

This matter arises from the Union County Board of Social Services' (UCBSS) November 24, 2020 notice of overpayment for incorrectly received benefits totaling \$6,890.47. Petitioner began receiving Affordable Care Act (ACA) Medicaid benefits through the State of New Jersey in February 2015. The ACA established a Federally Facilitated Marketplace (FFM) where people could shop and apply for health insurance. The same application was used by applicants using the FFM or New Jersey FamilyCare in order to make obtaining health insurance coverage as easy as possible. When an individual applying at the FFM was determined eligible for medical assistance, their case will be electronically transferred to the appropriate NJ eligibility determining agency. Conversely, when an individual was determined ineligible for NJ FamilyCare or any other New Jersey medical assistance program, their case will be electronically transferred to the FFM. See Med Comm. 14-12. It is unclear from the record before me which route this alleged application took and which "third party vendor" is being referred to in the Initial Decision.

Additionally, had Petitioner applied through FFM, he would have received notices through the FFM. His enrollment with UCBSS would have been electronic, which explains the personal identifying information in UCBSS' records. Petitioner does not dispute that this information, i.e. name, address, social security number and birthdate, are incorrect.

Finally, Petitioner asserts that he did not apply for Medicaid benefits, did not receive benefits and has his own insurance. However, it is unclear from the record to what period of time Petitioner refers. It seems that the Petitioner references a period of employment beginning in October 2017 through December 2018. While Petitioner may confine his employment history to this period, it sheds no light on his circumstances when

he applied in February 2015 or the year and a half that followed.

The Division is statutorily authorized to seek reimbursement of Medicaid overpayments. Indeed, recovery in this matter is based upon N.J.S.A. 30:4D-7.i., which mandates the Division:

*To take all necessary action to recover the cost of benefits
incorrectly provided to . . . a recipient . . .*

The record in this matter does not clearly identify the “third-party vendor” that processed Petitioner’s application. Was Petitioner’s eligibility and enrollment processed and confirmed by FFM or New Jersey FamilyCare? What, if any, documentation do either of these vendors have with regard to Petitioner’s Medicaid application? Was this an on-line application or was it taken over the phone? Was Petitioner employed at the time of the alleged application in February 2015? Does Petitioner have proof of private health insurance beginning in 2015 through present? Without this information, the Division cannot make a determination with regard to Petitioner’s status as a Medicaid recipient or obligation to refund any incorrectly paid benefits.

THEREFORE, it is on this ^{18th} day of NOVEMBER 2021,

ORDERED:

That the matter is REMANDED to the Office of Administrative Law for additional evidence and testimony in accordance with this FAD.



Jennifer Langer Jacobs, Assistant Commissioner
Division of Medical Assistance
and Health Services