Click here to link to instructions **All positions in OHA require a Criminal Background Check and an Abuse/Neglect Check. Fingerprints may be required.**

STATE OF OREGON
Oregon Health Authority (OHA)
POSITION DESCRIPTION

Position Revised Date:

Agency: Oregon Health Authority

Division: Medicaid

☒ New ☐ Revised

This position is:
☒ Classified
☐ Unclassified
☐ Executive Service
☐ Mgmt Svc – Supervisory
☐ Mgmt Svc – Managerial
☐ Mgmt Svc – Confidential

SECTION 1. POSITION INFORMATION

a. Classification Title: Administrative Specialist 2
b. Classification No: C0108 **c.** REPR code: OAH
d. Position No: TBD / TBD
e. Working Title: Medicaid Operations and Program Support Specialist
f. Agency No: 44300
g. Section Title: Medicaid Policy & Fee for Service (FFS) Operations; FFS Quality Assurance & Operations
h. Employee Name: Vacant
i. Work Location (City — County): Salem/Marion or Portland/Multnomah; Hybrid
j. Supervisor Name: Jessica Carroll
k. Position: ☒ Permanent ☐ Seasonal ☐ Limited Duration ☐ Academic Year
☒ Full-Time ☐ Part-Time ☐ Intermittent ☐ Job Share
l. FLSA: ☐ Exempt If Exempt: ☐ Executive **m.** Eligible for Overtime: ☒ Yes
☒ Non-Exempt ☐ Professional ☐ No
☐ Administrative

SECTION 2. PROGRAM AND POSITION INFORMATION

a. Describe the program in which this position exists. Include program purpose, who's affected, size and scope. Include relationship to agency mission.

OHA values health equity, service excellence, integrity, leadership, partnership, innovation and transparency. OHA's health equity definition is "Oregon will have established a health system that creates health equity when all people can reach their full potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address: the equitable

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distribution or redistributing of resources and power; and recognizing, reconciling, and rectifying historical and contemporary injustices." OHA's 10-year goal is to eliminate health inequities.

The Medicaid Division is aligned with the Oregon Health Authority's core values of partnership, service excellence, leadership, integrity, health equity, innovation, and transparency. In our practice, these values are expressed through:

Health Equity:

- Addressing the clinical and social conditions, as well as the historical and contemporary injustices, which undermine health, so everyone can reach their full health potential.
- Considering the diversity of Oregon's communities as we make decisions about how policy and practice are developed, and how resources are distributed.
- Respecting diverse cultures, populations, histories, and health practices; ensuring a diverse workforce and inclusive work environment.

Service Excellence:

- Exceeding expectations and being committed to delivering responsive, efficient, and effective solutions.

Integrity:

- Being accountable for maintaining the highest standards and outcomes in all aspects of our work; being a good steward of public trust and resources.
- Ensuring decisions are informed, fiscally responsible, open, and easily understood.

Leadership:

- Ensuring every employee has the ability and opportunity to help make changes that improve health and transform health care.
- Leading improvement in health through innovative strategies and creative solutions.

Partnership:

- Seeking out, listening to, and collaborating with partners across diverse communities; respecting internal and external ideas and opinions.
- Working with key invested partners and communities to protect and promote the health of all people in Oregon.

Innovation:

- Not being satisfied with the status quo and seeking new and better ways to meet the needs of the people we serve with creativity and openness.
- Pursuing opportunities to develop new evidence to evolve our practices.

Transparency:

- Communicating honestly and openly, ensuring our actions are upfront and visible.
- Providing open access to information and meaningful opportunities to provide input and participate in our decision-making.

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Medicaid Division description:

OHA is home to most of the state's publicly supported health programs. OHA divisions include Behavioral Health, Equity and Inclusion, Fiscal and Operations, Health Policy and Analytics, Medicaid, Public Health, and the Oregon State Hospital.

The Medicaid Division is responsible for the design, development, implementation, monitoring, evaluation, and improvement of publicly funded Medicaid programs and related health programs, which includes the Oregon Health Plan (OHP), Healthier Oregon, the OHP-Bridge Program, and initiatives under 1115 demonstration waivers, state plan authorities, and 1915 home and community-based services waivers. The Division is the Single State Medicaid agency authorized to enter into agreements with the federal government for the state of Oregon. The division defines and manages the Oregon Administrative Rules divisions that govern OHP-covered health care services, eligible fee for service health care providers and participating managed care plans, including Coordinated Care Organizations (CCOs), to ensure programs and services are delivered effectively, equitably, and in compliance with state and federal regulations.

