



**Supervising Healthcare Investigator
Medicaid Fraud Division
New Jersey Office of the State Comptroller
Unclassified Supervising Medical Review Analyst
Salary Range: P29 - \$89,575.39-\$127,744.57
Eligible for remote work 2 days per week**

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.

Responsibilities:

- Supervise investigative steps of the Investigations Unit staff to obtain relevant information, which includes coordinating on-site visits; issuing subpoenas to acquire medical, financial, and other records/data; as well as conducting/overseeing interviews with providers, recipients, and other involved parties.
- Supervise the analysis of Medicaid claims, documentation supporting claims, Medicaid payments, business records related to Medicaid provider ownership, and other pertinent information.
- Apply appropriate laws, regulations, guidelines, contractual requirements, and policies to the evidence gathered, including medical claims, medical documentation, and other data, to assess whether Medicaid providers billed and received proper payment for goods/services.
- Oversee and finalize the preparation of informative reports that accurately document investigative findings, conclusions, and recommendations.
- Supervise and direct efforts to recover overpayments in accordance with applicable laws, regulations, and policies.
- Prepare, review, and evaluate information in contested cases.
- Testify in Office of Administrative Law or Superior Court hearings/trials regarding investigative findings.
- Prepare and review staff reports, letters, or other correspondence related to case reviews of communication with internal and external stakeholders.

- Possess comprehensive knowledge and proficiency in all related Medicaid regulations, statutes and laws.

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:

- Excellent verbal and written communication skills.
- Knowledge of the Medicaid program.
- Experience with health insurance, nursing, pharmacy, medical coding, and 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:

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

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.