



## DEPARTMENT OF MANAGED HEALTH CARE EXAMINATION ANNOUNCEMENT FOR Associate Health Care Service Plan Analyst

AN EQUAL OPPORTUNITY EMPLOYER TO ALL REGARDLESS OF RACE, COLOR, CREED, NATIONAL ORIGIN, ANCESTRY, SEX, MARITAL STATUS, DISABILITY, RELIGIOUS OR POLITICAL AFFILIATION, AGE OR SEXUAL ORIENTATION.  
IT IS AN OBJECTIVE OF THE STATE OF CALIFORNIA TO ACHIEVE A DRUG-FREE STATE WORKPLACE. ANY APPLICANT FOR STATE EMPLOYMENT WILL BE EXPECTED TO BEHAVE IN ACCORDANCE WITH THIS OBJECTIVE BECAUSE THE USE OF ILLEGAL DRUGS IS INCONSISTENT WITH THE LAW OF THE STATE THE RULES GOVERNING CIVIL SERVICE AND THE SPECIAL TRUST PLACED IN PUBLIC SERVANTS.

### Open Continuous Examination

**NOTE:** A separate examination is also offered for the [Assistant Health Care Service Plan Analyst](#).

**This is an open examination. Applications will not be accepted on a promotional basis. Career credits do not apply.**

**WHO SHOULD APPLY:** Candidates who meet the minimum qualifications as stated on this examination announcement. All applicants must meet the education and/or experience requirements as stated on this examination announcement.

**HOW TO APPLY:** Submit the Examination Application ([STD Form 678](#)) **and** the Qualifications Assessment in person or by mail to:

Department of Managed Health Care  
980 9<sup>th</sup> Street, Suite 500  
Sacramento, CA 95814  
Attn: ASSOCIATE HEALTH CARE SERVICE PLAN ANALYST Exam

Submit applications only to the address indicated above. Do not submit to the California Department of Human Resources (CalHR).

The testing office will accept Examination Applications ([STD Form 678](#)) **and** Qualifications Assessments continuously and will notify and test applicants on an as needed basis.

The Qualifications Assessment for ASSOCIATE HEALTH CARE SERVICE PLAN ANALYST is included in this examination bulletin. Please ensure that all attached documents and an Examination Applications ([STD Form 678](#)) are completed in their entirety before submitting to the address above.

**NOTE:** Only applications with original signatures will be accepted. Facsimile (FAX) or emailed applications will not be accepted under any circumstances.

**FINAL FILE DATE:** Testing is considered continuous and conducted on an ongoing basis. Testing frequency may be subject to change. The testing office will accept applications continuously and will notify and test applicants as needs warrant.

**TESTING PERIOD:** A candidate may be tested only once during a 6-month period.

Positions exist in Sacramento only.

**SPECIAL TESTING ARRANGEMENTS:** If you have a disability and need special testing arrangements, mark the appropriate section of the "Application for Examination". You will be contacted for specific arrangements.

**MONTHLY SALARY:** \$4,600.00 – \$5,758.00

**REQUIREMENT FOR ADMITTANCE TO THE EXAMINATION:** All applicants must meet the education and/or experience requirements as stated on this examination bulletin on the date you submit your application. Your signature on your application indicates that you have read, understood, and possess the qualifications required.

**NOTE:** Applications/resumes **MUST** contain the following information: "to" and "from" dates (month/day/year), time base, civil service class title(s), and range (if applicable). If using education to qualify, applicants **must** include copies of transcripts and/or copy of required degree. College course information **MUST** include: title, semester or quarter credits, name of institution, completion dates, and degree (if applicable).

**MINIMUM QUALIFICATIONS:** Unless otherwise specified in the class specification, qualifying experience may be combined on a proportionate basis if the requirements stated include more than one pattern, distinguished as "Either" I, "or" II, "or" III, etc. For example, candidates' possessing qualifying experience amounting to 50% of the required time of Pattern I, & additional experience amounting to 50% of the required time of Pattern II, may be admitted to an examination as meeting 100% of the overall experience requirement.

