



West Virginia

## Health and Human Resources Specialist, Senior

<b>SALARY</b>	\$2,999.50 - \$5,549.08 Monthly \$35,994.00 - \$66,589.00 Annually	<b>LOCATION</b>	Kanawha County, WV
<b>JOB TYPE</b>	Full-Time Permanent	<b>REMOTE EMPLOYMENT</b>	Flexible/Hybrid
<b>JOB NUMBER</b>	BMS2400015	<b>DEPARTMENT</b>	DHHR - BMS - BUREAU FOR MEDICAL SERVICES
<b>OPENING DATE</b>	10/26/2023	<b>CLOSING DATE</b>	11/4/2023 11:59 PM Eastern
<b>LOCATION OF VACANCY</b>	KANAWHA		

### Nature of Work

**BMS2400015**

**Kanawha County**

**1 Vacancy**

**0511P02164**

**Department of Health and Human Resources (DHHR)/ Bureau for Medical Services (BMS)** - Under general supervision, this position will serve as the provider enrollment lead auditor within the Office of Program Integrity, at the Bureau for Medical Services. This position is responsible for administrative oversight of West Virginia Medicaid provider enrollment, screening audit and compliance functions, development and implementation of applicable policies and procedures and complex evaluation, coordination and decision-making regarding West Virginia Medicaid provider participation exclusions, terminations, and suspension. The provider enrollment lead auditor assures West Virginia Medicaid's compliance with state and federal regulations, the Centers for Medicare and Medicaid Services (CMS), Medicaid Provider Enrollment Compendium (MPEC) and West Virginia Medicaid policies and procedures for provider screening and enrollment. Evaluates media, court orders, provider reports from fiscal agents and referrals from West Virginia Medicaid staff, managed care organizations, members, and providers, and, on a monthly basis, monitors all WV licensing Boards (for healthcare providers) to identify provider adverse actions that may impact care for West Virginia Medicaid members. This position will use independent judgment to determine if a provider's adverse action should lead to payment suspension, termination and/or exclusion from West Virginia Medicaid, and if applicable, coordinate and complete the process. At least monthly, reports WV Medicaid provider enrollment adverse actions to CMS via its data exchange system (DEX) and compares DES data from Medicaid and other states Medicaid agencies against the WV Medicaid provider enrollment files and terminates enrollment of any provider listed in DEX system who's currently enrolled with WV Medicaid. Performs data mining activities to identify areas of fraud, waste, and abuse. Conduct on-site and desk audit reviews of paid Medicaid Services to ensure compliance with Medicaid policies and procedures. Prepare detailed written reports submitted to providers with findings, conclusions, and recommendations (including monetary reimbursement if applicable). Review, recommend and refer cases of fraud directly to the Medicaid Fraud Control Unit (MFCU). Track referred fraud cases along with MFCU as needed. Preventing and/or

terminating enrollment of providers who fail to meet provider screening and enrollment rules and regulations is the first line of defense against fraud, waste and abuse for WV Medicaid and helps to ensure WV Medicaid recipients receive quality healthcare services from enrolled Medicaid Providers. Analyze Medicaid billing data in conjunction with written policy to ascertain if payments are correct and paid according to regulations. Review and make necessary Medicaid policy recommendations or procedure changes to ensure program integrity. Serve as the liaison between the Program Integrity Unity and other internal departments within the bureau. Interpret federal laws, regulations, and guidelines for BMS Staff and others involved in provider enrollment, provider sanctions, etc. Develops training for other auditors and BMS staff. Performs other duties as assigned.

DHHR'S EEOP Utilization Report may be found at:

<https://dhhr.wv.gov/vip/Pages/default.aspx>

#DHHRJOBS

## Minimum Qualifications

**Training:** Bachelor's Degree from a regionally accredited four-year college or university.

**Substitution:** Additional experience as described below may be substituted for the required training on a year-for-year basis.

**Experience:** Four years full-time, equivalent part-time paid or volunteer experience in a technical or program area that is related to the area of employment.

**Substitution:** Post-graduate education in a field related to the technical or program area may be substituted for the required experience on the basis of fifteen semester hours for one year of experience.

### Special Requirement for the Commission for the Deaf and Hard of Hearing:

In addition to the above minimum requirements, one year of basic sign language classes.

### Special Requirement for the West Virginia Cancer Registry:

**Certification:** For West Virginia Cancer Registry cancer surveillance, data quality, and registrar education positions, applicant must hold the Certified Tumor Registrar (CTR) credential, **OR** have five (5) years of cancer registry work experience.

### Areas of Assignment:

Behavioral Health  
Community Health  
Emergency Medical Services  
Environmental Health  
Health  
Health Facilities Licensure and Certification  
Health Planning  
Health Promotion  
Interpreter for the Deaf and Hard of Hearing  
Investigation  
Legal  
Rural Health  
Social Services  
Volunteer Services  
Cancer Registry

## Other Information

**Promotional Only - Three (3) years in the Health and Human Resources series may substitute for the required training and experience.**

PG: 15 \$35,994 - \$66,589

Market Rate: \$58,670

Email applications to [Kim.D.Huffman@wv.gov](mailto:Kim.D.Huffman@wv.gov).

Mail to Kim D. Huffman, at 350 Capitol Street, Room 251, Charleston, WV 25301.

Please include posting number **BMS2400015** on application.

Please note: ***Applications of covered state employees, mailed to DOP or completed via DOP's on-line method, are not forwarded.***

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**Agency**

West Virginia

**Address**

1900 Kanawha Blvd. East  
Building 3 Suite 500  
Charleston, West Virginia, 25305

**Phone**

(304) 558-3950

**Website**

<http://www.personnel.wv.gov>