#### TASK TASKS NO:

1 Prepares/fills out daily/weekly/monthly activity sheets/schedules, by specifying/entering data of case specific information/work performed/scheduled/time spent/making entries on a daily basis/totaling the information, to provide/document record of activities.

- \* Entries/totals are accurate, legible, complete, and follow a standard format
- \* Activities listed correspond with time worked/case recordings
- \* Forms submitted within prescribed deadlines
- 2 Writes reports/summaries, including chronological developments, by presenting underlying problems/allegations/findings/recommendations/other factors, to create comprehensive case files/electronic records upon which decisions/recommendations/judgments can be made.
  - \* Reports/summaries include all relevant information
  - \* Reports/summaries are clearly written, legible, and understandable
  - \* Findings/recommendations are consistent with information/evidence obtained
  - \* Completed reports/summaries are submitted within prescribed deadlines
- 3 Prepares/creates files of active cases/investigations/other folders, by assembling/collating documents/forms/other pertinent material to be included, making appropriate notations/stamping/dating as required, to produce finished package for placement in file/other processing.
  - \* Folders contain all required documents/forms, in proper order
  - \* All required notations/stamping/dating included.
  - \* Folders are prepared within prescribed deadlines

### MASTER LIST OF TASKS AND STANDARDS

#### 3111301 FRAUD INVESTIGATOR I

### TITLE CODE NUMBER: 3111301

- 4 Attends/participates in one-on-one case conference sessions with supervisor, by meeting with supervisor, to discuss work plans/course of action/status and final recommendation on all assigned investigative cases.
  - \* Attends regularly scheduled sessions and requests additional sessions when needed
  - Consistently accepts changes and implements
  - supervisory recommendations to original work plan/case recommendations/determinations/outcome of case
  - Information/records presented are coherent, relevant and follow investigatory protocol
  - Completes action steps/correction actions within prescribed deadlines
- 5 Investigates participants/applicants/providers/other involved in the illegal/fraudulent/misappropriation of social benefits funds/assistance/programs, by reviewing case records/ complaints/interviewing perpetrators/collateral persons/witnesses/mailing out correspondence/clearances/conducting field visits/surveillances, to gather evidence to substantiate claim/allegations/determine ineligibility/recommend case closing.
  - \* All complaints/sources/leads are pursued
  - \* Correspondence/clearances are accurate and complete
  - \* Required field visits/surveillances are conducted during the course of the investigation
  - Interviews/investigations are thorough/follow
  - \* established guidelines/are completed within prescribed deadlines
- 6 Receives/reviews case referrals from the District Attorney/Inspector General/others, of the participants whose income/financial situation/status has changed significantly, by recalculating/computing current benefits provided using standard formulas/tables/budgeting guidelines/forms, to uncover/determine/report financial assistance amount/amount to be recovered/recouped from participant.

### MASTER LIST OF TASKS AND STANDARDS

### 3111301 FRAUD INVESTIGATOR I

### TITLE CODE NUMBER: 3111301

- \* Reviews are thorough, complete and follow established guidelines
- \* Computations are accurate
- \* Calculations are completed/submitted to referring agent within prescribed deadlines
- Receives/reviews/records complaints made via phone/in person/by correspondence, on standard forms, by asking/clarifying questions, to gather the factual information necessary to determine whether further investigation is warranted.
  - \* Accurately notes complaint/information presented
  - \* Appropriate clarifying questions are asked
  - \* Responds to caller/complainant courteously and tactfully
    - Refers difficult/irate callers to Senior
  - \* Investigator/Supervisor diligently and quickly, avoiding/averting further discord
- 8

7

Interviews participants who are under care/under application/and/or providers who are under investigation to examine information presented/invalidate fraudulent documents/gather evidence/obtain necessary information/statements, to prepare record for field visit/referral or investigation

- \* Interviewer is respectful, courteous, and professional
- \* Confidentiality is respected at all times
- \* Suspect or blatant violators are immediately flagged for further investigation
- Interviews/investigations are thorough/follow
- \* established guidelines/are completed within prescribed deadlines

