Duty Statement

Classification: Research Data Specialist I			
Working Title:			
Program: Audits and Investigations			
Division: Investigations Division	Branch: Data Analytics & Case Development Branch		
Section: Research Section	Unit: Research Unit		
Office Location: 1700 K Street, Sacramento, CA 9581	4		
COI Classification: ✓ Yes ☐ No CBID:	Position Number: 806-410-5742-002		
Telework Eligible: ✓ Yes ☐ No Maximum	Telework Days: (generally up to 3 days per week) 3 days per week		
Bilingual Position: ☐ Yes ✓ No Specify La	anguage: Not Applicable		
This position requires the incumbent to maintain cons effectively, both orally and in writing, when interacting skills related to specific tasks, methodologies, materia timely manner; and adhere to departmental policies a	with others; develop and maintain knowledge and als, tools, and equipment; complete assignments in a		
Job Summary:			
	Il-inclusive listing of work requirements. The incumbent rate with this classification) as assigned, including work equalize peak work periods or to otherwise balance		

the workload.

Description of Duties:		
% of Time	Essential Functions	
50%	Serve as a high-level specialist responsible for independently planning, organizing and conducting extensive healthcare research of Medi-Cal claims data, including fee-for-service, managed care, Child Health and Disability Prevention (CHDP) Program and other health program data to determine over-utilization of services, fraud, waste or abuse. Independently develop and utilize research methodology and techniques to perform complex healthcare research or data mining. Perform statistical data analysis of claims and encounter data, prepare and present technical reports to management, HHSA, and to the Legislature upon request, including recommendations for action. Provide technical expertise on research projects or ad hoc data requests for the Branch and other internal/external stakeholders. Prepare reports using mathematical simulation models of health services utilization to assess the economic impact on the Medi-Cal Program. Prepare, present, and defend findings on program impact through oral presentations and written reports to upper management and stakeholders.	
35%	Conduct intensive investigation of claims data to determine patterns of high cost and over-utilization in the Medi-Cal Program upon referral from management or stakeholders. Develop end-user report formats and generate reports from multi-program databases upon Branch, Division, Agency, or Legislative request. Provide technical consultative services to end users including Branch, Department, and State and Federal agency stakeholders. Assist in training on statistical concepts and the interpretation of claims data from the Fiscal Intermediary or various vendors.	
10%	Advise the Research Section and Branch staff on the development of new methods of provider and beneficiary analysis.	

Description of Duties		
% Of Time	Essential Functions	
5%	Other duties as assigned.	
% Of Time	Marginal Functions	
70 OI TIIIIE	marginari uncuons	

Supervision Received: Under Gene	eral Direction by the for	ter supervisor classification):
	by the (en	ter supervisor classification).
Research Data Supervisor I		
Supervision Exercised: (check all t ☐ Clerical Staff	tnat apply)	ory Classification / None ☐ Technical Staff
☐ Professional Staff	Supervisory Staff	☐ Managerial Staff
Special Requirements: Medical Evaluation /Clearance Background Check / Finger Printin Valid Professional License (please	☐ Typing Certificate ☐	Valid Driver's License
Desirable Qualifications:		
Understanding of Managed Care end Program Integrity industry knowledge Trouble-shoot and/or write basic SAS	e to detect and identify fraud, wast	
Working Conditions (Check all that	t apply):	
Prolonged Periods of:		Travel May be Required:
☐ Standing ☑ Sitting ☐ Kneelin Requires Lifting of Heavy Objects up		Occasional
Acknowledgements:		
Acknowledgements: Human Resources Acknowledgements	ent: The Human Resources Divis	ion has reviewed and approved this
	ent: The Human Resources Division	
Human Resources Acknowledgements	HRD Analyst Signatur	re: 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 Name:

Supervisor Name:

Supervisor Signature:

Date:

Duty Statement

Classification:	
Working Title:	
Program:	
Division:	Branch:
Section:	Unit:
Office Location:	
COI Classification: Yes No CBID:	Position Number:
Telework Eligible: Yes No Maximui	m Telework Days: (generally up to 3 days per week)
Bilingual Position: Yes No Specify	Language:
skills related to specific tasks, methodologies, mater timely manner; and adhere to departmental policies	rials, tools, and equipment; complete assignments in a and procedures regarding attendance and conduct.
Job Summary:	
functions of this job. It should not be considered an of this position may perform other duties (commens	eneral details as necessary to describe the principal all-inclusive listing of work requirements. The incumbent urate with this classification) as assigned, including work to equalize peak work periods or to otherwise balance

Description of Duties:		
% of Time	Essential Functions	

% Of Time Essential Functions	
0/ Of Time Marginal Functions	
% Of Time Marginal Functions	

State of California – Health and Human Services	Agency Department of Health C	Care Services	
Supervision Received:	by the (enter supervisor classificat	ion):	
	☐ Non-Supervisory Classification / None Analytical Staff ☐ Technica Supervisory Staff ☐ Manager	l Staff	
Special Requirements: ☐ Medical Evaluation /Clearance ☐ Typi ☐ Background Check / Finger Printing Clearanc ☐ Valid Professional License (please specify): _			
Desirable Qualifications:			
Morking Conditions (Chark all that apply)			
Working Conditions (Check all that apply): Prolonged Periods of: ☐ Standing ☐ Sitting ☐ Kneeling ☐ Bending ☐ Occasional ☐ Over Night			
Requires Lifting of Heavy Objects up to:			
Acknowledgements:			
Human Resources Acknowledgement: The Hiduty statement.	uman Resources Division has reviewed and ap	proved this	
HRD Analyst Name:	HRD Analyst Signature:	Date:	
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:	
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