**The following education is required when non-California state service experience is used to qualify at any level.**

**Education:** Equivalent to graduation from college with specialization in a field related to public health. (Additional qualifying experience may be substituted for the required education on a year-for-year basis.) (Possession of a master's degree with major emphasis in public health, health facility administration, or other related field may be substituted for one year of the required general experience.)

**Either I**

One year of experience in the California state service performing duties of an Assistant Health Care Service Plan Analyst.

**Or II**

Three years of increasingly responsible professional experience in the field of health performing evaluation, and/or organizational/administrative duties, at least one year of which must have been in an ambulatory health care system. This shall have included writing of analytical reports.

**THE POSITION:** This is the full journey level. Under general direction, incumbents perform the more responsible, varied, difficult and complex health care service plan analysis, or serve as team leaders on health plan surveys and smaller projects. Incumbents generally have an area of specialization within health plan analysis for which they are responsible.

**EXAMINATION INFORMATION:** This examination will consist of a Qualifications Assessment weighted 100%. Candidates must attain an overall minimum score of 70% in order to be placed on the eligible list. The questionnaire is designed to elicit specific information regarding each candidate's education and experience relative to the testing classification. Responses to the questionnaire will be assessed based on pre-determined rating criteria. **CANDIDATES WHO DO NOT COMPLETE OR SUBMIT THE QUALIFICATIONS ASSESSMENT WILL BE DISQUALIFIED.**

**NOTE:** If conditions warrant, this examination may utilize an evaluation of each candidate's experience and education compared to a standard developed from the class specification. For this reason, it is especially important that candidates take special care in accurately and completely filling out their application. List all experience relevant to the "Requirements for Admittance to the Examination" shown on this announcement.

**SCOPE:** In addition to evaluating the candidate's relative abilities as demonstrated by quality and breadth of experience, emphasis will be placed on measuring, relative to job demands, each candidate's:

**A. Knowledge of:**

1. Health care service/managed health care plans to perform various analytical and research functions related to the assessment of health plan operations and compliance.
2. Health care service/managed health care principles to participate in and/or conduct routine and non-routine surveys.
3. Health care service/managed health care problems to identify issues regarding health plan operational performance in areas such as grievance systems, utilization management, quality systems, access and availability, language assistance requirements, and the overall delivery of health care services to the health plan membership.
4. Health care service plan/managed health care policies and procedures to review and comment on health plan license application, amendments and material applications.
5. Health care service plan/managed health care operations to collaborate with other Divisions and/or other regulatory or government health care agencies
6. Methods of preparing and writing reports to effectively communicate assessment findings and to follow established style guides and report templates.
7. Health care service/health plan management capabilities to perform various analytical and research functions related to the assessment of health plan operations and compliance
8. Health care service/health plan organizational structure to perform various analytical and research functions related to the assessment of health plan operations and compliance
9. Medical Groups or Independent Practice Associations to understand the managed care health delivery systems and perform various analytical and research functions related to the assessment a health plan's delivery system and coverage of benefits, and to ascertain organizational structures and determine the relationships with health plans and the varying levels of responsibilities of delegation

10. Analytical techniques for various purposes including, but not limited to, evaluating Program effectiveness to effectively analyze situations, policies, procedures, data and other information, to draw sound conclusions, or to compare against required standards
11. Data gathering techniques and research methods to ensure accuracy and defensibility of outcomes and to effectively analyze situations, policies, procedures, data and other information, to draw sound conclusions, or to compare against required standards

