



STATE OF OREGON  
Oregon Health Authority (OHA)  
POSITION DESCRIPTION

Position Revised Date:  
05/29/25

Agency: Oregon Health Authority

Division: Medicaid Division

☐ 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: Compliance Specialist 3
- b. Classification No: C5248 c. Effective Date: 7/1/2023
- d. Position No: 1025715
- e. Working Title: Medical Hearings Representative
- f. Agency No: 44300
- g. Section Title: Provider and Member Services - Hearings Unit
- h. Employee Name: Vacant
- i. Work Location (City — County): Salem/Marion; Hybrid
- j. Supervisor Name: Tressa Perlichchek
- k. Position: ☒ Permanent ☐ Seasonal ☐ Limited Duration ☐ Academic Year  
☒ Full-Time ☐ Part-Time ☐ Intermittent ☐ Job Share
- l. FLSA: ☒ Exempt If Exempt: ☐ Executive ☐ Professional ☒ Administrative  
☐ Non-Exempt
- m. Eligible for Overtime: ☐ Yes ☒ No

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 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.

**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:**

Provider and Member Services encompasses the units of Hearings, Provider Enrollment, Provider Services, and Member Services. The Hearings team processes requests for administrative hearings for denied medical services including physical, dental, and mental health services. The unit works with members and representatives, internal partners, CCOs and Oregon's Office of Administrative Hearings to coordinate the contested case hearing process for Oregon Health Plan members. The unit has lay representatives, authorized by Assistant Attorney General's office, to represent OHA in contested case hearings.

**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 represent Medicaid Division in contested case hearings regarding the Medicaid service denials of medical, dental, and behavioral health services; and to resolve difficult issues that could set a precedence, ultimately impacting the ability to rely on the Oregon Administrative Rules to support coverage determinations. Issues may be a result of compliance, rule application, etc.

### 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
At all times		E	<p><b>Align Conduct with OHA’s Values and 2030 Strategic Goal</b></p> <ul style="list-style-type: none"> <li>• Demonstrate awareness, understanding and alignment in service delivery with the OHA Core Values of Health Equity, Service Excellence, Integrity, Leadership, Partnership, Innovation, and Transparency.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Model professional behavior. Interrupt and report inappropriate behaviors, especially those in violation of policy.</li> <li>• Promote and actively participate in OHA’s 2030 goal of eliminating health inequities.</li> <li>• 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).</li> <li>• 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 <a href="#">ODHS/OHA Writing Style Guide</a>.</li> </ul>

50%	R	E	<p><b>Review Process</b></p> <ul style="list-style-type: none"> <li>• Review, research, and analyze complex medical records, various data sources including health studies, medical journal articles and other resources, often with conflicting information, to assure the service was denied appropriately in compliance with federal laws, state rules, regulations, contracts and agency policies.</li> <li>• Review decision notices from Medicaid and OHA contracted Plans for legal compliance. Prepare and issue accurate, complete and legally sufficient decision notices when needed.</li> <li>• Determine if the administrative hearing request was submitted to Medicaid in a timely manner, and if not, determine if there was good cause for the late request. Issue a final order dismissing late hearing requests without good cause.</li> <li>• Determine if issue cited in claimant's hearing request is hearable, if not, issue letter to claimant dismissing the hearing request.</li> <li>• Research laws, case precedent and legislative intent to provide technical assistance, guidance and training to OHP members, OHA contracted plans, attorneys, DHS/OHA staff and providers concerning interpretation of statutes and rules, content and application of case precedent, and to formulate policy recommendations. Conduct informal conference with the claimant to explain complex medical/technical and legal material in an understandable language to ensure the claimant understands the reason for the action subject to the hearing request; and to give the claimant and Medicaid the opportunity to correct any misunderstanding of the facts and gather any additional documentation in an attempt to resolve the issue. Resolution of the issue prior to a hearing result is the preferred outcome to promote OHP member education and cost savings to the OHA.</li> <li>• Plan the case theory and the presentation.</li> <li>• Prepare contested case hearings by reviewing for legal compliance and identifying necessary investigation and/or documentation, notifying OHA contracted Plans and/or Medicaid staff of the need for additional documentation and provide assistance as necessary. Create a summary of Medicaid's position identifying the rules and regulations that are the basis of the denial supported by the relevant exhibits (i.e. medical records, FDA criteria, Medicaid and managed care guidelines, documentation of medical review).</li> <li>• Prepare Medicaid staff or other witnesses on behalf of</li> </ul>
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			<p>Medicaid to testify as needed.</p> <ul style="list-style-type: none"> <li>• Collaborate and consult with the Oregon Health Policy Board (OHPB) on interpretation of guideline notes and condition/treatment pairs not identified for inclusion on the Prioritized List to determine coverage.</li> <li>• Collaborate and consult with the Medicaid Medical Section for medical interpretation and/or identification of issue regarding the OHPB HERC List.</li> </ul>
20%	R	E	<p><b>Case Presentation</b></p> <p>Represent Medicaid in contested case hearings or informal conferences as the OHA's designated representative by:</p> <ul style="list-style-type: none"> <li>• Summarizing and explaining policy issues in contested case hearings, including Medicaid's interpretation of applicable statutes, rules and policies as well as the intent of the application of the statutes, rules and policies relied upon to support the coverage determinations.</li> <li>• Presenting arguments in hearings regarding facts, application of facts to the rules, comparison of prior actions of the agency, and the literal meaning of the applicable laws.</li> <li>• Reviewing notes to identify areas for cross examination and rebuttal.</li> <li>• Directing examination and cross examination of witnesses in contested case hearings.</li> <li>• Preparing opening and closing statements and preparing written responses to the Administrative Law Judge.</li> </ul>
15%	R	E	<p><b>Post Hearing</b></p> <ul style="list-style-type: none"> <li>• Review proposed orders to ensure they represent an accurate record of hearing.</li> <li>• If Medicaid disagrees with the proposed order, consult with the Director of Medicaid, Medicaid's Medical Director, and Assistant Attorney General (AAG) to determine the impact on OHA and if the decision sets a precedence. This work requires extensive research, complex analysis and interpretation of laws, rules, regulations and the facts of the case. May require requesting reconsiderations or rehearing. Course of action taken requires compliance with the Administrative Procedures Act Model Rules in regard to contested case hearings.</li> <li>• Review all written exceptions and reconsideration/rehearing requests to determine if there is any new information to be considered and if there is merit to the party's argument. Consult with the Director of Medicaid, Medicaid's Medical</li> </ul>

