STATE OF SOUTH DAKOTA CLASS SPECIFICATION

Class Title: Lead Investigator

Class Code: 011253
Pay Grade: GI

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A. Purpose:

Serves as a lead worker and expert resource in an assigned unit by providing training, daily advice and guidance, and assistance with management to investigators; manages investigations and reviews of higher complexity; interprets federal and state laws and regulations when investigating cases. Investigates suspected cases of fraud, waste, or abuse by Medicaid providers and ensures payment benefits were not obtained illegally. Gathers, analyzes, and presents sufficient evidence for departmental administrative actions or referral to the Medicaid Fraud Control Unit of the South Dakota Attorney General's Office. Reviews medical records to determine compliance with or failure to comply with federal and state regulations and presents findings to supervisor.

B. Distinguishing Feature:

The <u>Lead Investigator</u> assists the supervisor of an assigned unit by providing expert advice and training to investigators, assigns cases and workflows to investigators, and manages more complex cases.
The <u>Investigator</u> conducts investigations of alleged fraud, waste, and abuse and prepares comprehensive case files such as investigative reports, evidence for administrative action, or for criminal prosecution.
The <u>Investigator Supervisor (Payment Control Officer)</u> supervises staff and is responsible for identifying and correcting overpayments of program benefits, as well as ensuring that preventive measures are taken to avoid similar overpayments in the future. This position does not act as a field investigator. Cases requiring on-site investigation are referred to the field unit or to the Attorney General's Office.

C. Functions:
(These are examples only; any one position may not include all of the listed examples nor do the listed examples include all functions which may be found in positions of this class.)

1. Provides daily work direction, expert advice, and training to investigators to manage workflow.
    a. Interprets program requirements to answer team member questions and case development.
    b. Explains procedures for collection, compiling, and analyzing information.
    c. Monitors investigators task progress and updates supervisor on investigators' progress.
    d. Conducts quality control for team.
    e. Develops and updates policy and procedures in alignment with federal and state laws, regulations, and best practices.
    f. Assists in training investigators on procedures and best practices in program integrity.
    g. Reviews referrals from the public, state agencies, and federal partners to make recommendations for investigative action or referral to the Medicaid Fraud Control Unit.

h. Assists supervisor with annual state audit and periodic federal audit.

2. Recovers and prevents Medicaid overpayments resulting from misbilling, abuse, or fraudulent billings by medical providers; program abuse by recipients; and incorrect processing of claims to maximize recovery of funds due the state.
    a. Analyzes and interprets guidelines and regulations to ensure payments made by Medicaid are compliant.
    b. Proposes regulation changes and recommends office policies and guidelines to enforce and implement regulations.
    c. Analyzes medical data to identify patterns of irregularities in the provision or utilization of health services.
    d. Identifies and develops system edits and office procedures to ascertain correct payments to physicians, hospitals, pharmacies, and other medical providers.
    e. Recovers overpayments and notifies and educates medical providers on correct billing procedures.
    f. Establishes parameters on medical data elements for computer generated reports to identify Medicaid providers and individuals deviating from standard norms.
    g. Compiles data and conducts analyses of coding practices to assist in investigations.

3. Performs other work as assigned.

D. Reporting Relationships:

Typically, does not supervise, but will provide work direction to Investigators. This position typically reports to an Investigator Supervisor (Payment Control Officer).

E. Challenges and Problems:

Challenges include determining if a provider willfully attempted to misrepresent information or had made an innocent mistake. This is difficult because of the need to decide whether it is feasible to attempt to recover overpayments. Confronting medical providers on incorrect billing procedures is a challenge as well as determining ability to recover or educate providers.

Problems may include large volumes of payments, uncollectable overpayments, unclear or vague regulations, and communicating with upset recipients or providers.

F. Decision-making Authority:

Decisions include making case assignments to staff; prioritization of caseload; distribution of caseloads; most appropriate action based on the circumstances of the case; training needed for investigators; and identify and update policy and procedures.

Decisions referred include selection, hiring, firing, and disciplinary action of staff; approval of policy and procedure changes; and final actions to take on cases.

G. Contact with Others:

Daily contact with medical providers concerning Medicaid reviews, weekly contact with claims advice and processing specialists, recipients regarding services received, and other

state, local, and federal agencies regarding investigations, and regular contact with law enforcement agencies and attorneys to review fraud investigations.

H. Working Conditions:

Typical office environment.

I. Knowledge, Skills and Abilities:

Knowledge of:
- rules and regulations pertaining to collection activities;
- interviewing and investigative techniques;
- data access procedures;
- effective methods of overpayment detection;
- program policies and procedures.

Ability to:
- deal tactfully with others;
- communicate clearly and concisely;
- objectively analyze conflicting allegation, testimony, and documents;
- testify at hearings;
- exercise judgement and discretion in applying and interpreting laws, regulations, and policies;
- draw conclusions based on facts or evidence.