DUTY STATEMENT

Class Title	Position Number
Associate Governmental Program Analyst	805-760-5393-XXX

COI Classification
☐ Yes ☒ No

Unit

Section
Financial Management C

Branch
None

Division
Capitated Rates Development Division

This position requires the incumbent maintain consistent and regular attendance; communicate effectively (orally and in writing if both appropriate) in dealing with the public and/or other employees; develop and maintain knowledge and skills related to specific tasks, methodologies, materials, tools, and equipment; complete assignments in a timely and efficient manner; and adhere to departmental policies and procedures regarding attendance, leave, and conduct.

Job Summary: The Capitated Rates Development Division (CRDD) is responsible for the development of managed care capitation rates for more than 10 million Medi-Cal beneficiaries in all of California's 58 counties. Under the direction of the Unit Chief (Staff Services Manager I), the Associate Governmental Program Analyst performs the more varied and complex technical analytical staff assignments such as: program evaluation and planning; policy analysis and formulation; systems development; budgeting and planning; data collection and analysis; and consultation to management and higher- level staff. The incumbent conducts and reviews analytical studies and surveys, formulates policies, procedures, and program alternatives, makes recommendations on a broad spectrum of administrative and program-related matters pertinent to the Medi-Cal managed care delivery system. The incumbent works with other professional staff to examine financial reports, intergovernmental transfer programs, analyze fiscal information and transactions, review applicable financial and utilization data, and maintains ongoing records of contract, financial, fiscal, policy, and other documents.

Supervision Received: Under the direction of the Unit Chief (Staff Services Manager I)

Supervision Exercised: None

Description of Duties:

Percent of Time	Essential Functions
30%	Analyze health care policy and standards. Perform detailed analyses and prepare written narrative, such as briefing papers, issue memos, and policy letters on proposals and alternatives affecting managed care rate setting and Medi-Cal managed care plan (MCP) payments. Consult with other staff, internal and external to the Division to obtain and share pertinent information, discuss options and alternatives, and arrive at recommendations and/or preliminary decisions. Present analyses and recommendations to project leads, management, internal and external actuaries, and health plans. Communicate complex and sensitive policies, procedures, timetables, decisions, and other information to health plans, county governments, providers, advocacy groups, the federal Centers for Medicare and Medicaid Services (CMS), and other stakeholders. Utilize data provided by actuarial and research staff to develop program analysis and planning tools including, but not limited to, tables and matrices of current and historical MCP rates and rate components and assumptions. Develop project plans, deliverables, timelines, implementation schedules, flowcharts and other documents, and leading policy analysis and implementation efforts in one or more key areas including, but not limited to, managed care provider payment programs.

30% Maintain all communication mechanisms surrounding the AB 1705 GEMT program, including but not limited to, the public GEMT stakeholder DHCS intranet page, FAQs within said page, handling incoming calls and emails from relevant parties to answer questions, handling logistics questions surrounding invoicing, tracking wire transfer payments and interfacing with key intergovernmental agencies such as the State Controller's Office, State Treasury Office, CMS, and Managed Care Plans. Processing reconciliation efforts for CRDD programs to ensure solvency and minimal impacts to the California General Fund. All duties related to processing the public provider intergovernmental transfer (IGT) agreements including but not limited to; processing agreements, sending and tracking invoices, monitoring and tracking all collections/incoming funds and working with internal and external stakeholders on payments.

25% Assist with the collection, analysis, and review of historical and current cost and utilization data from MCPs for the purposes of calculating reconciliation amounts for the enhanced ground emergency medical transportation (GEMT) public provider intergovernmental transfer (IGT) program outlined in Assembly Bill 1705. Develop summary reports based on completeness and reasonableness and review findings. Work with other professional staff to prepare and populate rate and payment exhibits for submission to CMS, MCPs, and internal and external stakeholders. Communicates directly with entities to discuss data reporting requirements and deficiencies, as well as, monitors, logs, triages, and develops responses to entities. Coordinates discussions with MCPs and funding entities relating to the calculations of payment amounts and rate adjustments pertaining to the IGT program. Work closely with Fee For Service (FFS) Rates Development Division representative(s) to prepare quarterly and annual progress reports to include all financial data of the selected stakeholders. Lead, contribute, and advance new and existing DHCS projects.

10% Provide analysis including, but not limited to, narratives, calculations, and schedules of managed care program costs. Maintain the accuracy and integrity of the data used to calculate and implement reconciliations in compliance with contractual regulatory requirements. Perform the more complex analytical functions and computations using cost, payment, and utilization data in support of and in response to inquiries from management, other divisions, the Department of Finance, the Health and Human Services Agency, CMS, and other oversight entities. Attend and participate in meetings and conference calls with other Division staff, with other divisions and external stakeholders. Identify, record, and elevate to management decisions and deliverables, deadlines and timeframes, follow-up actions, and next steps. Independently plan and perform necessary follow-up actions within the appropriate scope of responsibility, allowing adequate time for management review as necessary.

Percent of Time **Marginal Functions**

5% Perform other related duties that are within the scope of this classification, as required.

