

## HEALTH CARE PROGRAM INVESTIGATOR

### KIND OF WORK

Professional health care provider/recipient investigatory work.

### NATURE AND PURPOSE

Under limited supervision, investigates and resolves cases of potential fraud or misuse of Medicaid reimbursement so that services billed to the program are provided as billed and that violations of rules and regulations are corrected.

EXAMPLES OF WORK (A position may not include all the work examples given, nor does the list include all that may be assigned.)

Identifies suspected cases of Medicaid fraud or misuse by health care providers/recipients so that probable law violations may be investigated by collecting, analyzing and reporting evidence and resolving cases where no evidence of fraud exists.

Investigates and resolves cases of identified fraud and misuse by Medicaid providers so that state and federal laws are enforced and program integrity is preserved. This is accomplished by conducting on-site audits of providers' medical and financial records, assessing medical necessity of services provided, and employing criminal investigative techniques.

Refers cases requiring administrative hearing, civil, or criminal action to the Attorney General so that cases of suspected fraud and misuse are resolved. This is achieved by collaborating with the assigned attorney, attending and testifying at court hearings, and preparing and executing administrative sanctions and monetary recoveries.

Develops evaluation standards and evaluates requests for prior authorization of new providers, medical programs and services so that reimbursement under Medicaid remains in compliance with applicable state and federal laws, rules, regulations, department policies, and professional standards. This is accomplished by researching and analyzing statutory requirements and available literature, writing documentation to support standards and apply existing standards to prior authorization requests for new services programs and providers.

Recommends departmental Medicaid policies to ensure compliance with administrative and statutory law by identifying the need for and seeking background information relative to the policy content area, writing policies and notifying providers of new and changed policies.

Promotes public support for Medicaid fraud and misuse prevention programs to enhance public awareness by speaking before professional and interagency groups, writing news releases and bulletins, answering client questions and following up on complaints received via the client complaint hotline.

Collaborates with systems staff to develop and implement automated systems so that data necessary for investigative activities can be stored, manipulated and retrieved in an expeditious manner and federal reporting requirements can be met by conceiving and assisting in the development of computer programs; analyzing computer exceptions reports and by effectively recommending exception limits file matrix items.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED

Knowledge of:

Federal and state administrative and statutory requirements sufficient to analyze situations to determine potential for fraud or misuse, develop standards for and evaluate requests for prior approval of providers and services, and write departmental policies.

Medical terminology, medical recordkeeping and health care delivery systems sufficient to evaluate the necessity and quality of billed services.

Criminal investigatory techniques sufficient to gather and preserve required evidence and information.

Generally accepted accounting principles and auditing procedures sufficient to determine if manipulation of records for fraudulent and abusive purposes has occurred.

Data management processes and techniques sufficient to identify areas of adaptation to computerized recordkeeping.

Standard statistical treatments sufficient to analyze relevant data.

Ability to:

Write reports of investigation processes and outcomes.

Research, write and interpret standards and policies.

Speak effectively to groups and to prepare and deliver testimony and hearings.

Est.: 10/85  
Rev.:

T.C.:  
Former Title(s):