



STATE OF WASHINGTON

OFFICE OF FINANCIAL MANAGEMENT

STATE HUMAN RESOURCES DIVISION | DIRECTOR'S REVIEW PROGRAM

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May 5, 2016

TO: Kristie Wilson  
Rules and Appeals Program Manager

FROM: Nancy Jacobski  
Director's Review Specialist

SUBJECT: Judy Hidell-Smith v Health Care Authority  
Allocation Review Request ALLO-15-086

**Director's Determination**

As the Director's Review Specialist, I carefully considered the documentation provided by Judy Hidell-Smith and the Health Care Authority (HCA) including the exhibits provided by both parties. Based on my review and analysis of Ms. Hidell-Smith's assigned duties and responsibilities, I conclude her position is properly allocated to Medical Assistance Program Specialist 2 (MAPS 2).

**Background**

On March 19, 2015, Ms. Hidell-Smith submitted a Position Review Request (PRR) to the Health Care Authority (HCA) Human Resource Office in Olympia requesting reallocation from MAPS 2 to Information Technology Specialist 4 (ITS 4).

By letter dated September 22, 2015, Nathan Hathaway, Human Resource Consultant, HCA, notified Ms. Hidell-Smith that her position remained allocated to MAPS 2.

On October 20, 2015, OFM State HR received Ms. Hidell-Smith's request for a written Director's review of HCA's allocation determination (Exhibit A-1).

**Rationale for Director's Determination**

The purpose of a position review is to determine which classification best describes the overall duties and responsibilities of a position. A position review is neither a measurement of the volume of work performed, nor an evaluation of the expertise with which that work is performed. A position review is a comparison of the duties and responsibilities of a particular position to the available classification specifications.

This review results in a determination of the class that best describes the overall duties and responsibilities of the position. *Little-Stamper v. Washington State University*, PAB Case No. 3722-A2 (1994).

Positions are to be allocated to the class which best describes the majority of the work assignment. *Ramos v DOP*, PAB Case No. A85-18 (1985).

### **Organizational Structure**

Ms. Hidell-Smith works in the Division of Program and Payment Integrity (PPI) and reports to Bernice Lawson, Payment Review Program Manager. According to the organizational chart (Exhibit A-2), Ms. Lawson's unit contains several positions, including two ITSAS 6s; two ITS 5s; two ITS 4s; one MAPS 1; one Medical Assistance Specialist 4; one WMS 1 position; and four MAPS 2s, which includes Ms. Hidell-Smith.

### **Position Purpose**

As summarized in her PRR and Position Description (PD), Ms. Hidell-Smith performs peer profiling analytics, which assists the HCA in investigating complaints of Medicaid fraud and billing abuse, pursuant to federal mandate 42 CFR 455.14. Using the Managed Care and Provider One system databases, she identifies provider outliers, opens investigations on individual providers and applies data mining methods to develop cases and uncover evidence for referral to state and federal agencies. She is the subject matter expert (SME) responsible for providing analysis of prescription drug program data that identifies overpayments. Additionally, she identifies and initiates improvements to policy and payment system vulnerabilities and represents the agency in disputes related to identification and overpayments.

### **Duties and Responsibilities**

As referenced in her PD (Exhibit B-2), Ms. Nesser's duties may be summarized as follows:

- 50% Monitor Medicaid pharmacy providers and other assigned programs through utilization review and analysis of billing patterns using data analysis techniques for Medicaid and other assigned programs. Conduct independent, lead-level professional reviews and monitoring of medical service providers within assigned Medicaid program areas.
- 15% SME for PRP algorithms. Represent the agency at administrative hearings.
- 15% Develop cases based on complaints and tips received through hot tips, fraud line, medical services verification (MSV) or other sources, such as media, law enforcement or HCA's internal staff. Take action on findings, which may result in a referral to Medical Audit, the Medicaid False Claims Act Team, Medicaid Fraud Control Unit (MFCU), or other law enforcement.
- 15% Conduct research and review in support for reported or alleged cases of fraud.
- 5% Other duties as assigned.

**Summary of Ms. Hidell-Smith's Perspective | Position Review Request, Employee Portion (Exhibit B-25)**

Ms. Hidell-Smith states the following when asked to describe her position purpose:

"...New logic developed by this position creates increased capabilities to identify overpayments and has resulted in millions of dollars in recoveries in the last two years. With critical and unique insight into where and how overpayments result, this position is key to identifying payment system vulnerabilities and interpreting data for the purpose of identifying risk. This position applies subject matter expertise in collaboration across divisions to facilitate development and support increasingly sophisticated analytics to keep ahead of advances in provider billing technology that carry potential risk in fee for service and encounter activity. This position performs analysis, consulting and testing in direct collaboration with the vendor to create fraud and abuse detection tools, provider models and increasingly complex algorithms to maximize immersing technical function and capabilities. This position participates in development in development of WAC, billing instruction and policy to support program integrity and fiscal accountability."

