

New York State Department of Civil Service
DIVISION OF CLASSIFICATION & COMPENSATION

Classification Standard

Occ. Code 0226100

Medicaid Integrity Specialist 1, Grade 18	0226100
Medicaid Integrity Specialist 2, Grade 23	0226200
Medicaid Integrity Specialist 3, Grade 27	0226300
Medicaid Integrity Specialist 4, M-4	0226400

Brief Description of Class Series

Medicaid Integrity Specialists at the Office of the Medicaid Inspector General (OMIG) perform a broad range of activities to promote Medicaid program integrity and appropriate delivery and utilization of Medicaid programs and services. Depending on the program area, positions educate, assist, and monitor compliance with program regulations and obligations; develop, clarify, and ensure implementation of program requirements; collect and analyze data; evaluate and assess appropriateness of provider or recipient participation in the Medicaid program or the appropriateness of billing and/or delivery/utilization of service; and develop referrals for further action or recommendations for corrective action.

Distinguishing Characteristics

Positions exist at all levels, including a Financial Analysis parenthetic (see attachment).

Medicaid Integrity Specialist 1: full performance level; performs professional, administrative, and program specific duties to enhance and support the integrity of the New York State Medicaid program; may supervise paraprofessional and administrative support staff, and provide guidance to Medicaid Integrity Specialist Trainees 1 and 2.

Medicaid Integrity Specialist 2: first supervisory level; supervises two or more Medicaid Integrity Specialists 1, and other paraprofessional, support and/or clinical staff.

Medicaid Integrity Specialist 3: second supervisory level; administratively supervises multiple teams led by Medicaid Integrity Specialists 2 in a unit or bureau having responsibility for a significant program integrity function or portion of a larger program. Assignments are varied and often include issues with no clear precedents or established guidelines and may include overseeing a group of professional staff in various titles and/or engaged in one or more specialized functions. In a regional office, incumbents may oversee administrative functions of the office, serve as a subject

matter expert, or act as bureau director of a small bureau or assistant director of a larger bureau.

Medicaid Integrity Specialist 4: managerial level; directs a large bureau engaged in multiple Medicaid program integrity functions.

Related Classes

Auditors 2 & 3 (Medicaid) conduct or oversee reimbursement audits of hospitals, nursing homes, managed care organizations, and other medical facilities receiving Medicaid rates and services that are cost-based or subject to audit.

Illustrative Duties

Medicaid Integrity Specialist 1

Conducts evaluation, monitoring, and enforcement activities.

- Conducts compliance program reviews or on-site inspections or reviews using established procedures and protocols.
- Conducts pre-enrollment field visits.
- Monitors Medicaid Fraud Control Unit (MFCU) referrals and Affordable Care Act (ACA) withholds.
- Screens and triages Medicaid fraud allegations received via hotline or other referral.
- Performs desk audits and reviews of documents, records, or procedures.
- Prepares narrative reports or draft correspondence to providers, legal representatives, or other stakeholders outlining deficiencies and proposed corrective action(s); monitors compliance with plans of action.

Provides technical assistance and support to agency staff, providers, and other stakeholders.

- Provides interpretation and/or application of program guidelines; provides guidance and information; responds to routine correspondence and inquiries, researching or gathering additional information as needed.
- Develops provider guidance materials and publications.

- Communicates with Medicaid providers and responds to inquiries regarding how overpayment amounts were determined, the repayment process, appeal rights, and time frames allowable for the resolution of the overpayment recovery.

Performs ancillary duties in support of audits, investigations, and other program integrity activities.

- Utilizes and manipulates data mining tools to support audit and investigative functions through the extraction and analysis of data.
- Develops and implements manual and automated triaging, processing, and reviewing tracking and record keeping systems.
- Reviews documents for quality and consistency, ensuring compliance with applicable laws, rules, or regulations.

Medicaid Integrity Specialist 2

May perform all of the same duties as a Medicaid Integrity Specialist 1.

Supervises a unit of subordinate Medicaid Integrity Specialists and other professional and/or clinical staff; may also lead multi-disciplinary workgroups tasked with advancing specific projects or legislative mandates.

Conducts higher level and/or second level approval of evaluation, monitoring, and enforcement activities.

- Performs research, analysis, and/or review of emergent regulations or processes and their impact on program integrity functions.
- Reviews requests for reinstatement or removal from the Medicaid excluded provider list.
- Analyzes Managed Care encounter claims to improve integrity, availability, and accuracy of data.
- Reviews claims and provider billing to identify inconsistencies and generate targets for further review.
- Provides monitoring and oversight of Corporate Integrity Agreements; makes recommendations for continuation or completion.
- Makes recommendations of referrals for audit, investigation, or administrative action by outside stakeholders.

Aids in the review, evaluation, and development of policies and procedures including related internal and external communications.

- Reviews and evaluates State and federal initiatives in Medicaid to determine their impact on existing programs and operations.
- Aids in the development of procedures to ensure all mandates of the program have been met.
- Attends meetings with other State agencies, program divisions, and provider groups to discuss Medicaid programs, policy and systems issues.
- Compiles and publishes mandatory agency reports, including the triennial Centers for Medicare and Medicaid Services (CMS) Program Integrity Review.

Performs the full range of supervisory functions.

- Assigns work, approves time off, and conducts performance evaluations.
- Provides program guidance, direction, and training to subordinates.
- Responds to questions concerning practical application of standards for which there is no precedent or guidance.