Medicaid, and the related health programs the division oversees, provides coverage for health care and related services for Oregonians with low income. Currently, one out of every three Oregonians receive healthcare through Medicaid programs. These programs play a crucial role in improving health care access, promoting health equity, and reducing disparities across the state. The collective and collaborative effort of division management and staff are essential in helping OHA achieve its vision and aim to produce better and more equitable health outcomes and move closer to our strategic goal to eliminate health inequities by 2030.

Unit/Program Description:

Medicaid Policy & Fee-For-Service (FFS) Operations section is responsible for developing and maintaining Medicaid policies that codify and clarify benefit design, delivery, and access to Oregon Health Plan services. The section also maintains Fee-for-Service (FFS) operations and the Open Card health care system for over 95,000 Medicaid members with an ongoing commitment to invest in transforming Open Card to create a statewide, person-centered system of care. As of January 1, 2027, individuals who qualify for Healthier Oregon will transition from managed care Coordinated Care Organization (CCO) enrollment to FFS Open Card enrollment, bringing the FFS Open Card membership closer to 200,000.

The Medicaid Fee-for-Service Quality Assurance and Operations unit oversees healthcare rate standardization, access and quality for the Open Card healthcare system, managing care coordination contracts, and overseeing quality assurance strategies. The team is comprised of analysts who administer service delivery contracts, maintain a provider network, establish and maintain all FFS rates and Rate schedules, create and update Oregon Administrative Rules (OAR’s), and implement policy related to services paid directly by the state, assuring they align with federal and state requirements. Through close collaboration with programs within Medicaid and across OHA, the team works to improve the Open Card healthcare system to support equitable access to medically necessary services.

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Team Description: (include if different than unit)

The Medicaid Fee-for-Service Operations and Quality Assurance team plays an essential role in ensuring that Medicaid members have access to quality health care within the Open Card healthcare system. The team is comprised of analysts who administer service delivery contracts, maintain a provider network, establish and maintain all FFS rates and Rate schedules, create and update Oregon Administrative Rules (OAR's), and implement policy related to services paid directly by the state, assuring they align with federal and state requirements. Through close collaboration with programs within Medicaid and across OHA, the team works to improve the FFS healthcare system to support equitable access to medically necessary services.

b. Describe the primary purpose of this position, and how it functions within this program. Complete this statement. The primary purpose of this position is to:

The primary purpose of this position is to provide comprehensive administrative, analytical, and operational support to the Medicaid Fee-for-Service (FFS) Quality Assurance and Operations unit, ensuring effective implementation of Open Card program activities related to rate standardization, access, quality monitoring, and care coordination contract oversight. The position assists with the design, implementation, and maintenance of spreadsheets, tracking tools, and data collection systems that support accurate monitoring, documentation, and evaluation across multiple projects and workflows. It reviews and applies relevant laws, rules, policies, and procedures to ensure operational alignment and compliance, identifies risks and emerging issues, and implements or recommends corrective approaches that strengthen unit operations and contribute to continuous quality improvement.

In addition, this position plays a central coordination and liaison role by supporting cross-unit communication, facilitating problem-solving across internal teams, and collaborating with partners across OHA divisions, Federal agencies, and external community providers. It identifies issues, organizes information flow, assists with project timelines, and helps spread effective practices that enhance operational efficiency and consistency. Through autonomous decision-making, structured coordination, and responsive issue management, the position ensures that Medicaid FFS activities are carried out effectively, in compliance with applicable requirements, and in alignment with organizational goals related to quality, access, and equity.

This position will factor in the perspectives of diverse populations most harmed by social injustice and inequities including communities of color, immigrant groups, the disability and neurodivergent communities, veterans, older adults, individuals identifying as LGBTQIA+ and other communities that have been traditionally marginalized.

SECTION 3. DESCRIPTION OF DUTIES

List the major duties of the position. State the percentage of time for each duty. Mark "N" for new duties, "R" for revised duties or "NC" for no change in duties. Indicate whether the duty is an "Essential" (E) or "Non-Essential" (NE) function.

