



**STATE OF OREGON  
Oregon Health Authority (OHA)  
POSITION DESCRIPTION**

**Position Revised Date:**  
January 11, 2024

**Statutory Assignment:**

- Classified**
- Unclassified**
- Executive Service
- Mgmt Svc – Supervisory
- Mgmt Svc – Managerial
- Mgmt Svc – Confidential

**Agency:** Oregon Health Authority

**Division:** Health Policy & Analytics

New       Revised

**SECTION 1. POSITION INFORMATION**

- a. Classification Title: Operations & Policy Analyst 2
- b. Classification No: C0871      c. Effective Date: Feb 1, 2024
- d. Position No: (non-budgeted)
- e. Working Title: Health Care Market Oversight (HCMO) Policy Analyst
- f. Agency No: 44300
- g. Section Title: Office of Health Policy
- h. Employee Name: \_\_\_\_\_
- i. Work Location (City — County): Portland, Multnomah; or remote
- j. Supervisor Name: Sarah Bartelmann
- 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 distribution

or redistribution of resources and power; and recognizing, reconciling, and rectifying historical and contemporary injustices.” OHA’s 10-year goal is to eliminate health inequities.

The Health Policy & Analytics 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:

**Service Excellence:**

- Understanding and responding to Oregon public health needs and the people we serve
- Pursuing our commitment to innovation and science-based best practices
- Fostering a culture of continuous improvement

**Leadership:**

- Building agency-wide and community-wide opportunities for collaboration
- Championing public health expertise and best practices
- Creating opportunities for individual development and leadership

**Integrity:**

- Working honestly and ethically in our obligation to fulfill our public health mission
- Ensuring responsible stewardship in public health resources

**Health Equity:**

- Eliminating health disparities and working to attain the highest level of health for all people
- Ensuring the quality, affordability, and accessibility of health services for all Oregonians
- Integrating social justice, social determinants of health, diversity, and community

**Partnership:**

- Working with stakeholders and communities to protect and promote the health of all Oregonians
- Seeking, listening to, and respecting internal and external ideas and opinions
- Exploring and defining the roles and responsibility of public health staff and partners

**Innovation:**

- We are not satisfied with the status quo if there are new and better ways to meet the needs of the people we serve. We bring creativity, experience, and openness to our search for solutions to problems. We pursue opportunities to develop new evidence to evolve our practices.

**Transparency:**

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

In 2021, the Oregon Legislature passed HB 2362 to oversee health care consolidation, creating the Health Care Market Oversight (HCMO) program. This law directs OHA to review proposed business deals involving health care entities, such as hospitals, health insurance companies, and provider groups, to make sure they will help – and not hurt – Oregon’s shared goals of health equity, lower consumer costs, increased access, and better care. HCMO launched March 1, 2022, and aims to:

- Promote transparency: Track and publicly post notices when health care transactions occur to inform communities about proposed transactions.
- Support statewide priorities: Ensure that health care consolidation in Oregon supports statewide goals related to health equity, lower costs, increased access, and better quality.
- Monitor impacts: Analyze the type, number, and frequency of transactions, and study how transactions impact people in Oregon.

**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 support the Health Care Market Oversight Program’s statutory charge to review proposed transactions involving health care entities.

The HCMO Policy Analyst will be responsible for gathering information from a variety of sources, reviewing and synthesizing the information in accordance with the program’s analytic framework, developing recommendations, and developing reports and other public-facing materials for each proposed transaction review. The HCMO Policy Analyst will also conduct communication activities, outreach efforts, and project management for each transaction review; and contribute to the creation of broader program deliverables (e.g. annual reports, guidance documents). The Policy Analyst will facilitate the identification and implementation of process improvements after each transaction review as the program continues to grow.

For each transaction review, Policy Analysts will be assigned to a smaller team, led by an Operations & Policy Analyst 4, with support from a Research Analyst 4 and the team’s Economist, legal counsel at the Department of Justice, and subject matter experts within and outside the agency as needed.

The Policy Analyst is a member of the Cost Team within the Office of Health Policy and will work also closely with other policy and research analysts across the Health Policy and Analytics Division in OHA, as well as other OHA and DCBS programs.

