

JOB DESCRIPTION: Medicaid Event _Internal Auditor		EMPLOYMENT CATEGORY: At-will, Administration
POSITION HIRED BY: Mid-State Health Network (MSHN)		FULL-TIME/PART-TIME: Full-time
SUPERVISOR: Director of Compliance, Customer Service & Quality		EXEMPT/NON-EXEMPT: Exempt
MANAGEMENT RESPONSIBILITIES: Personnel - No Resources - Yes		CREDENTIALING REQUIRED: Yes / No

Position Overview:

Under the direction of the Director of Compliance, Customer Service & Quality, the Medicaid Event Internal Auditor is responsible to ensure regional compliance with federal and state requirements and guidelines regarding verification of Medicaid claims. This position ensures regional adherence to policy and procedures that include documentation and testing of controls to ensure valid claims.

This position requires strong negotiation skills, exceptional attention to detail, an analytical approach to problem solving, the capacity to achieve targeted outcomes in a timely manner while working independently, as well as the ability to be flexible, efficient, and effective as part of a team. This position calls for excellent written and oral communication skills and a clear and unyielding understanding of confidentiality.

Responsible for carrying out all activities in accordance with MSHN policies, procedures, regulatory and compliance requirements.

Qualifications

Minimum Qualifications

- Bachelor's degree in Business Management, public administration, or related field;
- 3 years experience in behavioral health and/or substance use disorder, or a related field;
- 4 years working experience in healthcare management;
- Thorough working knowledge of regulatory and compliance requirements for managed care
- Knowledge of the principles and practices of continuous quality improvement;
- Working knowledge of administrative principles and practices; and
- Flexibility to meet obligations outside of normal business hours.

Preferred Qualifications

- Master's degree in Business or public Administration; social work or related field
- Knowledge of methods and techniques of research, statistical analysis and report presentation;
- Experience in a Community Mental Health Services Program;
- Experience with the Substance Use Disorder service programs
- Knowledge of all federal statutes surrounding participation in the Medicare and Medicaid programs; and
- Knowledge of Michigan's Mental Health Code and Public Health Code.

Required Skills

- Excellent organizational skills and ability to prioritize a workload;
- Excellent interpersonal and human relations skills;
- Excellent verbal and written communication skills;
- The ability to publicly present complex information in a concise, understandable format;
- Ability to interact positively and collaboratively with MSHN officers/directors, executives, to include Community Mental Health Service Programs (CMHSP), Substance Use Disorder executives and Inpatient/Outpatient Provider Network executives, co-workers, clients, and community representatives from diverse cultural and socio-economic backgrounds;
- Use of a personal computer (PC) for administration and communication;
- Use of Microsoft Office;
- Use of standard accounting software; and
- The ability to legally drive within the State of Michigan.

<u>Responsibilities</u>	<u>Designated Back-Up</u>
Provides leadership and direction to all aspects of MSHN's Medicaid Event Verification requirements and responsibilities.	
Develops and/or amends policies and procedures as necessary to assure compliance with PIHP/MDHHS contract Medicaid event verification standards.	
Prepares and submits the regions annual Medicaid Event Methodology Report to the state.	
Conducts region-wide Medicaid Event Verification process through electronic/desk reviews and on-site verification audits.	
Assists with MSHN's Substance Use Disorder and CMHSP Delegated Managed Care and Program site reviews, to include completion of clinical record reviews, requests for plans of correction, review of implementation of plans of correction, and technical assistance.	
Participates in the implementation, monitoring and analysis of the Provider Network Medicaid claims/encounter data, including review of applicable corrective action plans.	
Provides support to the Compliance Officer in matters involving suspected fraud through the completion of Medicaid Event Verification reviews as needed	
Provides support and information to the Chief Finance Officer (CFO) for recoupment as applicable regarding invalid claims submission by the Provider Network.	
Provides support and reporting analysis to Quality Assessment and Performance Improvement Plan and Corporate Compliance Plan regarding Medicaid Event Verification activities.	
Participates as an ad hoc member and provides summary reporting to the Provider Network Committee, Corporate Compliance Committee and the Quality Improvement Council.	
Provides consultation and technical assistance to the Provider Network in the areas of Medicaid event standards.	
Works collaboratively with MSHN staff to identify consultation and technical assistance	

needs for the Provider Network as a result of the audit findings.	
Provides support, recommendations for process improvement and develops automated electronic claims verification process in cooperation with CFO and claims staff.	
Retain all verification documentation as required by the documentation retention policy.	
Responsible for submission of all required MEV data elements for the site reviews as part of the quarterly Office of Inspector General report. Includes ongoing tracking and reporting of recoupment of funds and implementation of the plan of correction until the activity is identified as complete.	
Participate in monthly Quality Assurance and Performance Improvement meetings to share network issues, identify training needs, identify regional best practices, report progress from previous site reviews and coordinate resources for upcoming sit reviews.	
Must maintain a working knowledge of the Encounter Reporting HCPCS and Revenue Codes, PIHP/CMHSP Provider Qualifications and Medicaid Provider Manual as it pertains to Behavioral Health and Substance Use services.	
Be knowledgeable about and actively support: <ul style="list-style-type: none"> • Culturally competent recovery-based practices, • person centered planning as a shared decision-making process with the individual, who defines his/her life goals and is assisted in developing a unique path toward those goals, and; • a trauma informed culture of safety to aid consumers in the recovery process 	
Perform all other duties as assigned.	

Compensation

This is a full-time, salaried position with additional benefits. Minimum hours will be 40 per week. The schedule will be set in conjunction with the needs of the organization as approved by the MSHN Deputy Director under the direction of the Director of Compliance, Customer Service and Quality.

Environment & Safety

Minimum Physical Requirements

- Ability to exert/lift up to 25 pounds of force occasionally and/or up to 15 pounds frequently and/or up to 10 pounds constantly to move objects;
- Ability to sit for extended periods of time;
- Ability to travel offsite for various meetings, activities, and events; and
- Ability to use computer, telephone, copy machine and various office equipment.

Work Environment

- Normal office environment; and
- Frequent travel by automobile.

To carry out this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

My signature below affirms that I have reviewed the job description and agree that it accurately reflects the scope of the position for which I am responsible.

Employee Signature Date

Supervisor Signature Date