

education, but determined that she lacked five years and six months of the required experience.

On appeal, the appellant explains how she analyzes information to determine if a Long-Term Care facility, as provider of Medicaid services, is eligible to be exempt from the assessed provider tax. Further, the appellant evaluates and recommends facility Medicaid per diem rates and retroactive mass rate adjustments related to Medicaid. Moreover, the appellant investigates whether a facility is found to have committed Medicaid fraud, and if so, she calculates changes to the facility's Medicaid per diem rate, retroactive rate adjustment, and performs an interest calculation regarding a facility's Medicaid overpayment. The appellant submits e-mails to demonstrate that she performs the work as described in her appeal.

CONCLUSION

N.J.A.C. 4A:4-2.6(a) provides that applicants shall meet all requirements specified in the promotional announcement by the closing date. *N.J.A.C.* 4A:4-6.3(b) provides that the appellant has the burden of proof in examination appeals.

In the instant matter, Agency Services correctly determined that the appellant is not eligible for the examination. The appellant's application and appeal indicate that the appellant's duties were to determine a facility's status regarding the provider tax that is assessed to facilities that accept Medicaid patients and other issues regarding that institution's involvement in the Medicaid program. The subject examination requires experience determining applications for financial or medical assistance, benefits or other services, or in credit investigations. In other words, the examination requires experience involving the review of an individual's eligibility for assistance, benefits, or credit investigations programs while the appellant is performing analysis at the institutional level regarding assessed taxes and other issues related to an institution's involvement as a Medicaid services provider.

Moreover, the Civil Service Commission notes that even though the appellant is provisionally serving in the title under test, Agency Services did not credit her with any applicable work experience for this position. In this regard, the definition section of the job specification for Principal Claims Reviewer states:

Under the direction of a Supervisory Officer assists in the supervision of a section engaged in review and processing of eligibility claims for Medicaid Programs; does other duties.

Significantly, the duties that the appellant describes for her provisional position do not appear to be consistent with a Principal Claims Reviewer

classification. Therefore, since it appears that the appellant may not be performing the duties of a Principal Claims Reviewer, it is appropriate to refer the matter of the classification of her provisional position to Agency Services for review, and the appointing authority shall affect the proper classification of the position within 30 days of Agency Services' classification determination.

ORDER

Therefore, it is ordered that this appeal be denied. It is further ordered that the matter of the classification of the appellant's provisional position be referred to the Division of Agency Services for further review.

This is the final administrative determination in this matter. Any further review should be pursued in a judicial forum.

DECISION RENDERED BY THE
CIVIL SERVICE COMMISSION ON
THE 4th DAY OF APRIL, 2018



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