

**Duty Statement**

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| Classification: Health Program Audit Manager II   |  |
| Working Title: Section Chief - Federally Qualified Health Center/Rural Health Clinics   |  |
| Program: Audits and Investigations  |  |
| Division: Financial Review – Outpatient and Behavioral Health Division  | Branch: Outpatient Financial Review Branch |
| Section: Federally Qualified Health Center/Rural Health Clinics   | Unit:                                      |
| COI Classification: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | Position Number: 806-218-4248-001          |
| Telework Eligible: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | Maximum Telework Days: 5 Per Week          |
| Bilingual Fluency: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Specify Language: Not Applicable           |
| <p>This position requires the incumbent maintain consistent and regular attendance; communicate effectively, both verbally and in writing, when interacting with the public and other employees; develop and maintain knowledge and skills related to specific tasks, methodologies, materials, tools, and equipment, complete assignments in a timely manner, and, adhere to departmental policies and procedures regarding attendance and conduct.</p>  |  |
| <p><b>Job Summary:</b></p> <p>Under general direction of the HPAM III of the Financial Review - Outpatient and Behavioral Health Division, the Health Program Audit Manager (HPAM) II has full managerial and supervisory responsibility for professional and technical staff in the Federally Qualified Health Center/Rural Health Clinics Section (FQHC/RHC). Subordinate staff includes Health Program Audit Manager I, Health Program Auditor IV and Health Program Auditor. The HPAM II is responsible for audits related to FQHC/RHC, Tribal FQHC and Indian Health Services providers. Up to 15% of occasional overnight travel may be required.</p> |  |
| <p><i>The duties contained in this job description reflect general details as necessary to describe the principal functions of this job. It should not be considered an all-inclusive listing of work requirements. The incumbent of this position may perform other duties (commensurate with this classification) as assigned, including work in other functional areas to cover during absences, to equalize peak work periods or to otherwise balance the workload.</i></p>   |  |

| <b>Description of Duties:</b> |   |
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| <b>% Of Time</b>              | <b>Essential Functions</b>  |
| 45%                           | Provides policy and operational guidelines for five Unit Supervisors at the Health Program Audit Manager I level. Provides oversight and direction to staff responsible for the review and processing of Cost Reports, Change in Scope-of-Service Requests, and Reconciliation Requests for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) providers. This includes direct supervision, recruitment and hiring of staff, staff training, and performance evaluations. Up to 15% of occasional overnight travel may be required. |
| 30%                           | Provides statewide coordination and develops audit guidelines for a major statewide health audit program (FQHC/RHC, Tribal FQHC and Indian Health Services providers); recommends changes to achieve work improvements and to implement Federal and State laws and regulations. Participates on committees and task forces for resolution of departmental program issues. Audit procedures will be developed in work groups headed by the manager. Manager will also provide technical support to the Outpatient Financial Review Branch Chief.           |
| 15%                           | Coordinates with other field managers to develop the statewide annual audit production plans. In addition, will make group presentations as needed to further the goals of the Department and the Outpatient Financial Review Branch. Analyzes and reviews state and federal legislation, including legislative bill analyses, to advise the Deputy Director and or the Assistant Deputy Director regarding programmatic impact.  |
| 5%                            | Develops an annual budget for the field office to include staffing, space, equipment, training, travel, and other support needs. As necessary, will provide testimony and other information in support of these activities and may require attendance at appeal hearings or Superior Court to resolve. Often such appeals require defending the audit work before the providers professional accounting and legal representatives.  |

| <b>Description of Duties</b> |                            |
|------------------------------|----------------------------|
| <b>% Of Time</b>             | <b>Essential Functions</b> |
|                              |                            |
| <b>% Of Time</b>             | <b>Marginal Functions</b>  |
| 5%                           | Other duties as required.  |

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| <b>Supervision Received:</b> <u>Under General Direction</u>   |   |   |
| <b>Of the (enter supervisor classification):</b> <u>Chief Outpatient Financial Review Branch - HPAM III</u>         |   |   |
| <b>Supervision Exercised: (check all that apply)</b> <input type="checkbox"/> Non-Supervisory Classification / None |   |   |
| <input type="checkbox"/> Clerical Staff   | <input type="checkbox"/> Analytical Staff   | <input checked="" type="checkbox"/> Technical Staff   |
| <input checked="" type="checkbox"/> Professional Staff  | <input type="checkbox"/> Supervisory Staff  | <input type="checkbox"/> Managerial Staff   |
| <b>Special Requirements:</b>  |   |   |
| <input type="checkbox"/> Medical Evaluation /Clearance  | <input type="checkbox"/> Typing Certificate   | <input type="checkbox"/> Valid Driver's License   |
| <input type="checkbox"/> Background Check / Finger Printing Clearance   |   |   |
| <input type="checkbox"/> Valid Professional License (please specify): _____   |   |   |
| <b>Desirable Qualifications:</b>  |   |   |
|   |   |   |
| <b>Working Conditions (Check all that apply):</b>   |   |   |
| Prolonged Periods of:   |   | Travel May be Required:   |
| <input type="checkbox"/> Standing   | <input type="checkbox"/> Sitting <input type="checkbox"/> Kneeling <input type="checkbox"/> Bending | <input checked="" type="checkbox"/> Occasional <input checked="" type="checkbox"/> Over Night |
| Requires Lifting of Heavy Objects up to: _____  |   |   |

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| <b>Acknowledgements:</b>  |
| <b>Human Resources Acknowledgement:</b> The Human Resources Division has reviewed and approved this duty statement as of _____. |

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| <b>Employee Acknowledgement:</b> I have discussed with my supervisor the duties of the position and have received a copy of this duty statement. |                     |       |
| Employee Name:   | Employee Signature: | Date: |

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| <b>Supervisor Acknowledgement:</b> I certify this duty statement represents an accurate description of the essential functions of this position. I have discussed the duties of this position with the employee and provided the employee a copy of this duty statement. |                       |       |
| Supervisor Name:   | Supervisor Signature: | Date: |