

DUTY STATEMENT

Classification: Analyst I	
Working Title: Application Processing Analyst	
Program: Department of Health Care Services	
Division: Provider Enrollment Division	
Branch: Application Processing Branch A	
Section: Application Section	
Unit: Application Unit	
Office Location: 840 Stillwater, West Sacramento, CA 95605	
COI Position: ☐ Yes ☒ No	Telework Eligible: ☒ Yes ☐ No
CBID: R01	Position Number: 805-910-5157-XXX
Bilingual Position: ☐ Yes ☒ No	Specify Language: Not Applicable
This position requires the incumbent to perform their essential functions; maintain consistent and regular attendance in-person and/or virtually; to communicate effectively and professionally, both orally and in writing; to develop and maintain knowledge and skills related to specific tasks, methodologies, materials, tools, and equipment; to complete assignments in a timely manner; and to adhere to departmental policies and procedures regarding attendance and conduct including those outlined in the Health Administrative Manual and the DHCS Telework Program. To promote collaboration and connection, essential functions are generally in-person consistent with the DHCS Telework Program and pursuant to an approved Telework Agreement.	
Job Summary: Provider Enrollment is responsible for the Screening, Enrollment, Monitoring, and Recertification of almost 300,000 Medi-Cal providers. The providers that we enroll and monitor provide services to over 15 million Medi-Cal members. Under the supervision of the Supervisor I, the Analyst I in the Application Unit will perform less complex research, analysis, and evaluation of provider applications for enrollment into the Medi-Cal Program. These functions include reviewing and processing provider applications, preparing correspondence to providers and stakeholder, working within the online PAVE Portal enrollment system, working with state and federal statutes and regulations as well as pending legislation and maintaining and reviewing information on multiple internal databases. The Analyst I must have effective interpersonal, verbal and written communications skills.	

Job Summary (cont):

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Description of Duties:	
% of Time	Essential Functions
40%	Review provider applications and disclosure statements for completeness, accuracy and consistency; verify licensure and permit status; search or validate background verification databases for information on the provider and analyze such data for consistency with application; evaluate provider's application against known fraud risk factors; evaluate whether the provider meets statutory and regulatory requirements for participation.
30%	Communicate application deficiencies verbally and in writing; assist applicants with deficiency remediation; recommend or approve an action within statute of the provider's application including approval, denial, referral, or return to provider; prepare provider notices and transmittal documents; validate data fields and review accuracy of integration files.
15%	Monitor data from external and internal sources of currently enrolled providers to ensure ACA compliance and data integrity. Participate in the development and execution of user acceptance testing (UAT) when required, supporting the accurate implementation of business and system requirements into the enrollment and billing systems.
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% of Time	Essential Functions

Description of Duties	
% Of Time	Essential Functions
% Of Time	Marginal Functions
5%	Performs other duties as required.

Supervision Received: Under Supervision by the (enter supervisor classification):Supervisor I.**Supervision Exercised: (check all that apply)** ☒ Non-Supervisory Classification / None☐ Clerical Staff☐ Analytical Staff☐ Technical Staff☐ Professional Staff☐ Supervisory Staff☐ Managerial Staff**Special Requirements:**☐ Medical Evaluation /Clearance☐ Typing Certificate☐ Valid Driver's License☐ Background Check / Finger Printing Clearance☐ Valid Professional License (please specify): _____**Desirable Qualifications:**

- Knowledge of Microsoft (MS) Office Suite, including MS Excel.
- Knowledge of the Medi-Cal Program or healthcare organizations.
- Strong analytical and organizational skills with a keen attention to detail.
- Good time management and multitasking skills.
- Good written and oral communication skills.
- Ability to work independently or as part of a collaborative team.
- Ability to follow applicable procedures, policies, and statutes.
- Positive attitude with an eagerness to learn.
- Excellent customer service skills.
- Excellent attendance and punctuality.

Working Conditions (Check all that apply):

Prolonged Periods of:

☐ Standing☒ Sitting☐ Kneeling☐ Bending

Travel May be Required:

☐ Occasional☐ Over Night

Requires Lifting of Heavy Objects up to: _____

Acknowledgements:**Human Resources Acknowledgement:** The Human Resources Division has reviewed and approved this duty statement.Analyst Name:
Harold SnyderAnalyst Signature:
Harold SnyderDigitally signed by Harold Snyder
Date: 2026.08.14 16:00:33 -07'00'Date:
08/14/2026**Employee Acknowledgement:** 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:

Supervisor Acknowledgement: 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:

DUTY STATEMENT

Classification: Analyst I	
Working Title: Application Processing Analyst	
Program: Department of Health Care Services	
Division: Provider Enrollment Division	
Branch: Application Processing Branch B	
Section: Application Section	
Unit: Application Unit	
Office Location: 840 Stillwater, West Sacramento, CA 95605	
COI Position: ☐ Yes ☒ No	Telework Eligible: ☒ Yes ☐ No
CBID: R01	Position Number: 805-920-5157-XXX
Bilingual Position: ☐ Yes ☒ No	Specify Language: Not Applicable
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- Positive attitude with an eagerness to learn.
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- Excellent attendance and punctuality.

Working Conditions (Check all that apply):

Prolonged Periods of:

☐ Standing ☒ Sitting ☐ Kneeling ☐ Bending

Travel May be Required:

☐ Occasional ☐ Over Night

Requires Lifting of Heavy Objects up to: _____

Acknowledgements:**Human Resources Acknowledgement:** The Human Resources Division has reviewed and approved this duty statement.Analyst Name:
Harold SnyderAnalyst Signature:
Harold SnyderDigitally signed by Harold Snyder
Date: 2026.02.09 07:35:45 -08'00'Date:
02/09/2026**Employee Acknowledgement:** 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:

Supervisor Acknowledgement: 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:

DUTY STATEMENT

Classification: Analyst I	
Working Title: Application Processing Analyst	
Program: Department of Health Care Services	
Division: Provider Enrollment Division	
Branch: Administrative/Policy Branch	
Section: Policy and Enrollment Processing Section	
Unit: Enrollment Processing Unit	
Office Location: 840 Stillwater, West Sacramento, CA 95605	
COI Position: ☐ Yes ☒ No	Telework Eligible: ☒ Yes ☐ No
CBID: R01	Position Number: 805-930-5157-XXX
Bilingual Position: ☐ Yes ☒ No	Specify Language: Not Applicable
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Supervision Received: Under Supervision by the (enter supervisor classification):

Supervisor I _____.

Supervision Exercised: (check all that apply) ☒ Non-Supervisory Classification / None

☐ Clerical Staff

☐ Analytical Staff

☐ Technical Staff

☐ Professional Staff

☐ Supervisory Staff

☐ Managerial Staff

Special Requirements:

☐ Medical Evaluation /Clearance

☐ Typing Certificate

☐ Valid Driver's License

☐ Background Check / Finger Printing Clearance

☐ Valid Professional License (please specify): _____

Desirable Qualifications:

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☐ Occasional ☐ Over Night

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Acknowledgements:

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Analyst Name:

Daniyal Sadeghian Sorkhabi

Analyst Signature:

Daniyal Sadeghian Sorkhabi

Digitally signed by Daniyal Sadeghian Sorkhabi
Date: 2026.08.17 14:39:07 -07'00'

Date:

08/17/2026

Employee Acknowledgement: 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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Branch: Enrollment Support Branch	
Section: Enrollment and Technical Support Section	
Unit: Enrollment Support Unit I	
Office Location: 840 Stillwater, West Sacramento, CA 95605	
COI Position: ☐ Yes ☒ No	Telework Eligible: ☒ Yes ☐ No
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