**DEPARTMENT OF DEVELOPMENTAL SERVICES**
**OPERATIONS**
**FINANCIAL SERVICES BRANCH**
**CLIENT FINANCIAL SERVICES SECTION**
**MEDICARE BILLING OVERSIGHT AND COMPLIANCE UNIT**

# DUTY STATEMENT

**JOB TITLE:** Analyst II **POSITION #:** 472-534-5393-709

**EMPLOYEE:**

**POSITION DESCRIPTION:** The Analyst II performs the most complex, journey level analytical and technical work in support of program integrity, compliance oversight, and regulatory research activities within the Unit. The position is responsible for leading program integrity analysis, compliance monitoring, and corrective action development to ensure alignment with federal and state requirements and to support accurate and compliant Medicare claims billings for Porterville Developmental Center (PDC) and Canyon Springs Community Facility (CSCF) to maximize Medicare Part A, B, and D revenue. The incumbent is responsible for conducting research and the implementation of regulatory and policy changes, staying current on applicable guidance, and providing analytical recommendations to management.

**SUPERVISION EXERCISED:** None.

**SUPERVISION RECEIVED:** Reports to and under direction of the Supervisor I, Medicare Billing Oversight and Compliance.

**EXAMPLES OF DUTIES:**

Essential Job Functions:

30% Perform program integrity and corrective action analysis across unit programs. Analyze program data, reports, audit results, and operational trends to identify vulnerabilities, systemic errors, and inefficiencies affecting revenue and program integrity. Evaluate the effectiveness of existing controls, identify root causes of recurring issues, and develop corrective action recommendations for management. Coordinate with Information Technology, facilities (PDC/CSCF), and Medicare Billing Oversight and Compliance Unit staff to support implementation of corrective actions and processes or system improvements. Validate outcomes to ensure changes are effective and sustained.

25% Provide compliance oversight and audit coordination for unit programs, including evaluation of facility billing to align with Medicare and regulatory requirements.

Plan, coordinate, and implement quarterly Medicare compliance audits, and prepare the annual comprehensive compliance report. Support audit readiness through documentation requests and review, data validation, and coordination with staff, facilities, and State-Operated Facility Division (SOFD). Collaborate with SOFD to address billing issues and ensure consistent Medicare policies. Analyze audit findings to identify trends, compliance risks, and support timely implementation of corrective actions.

20% Research applicable statutes, regulations, and policy guidance to ensure Medicare Billing Oversight and Compliance program compliance. Monitor updates from federal and state sources. Evaluate regulatory and operational impacts and provide summaries and recommendations to management. Develop, maintain, and update internal processes and procedures to reflect current requirements and support operational consistency and efficiency. Serve as a resource for staff by providing regulatory interpretation and analytical guidance as needed**.**

15% Maintain oversight of provider, pharmacy, and coding compliance for Medicare Billing Oversight and Compliance programs. Monitor Medicare physician enrollment and provider compliance, including licensure, certification, enrollment status, revalidation timelines, and National Provider Identifier linkage to ensure continued eligibility for Medicare reimbursement. Maintain oversight of pharmacy and Medicare Part D–related licensing, registration, and compliance requirements to support compliant billing and program operations. Oversee the integrity and compliance of Current Procedural Terminology code usage, coordinate updates, and evaluate associated audit and compliance risk. Collaborate with staff and management to maintain consistent compliance standards.

Marginal Job Functions:

5**%** Assist with research, documentation review, compliance analysis, record retention, Medicare cost report preparation, and program integrity support for section-wide initiatives, audits, or reviews. Coordinate with other program areas within the Client Financial Services section to support cross-functional efforts and address emerging compliance or operational needs, without assuming primary ownership of programs outside the unit.

5% Participate in special projects, team support, additional assignments across all current and future Medicare Billing Oversight and Compliance program areas, and other duties assigned within the scope of the classification.

**WORKING CONDITIONS:** This position is hybrid, in-office/telework schedule, and may be subject to change. Incumbent can be required to report to the office, or any designated location at any time. Telework agreements can be modified and/or cancelled at any time.

**DESIRABLE QUALIFICATIONS:**

Knowledge of: Medicare Part A, B, and D, Commercial Insurance, and medical billing processes. Accounting, compliance, auditing, and program integrity principles. Proficient in Microsoft Office Suite (i.e., Excel, Outlook, and Teams). Proficiency in developing, updating, and maintaining policies and procedures and documentation. identifying, evaluating, and solving complex problems.

Ability to: Develop corrective actions and recommendations. Interpret and apply federal and state healthcare regulations. Identify, evaluate, and solve complex problems. Conduct analytical research on statutes, regulations and policies, and summarize findings for management. Learn new concepts, processes, and systems quickly. Contribute to a team-oriented environment. Receptive to feedback, guidance, and ongoing training. Effective communication skills. Excellent organizational skills. Manage time effectively and prioritize multiple assignments. Use tact, professionalism, and collaboration when working with all levels of staff, management, and the external community.

**CERTIFICATION OR LICENSE:** None.

| Employee Name (Print) | Employee Signature | Date |
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| Supervisor Name (Print) | Supervisor Signature | Date |
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Employee and Supervisor acknowledge that by signing this Duty Statement that they have discussed and agree to the expectations of the position.