**Summary of Ms. Hidell-Smith's Perspective | Request for Director's Review (Exhibit A-1)**

"In my unit the tasks I perform were reclassified as IT positions. Current and past supervisors confirm that I perform tasks consistent with IT4 and IT5 positions in my unit (A079 and RP53). Management asked me to divide my time 51%-49% respectively, for this reason I believe an IT4 classification best describes my duties."

As stated in her appeal request, Ms. Hidell-Smith states she develops, implements and refines data analytics, data mining and methodologies. She also provides quality assurance by assembling, leading and serving agency workgroups and represents the agency prior to and during the hearing process.

**Summary of Ms. Hidell-Smith's Perspective | Performance Development Plan, Evaluation Portion (Exhibit A-2):**

The Performance and Development Plan (PDP) signed on September 23, 2015, states in part:

50%

- Develops logic to create new capabilities for peer profiling analytics specifically in the interest of identifying outlier providers, aberrant billing patterns, suspected fraud and other indications of abuse within a peer group.
- Develops new capabilities and methodologies for data mining analytics specifically in the interest of identifying individual providers' aberrant billing practices and suspected fraud for investigation and case development.
- Direct collaboration with the vendor to develop, test and deploy fraud, abuse detection tools creating new capabilities to identify aberrant billing patterns and provider outliers within peer groups.

\*\*\*

20%

- Direct collaboration with the vendor to develop new algorithm logic and create new capabilities to identify and recover overpayments for multiple medical service programs and claim types.

**Summary of HCA's Perspective | Position Review Request, Supervisory Portion (Exhibit B-26)**

In the supervisory portion of the PRR, Ms. Lawson states she disagrees with some portions of the employee's description of duties and responsibilities:

"I disagree with the statement that this position services as the "sole" subject matter expert. While staff drafts algo (referring to algorithm) logic, they do work with program staff (SME's) in other divisions within HCA. Once the vendor pulls the data from the drafted algo logic and it appears to be correct, staff meets with other SMEs in the agency depending upon the program. For example: For a pharmacy algo, this position would meet with the PRP ITS6, with pharmacy SMEs in HCA such as the Program Manager for Prescription Drug Program, System Analysts, Rates, Contracts or others on the staffing matrix attached. This ensures the overpayments indentified in the data are correct prior to the money being taken back."

\*\*\*

50%

"...this position drafts algo's logic which is sent to the vendor to pull the data. Once the data is pulled, this position analyzes the data for accuracy. If changes are to be made, this position will notify the vendor and make changes and rerun the data. This position collaborates with PRP ITS6, the vendor, policy and program staff which possibly could be defined as creating new capabilities. This position also collaborates with the vendor providing input for creating new tools as needed, such as the pharmacy analytic tool created by the vendor. I am unsure what is meant by creating methodologies for data mining. This position does run ad-hoc queries looking for aberrant billing practices prior to submitting draft algo logic."

\*\*\*

"Create new capabilities. This position works with the vendor providing input in the creation of new tools such as the pharmacy analytic. This position works with the vendor providing expert input on what is needed for the tool to achieve the desired result. This position meets with the vendor to review SURS study results that may identify aberrant billing patterns and provider outliers."

20%

"This position does collaborate with the vendor to develop algorithm logic, which is sent to the vendor to pull the data. Once the data is pulled, this position analyzes the data to see if it is accurate and correct. This may require several versions that go back and forth between this position and the vendor until the desired results are achieved. This position works with the vendor to create new tools such as the development of pharmacy analytic tool. This is not something that is consistently done, and only done when the vendor is in the process of creating the analytic tool."

### **Summary of HCA's Perspective | Review Determination Letter (Exhibit B-1)**

HCA contends the majority of Ms. Hidell-Smith's work "...involves reviewing the work of Medicaid providers to determine if proper WAC, programs and policies were followed in billing clients..." As such, HCA asserts Ms. Hidell-Smith's work meets the second option described in the MAPS 2 definition:

2. Is designated by a Medical Assistance Office Chief or higher to review and approve work from other professionals in the community and/or department in order to provide oversight for implementation of new and revised Washington Administrative Codes, programs, policies and/or communications. Assigns work to maintain consistency, accuracy and quality of medical assistance programs...

HCA goes on to say in the review determination letter: "She does not perform work in IT systems and/or applications support for client applications, databases, computer hardware and software products, network infrastructure equipment, or telecommunications software or hardware."

