I. PURPOSE

The purpose of the circular is to set forth the policies and procedures for handling federal treasury offsets.

II. DEFINITION

The Treasury Offset Program (TOP), administered by the federal Department of the Treasury, is empowered to collect outstanding debts due the federal government. Through this offset program, federal funds due the State of New Jersey are reduced by the outstanding debts due to the federal government. The debt can be related to any federal program within State government and usually is unrelated to the program whose funds are offset. Typically, the offsets originate from the federal Department of Health & Senior Services and are related to health benefit claims.

III. POLICY

It is the responsibility of the State agency whose draw down has been offset to initiate a request for reimbursement from the Division of Pensions and Benefits using the "Medicare Part B Offset Reimbursement" form. Upon receipt of the reimbursement form, the Division of Pensions and Benefits will reimburse the State agency the amount requested. Subsequently, the Division of Pensions and Benefits will investigate the claim with the federal government.

Should the investigation by the Division of Pensions and Benefits show that the offset did not originate in the Division of Pensions and Benefits, the State agency found to be responsible for the offset will reimburse the Division of Pensions and Benefits the amount requested.

[Signature]
David Ridolfino
Acting Director
MEDICARE PART B OFFSET REIMBURSEMENT

Requesting agency completes the top part of this form, including any additional information pertaining to the offset, and send to the following address:

Treasury - Division of Pensions and Benefits
PO Box 299
Trenton, NJ 08625-0299
Attn: Michael Munko
Voice Mail: 609-777-2134
E-mail: Michael.Munko@treas.nj.gov

Requesting Agency:

Agency Contact:
Mailing Address:
Phone:
E-mail:

Date of Offset:

Amount Requested from Federal Agency: ____________________________
(Attach draw down documentation)

Amount Received from Federal Agency: ____________________________
(Attach screen print)

Offset Amount:

Revenue Source to be Credited:

Additional Comments:

FOR DIVISION OF PENSIONS AND BENEFITS USE ONLY

Date Received:

Reimbursement Amount:

Reimbursement Date:

Carrier Billed:

Medicare Billed:

Additional Comments: