DUTY STATEMENT

Classification: Health Program Auditor IV	
Working Title:	
Program: Audits and Investigations	
Division: Investigations Division	
Section: Audits Section	
Branch: Provider Investigations Branch	
Unit:	
Office Location:	
COI Position: ☑ Yes ☐ No	Telework Eligible: ☑ Yes ☐ No
CBID: R01	Position Number: 806-405-4249-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:

Under the general direction of the Health Program Audit Manager II, the Health Program Auditor IV (HPA IV) independently conducts the most complex and difficult federal and state mandated health program audits. The HPA IV is a subject matter specialist and must have extensive knowledge of laws, rules, regulations, and audit procedures to provide expert testimony and justification. As a lead, the HPA IV must be able to revise scope of work in a lead capacity based on risk assessments for fraud, waste, and abuse. The incumbent develops audit procedures and templates to be used by the branch, the division, and/or Department, as applicable. The HPA IV develops training programs and criteria as well as being an instructor and resource to other staff. The HPA IV must coordinate and work alongside other team members in a lead, non-supervisory capacity to develop the basis for successful fraud prosecutions.

To assure the proper and efficient operation of the Medi-Cal program, the HPA IV uses advanced technical, accounting, and auditing skills to perform program integrity functions which include onsite reviews of Medi-Cal providers, evaluation of Medi-Cal claim data, business and financial documents. The HPA IV is expected to able to develop, modify, and implement audit procedures as necessary for the most difficult and complex audits to obtain accurate audit findings while following auditing standards. The incumbent plans the scope and procedure of audits, conducts verification audit procedures on provider documentation, and Medi-Cal claim data; corresponds and discusses audit findings with health program providers, management, oversight and investigative agencies.

Job Summary (cont):

The incumbent will be expected to provide testimony at administrative appeal and criminal hearings in collaboration with management and legal counsel. The incumbent must have the ability to act as a lead auditor, work independently, be flexible, open minded, and tactful in dealing with team members, audit leads and managers, and executive management. The incumbent must be able to accurately convey program integrity findings effectively both orally and in written form.

The Provider Investigations Branch is a team of multidisciplinary staff (Auditor, Medical, Analytical, and Investigative staff) established to investigate Medi-Cal fraud by developing the basis for the successful prosecution of said fraud, in multiple diverse Medi-Cal provider types and program areas. Overnight travel of up to 15% is required, to complete audits, attend and conduct training, meetings and other activities as directed by management. Incumbent must be able to travel to provider sites and be flexible to travel on short notice.

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.

Description of Duties:	
% of Time	**Essential Functions**
45%	Act as an independent technical staff specialist, serving in a lead capacity over multi-disciplinary teams responsible forinvestigating providers who demonstrate the highest risk of falsely billing Medi-Cal. Perform pre-audit procedures that are required to understand the program/providers and develop the scope of work requiring correspondence with personnel managing the program or those providing oversight. Obtain an understanding of the program, beneficiary population, and impact on Medi-Cal. Consider information contained in complaints, request for public records, inter and intra department referrals, whistleblower information, and concerns of other State and Federal partners. Due to the varied and unique assignments each audit will require preforming risk assessments, developing overall audit strategies, audit plans and audit procedures. Approach to the reviews will identify weaknesses in the program and potential fraud indicators and apply advanced HPA IV-level judgment consistent with established audit standards. Auditing standards will be followed to collect sufficient appropriate audit evidence through substantive testing to support conclusions, to include, where appropriate, testing internal control, reconciling financial records, tying out payroll and personnel records, reviewing completed work, and compiling reports. Evaluate findings of fraud and be able to present to management. Participate in post-audit work including writing reports for management, ancillary partners, and referrals. Overnight travel of up to 15% is required, to complete audits, attend and conduct training, meetings and other activities as directed by management. Incumbent must be able to travel to provider sites and be flexible to travel on short notice. Prepare documents in a manner that can support administrative action and/or legal action by DOJ and other criminal/civil oversight agencies. The incumbent needs to have extensive knowledge of laws, rules, regulations, and audit procedures to provide expert testimony and justification consistent with the specialist level of the HPA IV classification.. Audits may be conducted in and with various program providers including but not limited to: Pharmacies, Long Term Care facilities, medical offices and clinics, dental providers, Narcotic Treatment Providers, Adult Day Health Care, Mental Health, Home Health, and Hospice Medi-Cal providers. Audits of providers may include aspects of various Medi-Cal related programs such as Drug Medi-Cal, Medi-Cal Managed Care, Family Planning Access Care Treatment (FPACT), and the 340B program. The incumbent may also conduct special audits at the request of Department or Branch management.

Description of Duties:	
% of Time	**Essential Functions**
35%	Develop, upgrade, and implement audit procedures and templates to be used by the branch, the division, and/or Department as applicable, ensuring consistency with statewide audit methodology and branch-level standards. In addition, the HPA IV develops and conducts training programs and is a resource to other staff by providing advanced guidance, mentoring, and instruction.
15%	Conducts audit entrance and exit conferences with staff of the entity that was audited. Conduct meetings and/or interviews with provider personnel, Department management staff, and various state program representatives. Collaborate with management and legal counsel in presenting and supporting audit findings during informal appeal conferences, formal appeal hearings, and/or criminal trials and gives testimony as required.

Description of Duties	
% Of Time	**Essential Functions**
% Of Time	**Marginal Functions**
5%	Other duties as required.

Supervision Received: Under General Supervision by the (enter supervisor classification): Health Program Audit Manager II.

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:
* California Administrative Procedures Act
* State and Federal laws
* Rules and regulations which govern the various departmental health programs and/or contractors subject to audit
*Specialized knowledge of financial, health program and contractor activity.

Ability to: Handle the most difficult, complex, and comprehensive health program audit issues; write complete audit reports; independently function with general or limited guidelines; develop, implement, monitor, and evaluate new health audit programs; exercise the highest degree of judgment in applying laws and audit procedures.

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:	Analyst Signature:	Date:
Mari Rodriguez		07/28/2026

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:

DHCS Office Locations

The following are DHCS offices that may be used as a reporting location. Office location assignments are subject to availability and operational business needs.

Northern California (CA)	
Sacramento, CA	DHCS East End Complex, Sacramento, CA 95814
San Francisco, CA	455 Golden Gate Avenue, San Francisco, CA, 94102
Richmond, CA	850 Marina Bay Parkway, Richmond, CA, 94804

Central CA	
Fresno, CA	7112 N. Fresno Street, Fresno, CA, 93720

Southern CA	
Los Angeles, CA	311 S. Spring Street, Los Angeles, CA
Santa Ana, CA	2 MacArthur Place, Santa Ana, CA, 92707
Rancho Cucamonga, CA	11175 Azusa Court, Rancho Cucamonga, CA, 91730
Burbank, CA	1405 N. San Fernando Blvd, Burbank, CA, 91504
San Diego, CA	7575 Metropolitan Drive, San Diego, CA, 92108

For DHCS Audits and Investigations (A&I) program positions, other DHCS office locations may be available. Please contact the A&I Hiring Unit contact listed on the job control/job advertisement for more information.