

2018, and in November 2018, a Medicaid eligibility redetermination was undertaken. ID at 2. Based upon the information obtained during the redetermination process, the Gloucester County Division of Social Services (GCDSS) determined that Petitioner's income exceeded the income level to qualify for benefits. Ibid. By letter, dated November 21, 2018, GCDSS notified Petitioner that her benefits would terminate on December 31, 2018 and that coverage for her son, N.B., would continue until February 28, 2018.¹ R-1 at 14. The same letter additionally advised Petitioner of her right to request a fair hearing on the termination of benefits, which provided that her benefits may have continued until a decision was reached and, in bold type font, stated "However, if the fair hearing decision is not in your favor, you may be required to repay any Medicaid benefits to which you were not entitled." Ibid. Moreover, in her request for a fair hearing on the termination, Petitioner checked "I wish to continue my Medicaid benefits" on the letter. Id. at 15. Petitioner's appeal on the termination of benefits was transmitted to OAL and scheduled for a hearing on February 1, 2019; however, prior to the hearing date, on January 30, 2019, Petitioner withdrew her appeal. ID at 2-3. Her benefits were then terminated on February 28, 2019. Id. at 3. The continuation of benefits for January and February 2019 resulted in an overpayment to Petitioner of \$685.84, representing capitation fees,² and Petitioner was advised of the overpayment through a letter, dated October 7, 2020, which she appealed. R-1 at 3-7. For the reasons set forth below and those contained in the Initial Decision, I hereby ADOPT the Administrative Law Judge's (ALJ) recommended decision concluding that the GCDSS was authorized, pursuant to N.J.S.A. 30:4D-7.i, to seek reimbursement of \$685.64, representing the incorrectly paid benefits to Petitioner for the months of January and February 2019.

¹ The letter states "PLEASE NOTE [N.B.'S] MEDICAL COVERAGE IS SET TO CLOSE 02/28/2018." This appears to be a typographical error as the coverage for N.B. was scheduled to end on February 28, 2019. R-1 at 14.

² Petitioner did not incur any medical bills during the continuation of benefits. ID at 3.

Petitioner's argument at the hearing that she was not aware of the continuation of benefits is unfounded. Not only did Petitioner specifically elect for her benefits to continue during her original appeal, the November 21, 2018 letter specifically advised her that she would be responsible for the reimbursement of Medicaid benefits paid to her if the fair hearing decision was not in her favor. R-1 at 14. While there was no formal decision issued in that matter, Petitioner voluntarily withdrew her appeal prior to the hearing date, resulting in her being assessed for the overpayment during the months she received coverage after the termination date set forth in the November 21, 2018 letter. The contents of the November 21, 2018 letter informed her of the ramifications of requesting continuation of benefits including her responsibility to reimburse the funds expended to continue her benefits.

Additionally, while Petitioner argued that she was only seeking her son's benefits to continue when she appealed, her appeals in both matters do not reflect that concern nor is Gloucester County seeking overpayment for Medicaid paid on her son's behalf. Petitioner's request for a fair hearing on the termination provided that "I am currently working a temporary position that is scheduled to end in 90 days which is Jan. 2019." Id. at 15. There was no mention of her son's benefits in that appeal request. Additionally, her appeal in the present matter provided that "I was eligible for those 2 months in question. My work insurance was not available to me until 4/15/19." See Petitioner's appeal letter. Again, this appeal does not mention her son's benefits, but specifically mentioned that Petitioner believed she was eligible for her benefits during the months at issue. As such, the record supports a finding that Petitioner was seeking continuation of benefits for her own Medicaid coverage pending the appeal on her termination.

As Petitioner was seeking continuation of her own benefits and as she was informed on the November 21, 2018 termination letter that she would be responsible for reimbursement of incorrectly paid benefits paid to her during the pendency of her appeal, I FIND that the overpayment determination should be affirmed.

THEREFORE, it is on this 19th day of APRIL 2021,

ORDERED:

That the Initial Decision is hereby ADOPTED.



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