Medicaid Integrity Specialist 3

May perform all of the same duties as lower-level Medicaid Integrity Specialists.

Supervises a unit or bureau having responsibility for a significant program integrity function or portion of a larger program.

- Designs and manages internal controls to reflect requirements of federal and State statutes.
- Establishes unit/bureau priorities and direction, and implements program policies, procedures, and standards.
- Determines training needs and provides for staff training to ensure maximum productivity of the program.
- Develops program evaluation and strategies for problem resolution; recommends and implements policy in assigned areas; develops quality standards.
- Ensures uniform application of unit/bureau regulation and policy interpretation.

- Develops, monitors, and reports on cost avoidance measurement methodology related to compliance program reviews.
- Interacts with providers, their representatives, and other internal and external stakeholders.
- Responds to emergent issues and requests for information.

Performs the full range of administrative supervisory responsibilities.

Medicaid Integrity Specialist 4

May perform all of the same duties as lower-level Medicaid Integrity Specialists.

Manages and directs the day-to-day activities of a large bureau engaged in multiple Medicaid program integrity functions.

- Defines program changes in response to new initiatives.
- Recommends policy changes to existing programs.
- Develops and makes policy recommendations, and provides program evaluation, reports, and feedback to appropriate stakeholders.

Performs the full range of administrative supervisory responsibilities.

Minimum Qualifications

Medicaid Integrity Specialist 1

Open Competitive: bachelor's degree and completion of a two-year traineeship.

Medicaid Integrity Specialist 2

Promotion: one year of permanent service as a Medicaid Integrity Specialist 1.

Medicaid Integrity Specialist 3

Promotion: one year of permanent service as a Medicaid Integrity Specialist 2.

Medicaid Integrity Specialist 4

Promotion: one year of permanent service as a Medicaid Integrity Specialist 3.

Attachment

Note: Classification Standards illustrate the nature, extent, and scope of duties and responsibilities of the classes they describe. Standards cannot and do not include all the work that might be appropriately performed by a class. The minimum qualifications above are those required for appointment at the time the Classification Standard was written. Please contact the Division of Staffing Services for current information on minimum qualifications for appointment or examination.

Date: 5/2023

KAB

Parenthetical Attachment

Medicaid Integrity Specialists (Financial Analysis) perform examinations, analyses, and verifications of financial records of Medicaid providers to determine compliance with program requirements and identify improperly expended Medicaid payments. These positions are classified only in the Office of the Medicaid Inspector General (OMIG) in the Bureau of Managed Care Network & Fee-for-Service Review.

Medicaid Integrity Specialist 1 (Financial Analysis): full performance level; performs fiscal analyses of Medicaid providers to determine compliance with program requirements and identify improperly expended Medicaid payments; may supervise paraprofessional and administrative support staff, and provide guidance to Medicaid Integrity Specialist Trainees 1 and 2 (Financial Analysis). Additional responsibilities beyond the core duties of the general title includes the following: establishes audit scope by analyzing and determining areas for audit and time frame to be examined; drafts audit plan outlining specific tasks, timeline, and deliverables; analyzes random audit samples to evaluate service dates and payment amounts; evaluates available Medicaid data system resources to determine appropriate claiming, financial, and other services related information; prepares and organizes all relevant work papers, pre-audit and audit documents following established audit guidelines; and documents audit results and calculates recovery amounts.

Medicaid Integrity Specialist 2 (Financial Analysis): first supervisory level; supervises two or more Medicaid Integrity Specialists 1 (Financial Analysis), and support staff. Additional responsibilities beyond the core duties of the general title includes the following: coordinates providers audits and preparation of the audit plan(s); attends entrance and exit conferences; prepares draft audit reports for review by a higher-level audit manager; may perform all of the same duties as a Medicaid Integrity Specialist 1 (Financial Analysis).

Medicaid Integrity Specialist 3 (Financial Analysis): second supervisory level; supervises a unit or bureau having responsibility for a significant program integrity function or portion of a larger program, including administrative supervision of multiple teams led by Medicaid Integrity Specialists 2 (Financial Analysis). Additional responsibilities beyond the core duties of the general title includes the following: participates in planning, development, and targeting of audit projects; determines and implements methodology that will effectively achieve audit objectives in accordance with agency standards; provides guidance and direction to audit teams in carrying out necessary audit functions; monitors and controls audit activities relating to one or more projects; reviews and approves audit work papers ensuring deficiencies identified are supported; may perform all of the same duties as lower-level Medicaid Integrity Specialists (Financial Analysis).

Medicaid Integrity Specialist 4 (Financial Analysis): managerial level; directs a large bureau engaged in multiple Medicaid program integrity functions. Positions may

perform all of the same duties as lower-level Medicaid Integrity Specialists (Financial Analysis).

Minimum Qualifications

Medicaid Integrity Specialist 1 (Financial Analysis)

Open Competitive: bachelor's degree and completion of a two-year traineeship.

Medicaid Integrity Specialist 2 (Financial Analysis)

Promotion: one year of permanent service as a Medicaid Integrity Specialist 1 (Financial Analysis).

Medicaid Integrity Specialist 3 (Financial Analysis)

Promotion: one year of permanent service as a Medicaid Integrity Specialist 2 (Financial Analysis).

Medicaid Integrity Specialist 4 (Financial Analysis)

Promotion: one year of permanent service as a Medicaid Integrity Specialist 3 (Financial Analysis).