound, accurate and informative investigative, financial, statistical and other reports that properly memorialize investigative findings, conclusions and recommendations.
- Conduct efforts to recover overpayments in accordance with applicable laws, regulations, and policies.
- Assist in preparing, reviewing, and evaluating information in contested cases.
- Testify in Office of Administrative Law or Superior Court hearings/trials regarding investigative findings.

Requirements:
- A Bachelor's degree from a four-year accredited college or university.

- NOTE: Applicants who do not possess the required education may substitute additional experience as indicated on a year-for-year basis with thirty (30) semester hour credits being equal to one (1) year of experience.
- A Master's degree in Health Administration or Policy, Hospital Administration, Public Administration or Business Administration may be substituted for (1) one year of experience.

- Three (3) years comprehensive experience involving the review, analysis, investigation, and/or authorization of medical care services in a large agency or organization responsible for the provision and/or payment of health services, the investigation of fraud, waste and abuse of healthcare services, or investigations for a governmental enforcement agency.

The ideal candidate will have the following skills and experience:

- Excellent verbal and written communication skills.
- Knowledge of the Medicaid program.
- Experience with health insurance, nursing, pharmacy, medical coding, civil or criminal investigations work.
- Ability to work both independently and as a member of a team.
- Certified Fraud Examiner/Medical Coding credential, preferred.

Interested candidates should submit a cover letter, resume and three references to:

Paola Belardo
Office of the State Comptroller
P.O. Box 024
Trenton, NJ 08625
Email: careers@osc.nj.gov

NOTE: Residency Requirements - Pursuant to N.J.S.A. 52:14-7 (L. 2011, Chapter 70), also known as the "New Jersey First Act," all new public employees are required to obtain principal residence in the State of New Jersey within one (1) year of employment.

The Office of the State Comptroller is proud to be an equal opportunity employer. We are committed to providing a work environment that supports, inspires, and respects all individuals and in which personnel processes are based on merit, performance, and business needs. We do not discriminate on the basis of race, religion, color, national or ethnic origin, gender, sexual orientation, gender identity, gender expression, familial status, citizenship, age, or status as an individual with a disability. We believe that diversity and inclusion among our staff is critical to our success. We seek to recruit, develop and retain the most talented people from a diverse candidate pool and encourage applicants from all backgrounds and experiences to apply.

SAME Applicants: If you are applying under the "NJ SAME" program, your supporting documents (Schedule A or B letter), must be submitted along with your resume. For more information on the SAME Program visit their website at https://nj.gov/csc/same/overview/index.shtml , email: SAME@csc.nj.gov, or call CSC at (833) 691-0404.