Click here to link to instructions **All positions in OHA require a Criminal Background Check and an Abuse/Neglect Check. Fingerprints may be required.**

STATE OF OREGON
Oregon Health Authority (OHA)
POSITION DESCRIPTION

Position Revised Date: 9/10/2025

Agency: Oregon Health Authority

Division: Fiscal and Operations

☐ New ☒ Revised

This position is:
☒ Classified
☐ Unclassified
☐ Executive Service
☐ Mgmt Svc – Supervisory
☐ Mgmt Svc – Managerial
☐ Mgmt Svc – Confidential

SECTION 1. POSITION INFORMATION

a. Classification Title: Governmental Auditor 2
b. Classification No: C5647 **c.** Effective Date: 8.5.2026
d. Position No: PPDB #1014974 / WD #000000024954
e. Working Title: Program Integrity and PERM Audit Coordinator
f. Agency No: 44300
g. Section Title: OHA Office of Program Integrity Audit Unit
h. Employee Name:
i. Work Location (City — County): Salem/ Marion
j. Supervisor Name: Tamara McNatt
k. Position: ☐ Permanent ☐ Seasonal ☐ Limited Duration ☐ Academic Year ☒ Full-Time ☐ Part-Time ☐ Intermittent ☐ Job Share
l. FLSA: ☐ Exempt ☒ Non-Exempt If Exempt: ☐ Executive ☐ Professional ☐ Administrative **m.** Eligible for Overtime: ☒ Yes ☐ No

SECTION 2. PROGRAM AND POSITION INFORMATION

a. Describe the program in which this position exists. Include program purpose, who's affected, size and scope. Include relationship to agency mission.

OHA values health equity, service excellence, integrity, leadership, partnership, innovation, and transparency. OHA's health equity definition is "Oregon will have established a health system that creates health equity when all people can reach their full potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all

regions and sectors of the state, including tribal governments to address: the equitable distribution or redistributing of resources and power; and recognizing, reconciling, and rectifying historical and contemporary injustices." OHA's goal is to eliminate health inequities by 2030. Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

The Fiscal and Operations Division, Office for Program Integrity, is aligned with the Oregon Health Authority's core values of partnership, service excellence, leadership, integrity, health equity, innovation, and transparency. In our practice, these values are expressed through:

Service Excellence:

- Understanding and responding to Oregon public health needs and the people we serve
- Pursing our commitment to innovation and science-based best practices
- Fostering a culture of continuous improvement

Leadership:

- Building agency-wide and community-wide opportunities for collaboration
- Championing public health expertise and best practices
- Creating opportunities for individual development and leadership

Integrity:

- Working honestly and ethically in our obligation to fulfill our public health mission
- Ensuring responsible stewardship in public health resources

Health Equity:

- Eliminating health disparities and working to attain the highest level of health for all people
- Ensuring the quality, affordability, and accessibility of health services for all Oregonians
- Integrating social justice, social determinants of health, diversity, and community

Partnership:

- Working with stakeholders and communities to protect and promote the health of all Oregonians
- Seeking, listening to, and respecting internal and external ideas and opinions
- Exploring and defining the roles and responsibility of public health staff and partners

Innovation:

- We are not satisfied with the status quo if there are new and better ways to meet the needs of the people we serve. We bring creativity, experience, and openness to our search for solutions to problems. We pursue opportunities to develop new evidence to evolve our practices.

Transparency:

- We communicate honestly and openly, and our actions are upfront and visible. We provide open access to information and meaningful opportunities to provide input and participate in our decision-making.

This Government Auditor 2 (GA 2) position is part of the Program Integrity Audit Unit in the Office for Program Integrity which reports directly to the Chief Financial Officer of the Fiscal Operations

Division of OHA. The mission of the OPI is to ensure program integrity of the Medicaid program through auditing, investigations, research, and policy development.

b. **Describe the primary purpose of this position, and how it functions within this program. Complete this statement. The primary purpose of this position is to:**

This position independently conducts multiple types of Medicaid provider audits, including desk audits, demand audits, and compliance audits, to identify improper payments and ensure adherence to federal, state, and agency requirements. It manages every audit phase, from planning and conducting reviews to writing reports, determining improper payments, educating providers and CCOs on rules, supporting appeals, and partnering with the Department of Justice's Medicaid Fraud Control Unit on fraud, waste, or abuse referrals. The role also performs additional compliance reviews to maintain program integrity across Oregon's Medicaid system.

