

STATE OF OHIO (DAS) CLASSIFICATION SPECIFICATION	CLASSIFICATION SERIES: Medicaid Fraud/Intake Officer	SERIES NO.: 2623	
	MAJOR AGENCIES: Attorney General only	EFFECT. DATE: 01/01/1980	NEW EFF. DATE: 01/13/1991

SERIES PURPOSE:

The purpose of the medicaid fraud/intake officer occupation is to receive complaints of medicaid fraud, patient abuse &/or neglect from 1-800 telephone line & collect preliminary data concerning allegations, suspects, victims & facilities.

CLASS TITLE:

Medicaid Fraud/Intake Officer

CLASS NUMBER:

26231

EFFECTIVE DATE:

01/01/1980

NEW EFFECTIVE DATE:

01/13/1991

CLASS CONCEPT:

The full performance level class works under general supervision & requires considerable knowledge of office practices & procedures, federal, state & local laws rules governing medicaid fraud, patient abuse & neglect & public relations in order to receive incoming complaints of medicaid fraud, patient abuse &/or neglect from 1-800 telephone line & collect preliminary data concerning allegations, suspects, victims & facilities.

CLASS TITLE: Medicaid Fraud/Intake Officer	CLASS NO.: 26231	BARG. UNITS: 046
------------------------------------------------------	----------------------------	----------------------------

EFFECTIVE DATE:

01/01/1980

NEW EFFECTIVE DATE:

01/13/1991

JOB DUTIES IN ORDER OF IMPORTANCE: (THESE DUTIES ARE ILLUSTRATIVE ONLY. INCUMBENTS MAY PERFORM SOME OR ALL OF THESE DUTIES OR OTHER JOB-RELATED DUTIES AS ASSIGNED.)

Receives incoming complaints of medicaid fraud, patient abuse &/or neglect from 1-800 telephone line, provides information & assistance to patients, consumers, governmental officials &/or general public, collects preliminary data concerning allegations, suspects, victims & facilities on cases of frauds, abuse &/or neglect & resolves complaints & counsels &/or gives advice to assure complainant with appropriate information.

Assists in preparing cases for grand jury &/or trial; assists with &/or performs preliminary research of complaint (i.e., collects information from sources provided by special agent &/or telephone complaint); corresponds with regulatory, administrative & law enforcement agencies at federal, state & local levels; maintains records, data, documentation & reports regarding calls, correspondence, contacts & actions.

Performs related clerical tasks & follow-up reports (e.g., up-dates files; copies records; proofreads reports; maintains complaint files on video display terminal; prepares statistical reports).

MAJOR WORKER CHARACTERISTICS:

Knowledge of office practices & procedures*; federal, state & local laws & rules governing medicaid fraud, patient abuse & neglect*; section operations, procedures & regulations *; public relations. Skill in operation of telephone equipment*; video display terminal*. Ability to deal with problems involving several variables in familiar context; define problems, collect data, establish facts, draw conclusions; cooperate with co-workers on group projects; handle sensitive inquiries & contacts with officials & general public; gather, collate & classify information about data, people or things; use proper research methods in gathering data; compile, write & edit reports; keep accurate records.

(*)Developed after employment.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:

Ability to calculate fractions, decimals & percentages & to read & write common vocabulary plus: 1 course in principles of interviewing (or 3 mos. exp.); 1 course in public relations (or 3 mos. exp.).

-Or equivalent of Minimum Class Qualifications For Employment noted above.

TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:

2 weeks in-service training.

UNUSUAL WORKING CONDITIONS:

May work rotating shift.