



**STATE OF OREGON**  
**Oregon Health Authority (OHA)**  
**POSITION DESCRIPTION**

**Position Revised Date:**  
2/1/2024

**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: \_\_\_\_\_
- d. Position No: PPDB #9400086/ WD #000000040296
- e. Working Title: Program Integrity Auditor
- f. Agency No: 44300
- g. Section Title: OHA Office of Program Integrity Audit Unit
- h. Employee Name: Recruiting
- 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 If Exempt: ☐ Executive ☐ Professional ☐ Administrative  
☒ Non-Exempt
- 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
- Pursuing 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.

- 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 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.

In this role, you will conduct compliance audits of providers participating in Medicaid programs. The audit function is designed to detect, identify, and deter medical program fraud, waste, and abuse, and to monitor and ensure provider compliance with federal, state, and agency rules and regulations.

In summary, this position will:

- Perform independent audits of simple and complex issues of different providers types to ensure compliance with federal and state Medicaid rules and regulations.
- Be responsible to educate providers, CCOs, and other organizations of the audit process and OHA rules and regulations to ensure compliance.
- Interact and partner with the Medicaid Fraud Unit at Department of Justice to provide consultation of fraud, waste, and abuse cases.
- Support the appeals process with providers, CCOs, and their representatives.
- Ensure excellent communication, an analytical mindset, professional judgement, and problem-solving skills to be successful in this position.
- Work independently and engage and collaborate in all activities and projects assigned to our unit.
- Report directly to the Program Integrity Audit Manager.

This strategic position is integral to the integrity of Oregon’s Medicaid funding, which ultimately impacts the health and access to services by over one million Medicaid beneficiaries in Oregon, who originate from racially, ethnically, culturally, gender- and ability- diverse communities throughout the state. It is critical that the incumbent have experience in and can demonstrate understanding of PIAU’s role in advancing health equity and addressing systemic health disparities. This position will also be responsible for assisting the OHA in implementing the Strategic Plan and achieving health equity by 2030 through knowledge, experience, collaboration, and understanding of the impact of historical and contemporary injustices.

### 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  |
|-----------|--------|------|---|
| 70%       | R      | E    | <b>Audit Duties</b><br>Independently perform multi-faceted audits from pre-audit stages to preparation of a final report to: <ul style="list-style-type: none"> <li>• Review and analyze health care records and program data for compliance with applicable state and federal</li> </ul> |

|  |  |  |   |
|--|--|--|---|
|  |  |  | <p>rules, OHA/ODHS policies, appropriate medical practice guidelines, or other financial standards.</p> <ul style="list-style-type: none"> <li>• Research compliance and operational issues and State or Federal regulations applicable to the organizational unit under review.</li> <li>• Collect evidence, documenting work papers appropriately and identifying audit exceptions.</li> <li>• Conduct interviews, inquiry, and communication with auditee personnel at various administrative levels.</li> <li>• Develop computer assisted auditing techniques and methodologies.</li> <li>• Analyze and evaluate the results of statistical samples to support audit findings.</li> </ul> <p>Follow the Generally Accepted Governmental Auditing Standards as prescribed by the U.S. Government Accountability Office (Yellow Book), as determined by OPI leadership.</p> <p>Develop audit plan, identify scope and perform other audit activities in order to recommend actions on potential audit targets.</p> <p>Gather and obtain sufficient documentation to meet audit objectives in support of audit findings and conclusions. Typical audit objectives include, though are not limited to the following:</p> <ul style="list-style-type: none"> <li>• Determining whether the provider complied with administrative rules and other coverage/billing guidance for reimbursement.</li> <li>• For contract audits, determining if contract administration is being conducted in accordance with contract terms.</li> <li>• Determining whether OHA and Oregon Department of Human Services (ODHS) policies are adequate and being followed.</li> </ul> <p>Conduct audits as assigned, which may include:</p> <ul style="list-style-type: none"> <li>• Fee-for-Service and CCO network provider audits</li> <li>• OHA/ODHS Medicaid contract audits</li> <li>• OHA/ODHS program operations</li> </ul> <p>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.</p> <p>Educate providers, MCE's and other auditees in the audit process; provide an explanation of the intent and application of</p> |
|--|--|--|---|