**B. Ability to:**

1. Gather, analyze, and organize data related to health care service plan operations to draw conclusions, assess data and information against required standards, and determine compliance with the law.
2. Analyze problems related to health care service plan operations to draw conclusions, assess data and information against required standards, and determine compliance with the law.
3. Carry out assignments with minimal supervision to produce thorough analyses, scopes of work and other written assignments related to compliance audits of licensed health plans.
4. Communicate clearly and effectively using proper grammar, both orally and in writing, with various audiences to produce professionally written and oral information in the form of briefings, reports and oral presentations.
5. Assess health plan delivery of care to determine compliance with the Knox-Keene Health Care Service Plan Act and Title 28 regulations or to identify health plan operation problems using assessment tools, check lists and pertinent law, regulations, contracts or other regulatory guidance as directed by management and according to assigned survey schedule.
6. Evaluate health care service plan management and organization to determine compliance with the Knox-Keene Health Care Service Plan Act and Title 28 regulations or to identify health plan operation problems using assessment tools, check lists and pertinent law, regulations, contracts or other regulatory guidance as directed by management and according to assigned survey schedule.
7. Act as Department liaison and communicate with various health plan sections or divisions to communicate medical survey functions and processes, evaluate health plan policies, procedures and operations and discuss findings from medical survey activities.
8. Deal effectively with the public when representing the Department to communicate medical survey functions and processes, and discuss findings from medical survey activities.
9. Evaluate data and information to determine completeness of information and to determine compliance with laws and statutes.
10. Multi-task and manage time effectively to meet various assignments within statutory and internal deadlines.
11. Use Microsoft Word, Excel, Outlook, PowerPoint, and quickly learn other computer applications to effectively and efficiently write reports for public issuance, analyze statistical data, and make presentations.
12. Work as part of a team and work with others to facilitate communication and collaboration between team members who may be assigned to the same or similar projects.
13. Maintain regular attendance to complete required job duties.
14. Read, write, interpret documents and reports to extract and apply pertinent information to reach conclusions and make findings regarding compliance evaluations and assessments.
15. Develop assessment tools to monitor compliance with contracts or legal mandates and for use in the course of conducting health plans compliance survey activities.
16. Manage workload and prioritize tasks according to changing priorities in a constantly changing work environment to effectively complete the work assigned in a timely manner and according to quality standards.
17. Conduct interviews and interact with health plan staff to gain additional information pertaining to data and information received through policies, procedures, reports, manuals, and meeting minutes.

**ELIGIBLE LIST INFORMATION:** A departmental eligible list will be established for the Department of Managed Health Care. The names of successful competitors will be merged onto the list in order of final scores, regardless of date. Competitor's eligibility will expire 12 months after it is established unless the needs of the service and/or conditions of the list warrant a change.

**GENERAL INFORMATION**

**It is the candidate's responsibility** to contact the Department of Managed Health Care three days prior to the written test date if he/she has not received his/her notice.

**For an examination without a written feature,** it is the candidate's responsibility to contact the Department of Managed Health Care, Examination Services Unit, (916) 445-1828 three weeks after the final filing date if he/she has not received a progress notice.

If a candidate's notice of oral interview or performance test fails to reach him/her prior to the day of the interview due to a verified postal error, he/she will be rescheduled upon written request.

**Applications are available** at the California Department of Human Resources, <http://jobs.ca.gov>, local offices of Employment Development and Department, Department of Managed Health Care.

**If you meet the requirements** stated on this bulletin, you may take this examination, which is competitive. Possession of the entrance requirements does not assure a place on the eligible list. Your performance in the examination described on this bulletin will be compared with the pre-determined job-related rating criteria, and all candidates who pass will be rated according to their scores.

**The Department of Managed Health Care** reserves the right to revise the examination plan to better meet the needs of the service if the circumstances under which this examination was planned change. Such revision will be in accordance with civil service laws and rules and all competitors will be notified.

**Examination Location:** When a written test is part of the examination, it will be given in such places in California as the number of candidates and conditions warrant. However, locations of interviews or performance evaluations may be limited or extended as conditions warrant.

**Eligible List:** Eligible lists established by competitive examination, regardless of date, must be used in the following order: 1) subdivisional promotional 2) departmental promotional, 3) multidepartmental promotional 4) servicewide promotional 5) departmental open 6) open eligible list. When there are two lists of the same kind, the older must be used first. Eligible list will expire in one to four years unless otherwise stated on this bulletin. In the case of continuous testing examinations, names are merged into the appropriate eligible lists in order of final test scores (except as modified by veterans preference credits) regardless of the date of the test and the resulting eligible lists will be used only to fill vacancies in the area shown on the bulletin.

**General Qualifications:** Candidates must possess essential personal qualifications including integrity, initiative, dependability, good judgment, and ability to work cooperatively with others; and a state health consistent with the ability to perform the assigned duties of the class. A medical examination may be required. In open examinations, investigation may be made of employment records and personal history and fingerprinting may be required.