In addition, the position serves as the state coordinator for the federal Payment Error Rate Measurement (PERM) cycle, which operates in an every-three-year cycle, leading all phases such as data submission, validation, policy collection, system access, Medical Reviews, Medical Records Requests, Difference Resolution, Appeals, Corrective Action Plans, and overpayment recovery. It facilitates all communication and coordination among CMS, federal contractors, state staff, and Medicaid and CHIP providers, while ensuring policy collection across OHA and ODHS programs. Because this work directly affects Oregon's Medicaid funding and impacts over one million diverse beneficiaries, the role requires strong analytical skills, excellent communication, independent judgment, and a demonstrated understanding of health equity and PIAU's mission.

SECTION 3. DESCRIPTION OF DUTIES

List the major duties of the position. State the percentage of time for each duty. Mark "N" for new duties, "R" for revised duties or "NC" for no change in duties. Indicate whether the duty is an "Essential" (E) or "Non-Essential" (NE) function.

Note: *If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".*

% of Time	N/R/NC	E/NE	DUTIES
65%	R	E	**Compliance and Audit Activities** Execute multiple types and complexity of audits, including desk audits, demand audits, and compliance audits of providers participating in Medicaid programs. Perform compliance reviews and audits as assigned, which may include: • Fee-for-Service and CCO network provider audits • OHA/ODHS Medicaid contract audits • OHA/ODHS program operations Independently or in collaboration with other audit personnel, perform assigned multi-faceted compliance and audit-related functions, including the:

			• Development of audit plans, identify scope and perform audit activities to recommend actions on potential audit targets. • Reviewing and analyzing health care records and program data for compliance with applicable state and federal rules, OHA/ODHS policies, appropriate medical practice guidelines, and financial standards. • Researching compliance and operational issues and state or federal regulations applicable to the audit and program services under audit. • Collecting evidence, documenting work papers appropriately and identifying audit exceptions. • Conducting interviews, inquiry, and communication with auditee personnel at various administrative levels. • Development of computer assisted auditing techniques and methodologies. • Analyzing and evaluating the results of statistical samples to support audit findings. • Recommending sanctions, financial recovery, or other actions as necessary. • Preparing clear and concise reports outlining billing, documentation, overpayment amounts, appeal rights, and other pertinent audit issues. • Following through with corrective actions, educational or technical assistance opportunities. As applicable to other compliance and audit-related functions, and in compliance with following Generally Accepted Government Auditing Standards as prescribed by the U.S. Government Accountability Office (Yellow Book) standards as determined by OPI management: • Gather and obtain sufficient documentation to meet compliance and audit objectives in support of findings and conclusions. Typical audit objectives include, though are not limited to the following: • Determining whether the provider complied with administrative rules and other coverage/billing guidance for reimbursement. • For contract audits, determining if contract administration is being conducted in accordance with contract terms. • Determining whether OHA and Oregon Department of Human Services (ODHS) policies are adequate and being followed. • Make oral and written presentations to providers and MCE's during the audit process and to OPI management at the conclusion of the audit, discussing deficiencies, recommend provider-based corrective action, suggest improvements in internal controls, operations, and cost effectiveness measures