Note: *If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".*

% of Time	N/R/NC	E/NE	DUTIES

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At all times		E	**Align Conduct with OHA's Values and 2030 Strategic Goal** • Demonstrate awareness, understanding and alignment in service delivery with the OHA Core Values of Health Equity, Service Excellence, Integrity, Leadership, Partnership, Innovation, and Transparency. • In addition to the cultivation of equitable practices across all aspects of the position description, learn and apply knowledge and skills to interrupt systemic racism and oppression of groups most impacted by historical and contemporary racism and social injustices. • Demonstrate recognition of the value of individual and cultural difference; demonstrate evidence of ongoing development of personal cultural awareness and humility; contribute to an inclusive work environment that is respectful and accepting of diversity and where talents and abilities are valued. • Contribute to a positive and productive work environment; maintain regular and punctual attendance; perform all duties in a safe manner; and comply with all policies and procedures. • Demonstrate professional behavior. Interrupt and report inappropriate behaviors, especially those in violation of policy. • Promote and actively participate in OHA's 2030 goal of eliminating health inequities. • Hold awareness and be attentive to the direct and indirect accountabilities and opportunities within the Medicaid Division to positively impact and influence the goals, strategies, actions, and measures outlined in OHA's strategic plan (2024-2027). • Use language that promotes equity, engagement, asset-framing, and power-sharing; when crafting written content or correspondence, reference and adhere to equity-centered communication guidelines outlined in the OHA/ODHS Writing Style Guide and OHA Graphic Standards Manual.
30%	N	E	**Administrative Research, Analysis & Evaluation:** • Develop and maintain administrative procedures, systems, and forms that support the Medicaid FFS Quality Assurance and Operations unit's work related to Open Card rate standardization, access, quality monitoring, and care coordination contract oversight. Determine when procedures or workflows require correction or clarification, and implement updates to templates, instructions or routing processes.

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			• Coordinate and audit workflow processes to ensure efficient movement of information, timely handling of documents, and completion of actions requiring analysis, approval, and follow-through. • Monitor and analyze unit processes, protocols, and procedures for accuracy and compliance with state and federal Medicaid requirements; decide whether compliance concerns can be resolved through procedural reinforcement or require escalation. • Identify operational risks or emerging issues (such as recurring errors in rate documentation or contract workflows) and recommend corrective approaches before they affect project deadlines or compliance. • Establish, update, and maintain technical manuals, directives, and procedural guides; develop instructional materials for use by staff, contractors, community partners, and other agency partners. • Interpret and evaluate statutes, administrative rules, policies, and procedures to ensure alignment with FFS operational needs and compliance standards; collaborate with policy analysts and subject matter experts to surface issues, recommendations, and operational impacts. • Track and coordinate deadlines for Oregon Administrative Rule development, revision, and vetting, assisting the FFS Quality Assurance and Operations Manager, policy analysts, and subject matter experts to ensure timely completion of rulemaking activities consistent with operational and equity guidelines. • Participate in team meetings and manage follow-up assignments requiring research, analysis, evaluation, organization, and presentation of information for unit initiatives and special projects. • Serve as a liaison within and across units and divisions of OHA, as well as with federal agencies, community providers, councils, and other partners, to identify issues, negotiate solutions, support operational improvements, and share best practices.
25%	N	E	**Policies, Procedures & Process Improvement:** • Support the FFS Quality Assurance and Operations Manager and Medicaid Policy and FFS Operations section leadership in establishing, documenting, monitoring, and refining business processes that underpin Open Card access, quality assurance activities, and rate standardization work. • Recommend process improvements and implement

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			approved strategies to enhance Open Card access and operational efficiency. • Collaborate with teams to document, research, and test process improvement ideas; evaluate outcomes and work with managers and staff to determine whether improvements should be adopted, modified, or discontinued. • Document and support workflow improvement opportunities related to planning, communication, integration, and issue escalation across Medicaid Policy teams and programs within context of FFS quality assurance; identify when bottlenecks or redundancies require redesign and develop updated workflows to present to leadership for final approval. • Collaborate with staff or partners and negotiate small-scale workflow changes to resolve issues and improve efficiency.
20%	N	E	**Project Management and Monitoring Assistance:** • Provide project coordination and administrative support for key initiatives led or sponsored by the FFS Quality Assurance and Operations Manager, ensuring alignment with broader Medicaid Policy goals and OHA' strategic plan. • Develop, maintain, and validate spreadsheets, trackers, and documentation tools to support research, data synthesis, assessment, monitoring, and reporting across projects; adjust these tools based on new information or gaps identified through data review, modifying formats, categories, or validation steps. • Send reminders and follow-up communications to project team members to support timely task completion. Diagnose communication gaps between project teams and initiate corrective actions (clarifications, additional documentation, or improved tracking) to maintain project integrity. • Set up and maintain collaboration tools and platforms (e.g., MS Teams channels, shared folders) tailored to project and program needs. • Conduct initial review of project deliverables for timely submission, completeness, and accuracy; identify issues and escalate concerns to the manager or project lead as needed. • Raise barriers or risks that may impact project deadlines or quality to ensure proactive problem-solving and issue resolution.