### **Summary of HCA's Perspective | Statements from Closing Argument (Exhibit B-27)**

"Ms. Hidell-Smith...works within several databases to extract provider data. This is accomplished by identifying data field criteria (called algorithms...), which is provided to the database vendor who then runs queries and pulls the requested data for Judy. Once the data is pulled, Judy demonstrated that she uses Microsoft Excel to filter and sort the data to identify outliers that may indicate provider overpayments (peer profiling). Once identified, Judy works with other subject matter experts to correct system issues, WACs or other billing rules that may incorrectly allow the overpayments."

### **Comparison of Duties to Class Specifications**

I carefully reviewed the exhibits submitted by the parties. Allocating criteria consists of the class specification's class series concept (if one exists), the definition and the distinguishing characteristics. Typical work is not an allocating criterion, but may be used to better understand the definition or distinguishing characteristics.

The first consideration when allocating a position is ensuring it fits the class series concept. There is no class series concept or distinguishing characteristics within the MAPS series.

### **Class Series Concept for the ITS series**

Positions in this category perform professional information technology systems and/or applications support for client applications, databases, computer hardware and software products, network infrastructure equipment, or telecommunications software or hardware.

This category broadly describes positions in **one or more information technology disciplines** such as: **Application Development And Maintenance, Application Testing, Capacity Planning, Business Analysis and/or Process Re-Engineering, Data Base Design And Maintenance, Data Communications, Disaster Recovery/Data Security, Distributed Systems/LAN/WAN/PC, Hardware Management And Support, Network Operations, Production Control, Quality Assurance, IT Project Management, Systems Software, Web Development, or Voice Communications.**

**Positions which perform information technology-related work to accomplish tasks but are non-technical in nature would not be included in this occupational category.** [emphasis added]

#### **Definition of ITS 4**

**Performs analysis, system design, acquisition, installation, maintenance, programming, project management, quality assurance, troubleshooting, problem resolution, and/or consulting tasks for complex computing system, application, data access/retrieval, multi-functional databases or database management systems, telecommunication, project or operational problems.** [emphasis added]

As a senior-level specialist in an assigned area of responsibility and/or as a team or project leader, applies advanced technical knowledge and considerable discretion to evaluate and resolve complex tasks such as planning and directing large-scale projects; conducting capacity planning; designing multiple-server systems; directing or facilitating the installation of complex systems, hardware, software, application interfaces, or applications; developing and implementing quality assurance testing and performance monitoring; planning, administering, and coordinating organization-wide information technology training; acting as a liaison on the development of applications; representing institution-wide computing and/or telecommunication standards and philosophy at meetings; or developing security policies and standards.

Incumbents understand the customer's business from the perspective of a senior business person and are conversant in the customer's business language. Projects assigned to this level impact geographical groupings of offices/facilities, and/or regional, divisional, or multiple business units with multiple functions. The majority of tasks performed have wide-area impact, integrate new technology, and/or affect how the mission is accomplished.

Ms. Hidell-Smith does not perform system design and other tasks stated in the definition of the ITS 4. She is the user, not designer, of the Managed Care and Provider One databases. She does draft algorithm logic, sends it to the vendor who then pulls the data, after which, she notifies the vendor if changes are to be made and if problems occur. The purpose for her collaborating with the vendor and IT staff is to analyze a wide variety of information to ensure compliance with 42 CFR 455.14 regarding preliminary investigations and to develop cases to uncover evidence for referral to state and federal agencies.

#### **Definition of MAPS 1**

In the Medical Assistance Administration, reports to a higher level Medical Assistance Program Manager and is responsible for medical assistance program analysis and evaluation, developing and writing policies and procedures, utilization review, preparing issue papers and reports, implementing policy changes and/or monitoring and administering provider contracts. Provides consultative services to clients, medical providers, and other professionals in the community and/or department regarding program administration.

Ms. Hidell-Smith works independently with the vendor for the purpose of Medicaid fraud discovery. MAPS 1 is the entry level of the series and positions report to a higher level MAPS position. Ms. Hidell-Smith is at the fully-qualified, journey level of the series and works independently directly with the vendor. Therefore, MAPS 1 is not an appropriate fit for her position.

## Definition of Medical Assistance Program Specialist 2

In the Medical Assistance Administration:

1. Serves as a lead worker for two or more professional staff or supervises a unit(s) of five or more technical staff and is responsible for development of medical assistance programs, planning, evaluation, policy promulgation, and consultative services to clients, medical providers and other professionals in the community and/or department regarding program administration;
2. **Is designated by a Medical Assistance Office Chief or higher to review and approve work from other professionals in the community and/or department in order to provide oversight for implementation of new and revised Washington Administrative codes, programs, policies and/or communications. Assigns work to maintain consistency, accuracy and quality of medical assistance programs** [emphasis added]; or
3. Is designated by the Medical Assistance Program Administrator as the regional representative and is responsible for development of medical assistance programs, planning, evaluation, policy promulgation, and consultative services to clients, medical providers and other professionals in the community and/or department regarding program administration.