			Director, and Assistant Attorney General as needed in determining course of action. Course of action may include preparing/writing final order on reconsideration; responding to written exceptions; preparing cases to go back to the Office of Administrative Hearings for rehearing.
10%	R	NE	<b>Other Hearing Related Work</b> <ul style="list-style-type: none"> <li>• Provide technical advice to Medicaid policy staff, OHA contracted Plans staff, other DHS/OHA staff, and the Assistant Attorney General regarding current policy, administrative rules, and Model Rules of Procedure under the Administrative Procedures Act.</li> <li>• Provide instruction and formal training regarding the hearing process to Medicaid staff, OHA contracted Plans, other Hearing Representatives, and Administrative Law Judges.</li> <li>• Prioritize and review work completed by the Hearings Support staff on behalf of the Hearings Representative.</li> <li>• Identify and explain applicable law, precedent, policies and procedures to attorneys, governmental agencies and members of the public including member claimants.</li> <li>• Coordinate and work with the Office of Administrative Hearings on hearing matters.</li> <li>• Refer information/documentation to Medicaid and other DHS/OHA staff to assist in the monitoring and evaluation of contractors including OHA contracted Plans and providers through organized internal meetings or one on one sessions.</li> <li>• Report to the Medical Directors' Meeting members on the hearing process, trends, statistics, etc.</li> <li>• Report out at the Managed Care Collaborative meetings on hearing process, trends and statistics etc. by OHA contracted Plans.</li> <li>• Respond to the Governor's Office related to constituent complaints.</li> <li>• Supply statistics and narrative report of activity for the Quarterly Federal Report and monthly statistical reports.</li> <li>• Track and analyze legislative bills related to contested case hearings.</li> </ul>
5%	NC	NE	Participate in 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. Some evening and/or weekend work may be required, especially during legislative session.

The job requires frequent preparation, presentation, and/or response to technical and professional material against assigned deadlines. Work product can be highly visible, and of significant interest to legislative representatives, multiple partner groups and/or state agencies and associations. Workload and priorities fluctuate and can involve highly complicated, sensitive, and/or political issues. May experience stressful situations due to unchangeable project and program timelines.

This professional collaborative position relies upon positive, productive, and respectful engagement with leadership and subject matter experts within the Division, across the Agency / state agencies, representatives of local government / governor's office, and with key invested members, partners, and providers within Oregon communities.

Occasional in-state travel may be required. This is a hybrid role that will require up to 0.6 fte or 24 hours a week in-person to support in office needs.

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



## SECTION 5. GUIDELINES

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 Privacy Act)
- National best practices and fidelity models promoted by key federal agencies
- Oregon Revised Statutes
- Oregon Administrative Rules
- Billing codes and practices, including HCPCS and CPT procedural codes, ICD-9 and -10 CM
- diagnosis codes, NDC codes as applicable, DSM-5, DC:0-5, and National Correct Coding
- Initiative
- Program budget, expenditure and utilization reports, program operations claim status and
- error reports related to assigned medical program and service areas
- OHA/Coordinated Care Organization Contracts
- State laws, rules, and contract requirements relating to Medicaid services
- Oregon Procurement Laws and Guidelines
- OHA/ODHS 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
- OHA Tribal Consultation & Urban Indian Health Program Confer Policy
- Trauma Informed Approaches
- Organizational Effectiveness strategies
- Continuous Improvement strategies

### **a. How are these guidelines used?**

As parameters and reference to perform as an expert and to effectively consult and act as a liaison with leadership and staff in shaping, defining and prioritizing activities and priorities.