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20%	N	E	**Administrative Support:** • Assess incoming administrative requests (internal inquiries, documentation needs, or coordination asks) and prioritize tasks based on urgency, operational risk, and project deadlines. • Plan, schedule, and coordinate meetings, workgroups, and project activities for the FFS Quality Assurance and Operations Manager and Medicaid Policy section leadership, supporting work related to complex, wide-reaching and time-sensitive operational issues, goals, and strategies. • Compose meeting notes, documenting decisions, risks, issues, opportunities, and next steps; ensure clear and organized record keeping. • Track due dates and assist management with organizing and preparing for employee performance reviews in accordance with HR policies and timelines.
5%	N	NE	• Other duties as assigned.

SECTION 4. WORKING CONDITIONS

Describe any on-going working conditions. Include any physical, sensory, and environmental demands. State the frequency of exposure to these conditions.

The person in this position will work a professional work week, Monday through Friday. Occasional overtime may be required to meet the operational needs of the division.

The job requires frequent preparation and/or response to technical and professional material against assigned deadlines. Most work has deadlines and is subject to fluctuating workloads and priorities with highly complicated, sensitive, and/or political issues. May experience stressful situations due to unchangeable project and program timelines. Must be able to respond effectively to verbal instruction and coaching and work collaboratively in a team environment.

Occasional local and in-state travel may be required, primarily to other OHA state office buildings, as needed.

This work may be performed remotely (unless the agency’s business and operational needs require in-person) within the defined workweek.

When working remotely, the current structure relies upon Division issued equipment, utilizing the employee's internet network and activation of secure network software to connect to OHA’s Virtual Private Network, and utilizing on camera virtual meetings.

Frequent contact and work with a variety of staff, colleagues, and partners in a variety of office, virtual and meeting room settings is expected. Open office environment or virtual environment with frequent interruptions while working on multiple projects simultaneously. Continuous use of

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computer and communication devices/applications. Multiple communication streams including email, instant message, and cell phone. These are daily conditions.

SECTION 5. GUIDELINES

a. List any established guidelines used in this position, such as state or federal laws or regulations, policies, manuals, or desk procedures:

- Federal Regulations (including but not limited to Medicare and Medicaid regulations and Health Insurance Portability and Accountability Act)
- Oregon Revised Statues
- Oregon Administrative Rules
- State laws, rules, and contract requirements relating to Medicaid services
- OHA/ODHS Writing Style Guide
- OHA Graphic Standards Manual
- OHA Human Resource policies and procedures
- Oregon Department of Administrative Services (DAS) policies and procedures
- Departmental and office policies and procedures
- Collective Bargaining Agreement
- Local requirements as appropriate
- Microsoft suite guidelines

b. How are these guidelines used?

The work of OHA is governed and administered within the context of these laws, rules and policies.

These guidelines are used to ensure all administrative and business functions are transacted according to appropriate laws, rules, and policies, establish priorities and procedures, and establish parameters for carrying out the duties of this position.

SECTION 6. WORK CONTACTS

With whom, outside of co-workers in this work unit, must the employee in this position regularly come in contact?

Note: *If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".*

Who Contacted	How	Purpose	How Often?
OHA Senior Management; Other State Agency Senior	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email,	Collect, provide and discuss information and data; convey and receive direction or consultation; gather input; provide technical	Daily, as needed

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Management (ODHS, OYA, ODE, etc.)	letter/memo, report); Phone	assistance, answer questions and facilitate triage; act as a conduit to help facilitate coordination, collaboration, and decision-making	
OHA Staff; Other State Agency Staff	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	Collect, provide and discuss information and data; convey and receive direction or consultation; gather input; provide technical assistance, answer questions and facilitate triage; act as a conduit to help facilitate coordination, collaboration, and decision-making	Daily, as needed
OHP recipients and persons with lived experience	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report)	Act as a conduit to help facilitate awareness and communications	As needed
Advocate Groups, Advisory Councils, Community Based Organizations; Culturally specific Organizations	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	Scheduling; collect, provide and discuss information and data; provide technical assistance, answer questions and facilitate triage; act as a conduit to help facilitate awareness and communication	As needed
Providers, including treatment service providers / professionals, CCOs, Tribal providers, local and county programs	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	Scheduling; collect, provide and discuss information and data; provide technical assistance, answer questions and facilitate triage; act as a conduit to help facilitate awareness and communication	As needed
Centers for Medicare and Medicaid Services (CMS); Federal Agencies	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	Act as a conduit to help facilitate awareness and communications	As needed

SECTION 7. POSITION-RELATED DECISION MAKING

Describe the typical decisions of this position. Explain the direct effect of these decisions:

Always determine the impact of programs, policies, operations, budgets, and all other aspects of the program on health equity. Ensure decisions prioritize the equitable distribution or redistribution of resources and power and recognize, reconcile and rectify historical and

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contemporary injustices.