**Hiring Interview Scope:** If a hiring interview is conducted, in addition to the scope described on this bulletin, the panel will consider education, experience, personal development, personal traits, and fitness. In appraising experience, more weight will be given to the breadth and regency of pertinent experience and evidence of the candidate's ability to accept and fulfill increasing responsibilities than to the length of his/her experience. Evaluation of a candidate's personal development will include consideration of his/her recognition of his/her own training needs; his/her plans of self-development; and the progress he/she has made in his/her efforts toward self-development.

**Veterans Preference:** Effective January 1, 2014, in accordance with Government Codes 18973.1 and 18973.5, Veterans' Preference will be awarded as follows: 1) Any veteran, widow or widower of a veteran, or spouse of a 100 percent disabled veteran, who achieves a passing score in an entrance examination, shall be ranked in the top rank of the resulting eligibility list. Any veteran who has been dishonorably discharged or released is not eligible for Veterans' Preference. 2) An entrance examination is defined, under the law, as any open competitive examination. And 3) Veterans' Preference is not granted once a person achieves permanent civil service status. Veteran status is verified by the California Department of Human Resources (CalHR). Directions to apply for Veterans' Preference are on the Veterans' Preference Application ([Std. Form 1093](#)), which is also available in person at CalHR and the Department of Veterans Affairs.

**High School Equivalence:** Equivalence to completion of the 12<sup>th</sup> grade may be demonstrated in any one of the following ways: 1) passing the General Educational Development (GED) Test; 2) completion of 12 semester units of college-level work; 3) certification from the State Department of Education, a local school board, or high school authorities that the candidate is considered to have education equivalent to graduation from high school; or 4) for clerical and accounting classes, substitution of business college work in place of high school on a year-for-year basis.

**California Relay Service 1-800-735-2929 (TTY), 1-800-735-2922 (Voice)**

**TTY is a Telecommunications Device for the Deaf, and is reachable only from phones equipped with a TTY Device.**

**Bulletin Release Date: November 17, 2015**



**QUALIFICATIONS ASSESSMENT FOR  
ASSOCIATE HEALTH CARE SERVICE PLAN ANALYST**

**PLEASE READ INSTRUCTIONS CAREFULLY.**

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for ASSOCIATE HEALTH CARE SERVICE PLAN ANALYST with the Department of Managed Health Care (DMHC). The information you provide will be rated based on objective criteria created by Subject Matter Experts. The rating will be used to determine your final score in this examination. If successful, your name will be placed onto a separate eligible list for the classification listed above. The list will be used by DMHC to fill existing vacancies. A "Conditions of Employment" form is included in this examination which will allow you to select the location(s) and time base(s) you are interested in working. It is required that you personally complete this examination accurately and without assistance.

**You will be evaluated based on your ability to follow directions, read, interpret, and respond appropriately to the questions in this Qualifications Assessment. Candidates who fail to follow the instructions may result in disqualification or a lower score from this examination.**

**THIS AFFIRMATION MUST BE COMPLETED.**

**Government Code Section 18935:**

**"The department or a designated appointing power may refuse to examine, or after examination may refuse to declare as eligible, or may withhold or withdraw from an eligible list, before the appointment, anyone who meets any of the following criteria:**

**(4) Has misrepresented himself or herself in the application or examination process, including permitting another person to complete or attempt to complete a portion of the examination on his or her behalf."**

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I also understand that if it is discovered that I have made any false representations, I will be removed from the list resulting from this examination and may not be allowed to compete in future examinations for State employment. If already hired from the result of this examination, I may have adverse action taken against me, which could result in dismissal.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME (PRINTED):** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**HOME PHONE NUMBER:** \_\_\_\_\_ **WORK PHONE NUMBER:** \_\_\_\_\_

**YOUR COMPLETED STANDARD STATE APPLICATION (STD. FORM 678) AND COMPLETED QUALIFICATIONS ASSESSMENT MUST INCLUDE YOUR ORIGINAL SIGNATURE. BOTH DOCUMENTS ARE ACCEPTED ON A CONTINUOUS TESTING BASIS. THEY MAY BE MAILED OR FILED IN PERSON TO THE FOLLOWING LOCATION:**

Department of Managed Health Care  
980 9th Street, Room 500  
Sacramento, CA 95814  
Attn: ASSOCIATE HEALTH CARE SERVICE PLAN ANALYST Exam

**NOTE:**

- Candidates whose Qualifications Assessment is postmarked, personally delivered or received via interoffice mail after the due date will be eliminated from the examination.
- Be sure your envelope has **adequate postage** if submitting via mail.
- Facsimiles (FAX) OR email applications will **NOT** be accepted under any circumstances.
- Make and keep a photocopy of the completed Qualifications Assessment for your records.
- The STD. FORM 678 may be downloaded from the CA Department of Human Resources' website at <http://jobs.ca.gov/Profile/StateApplication>.