			• Educate providers, MCE's and other reviewees/auditees on applicable processes; provide an explanation of the intent and application of information in the state and federal guidelines to the provider, the provider's staff, or the organization. • Work with the OPI management, the Attorney General's Office, and the Medicaid Fraud Control Unit to resolve legal issues regarding the issuance of the audit report. • Make referrals to OPI Certified Fraud Examiner, Department of Justice Medicaid Fraud Control Unit, appropriate licensing boards, Provider Enrollment, or other governing bodies and law enforcement entities. • Assist in preparing documentation for court hearings (civil and criminal), administrative hearings, and contested case hearings. Interact with provider and the provider's legal representative (as appropriate), to resolve disputed audit findings. Represent OHA/ODHS at appeal conferences or hearings, or at any other appeal meeting. • Prepare and present policy-related recommendations for consideration or revisions of Oregon Administrative Rule, to increase clarity, compliance, quality improvement, or other improvements needed as discovered during the audit process. • Engage in regular contact by email, phone or in person with all levels of agency, provider organization(s), and external parties to obtain information, discuss findings and recommendations, and to resolve sensitive and controversial issues. • Develop and implement compliance and audit oversight activities related to the unique characteristics of the CCO managed care delivery system. • Participate in future compliance and audit project planning.
25%			**Payment Error Rate Measurement (PERM) Audit Coordination** Serves as the primary state coordinator for the federal PERM audit program • Lead and coordinate each phase of the PERM three-year audit cycle including, universe data submission, data validation, policy collection, system access, Data Processing (DP) reviews, Medical Reviews (MR), Medical Records Requests (MRR), Difference Resolution (DR), Appeals, Corrective Action Plans (CAPs) and overpayment recovery

			• Coordinate PERM associated audit activities between CMS, state staff, federal contractors, Medicaid and CHIP providers; develop internal tracking systems to ensure timely responses to CMS, PERM Contractors, and Medicaid providers. • Develop processes and procedures to streamline PERM workload and achieve optimum results and low error rate • Manages submission of universe data and PERM audit questionnaires as requested. • Coordinates collection of Medicaid and CHIP policies from all ODHS|OHA Programs for contractor(s) to accurately conduct reviews. • Track and monitor pending DP reviews through PERM audit contractor database. Receives, monitors and follows up on automated notices for overdue information; to ensure all review activities are current and accurate to avoid errors. • Follow up with providers for outstanding or missing medical records requests; receives and reviews medical records from providers and uploads them to the contractor's secure site. • Responds to audit findings confirming concurrence or non-concurrence and documents results; files DRs when state does not agree with a finding; files Appeals with CMS when state does not agree with DR outcome. • Communicate PERM audit improper payment results to ODHS|OHA leadership. • Work with program representatives and leadership to develop Medicaid and CHIP Corrective Action Plans (CAPs) based on audit findings; monitors CAPS to ensure all corrective actions are completed timely • Facilitates recovery of overpayments on claims cited with errors. • Attends PERM educational webinars, orientations, kickoff meetings, intake meetings, exit meetings, PERM audit cycle calls, and scheduled touch base meetings with CMS and CMS contractors.
5%	R	NE	**Technical Consultation and Training** Support OPI fraud investigations, as necessary, of fraud, waste and abuse referrals received via multiple sources. Share ideas and expertise with the OPI staff members to promote consistent quality of audits.

			Develop and present training in the procedures needed to conduct desk and on-site audits. Educate the provider community, MCEs, and other stakeholders on audit strategies and other audit-related prevention and detection activities. Assist in developing and defining audit sampling methods, including statistical sampling in order to determine the audit procedures to follow.
5%	R	NE	**Other Administrative Duties** Provide input on decisions that affect the Program Integrity Audit Unit. Recommend changes to Medicaid policy and administrative rules as necessary. Study new pronouncements on audit standards and techniques as developed by authoritative bodies within their respective professions. Provide input to internal policies and procedures on conducting governmental audits. Participate in special audit and research projects as directed by the manager. Other duties as assigned.
At all times	NC	E	Effectively communicate problems and recommendations to providers, federal and state partners and OPI management and staff.
At all times	NC	E	Demonstrate recognition of the value of individual and cultural differences; create a work environment where talents, abilities and experiences of others are valued. Consistently treats Tribes, community members, partners, co-workers, vendors, patients and consumers with dignity and respect.
At all times	NC	E	Create and maintain an inclusive environment for all staff.
Ongoing	NC	E	Commitment to ongoing personal development on the topics of anti-racism, elimination of health inequities, trauma-informed and resiliency practices, social determinants of health and equity, universal accessibility, and development of diverse and inclusive work environments.

SECTION 4. WORKING CONDITIONS

Describe any on-going working conditions. Include any physical, sensory, and environmental demands. State the frequency of exposure to these conditions.

