



CIRCULAR

STATE OF NEW JERSEY

DEPARTMENT OF THE TREASURY

NO: 19-09-OMB	ORIGINATING AGENCY: OFFICE OF MANAGEMENT AND BUDGET	PAGE 1 OF 1
EFFECTIVE DATE: 03-25-19	EXPIRATION DATE: INDEFINITE	SUPERSEDES: 04-12-OMB
SUBJECT: FEDERAL TREASURY OFFSETS		
ATTENTION: DIRECTORS OF ADMINISTRATION AND FISCAL OFFICERS		
FOR INFORMATION CONTACT: LESLIE A. NOTOR		PHONE: (609) 292-5040

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.


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: _____