



THE CITY OF NEW YORK
 DEPARTMENT OF CITYWIDE
 ADMINISTRATIVE SERVICES
 APPLICATIONS CENTER
 18 WASHINGTON STREET
 NEW YORK, NY 10004

REQUIRED FORMS
APPLICATION FORM

MICHAEL R. BLOOMBERG
 Mayor

MARTHA K. HIRST
 Commissioner

NOTICE OF EXAMINATION

PROMOTION TO SENIOR HOSPITAL CARE INVESTIGATOR (HHC)

Exam. No. 4537

(For The New York City Health and Hospitals Corporation Only)

WHEN TO APPLY: From: October 6, 2004 APPLICATION FEE: \$45.00
To: October 26, 2004 Payable only by money order to D.C.A.S. (EXAMS)

THE TEST DATE: Multiple-choice test expected to be held on Saturday, January 29, 2005.

WHAT THE JOB INVOLVES: Senior Hospital Care Investigators, under general supervision, supervise units engaged in conducting investigations in HHC health care facilities to determine the eligibility of applicants for medical assistance, or determining how payment for hospital services will be made and taking the necessary actions to bill and collect for these services, or performing other related activities; all Senior Hospital Care Investigators perform related work.

Senior Hospital Care Investigators may be required to work shifts, including nights, Saturdays, Sundays and holidays.

(This is a brief description of what you might do in this position and does not include all the duties of this position.)

THE SALARY: The current minimum salary is \$41,443 per annum. This rate is subject to change.

HOW TO APPLY: If you believe you are eligible to take this examination, refer to the "Required Forms" section below for the form(s) that you must fill out. Return all completed form(s) and the application fee to DCAS Applications Section, 1 Centre Street, 14th floor, New York, NY 10007 **by mail only**. Applications will not be accepted in person.

ELIGIBILITY TO TAKE EXAMINATION: This examination is open to each employee of the New York City Health and Hospitals Corporation who **on the date of the multiple-choice test:**

- (1) is permanently (not provisionally) employed in or appears on a Preferred List (see Note, below) for the title of Hospital Care Investigator; and
- (2) is not otherwise ineligible.

(Note: A "Preferred List" is a civil service list which is only for certain former permanent incumbents of the eligible title who have rehiring rights.)

If you do not know your permanent title or whether you are on a Preferred List, check with **your facility's personnel office**.

You may be given the test before we verify your eligibility. You are responsible for determining whether or not you meet the eligibility requirements for this examination prior to submitting your application. If you are marked "Not Eligible," your application fee will not be refunded and your test paper(s) will not be rated.

ELIGIBILITY TO BE PROMOTED: In order to be eligible for promotion, you must have completed your probationary period in the eligible title as indicated in the above "Eligibility To Take Examination" section, and you must be permanently employed in the eligible title or your name must appear on a Preferred List for the eligible title at the time of promotion.

REQUIRED FORM(S): Application for Examination: Make sure that you follow all instructions included with your application form, including payment of fee. Save a copy of the instructions for future reference.

THE TEST: You will be given a multiple-choice test. A score of at least 70% is required to pass this test. Your score on this test will determine 85% of your final score. Your seniority will determine the remaining 15%. You must pass the multiple-choice test to have your seniority credited. Your seniority score will be 70 plus 1/2 point for each three months of completed, permanent, continuous service with the New York City Health and Hospitals Corporation. Your service will be credited through the date of the test, up to a maximum of 15 years. Time served prior to a break in service of more than one year will not be credited.

READ CAREFULLY AND SAVE FOR FUTURE REFERENCE

The multiple-choice test may include questions on reading and understanding written materials; writing concisely, comprehensively and clearly; planning, organizing and prioritizing; recognizing and solving problems; staff development and training; performing numerical operations, such as adding, subtracting, dividing, and multiplying, including finding percentages; knowledge of departmental procedures and departmental, city, state and federal rules and regulations; knowledge of various computer systems; standards of proper employee conduct; and other related areas.

ADMISSION CARD: You should receive an Admission Card in the mail about 10 days before the date of the test. If you do not receive an Admission Card at least 4 days before the test date, you must go to the Examining Service Section, 1 Centre Street, 14th floor, Manhattan, to obtain a duplicate card.

THE TEST RESULTS: If you pass the multiple-choice test and are marked eligible, your name will be placed in final score order on an HHC eligible list and you will be given a list number. You will be notified by mail of your test results. If you meet all requirements and conditions, you will be considered for promotion when your name is reached on the eligible list.

ADDITIONAL INFORMATION:

Selective Certification for Foreign Language and/or American Sign Language: If you can speak a foreign language and/or you know American Sign Language, you may be considered for appointment to positions requiring this ability through a process called Selective Certification. If you pass a qualifying test, you may be given preferred consideration for positions requiring this ability.

Follow the instructions given to you in the multiple-choice test booklet on the day of the test to indicate your interest in the above Selective Certification areas. The Selective Certification requirements may be met at any time during the duration of the list. If you will meet the Selective Certification requirement **at some future date**, please submit documentation by mail to: DCAS Bureau of Examinations - GEEG - 1 Centre Street, 14th Floor, New York, NY 10007. Please include the examination title and number and your social security number on your correspondence.

List Termination: The eligible list resulting from this examination will be terminated one year from the date it is established, unless extended by the NYC Health and Hospitals Corporation.

SPECIAL ARRANGEMENTS:

Late Filing: Consult **your facility's personnel office** to determine the procedure for filing a late application if you meet one or more of the following conditions:

- (1) You are absent from work for at least one-half of the application period and cannot apply for reasons such as vacation, sick leave or military duty; or
- (2) You are appointed to an eligible title after the above application period but on or before the date of the multiple-choice test.

Special Test Accommodations: If you plan to request special testing accommodations due to disability or an alternate test date due to your religious belief, follow the instructions included with the "Application for Examination."

Make-up Test: You may apply for a make-up test if you cannot take the test on the regular test date for any of the following reasons:

- (1) compulsory attendance before a public body;
- (2) on-the-job injury or illness caused by municipal employment;
- (3) absence for one week following the death of a spouse, domestic partner, parent, sibling, child or child of a domestic partner;
- (4) absence due to ordered military duty; or
- (5) a clear error for which the Department of Citywide Administrative Services or the examining agency is responsible.

To request a make-up test, contact the Examining Service Section, 1 Centre Street, 14th floor, New York, NY 10007, in person or by certified mail as soon as possible and provide documentation of the special circumstances.

The General Examination Regulations of the Department of Citywide Administrative Services apply to this examination and are part of this Notice of Examination. They are posted and copies are available in the Applications Center of the Division of Citywide Personnel Services, 18 Washington Street, NY, NY.

The New York City Health and Hospitals Corporation is an Equal Opportunity Employer.

Title Code No. 523430; Hospital Care Investigator Occupational Group

**For information about other exams, and your exam or list status, call 212-669-1357.
Internet: nyc.gov/dcas**