Work is performed in a highly visible, professional office or remote work environment as agreed with management. This work may require irregular hours (i.e. weekends; nights). In and out of state travel for job related purposes will be required. Due to the confidential nature of the work of PIAU, and the necessary security protections of the required information, there may be a number of meetings that require in person attendance. For certain other meetings, secure electronic meetings and briefings; emails; telephonic or secure internet meetings may be appropriate.

SECTION 5. GUIDELINES

a. List any established guidelines used in this position, such as state or federal laws or regulations, policies, manuals, or desk procedures:

For all duties:
The Code of Federal Regulations
Oregon Administrative Rule
Oregon Revised Statutes
GAO Government Audit Standards
Internal Policies and Procedure Manual, and other federal/state manuals applicable to assigned duties.
Oregon Accounting Manual
Federal Bankruptcy Laws
State and Federal Fair Debt Collection Laws
Department of Revenue Rules
Overpayment Recovery Policies and Process Manuals
Current Procedural Terminology code set (Categories, I, II, and III) reporting medical, surgical, radiology, laboratory, anesthesiology, genomic sequencing, evaluation and management (E/M) services, etc.

The following as needed:
Health Care Common Procedural Coding System (Level I or CPT-4, and Level II) reporting medical services and procedures provided by physicians and other health care professionals
International Classification of Diseases 9th and 10th Revision—Clinical Modification
Diagnostic and Statistical Manual IV (DSM)
Physicians' Desk Reference
Redbook Annual Pharmacy Reference
Professional Board rules and guidance
Nursing Drug Handbook
Coding Guide for Dental Service
Current Dental Terminology, CDT
Generally Accepted Accounting Principles (GAAP)
OMB Circular A-133

b. How are these guidelines used?

These guidelines establish the criteria and procedures by which we operate and make decisions,

assure compliance with all rules, regulations and laws and ensure recipients are treated equitably according to the laws of State and Federal governments. The guidelines are also used in the planning and performance of compliance and audit work, to analyze audit data, and prepare reports to ensure that Oregon Medicaid providers are adhering to federal, state, and agency rules and regulations. The standards ensure audits are accurate, reliable, and defensible, and they are performed with integrity. They further ensure providers are treated fairly, equitably, and equally. Failure to apply the law, rule, regulation or policy correctly could result in lawsuits against the agency, Federal monetary penalties and could jeopardize federal funding and state programs.

SECTION 6. WORK CONTACTS

With whom, outside of co-workers in this work unit, must the employee in this position regularly come in contact?

Note: *If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".*

Who Contacted	How	Purpose	How Often?
OPI and Agency Management	In person and electronic meetings and briefings; emails; telephonic or secure internet meetings	Inform and update on all audits, risks, issues, and successes	Daily
Policy, claims processing staff; other agency staff and management	In person and electronic meetings and briefings; emails; telephonic or secure internet meetings	Request/ Provider information	Daily
Federal/State Government Officials	In person and electronic meetings and briefings; emails; telephonic or secure internet meetings	Inform and update on compliance activities, audits, risks, issues and recommendations	As needed
Providers/Attorneys	In person and electronic meetings and briefings; emails; telephonic or secure internet meetings	Perform audits. Discuss findings, results, and recommendations	As needed
Hearings Officer	In person and electronic meetings and briefings; emails; telephonic or secure internet meetings	Provide information/ testimony	As needed
Provider Enrollment	In person and electronic meetings and briefings; emails; telephonic or	Request information and records	As needed

	secure internet meetings		
Department of Justice	In person and electronic meetings and briefings; emails; telephonic or secure internet meetings	Review/ Prepare case files	As needed
Medicaid Fraud Unit and other Investigative Agencies	In person and electronic meetings and briefings; emails; telephonic or secure internet meetings	Review/ prepare case files	As needed
Professional Organizations	In person and electronic meetings and briefings; emails; telephonic or secure internet meetings	Education and training; inform on audit process	As needed

SECTION 7. POSITION-RELATED DECISION MAKING

Describe the typical decisions of this position. Explain the direct effect of these decisions:

Analysis and interpretation of laws, rules, and policies that will impact the department's administration of programs and effectiveness of recovery efforts. Decides when law, rule, and policy change recommendations are needed. Decides when legal opinion is needed from the Department of Justice (DOJ) to resolve an issue. Make on-the-spot decisions during participation at meetings, responding to various partners and testimony at the legislature
Apply special knowledge of the Medicaid program and the technical aspects of claims submission activity to audit provider activity and enforce provider compliance. The auditor uses knowledge of the CFRs, ORS, OARs, agency policy and healthcare coding to determine provider compliance. The auditor must exercise prudent judgement in recommending the level of overpayment for non-compliance on the part of the provider.