## GENERAL INSTRUCTIONS

### Read and follow instructions carefully.

This process is the entire examination for the ASSOCIATE HEALTH CARE SERVICE PLAN ANALYST classification. Therefore, **please be sure to follow the instructions carefully as missing or incomplete information may result in disqualification or a lower score for this examination.**

1. Additional instructions are provided on the following pages.
2. If successful, your name will be placed on separate eligible list for the classification listed above.
3. The examination is intended to provide candidates the opportunity to demonstrate their knowledge and experience in a variety of areas. It is not expected that you will have experience in all areas.

The following areas comprise the complete examination for ASSOCIATE HEALTH SERVICE PLAN ANALYST. You must ensure you have addressed each of the following areas:

- Affirmation Statement (page 1)
- General Instructions (page 2)
- Prior State Employment Information (page 3)
- Conditions of Employment (page 3)
- Job Requirements (page 4)
- Work Experience – Associate Health Care Service Plan Analyst (pages 5-6)
- Knowledge Assessment – Associate Health Care Service Plan Analyst (page 7)

### **YOUR RESPONSES ARE SUBJECT TO VERIFICATION**

Please keep in mind that all information provided on this Qualifications Assessment will be subject to verification at any time during the examination process, hiring process, and even after gaining employment. Anyone who misrepresents his/her experience will be subject to adverse consequences, which could include the following action(s):

- Removal from the examination process
- Removal from the certification list
- Loss of State employment
- Loss of rights to compete in any future State examinations

**PRIOR STATE EMPLOYMENT INFORMATION**

If you have been previously dismissed from California State Civil Service employment by punitive action or as a result of disciplinary proceedings, please mark the appropriate box below. IF THIS DOES NOT APPLY TO YOU, please mark the "Not Applicable" box below and continue to the next section.

Rule 211 provides that a dismissed State employee may only participate in State Civil Service examinations if he/she has obtained prior consent from the State Personnel Board.

Do you have written permission from the State Personnel Board Executive Officer to take this examination?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
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**CONDITIONS OF EMPLOYMENT**

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form.

**LOCATION(S) YOU ARE WILLING TO WORK**

Mark the location below if you are willing to work in Sacramento.

(3400) Sacramento

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**TYPE(S) OF APPOINTMENT YOU ARE WILLING TO ACCEPT**

Please choose the type(s) of appointment you are willing to accept. You may check one or more items. Check "(A) Any" if you are willing to accept any type of employment.

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> (D) Permanent Full-Time    | <input type="checkbox"/> (K) Limited-Term Full-Time    | <input type="checkbox"/> (A) Any |
| <input type="checkbox"/> (V) Permanent Part-Time    | <input type="checkbox"/> (W) Limited-Term Part-Time    |                                  |
| <input type="checkbox"/> (T) Permanent Intermittent | <input type="checkbox"/> (X) Limited-Term Intermittent |                                  |

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

**JOB REQUIREMENTS**

The following are job requirements. Please respond to each question by checking the appropriate box. **If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.**

1. Are you willing to abide by and adhere to the policies and procedures at the Department of Managed Health Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to undergo a background check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to keep current with all required Department of Managed Health Care training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to maintain cooperative, professional, and effective interactions with employees, individuals served, and the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION I  
WORK EXPERIENCE – ASSOCIATE HEALTH CARE SERVICE PLAN ANALYST**

**INSTRUCTIONS:** To respond appropriately to items 1 - 16, check the corresponding box in each column that accurately reflects your work experience. (**NOTE:** You must check only one box for each item under “Level of Experience” **AND** one box for each item under “Frequency.”)