Determine the procedures, workflows, and documentation standards needed to carry out Medicaid FFS program activities, including deciding when systems or processes must be updated, corrected, or redesigned to ensure efficiency, accuracy, and compliance with federal and state laws, rules, and policies.

Evaluate program processes, operational documentation, and project outputs to determine compliance with applicable regulations, and decide when issues warrant negotiation with staff or partners, corrective action, independent resolution, or escalation to management.

Assess information gathered through studies, audits, research, and partner input to determine feasible operational improvements or recommendations, deciding which solutions should be implemented, refined, or deferred based on alignment with program objectives, equity considerations, and operational constraints.

Determine priorities, timelines, and coordination needs for program activities and cross-unit projects, including deciding how tasks should be organized, how collaboration should be structured, and how information flow should be managed to maintain project integrity and meet deadlines.

Determine the urgency, operational impact, and appropriate follow-up actions for administrative and project-related requests or emerging issues, including deciding when independent action is sufficient and when matters require broader discussion or escalation.

SECTION 8. REVIEW OF WORK

Who reviews the work of the position?

Note: *If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".*

Classification Title	Position Number	How	How Often	Purpose of Review
Health Policy & Program Manager 2 (HPPM2)	1021909	Virtually, In person, Phone, Email, written form	Daily to Weekly, and as needed	Ensure high-quality customer service is being performed; Communicate updates on progress of major tasks and projects; Discuss and review goals, performance, expectations and training needs; Promote problem-solving and solution-seeking

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SECTION 9. OVERSIGHT FUNCTIONS

a. How many employees are directly supervised by this position? 0

How many employees are supervised through a subordinate supervisor? 0

b. Which of the following activities does this position do?

- ☐ Plan work
- ☐ Assigns work
- ☐ Approves work
- ☐ Responds to grievances
- ☐ Disciplines and rewards
- ☐ Coordinates schedules
- ☐ Hires and discharges
- ☐ Recommends hiring
- ☐ Gives input for performance evaluations
- ☐ Prepares and signs performance evaluations

SECTION 10. ADDITIONAL POSITION-RELATED INFORMATION

ADDITIONAL REQUIREMENTS: All positions in OHA require a Criminal Background Check and an Abuse/Neglect Check. Fingerprints may be required.

- Evidence of ongoing development of personal cultural awareness and humility, and knowledge of social determinants of health and their impacts on health outcomes.
- Knowledge of health services delivery systems, particularly Oregon Health Plan/Medicaid administration.
- Experience developing, documenting, monitoring, or improving workflows, procedures, tracking systems, or administrative processes to strengthen efficiency and support continuous improvement.
- Ability to demonstrate advanced Microsoft Excel, Word, PowerPoint, Outlook, and use of collaboration tools such as Microsoft Teams, SharePoint and Smartsheet.
- Ability to work collaboratively in team environments. Excellent customer service and strong oral and written communication skills across a variety of forums using a person-centered, equity-centered, and culturally responsive approach.
- Skill in performing a variety of functions at a program support level requiring synthesizing quantitative and qualitative information from multiple sources and decision making within established rules, policies, or procedures.
- Ability to interpret, explain, and provide technical assistance on agency procedures, administrative policies, business processes, and operational guidelines.
- Ability to demonstrate strong organizational, time-management, and critical thinking skills, including managing multiple assignments, balancing competing deadlines, and elevating issues needing further review.

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BUDGET AUTHORITY: If this position has authority to commit agency operating money, indicate the following:

Note: *If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".*

Operating Area	Biennial Amount ($00,000.00)	Fund Type

SECTION 11. ORGANIZATIONAL CHART

Attach a current organizational chart. Be sure the following information is shown on the chart for each position: classification title, classification number, salary range, employee name and position number.

SECTION 12. SIGNATURES

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Minnie McCloud Walker LL
Minnie McCloud Walker LL (Aug 20, 2026 13:21:27 PDT)
Appointing Authority Signature

Aug 20, 2026
Date

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