The duties assigned Ms. Hidell-Smith best fit option number two of the MAPS 2 job class. Working with IT staff and the vendor to obtain accurate data, Ms. Hidell-Smith reviews work from providers and pharmacies (other professional in the community) to provide oversight for implementation of WAC codes, programs, policies (42 CFR 455.14) and/or communications.

The MAPS 2 classification does not contain distinguishing characteristics; therefore we look to the typical work statements for guidance. See *Kristen Mansfield v. Department of Fish and Wildlife*, PRB Case No. R-ALLO-11-014 (2011). The MAPS 2 class specification does not include typical work, so I referenced typical work in the MAPS 1 class specification to identify similarities to the nature of Ms. Hidell-Smith's work:

### Typical Work for MAPS 1:

- Develops and writes formal eligibility and authorization procedures for statewide administration and implementation of medical assistance programs
- Coordinates implementation of policies with regional and office staff from other divisions;
- Confers with federal, state and department staff in the development and implementation of program and procedural changes to assure compliance with federal/state eligibility requirements;
- Takes lead responsibility in conducting in-depth analyses of medical assistance issues and programs...conducts or leads data-gathering operations, analyzes data, reports specific findings, develops recommendations, and prepares project reports for written and/or oral presentation;
- Provides technical and consultative assistance to...providers...regarding the medical assistance programs.

### Work statements from Ms. Hidell-Smith's PRR:

- Serves as the SME to provide internal review for the Medicaid programs she is assigned. She recommends changes and works with HCA SMEs to write or revises WAC, Billing Instruction and Provider Memos.
- Participates in developing procedures that support surveillance and utilization review on Managed Care encounter data.

- Researches and organizes provider statements, documentation, complex data sets, vendor reports and all evidence to substantiate overpayments identified in the algorithm process. Provide testimony of such and represent the agency when an overpayment is disputed.
- Provides clear, concise, interpretations of WAC and billing instruction and explanations of data sets, representing the agency in Administrative Hearing processes. Communicates with other state and federal agencies and the medical service provider community
- Works within several databases to extract provider data. She provides algorithm logic to the vendor and Ms. Hidell-Smith analyzes the data to find overpayments, correct system issues and recommend changes. She drafts professional reports to present findings.

Many of the duties in Ms. Hidell-Smith's PRR are comparable to the typical work statements from the MAPS 1 class specification listed above.

Ms. Hidell-Smith compares her position to ITS staff in her unit and provided several exhibits illustrating the similarities in her work compared to other ITS positions. A position review is a comparison of the duties and responsibilities of a particular position to the available **classification specification**. See *Liddle-Stamper v. Washington State University*, PAB Case No. 3722-A2 (1994). As such, I cannot allocate Ms. Hidell-Smith's position based on comparisons to other positions.

As technology advances and many tasks that were once performed by technicians become available through computer applications or programs, many functions and disciplines utilize computers to perform tasks that were once performed using less computerized processes. However, this does not change the purpose or nature of the work being performed. Rather, only the tools being used and the processes necessary to employ those tools have changed. *Granum v. Department of Corrections*, PRB Case No. R-ALLO-15-004 (2015).

Here, as in *Granum*, Ms. Hidell-Smith uses computer functions to perform tasks that were once performed using less computerized processes. However, the purpose and nature of Appellant's work has not changed. Ms. Hidell-Smith does not perform professional IT systems and/or applications support and, therefore, her position does not meet the intent of the ITS class series. She performs journey-level work to ensure compliance to federal regulations around Medicaid fraud and, as such, the Medical Assistance Program Specialist 2 best fits Ms. Hidell-Smith's duties and responsibilities.

## Appeal Rights

RCW 41.06.170 governs the right to appeal. RCW 41.06.170(4) provides, in relevant part, the following:

An employee incumbent in a position at the time of its allocation or reallocation or the agency utilizing the position, may appeal the allocation or reallocation to the Washington personnel resources board. Notice of such appeal must be filed in writing within thirty days of the action from which appeal is taken.

The mailing address for the Personnel Resources Board (PRB) is PO Box 40911, Olympia, Washington, 98504-0911. The PRB Office is located on the 3rd floor of the Raad Building, 128 10th Avenue SW, Olympia, Washington. The main telephone number is (360) 407-4101 and the fax number is (360) 586-4694.

If no further action is taken, the Director's determination becomes final.

c: Judy Hidell-Smith, Appellant  
Nathan Hathaway, HR Consultant, HCA

Enclosure: List of Exhibits

**Judy Hidell-Smith vs. Health Care Authority**

**ALLO-15-086**

List of Exhibits

A. Judy Hidell-Smith

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3. ITS 3 Class Specifications with highlights
4. Screen Prints
5. Screen Prints
6. PRP IT Position Descriptions
7. List of IT Tasks
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