



Attorney General Josh Shapiro Job Posting – Medicaid Fraud Auditor I/II

SECTION:	Medicaid Fraud Control Section/Criminal Law Division
CLASS:	Medicaid Fraud Auditor I/II
LOCATION:	Harrisburg/Norristown
POSITION TYPE:	Full-time, Non-civil service, Union
WORK HOURS:	8:30 – 5:00
SALARY RANGE:	Medicaid Fraud Auditor I - Pay Range 6: Starting salary \$47,257 Medicaid Fraud Auditor II - Pay Range 8: Starting salary \$61,591

BASIC FUNCTION:

This position performs auditing work in the Office of Attorney General which includes conducting audits of, and examining and analyzing, financial records, accounts, and source documents to ensure compliance with The Act of June 13, 1967 (P.L. 31, No. 21), the Medicare-Medicaid Antifraud and Abuse Amendments, various Medicaid regulations and Commonwealth laws and statutes by state and local governmental units, and private businesses engaged in medical assistance transactions with the Commonwealth.

Work is performed in an office setting or in the field and may require that the employee work irregular work hours and/or an irregular work week. Work assignments are received from a higher level auditor and/or supervisor who reviews the employee's work product both in progress and upon completion to ensure technical accuracy, thoroughness, the application of sound judgment, and adherence to established policies and procedures. Assignments increase in the degree of difficulty and the amount of supervision is less evident as the employee gains in experience and knowledge through exposure to the auditing process.

EXAMPLES OF DUTIES:

A Medicaid Fraud Auditor I could assist with or perform the below duties under the direction and guidance of an experienced auditor and/or supervisor. A Medicaid Fraud Auditor II could perform the below duties independently.

- Prepares drafts of audit reports and management letters for review by supervisor
- Assembles and organizes data by use of computers and other techniques to facilitate cross referencing of provider, clients, and services to identify patterns of abuse
- Participates in case interviews of all Medicaid provider types.
- Consults with appropriate officials and personnel on accounting and related issues

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- Designs and executes data mining projects
- Works closely with national and federal colleagues related to Pennsylvania Medicaid data
- Prepares analysis of findings and interpretation of pertinent Medicaid regulations in relation to such findings
- Presents results to supervisors for use as necessary in initiating enforcement action and/or legal charges against service providers
- Testifies in court trials and/or administrative hearings relative to audit findings and analysis
- Performs related work as required

MINIMUM EXPERIENCE AND TRAINING:

Qualifications for Medicaid Fraud Auditor I are as follows:

- A Bachelor's degree from an accredited college or university with a major in accounting OR
- A Bachelor's Degree from an accredited college or university with a major in business administration or an equally pertinent field with at least six credits in accounting and three years of professional accounting or auditing experience, preferably in government accounting or in the health provider or health insurance fields OR
- Graduation from high school or its equivalent and seven years of fiscal experience including three at a professional level in accounting or auditing preferably in government accounting or in the health provider or health insurance fields OR
- Any equivalent combination of education, training, and experience

Qualifications for Medicaid Fraud Auditor II are as follows:

- Two years as a Medicaid Fraud Auditor I OR
- A Bachelor's degree from an accredited college or university with a major in accounting and two years of professional accounting or auditing experience OR
- A Bachelor's Degree from an accredited college or university with a major in business administration or an equally pertinent field with at least six credits in accounting and five years of professional accounting or auditing experience, preferably in government accounting or in the health provider or health insurance fields OR
- Graduation from high school or its equivalent and eight years of fiscal experience including three at a professional level in accounting or auditing preferably in government accounting or in the health provider or health insurance fields OR
- Any equivalent combination of education, training, and experience