

Healthcare Investigator - Medicaid Fraud Division New Jersey Office of the State Comptroller

Unclassified Medical Review Analyst Salary Range: P26 - \$78,024.71-\$111,000.80 Eligible for remote work 2 days per week Opening Date: 10-28-2024 & Closing Date: 11-30-2024

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, 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. We detect and uncover fraud, waste, and abuse by sharing our findings through public reports.

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 disqualify providers from participating in the Medicaid program when necessary.

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, 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:

- Applicants must meet one of the following or a combination of both experience and education:
 - Seven (7) years of professional comprehensive experience in work 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.
 OR
 - Possession of a bachelor's degree from an accredited college or university.
 - Three (3) years of the above-mentioned professional experience. **OR**
 - Possession of master's degree in Health Administration, Hospital Administration, Public Administration or Business Administration.
 - Two (2) years of the above-mentioned professional experience.

The ideal candidate will have the following skills and experience:

- Ability to analyze data.
- Excellent verbal and written communication skills.
- Knowledge of the Medicaid program.
- Experience with health insurance, nursing, pharmacy, medical coding, and civil or criminal investigations.
- Proficient with Windows XP, Microsoft Office (Word, Excel, PowerPoint), Microsoft Outlook.
- Certified Fraud Examiner/Medical Coding credential, preferred.
- Ability to work both independently and as a member of a team.

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

Shama Nix Office of the State Comptroller P.O. Box 024 Trenton, NJ 08625 Email: <u>careers@osc.nj.gov</u>

NOTE: In accordance with N.J.S.A. 52:15C-5, OSC employees and personnel shall be deemed confidential employees and shall serve in the unclassified service of the Civil Service. 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.