Compliance and audit outcomes are unique in each case, but may include warnings, financial recovery, enhanced financial recovery, technical assistance, education, suspension and revocation of Medicaid enrollment, or other provider related sanctions. The coordinator/auditor may refer the provider to local, state or national regulatory and law enforcement entities, or to the specific licensure board.

SECTION 8. REVIEW OF WORK

Who reviews the work of the position?

Note: *If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".*

Classification Title	Position Number	How	How Often	Purpose of Review

Compliance and Regulatory Manager 1	9223650	Provide assignments and feedback and monitor progress.	Daily	To prioritize work activities, adherence to audit objectives and scope, and review work outputs.

SECTION 9. OVERSIGHT FUNCTIONS

a. How many employees are directly supervised by this position? 0

How many employees are supervised through a subordinate supervisor? 0

b. Which of the following activities does this position do?

- ☐ Plan work
- ☐ Assigns work
- ☐ Approves work
- ☐ Responds to grievances
- ☐ Disciplines and rewards
- ☐ Coordinates schedules
- ☐ Hires and discharges
- ☐ Recommends hiring
- ☐ Gives input for performance evaluations
- ☐ Prepares and signs performance evaluations

SECTION 10. ADDITIONAL POSITION-RELATED INFORMATION

ADDITIONAL REQUIREMENTS: List any knowledge and skills needed at time of hire that are not already required in the classification specification.

All positions in OHA/DHS require a Criminal Background Check and an Abuse/Neglect Check. Fingerprints may be required.

The person working in this position must have a good understanding of ODHS/ OHA key programs and mission and must be well versed in cost avoidance and recovery activities as they pertain to assigned areas of responsibility.

This position works collaboratively in a team setting. Must have the ability and willingness to collaborate, share information, and contribute to the team's success. The position requires excellent customer service and communication skills with both internal and external customers and is expected to contribute to a positive, respectful, and productive work environment.

Flexibility and adaptability to change; ability to operate a computer terminal to enter, update, correct and retrieve information; ability to maintain confidentiality of agency records. Excellent customer service skills, and consistently treating customers, partners and co-workers with dignity and respect. Ability to communicate in a calm, respectful and professional manner. Ability to work positively as a member of a team to support the mission and goals of the agency by attending and participating in staff meetings and/or trainings and providing input to maintain the integrity of the team and department. Ability to recognize that individual and cultural differences add to a work environment where talents and abilities are valued and model a positive attitude regarding diversity.

Regular attendance is essential to meeting the demands of this position and to provide necessary service to the public. In addition to the described duties listed above, employee is expected to contribute to maintaining a positive and professional work environment, work cohesively as a member of a team, and provide outstanding customer service to the public.

Other compliance and audit-related functions also require:

- Extensive knowledge of auditing techniques such as analytical review procedures, statistical sampling and other data mining methodologies.
- Experience in risk analysis for evaluation of internal and management controls.
- Experience working with treatment modalities and various practices within the medical provider community.
- Experience researching, writing and finalizing auditing procedures.
- Knowledge of agency programs and the medical provider community.
- Ability to conduct confidential and/or specialized investigations.
- Outstanding customer service skills for both internal and external customers.
- Excellent written and verbal communication and presentation skills.
- Experience in creating and maintaining a work environment that is respectful and accepting of diversity among team members and the people we serve.

BUDGET AUTHORITY: If this position has authority to commit agency operating money, indicate the following:

Note: *If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".*

Operating Area	Biennial Amount ($00,000.00)	Fund Type

SECTION 11. ORGANIZATIONAL CHART

Attach a current organizational chart. Be sure the following information is shown on the chart for each position: classification title, classification number, salary range, employee name and position number.

SECTION 12. SIGNATURES

Employee Signature	Date
Supervisor Signature	Date
 Appointing Authority Signature	Aug 4, 2026 Date