	LEVEL OF EXPERIENCE					FREQUENCY				
	Not performed	Performed less than 2 years	Performed 2 year to less than 3 years	Performed 3 years to less than 4 years	Performed 4 years or more	Performed DAILY	Performed WEEKLY	Performed MONTHLY	Performed ANNUALLY (or less frequent)	Not Performed
<p><b>LEVEL OF EXPERIENCE:</b> Check the appropriate box that best describes your level of experience for each item. <b>There should be 1 check mark for each item.</b></p> <p><b>FREQUENCY:</b> Check the appropriate box that best describes how often you performed each item. <b>There should be 1 check mark for each item.</b></p> <p><b>NOTE:</b> There should be a total of <b>TWO</b> check marks for each item. <b>ONE</b> check mark for “Level of Experience” and <b>ONE</b> check mark for “Frequency.”</p> <p><b>ITEMS:</b></p>										
1. Perform responsible, varied, difficult and complex analyses or evaluations related to health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Develop health related documents for compliance with statues, regulations, contracts, or program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Review health related documents for compliance with statues, regulations, contracts, or program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Evaluate or assess health care/health program compliance activates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Develop health care/health program evaluation assessment tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Conduct, organize, direct, monitor, and evaluate health care/health program assessment/review projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Develop and/or evaluate corrective action plans related to health care/health programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Serve as a team leader on health care/health program evaluation projects, directing the work of clinical consultants and/or analysts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Conduct staff training and assist onboarding new staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p><b>LEVEL OF EXPERIENCE:</b> Check the appropriate box that best describes your level of experience for each item. <b><u>There should be 1 check mark for each item.</u></b></p> <p><b>FREQUENCY:</b> Check the appropriate box that best describes how often you performed each item. <b><u>There should be 1 check mark for each item.</u></b></p> <p><b>NOTE:</b> There should be a total of <b>TWO</b> check marks for each item. <b>ONE</b> check mark for “Level of Experience” and <b>ONE</b> check mark for “Frequency.”</p> <p><b>ITEMS:</b></p>	LEVEL OF EXPERIENCE					FREQUENCY				
	Not performed	Performed less than 2 years	Performed 2 year to less than 3 years	Performed 3 years to less than 4 years	Performed 4 years or more	Performed DAILY	Performed WEEKLY	Performed MONTHLY	Performed ANNUALLY (or less frequent)	Not Performed
10. Interact with entities, organizations, and/or regulatory agencies involved in compliance reviews and other aspects of health care/health program operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Act as a subject matter resource related to health care/health program compliance reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Assess compliance with statutes, regulations, contracts, and/or program requirements related to health care/health programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Communicate verbally with health care/health program related entities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Communicate in writing with health care/health program related entities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Collect and analyze data and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Prepare written reports and/or management memorandums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION II**  
**KNOWLEDGE ASSESSMENT – ASSOCIATE HEALTH CARE SERVICE PLAN ANALYST**

<p>For items 1 - 8, rate your level of knowledge by checking the appropriate box that best describes your level of knowledge for each item.</p> <p><b>Definition of Levels:</b></p> <p><b>Extensive Knowledge:</b> I possess an expert knowledge level to the extent that I have effectively performed tasks related to this knowledge in the most difficult and complex situations and I have instructed others on specific aspects of this knowledge.</p> <p><b>Moderate Knowledge:</b> I possess a sufficient knowledge level that has allowed me to perform tasks related to this knowledge successfully and I have applied it to the job.</p> <p><b>Basic Knowledge:</b> I possess some knowledge but may require additional instruction to apply this knowledge effectively.</p> <p><b>No Knowledge:</b> I possess no knowledge and I have not applied it to the job.</p>	LEVEL OF KNOWLEDGE			
	Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge
<b>ITEMS:</b>				
1. Health care service/managed health care plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Health care service/managed health care principles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Health care service/managed health care problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Health care service plan/managed health care policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Health care service plan/managed health care operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Methods of preparing and writing reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Health care service/health plan management capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Health care service/health plan organizational structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**THIS CONCLUDES THE QUALIFICATIONS ASSESSMENT FOR  
 ASSOCIATE HEALTH CARE SERVICE PLAN ANALYST**

Please refer to page one for mailing instructions.