Colleen Golin

From: Jennifer Uberti
Sent: Friday, June 08, 2018 12:07 PM
To: Colleen Golin
Subject: FW: Voluntary Repayment Program flyer
Attachments: DOC001.pdf

Thanks,

Jennifer Uberti

Assistant Admin. Supervisor of Social Work
Ocean County Board of Social Services
609-242-6101

From: Jennifer Uberti
Sent: Tuesday, September 12, 2017 4:41 PM
To: Donna Flynn
Cc: Linda Murtagh; Marisa Ligato
Subject: Voluntary Repayment Program flyer

Good Afternoon Donna,

Linda asked me to forward this to you. The contact information for the Comptrollers office is on the flyer.

Regards,

Jennifer Uberti

Assistant Admin. Supervisor of Social Work
Ocean County Board of Social Services
609-242-6101

attachments and you must immediately delete/destroy this email and any attachments. Please immediately notify the sender by return email if you have received this email in error. Thank you for your anticipated cooperation.

Ocean County

Recipient Voluntary Disclosure Program

Being offered by the New Jersey Office of the State Comptroller, Medicaid Fraud Division, in consultation with the Ocean County Prosecutor's Office, for recipients of the Medicaid program who want to repay the State for improperly received benefits without fear of criminal prosecution.

To be eligible for the program:

- ☑ You must be or have been a recipient of Medicaid.
- ☑ You must be a resident of Ocean County.
- ☑ You must not be the subject of a pending state or county criminal matter.
- ☑ You must not have previously entered into a settlement agreement with the New Jersey Office of the State Comptroller, Medicaid Fraud Division.

To participate in the program:

- ☑ You must complete an application that truthfully and accurately identifies the time period that you conclude you were ineligible to receive Medicaid benefits.
- ☑ You must sign a settlement agreement and repay the total amount of benefits you improperly received.
- ☑ You must pay a civil penalty ranging from $1,000 to $10,000 which will be based on the total amount of improperly received benefits.
- ☑ You must agree to have your Medicaid benefits terminated for a period of 1 year (for current recipients) or not re-apply for benefits for a period of 1 year (for non-current recipients).

Applications will be accepted from September 12, 2017 through December 12, 2017

You can download the application as well as view a sample settlement agreement at:

http://www.nj.gov/comptroller

For additional information or questions contact the OSC at:

(609) 789-5110

disclosure@osc.nj.gov