Employee's signature	Date
Supervisor's signature	Date

DUTY STATEMENT

Class Title	Position Number
Staff Services Analyst	805-760-5157-XXX

COI Classification
☐ Yes ☒ No

Unit

Section
Financial Management C

Branch
None

Division
Capitated Rates Development Division

This position requires the incumbent maintain consistent and regular attendance; communicate effectively (orally and in writing if both appropriate) in dealing with the public and/or other employees; develop and maintain knowledge and skill related to specific tasks, methodologies, materials, tools, and equipment; complete assignments in a timely and efficient manner; and, adhere to departmental policies and procedures regarding attendance, leave, and conduct.

Job Summary: The Capitated Rates Development Division (CRDD) is responsible for the development of managed care capitation rates for more than 10 million Medi-Cal beneficiaries in all of California's 58 counties. Under the direction of the Unit Chief (Staff Services Manager I), the Staff Services Analyst performs the less varied and complex technical analytical staff services assignments such as: program evaluation and planning; data collection and analysis; policy analysis and formulation;systems development; budgeting and planning; and consultation to management and higher-level staff. The incumbent conducts and reviews analytical studies and surveys, assists in formulating policies, procedures, and program alternatives, makes recommendations on administrative and program-related matters pertinent to Directed Payments specifically and, generally, the Medi-Cal managed care delivery system. The incumbent seeks and receives guidance from other professional staff to examine financial reports, analyze fiscal information and transactions, and review applicable financial and utilization data, and maintains ongoing records of contract, financial, fiscal, policy, and other documents.

Supervision Received: Under the direction of the Unit Chief (Staff Services Manager I)

Supervision Exercised: None

Description of Duties:

Percent of Time	Essential Functions
30%	Analyze the less complex health care policy and standards. Perform detailed analyses and prepare written narrative, such as briefing papers, issue memos, and policy letters on proposals and alternatives affecting managed care rate setting and Medi-Cal managed care plan (MCP) payments. Consult with other staff internal and external to the Division to obtain and share pertinent information, discuss options and alternatives, and arrive at recommendations and/or preliminary decisions. Present analyses and recommendations to project leads, management, internal and external actuaries, and health plans. Communicate complex and sensitive policies, procedures, timelines, deliverables, decisions, and other information to health plans, county governments, providers, advocacy groups, the federal Centers for Medicare and Medicaid Services (CMS), and other stakeholders. Utilize data provided by actuarial and research staff to develop program analysis and planning tools including, but not limited to, tables and matrices of current and historical MCP rates and rate components and assumptions. Assist in the development of project plans, deliverables timelines, implementation schedules, flowcharts and other documents, and assist in policy analysis and implementation efforts in one or more key areas including, but not limited to, managed care provider payment programs.

30% Assist with the collection, analysis, and review of historical and current cost and utilization data from MCPs for the purposes of calculating reconciliation amounts for the enhanced ground emergency medical transportation (GEMT) public provider intergovernmental transfer (IGT) program outlined in Assembly Bill 1705. Develop summary reports based on completeness and reasonableness and review findings. Work with other professional staff to prepare and populate rate and payment exhibits for submission to CMS, MCPs, and internal and external stakeholders. Communicate directly with entities to discuss data reporting requirements and deficiencies, as well as, monitor, log, triage, and develop responses to entities. Coordinate discussions with MCPs and funding entities regarding the calculations of payment amounts and rate adjustments pertaining to the IGT program. Work closely with Fee For Service Rates Development Division representative(s) to prepare quarterly and annual progress reports to include all financial data of selected stakeholders. Perform less complex calculations and analyze audit reports and Ad Hoc reports from the fiscal intermediary, for the purpose of administering the final reconciliation, including overpayment and underpayments.

15% Assist in maintaining all communication mechanisms surrounding the AB 1705 GEMT program, including but not limited to, the public GEMT stakeholder DHCS intranet page, FAQs within said page, handling incoming calls and emails from relevant parties to answer questions, handling logistics questions surrounding invoicing, tracking wire transfer payments and interfacing with key intergovernmental agencies such as the State Controller's Office, State Treasury Office, CMS, and Managed Care Plans. Perform the less complex analytical functions in processing reconciliation efforts for CRDD programs to ensure solvency and minimal impacts to the California General Fund.

10% Provide analysis including, but not limited to, narratives, calculations, and schedules of managed care program costs. Maintain the accuracy and integrity of the data used to calculate and implement reconciliations in compliance with contractual regulatory requirements. Perform the less complex analytical functions and computations using cost, payment, and utilization data in support of and in response to inquiries from management, other divisions, the Department of Finance, the Health and Human Services Agency, CMS, and other oversight entities.

10% Attend and participate in meetings and conference calls with other Division staff, with other divisions, and external stakeholders. Identify, record, and elevate to management decisions and deliverables, deadlines and timeframes, follow-up actions, and next steps. Consult with management and higher-level staff, as needed, to clarify questions, enhance understanding of meeting outcomes, and perform necessary follow-up actions within the appropriate scope of responsibility, allowing adequate time for management review as necessary.

Percent of Time

Marginal Functions

5% Perform other related duties that are within the scope of this classification, as required.

Employee's signature	Date
Supervisor's signature	Date