As parameters and reference to assure compliance with best practice and applicable laws, rules, policies and regulations and cost allocation. May also serve to guide strategic planning. The work of OHA is governed and administered within the context of these laws, rules and policies.

These guidelines provide basic data for ongoing management and establishing, monitoring, and coordinating program policies and procedures for the assigned programs within the legislatively approved budget.

## 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?
Department of Justice (DOJ)	Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	Collect, provide and discuss information and data; provide and receive direction or consultation as it relates to regulations, rules, contracts and the implications of policy or program actions or activities	As needed
Policy Analysts	In person/phone/writing/virtually	Request/Provide information	Daily
Treatment Service Providers and Professionals	Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	Collect, provide and discuss information and data; collaborate and coordinate on policies and programs; provide and receive direction or consultation; provide technical assistance; answer questions; gather input; enforce policies, regulations and contracts	Weekly, as needed
OHA contracted Plans	Phone/writing/virtually	Request/Provide information	Daily
AAG	Phone/writing/virtually	Request/Provide information	Daily
Members/representatives	Phone/writing/virtually	Request/Provide information	Daily
Administrative Law Judges	Phone/writing/virtually	Request/Provide information	Daily
OHPB	/phone/writing/virtually	Request/Provide information	As needed
OAH	phone/writing/virtually	Request/Provide information	Daily

OHP recipients and persons with lived experience	Written (e.g. email, letter/memo, report); phone	Listen and engage to identify opportunities, co-design solutions, reconcile concerns with commitment to improve services, supports, programs and policies	Daily
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## SECTION 7. POSITION-RELATED DECISION MAKING

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

On a daily basis makes independent decisions based on program knowledge and experience relating to complex OHA policy and its interpretation. This includes, but is not limited to the following:

- Determines if decision notice is legally compliant or if revisions are required,
- Determines if the clinical documentation supports the OHA contracted Plans or Medicaid position.
- Determines as to which documentation, administrative rules, facts and arguments are relevant in representing OHA at a hearing,
- Determines if issue cited in the administrative hearing request is hearable based on State and Federal laws:
- Determines if the administrative hearing request was submitted in a timely manner in accordance with administrative rule and if not, determine if there was good cause for the late request.
- Determines if administrative rules are in need of revision to support operation of the program;
- Determines if additional documentation is required to support the medical reasoning (i.e., medical records, evidence-based studies, FDA criteria, documentation of medical review, Medicaid and OHA contracted Plans guidelines).

Decisions that may cause adverse effects in managing the administrative functions could result in the decision being reversed in the hearings process and impact the agency financially and/or by setting a precedent; ineffective workflow procedures; inaccurate claims payment, and; inappropriate medical for clients/members.

Always determines the impact of programs, policies, operations, budgets, and all other aspects of the program on health equity.

Ensures decisions prioritize the equitable distribution or redistribution of resources and power and recognize, reconcile and rectify historical and contemporary injustices.

## 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)	9406719	Virtually, In person, Phone, Email, written form	Daily to Weekly, and as needed	Communicate updates on progress of major tasks and projects; Ensure project and program decisions meet federal, agency and user requirements; Promote quality assurance, strategic plan alignment, and equitable outcomes; Discuss and review goals, performance, expectations and training needs; Promote problem-solving and solution-seeking

## 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?
- |  |   |
|--|---|
| <input type="checkbox"/> Plan work               | <input type="checkbox"/> Coordinates schedules                      |
| <input type="checkbox"/> Assigns work            | <input type="checkbox"/> Hires and discharges                       |
| <input type="checkbox"/> Approves work           | <input type="checkbox"/> Recommends hiring                          |
| <input type="checkbox"/> Responds to grievances  | <input type="checkbox"/> Gives input for performance evaluations    |
| <input type="checkbox"/> Disciplines and rewards | <input type="checkbox"/> Prepares and signs performance evaluations |

## SECTION 10. ADDITIONAL POSITION-RELATED INFORMATION

**ADDITIONAL REQUIREMENTS:** List any knowledge and skills needed at time of hire that are not already required in the classification specification.

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

Knowledge of state and federal healthcare policy, including Medicaid policy and regulations Ability to analyze and interpret Oregon Administrative Rules

Ability to interpret Oregon Revised Statutes

Ability to interpret Code of Federal Regulations

Understanding of the International Classification of Disease Codes, and familiarity with current

medical and dental terminology


Ability to research laws, case precedent and legislative intent concerning interpretation of statutes and rules, content and application of case precedent, and to formulate policy recommendations

**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
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**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**

<div>Employee Signature</div>	<div>Date</div>
<div>Supervisor Signature</div>	<div>Date</div>
<div><div></div><div>Appointing Authority Signature</div></div>	<div><div>Feb 22, 2024</div><div>Date</div></div>