STATE OF NEBRASKA CLASS CODE: X62440
CLASS SPECIFICATION
EST: 12/92 - REV: 10/11

MEDICAID PROVIDER FRAUD AND ABUSE INVESTIGATOR

DESCRIPTION: Under limited supervision, investigates suspected Medicaid provider fraud and program abuse by conducting investigations and audits; prepares and writes investigational reports; compiles prosecution materials and reports; coordinates investigations with Office of Inspector General, FBI and other appropriate law enforcement agencies; presents cases to prosecutors and provides expert testimony in all phases of criminal and civil prosecution and administrative actions; monitors, evaluates and enforces Medicaid providers compliance with conditions of participation and relevant rules, regulations and laws; performs related work as required.

EXAMPLES OF WORK: (A position may not be assigned all the duties listed, nor do the listed examples include all the duties that may be assigned.)

Investigates violations of statutes, rules and regulations governing Medicaid provider participation by health care practitioners and other medical service providers.

Performs joint fraud investigation activities and interviews with OIG, FBI, Health Examining Board Investigators, and other appropriate law enforcement or regulatory agencies. Conducts undercover investigations to identify fraud and abuse.

Conducts audits of medical records and compiles and documents findings.

Reviews and analyzes federal regulations, state laws and Medicaid rules and regulations and their administrative requirements to formulate appropriate policies, procedures and interpretations for participation and sanction rules and regulations.

Implements policy and program regulations to ensure adequate, uniform and defensible administrative sanctions and other disciplinary actions.

Prepares comprehensive reports of investigations, compiles all necessary documentation and maintains detailed records of all investigation case activity.

Conducts and documents interviews with witnesses, complainants, subjects etc., regarding alleged fraudulent activity.

Advises and provides guidance to Medicaid providers on applicable statutes, rules and regulations pertaining to their individual program areas.

Reviews and recommends changes to Medicaid rules and regulations to improve their clarity and enforceability.

Consults with law enforcement agencies, when appropriate to ensure investigation of all potential violations.

Provides technical assistance to Health Examining Board Investigators and Attorney General staff attorneys in determination of Medicaid program violations as a cause for licensure disciplinary action by that agency. Provides expert testimony in licensure disciplinary administrative hearings as necessary.

Recommends Department of Social Services administrative actions/sanctions to be imposed on Medicaid providers and provides expert testimony in administrative hearings.

Researches and responds to consultation requests from other government agencies.

Makes medical necessity and level of service determinations to evaluate adequacy of provider records and appropriateness of claims.

Monitors provider and client historical data to check for improper utilization of services by analyzing deviations from established norms for service delivery, payment and utilization.

Consults with Social Service Program Specialist and Department of Social Services consultants regarding service utilization patterns to assure accurate and consistent payment policy application.

Refers instances of suspected Medicaid client program fraud to the Special Investigation Unit in the Legal Services Division.

FULL PERFORMANCE KNOWLEDGE, ABILITIES AND SKILLS REQUIRED: (These may be acquired on the job and are needed to perform the work assigned.)

Knowledge of: Federal and state laws, rules, regulations, policies, programs and services pertinent to all medical services programs; administrative procedures followed during an administrative hearing; medical terminology; investigative techniques; principles of evidence law and the requirements of due process; functions of social service agencies; computer systems and their application to the program.

Ability to: Prepare clear, concise written reports; interpret and enforce statutory requirements and program policy; perceive and assess conditions relating to practice and participation in the Medicaid program; interact with other government agencies, health care providers and the public; analyze, develop and organize material pertaining to divisional policy and operation; determine accuracy and appropriateness of billed services; identify fraudulent billings; determine medical necessity of billed services; evaluate client and provider utilization patterns and trends.

ENTRY KNOWLEDGE, ABILITIES, AND SKILLS REQUIRED: (Applicants will be screened for possession of these through written, oral, performance, and/or other evaluations.)

Knowledge of: Interview and interrogation techniques; fraud investigation and detection techniques and principles; methods and techniques of program planning.

Ability to: Communicate effectively, prepare objective, factual reports; maintain confidentiality; compile and evaluate data to formulate recommendations and interpret directives; read and understand rules, regulations, and guidelines and apply them to resolve problems; identify and extract pertinent information from records, conversations and observations; make decisions and take action in dealing with problems and situations; plan and organize work; establish and maintain positive relationships with agency staff, service providers and law enforcement agencies.

JOB PREPARATION GUIDELINES: (Entry knowledge, abilities, and/or skills may be acquired through, BUT NOT LIMITED TO, the following coursework/training and/or experience.)

Post high school coursework/training in law enforcement, criminal justice, social/behavioral sciences or health related field, nursing, business or public administration, management, program analysis or evaluation of data systems.

OR

Experience in conducting fraud investigations, administrative investigations, utilization review, data systems, review of records and reports and evaluating their use and effectiveness, policy planning/analysis, casework, nursing, accounting or billing systems.

SPECIAL NOTE

Regular day travel outside Lincoln and some overnight travel is required of incumbents in this job class.