

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

REVISED - ANNOUNCEMENT OF TRANSFER OPPORTUNITY
CURRENT NYS COUNTY DEPARTMENT OF SOCIAL SERVICES EMPLOYEES ONLY

TITLE Medicaid Eligibility Examiner 2

SALARY/GRADE \$44,135
Grade 14

NEGOTIATING UNIT CSEA/02

LOCATION NYS Department of Health, Office of Health Insurance Programs
Division of Health Reform and Health Insurance Exchange Integration
Albany, New York

MINIMUM QUALIFICATIONS Candidates **must** be a current NYS County Department of Social Services employee with permanent competitive status and be eligible for transfer in accordance with Civil Service Law. Candidate must have two (2) or more years of service as a Social Welfare Examiner, Social Services Examiner, Eligibility Examiner 1, or Social Services Examiner, or in a position where the work involves responsibility for performing assignments in connection with determining financial eligibility, categorical classification, continued financial eligibility, and income maintenance. The work must involve the review and evaluation of applications and records, and interviewing applicants;

OR

Four years of professional experience performing one or more of the following six activities*, in a program that:

- Reimburses for health care services;
- Provides health care services;
- Works with social services program areas;
- Determines eligibility for a consumer assisted program;
- Provides health care regulatory oversight; or
- Performs quality assurance and interpretation/application of standards of health care.

***Activities:**

1. Determining eligibility for a health care program in which financial eligibility criteria must be met;
2. Performing utilization review, including pre-payment or post-payment review of requested health care services, prior approval or authorization activities, adjudication or pricing of claims for payment; or analysis of patterns of health care;
3. Developing mechanisms for the reimbursement and financing of health care services, including rate-setting or approval, capitation reimbursement methodologies, fee schedule development, coding constructs for medical goods and services, or application/processing or reimbursement methodologies;
4. Administering or supervising day-to-day program operations with ongoing responsibility for budgeting, staffing, planning, or ensuring compliance with laws, rules, regulations, and policies;
5. Inspecting, assessing, or monitoring health care programs or facilities for certification, licensure or adherence to laws, rules, regulations, and policies; and
6. Planning, designing, developing, researching, or evaluating proposals to establish or refine programs, with ongoing responsibility for interpreting legislation or regulations, defining/describing target populations and local demographics, grant/proposal writing, or developing, reviewing, and evaluating contracts.

College study may be substituted for up to two years of the required general experience, at the rate of 15 semester credit hours equating six months of the required experience

NOTE: Examples of non-qualifying experience include, but are not limited to: patient advocates, case managers, direct care experience (i.e., nurse, social worker, and physical therapist), clerical and data entry duties, experience in a private physician's office, or as a billing clerk.

RESPONSIBILITIES

The Division of Health Reform and Health Insurance Exchange Integration is looking to fill multiple positions that will focus on assuming some of the functions currently performed by the Local Departments of Social Services (LDSS) for the Medicaid program. These positions will help ensure that the process of determining Medicaid, Family Health Plus (FHPlus) and Child Health Plus (CHPlus) eligibility is efficiently and effectively transitioned from the LDSS and the participating CHPlus health plans to a centralized processing unit.

Within the Division the incumbents will provide support for activities related to expansion and eligibility initiatives implemented through the Enrollment Center; technical assistance on eligibility policy for Medicaid; and perform functions necessary to assume the responsibilities of the LDSS.

Specific duties and responsibilities include, but are not limited to: Assisting in developing operational procedures related to centralizing Medicaid eligibility and renewal activities; planning and conducting staff training in response to identified needs or when new or revised regulations and procedures are introduced; providing written material, orally explaining and answering questions; scheduling work and work stations, monitoring workload volumes, and reassigning staff to ensure timely determination of new or continued eligibility as well as equitable work distribution; monitoring the quantity and quality of work completed by staff to ensure accuracy and adherence to procedures and instructions; identifying and resolving inaccuracies; mediating with irate applicants and responding to inquires for information about applicable laws, rules and regulations; addressing specific concerns for resolution of more complex applications; preparing written correspondence in response to questions from consumers, legislative staff and other interested parties; drafting papers to explain problems or deficiencies and solutions needed for more complex applications to managers of the programs; preparing, compiling and organizing data for various operating and management reports; may appear at judicial or administrative proceedings when required to interpret decision; developing and reviewing eligibility scenarios to test new computer applications and systems; reviewing cases to ensure that eligibility was determined correctly; resolving discrepancies in various data match processes; ensuring systems are operated in a manner consistent with federal and state statute and regulations; assisting in the implementation of policy and regulation changes; preparing formal communication regarding program administration; working collaboratively with other DOH program areas to identify and discuss administrative changes, recommendations and suggestions to improve operations and solve problems; reviewing information and identifying inconsistencies to determine whether additional review is necessary; identifying the program the applicant is eligible for, i.e. Medicaid, Child Health Plus, Family Health Plus, etc.; and researching applicant status, prior history and payment history, utilizing various data storage and retrieval systems.

CONDITIONS OF EMPLOYMENT

Permanent appointment, full-time.

APPLICATION PROCEDURE

Submit resume to Human Resources Management Group, RD/MEE2/LDSS, Room 2217, Corning Tower Building, Empire State Plaza, Albany, New York 12237-0012, or by email to resume@health.state.ny.us, or by fax to (518)473-3395 with a subject line RD/MEE2/LDSS. Resume must clearly state how you meet the minimum qualifications as stated above. Vague or missing information could result in your being disqualified for consideration for these positions. Human Resource Administration employees are asked to supply a copy of their Civil Service history, which can be obtained from your Personnel/Payroll Office. Applications will be accepted until the positions are filled.

**AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER
WOMEN, MINORITIES AND PEOPLE WITH DISABILITIES ARE ENCOURAGED TO APPLY**

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