- 9 Accompanied by a Senior Investigator/seasoned Investigator, conducts field visits to the address of record for applicant/participant/collateral contact/others, making visual assessments/verifing information pertaining to household composition/residence/institutions associated with family members/assets/finances/other, to complete the interview process.
  - Field visits follow strict and approved time
    \* frames/scheduling conflicts are identified and resolved before departure to the field
  - Information/observations made during visit is appropriately secured/recorded
  - Appropriate notification to applicants/participants/collateral contacts/others, who
  - \* are not-at-home/not available at the time of scheduled visit, is left with complete rescheduling instructions
  - Case preparations/ interviews/
  - investigations are thorough/follow established guidelines/are completed within prescribed deadlines
- 10 Drafts repayment agreements/schedules, by discussing/ reaching mutual agreements on specific pay back amounts for a specific period with debtor/defense attorney/other interested parties/obtaining legally endorsed forms/affidavits detailing terms of agreement, to secure restituion of funds for overpayment/money owed to the Agency.
  - \* Terms agreed to are realistic and do not pose undue hardship on the debtor
  - \* Referrals for legal action for delinquent or uncooperative debtor are consistently made
  - \* Legal forms/affidavits are prepared accurately and conform to legal standards
  - \* Agreements/forms/affidavits are prepared and submitted within prescribed deadlines

## 11 When called upon,

advocates/liaises/serves as point person/testifies in court/other legal proceedings/files legal actions/responds to inquiries court officials/law enforcement agencies/social services agencies/other external agencies, by retrieving/gathering/ obtaining/detailing/recounting/ attesting to case information pertinent to investigations/cases/requirements.

- \* Establishes and maintains rapport/relationships with external agents
- \* Retrieves/details information accurately and appropriately
- \* Represents/handles self professionally and appropriately
- \* Is punctual for scheduled appointments/appearances
- 12 Conducts/leads field visists, by scheduling visits/preparing cases/investigating/interviewing/making observations/securing and recording information, to ascertain/verify/confirm information pertinent to assigned case/in response to referral/other investigation
  - \* Scheduling conflicts are identified in advance and resolved immediately
  - Case preparations and resulting
  - \* interview/investigations follow established guidelines and completed within prescribed deadlines
  - Information/observations made during visit is
  - \* appropriately secured/recorded and kept confidential at all times
  - \* Notifications are left when contact is not at home/not available at the time of scheduled visit

13 With supervision, investigates mixed case load of Medicaid and or other providers/persons of interest/recipients in team/collaborative environment.

Manages time effectively to meet all milestones and

- \* case completion goal.
- \* Assigned cases are actively pursued to final disposition.
- \* Work is documented in required formats as it is completed.
- \* Collaboration with colleagues and external partners is professional and proactive.
- \* Progress on all assigned cases is demonstrable.
- 14 With close supervision, undertakes inventory reviews of pharmacies by collecting/analyzing/comparing drug dispensing data and drug wholesales purchase invoices to identify anomalies/indicators of pharmacy fraud/drug diversion/other types of suspect conduct by Medicaid providers.
  - \* Completes all assigned pharmacy review cases in a timely and efficient manner.

Participates un field operations at assigned locations

\* and gathers relevant evidence/information necessary to complete cases.

Carefully reviews all

- \* evidence/information/documentation obtained to accurately assess the validity of services/supplies paid for by Medicaid/Medicaid Managed Care.
- \* Logically summarized all evidence and findings in approved formats.

- 15 Gather information and evidence through the uses of electronic data/information/Medicaid/other system/research/lead generation/charting and organizing tools/systems and search engines/social media to generate new/investigate assigned Medicaid provider/person of interest/recipient targets and cases.
  - \* Effectively uses all available tolls/systems to generate evidence and pursue leads.

Appropriate use is made of standardized queried to

- \* obtain claims data from the Medicaid/other Data Warehouse.
- \* Accurately applies data/information obtained to move cases forward.
- \* Research is conducted when necessary to fully understand data/information obtained.
- \* Adheres to all Confidentiality and Social Media Use Policies.
- 16 With supervisory guidance, conducts entity research/due diligence using Medicaid and non-Medicaid sources to identify all owners/affiliates/recipients/others connected to allegations/schemes. Reviews/researches Medicaid rules/regulations/guidance to identify program requirements for providers/owners/affiliates and failures to meet such requirements.
  - \* Ownership, affiliations and other relevant case connections are accurately identified and charted.
  - Medicaid provider rules, regulations and guidance are
  - \* identified and effectively used to identify program violations and fraud.
  - \* Recipients related to case allegations are identified and effectively pursued.
  - \* Relevance of information and evidence obtained is understood and used to move cases forward