

New Jersey recovers \$6.5M in Medicaid overpayments

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New Jersey has recovered almost \$6.5 million from health care groups that have self-disclosed Medicaid overpayments, the Office of the State Comptroller announced Thursday.

The self-reported amounts account for roughly 15 percent of the Medicaid dollars the comptroller’s office identified for recovery over the last three fiscal years. Providers must notify the state within 60 days of finding overpayments.

What they’re saying: “These numbers prove that OSC’s self-disclosure process is a valuable tool to combat fraud, waste and abuse in New Jersey’s Medicaid program,” Joshua Lichtblau, director of OSC’s medicaid fraud division, said in a statement. “This process enhances OSC’s efforts to audit and investigate Medicaid providers and allows us to recover millions of dollars for the Medicaid program of overpayments that should be rightfully returned to the Medicaid program. We remind providers of their responsibility to reveal when they’ve been overpaid by Medicaid and strongly encourage them to avail themselves of this process.”

Why it matters: Preventing cost overruns will grow more important over the next year as more New Jerseyans receive coverage through Medicaid and related programs.

After hovering between 1.6 million and 1.8 million from 2015 through early 2020, the number of New Jerseyans covered by NJ FamilyCare — which includes Medicaid, Medicaid Expansion and Children’s Health Insurance Program enrollees — swelled to more than 2 million by spring 2021.

New Jersey’s fiscal year 2022 budget booked substantial increases in the state’s Medicaid program after enrollment ballooned during the pandemic.

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