|     |   |    |   |
|-----|---|----|---|
|     |   |    | <p>information in the state and federal guidelines to the provider, the provider's staff, or the organization.</p> <p>Prepare clear and concise audit reports outlining billing, documentation, overpayment amounts, or other issues.</p> <p>Recommend sanctions or other actions as necessary.</p> <p>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.</p> <p>Follow through on corrective actions and educational or technical assistance opportunities.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Develop and implement audit oversight activities related to the unique characteristics of the CCO managed care delivery system.</p> <p>Participate in future audit and project planning.</p> |
| 15% | R | NE | <p><b>Technical Consultation and Training</b></p> <p>Support OPI fraud investigations, as necessary, of fraud, waste and abuse referrals received via multiple sources.</p> <p>Share ideas and expertise with the OPI staff members to promote consistent quality of audits.</p>  |

|              |    |    |   |
|--------------|----|----|---|
|              |    |    | <p>Develop and present training in the procedures needed to conduct desk and on-site audits.</p> <p>Educate the provider community, MCEs, and other stakeholders on audit strategies and other audit-related prevention and detection activities.</p> <p>Assist to develop and define audit sampling methods, including statistical sampling in order to determine the audit procedures to follow.</p>  |
| 15%          | R  | NE | <p><b>Other Administrative Duties</b></p> <p>Provide input on decisions that affect the Program Integrity Audit Unit.</p> <p>Recommend changes to Medicaid policy and administrative rules as necessary.</p> <p>Study new pronouncements on medical treatment, coding, billing, audit standards and techniques as developed by authoritative bodies within their respective professions.</p> <p>Provide input to internal policies and procedures on conducting governmental audits.</p> <p>Participate in special audit and research projects as directed by the manager.</p> <p>Other duties as assigned.</p> |
| At all times | N  | 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:**

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.

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 9<sup>th</sup> and 10<sup>th</sup> Revision—Clinical Modification

Diagnostic and Statistical Manual IV (DSM)

Physicians' Desk Reference

Redbook Annual Pharmacy' Reference

The Code of Federal Regulations

Oregon Administrative Rule

Oregon Revised Statutes

GAO Government Audit Standards

Internal Policies and Procedure Manual

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?**

The standards are used in the planning and performance of 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.

## 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      |
| Providers/Attorneys  | In person and electronic meetings and briefings; emails; telephonic or secure internet meetings | Perform audits. Discuss findings, results, and recommendations | Weekly     |
| 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      |
| 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 secure internet meetings | Request information and records                                | As needed  |
| 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;  | Education and training; inform on audit process                | As needed  |



|  |  |  |  |
|--|--|--|--|
|  | emails; telephonic or secure internet meetings |  |  |
|--|--|--|--|

## SECTION 7. POSITION-RELATED DECISION MAKING

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

The auditor must 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.

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 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 | 1000209         | 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?

- |  |   |
|--|---|
| <input type="checkbox"/> Plan work               | <input type="checkbox"/> Coordinates schedules                      |
| <input type="checkbox"/> Assigns work            | <input type="checkbox"/> Hires and discharges                       |
| <input type="checkbox"/> Approves work           | <input type="checkbox"/> Recommends hiring                          |
| <input type="checkbox"/> Responds to grievances  | <input type="checkbox"/> Gives input for performance evaluations    |
| <input type="checkbox"/> Disciplines and rewards | <input type="checkbox"/> 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.**

- 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

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Employee Signature

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Date

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Supervisor Signature

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Date

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Appointing Authority Signature

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Date