**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	N	E	<p><b>Cultural Competency</b>                      Demonstrate recognition of the value of individual and cultural differences; create a work environment where talents and abilities are valued. Create and maintain a work environment that is respectful and accepting of diversity.</p>
80%	N	E	<p><b>Support Transaction Reviews</b>                      Provide a variety of supports for each transaction undergoing review, including, but not limited to:</p> <p><u>Project Management</u>                      Develop and maintain workplan and timeline for each specific transaction review and follow-up review, in coordination with review lead and research analyst.</p>

### Background Research / Review Information

- Conduct background research as needed for each specific transaction and follow up review, including media and press scans, entity websites and materials, industry publications, and academic literature.
- Investigate entities as needed for each specific transaction and follow up review (e.g. previous and current mergers and acquisitions, business strategy, executive leadership changes, financials, etc.)
- Develop subject matter expertise on various aspects of the health system and emerging trends as needed to inform transaction reviews and understand historic and current trends (e.g. management service organizations, vertical consolidation, home health and hospice, private equity involvement, etc.)
- Thoroughly review materials submitted by entities for completeness and content; identify outstanding items and additional queries; prepare additional information requests.
- Check and identify conflicting information in statements made by entities in their submitted materials to inform analysis and possible report content.
- Monitor all incoming public comments, including processing all comments to meet transparency and public records requirements, identifying comments for inclusion in review reports, and synthesizing information from public comments to inform or adjust analysis as needed.

### Reporting

Synthesize information across a variety of sources, including background research, entity submissions, public comments and more to draft content for preliminary and comprehensive review reports, in accordance with HCMO's analytic framework. Review and edit draft content prepared by review lead and research analysts as requested.

### Communications

- Identify organizations, advocates, and other interested parties who should be informed about HCMO's review of proposed transactions to inform outreach plans.
- Develop and implement communications plan for each transaction review and follow-up review, including issuing calls for public comment, outreach to media, outreach to interested parties, and more.
- Draft plain-language summaries, presentations, community review board materials, and other content as needed for proposed transactions.

			<ul style="list-style-type: none"> <li>• Manage accessibility requests for all review materials and documents, including translation processes.</li> </ul> <p><u>General Support</u></p> <p>For each transaction, support review leads and administrative staff as needed to meet all transparency, accessibility, and process requirements, including but not limited to website administration, staffing listening sessions and community review boards, coordinating fees and invoicing, and document management – with a focus on ensuring strict confidentiality and appropriate access to restricted information during reviews.</p>
15%	N	E	<p><b>Program Administration</b></p> <p>Provide a variety of supports for the Health Care Market Oversight Program, including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Overall project management across transaction reviews, the program’s annual report, and the program’s State of Consolidation report.</li> <li>• Drafting content for the annual report and State of Consolidation report and managing the report development and publication process.</li> <li>• Identifying and implementing process improvements after each transaction review and follow-up review.</li> <li>• Continuing to standardize HCMO program operations (e.g. process for when materials are translated, how program handles redaction logs, etc.)</li> <li>• Developing public-facing materials about the HCMO program (e.g. frequently asked questions, guidance documents, presentations).</li> <li>• Responding to questions from other divisions, agencies, members of the public, entities, and others.</li> <li>• Conducting legislative bill research and analysis as needed during session to analyze impacts on market consolidation and HCMO program.</li> </ul>
5%	N	E	Other analytic and coordination duties as assigned.
At all times	N	E	<p><b>Professional Expectations</b></p> <ul style="list-style-type: none"> <li>• Demonstrates commitment to professional development and continued learning.</li> <li>• Consistently treats customers, partners, vendors, and co-workers with dignity and respect.</li> <li>• Contributes to a work environment that respects and accepts diverse people and perspectives.</li> <li>• Models professional behavior.</li> <li>• Contributes to a positive and productive work environment</li> </ul>

			<ul style="list-style-type: none"> <li>• Complies with all policies and procedures</li> <li>• Works collaboratively with team members whether brainstorming, as a sounding board, or taking on tasks to help colleagues in meeting the overall goals of the program and the agency.</li> <li>• Contributes meaningfully to discussions and decision-making with managers and other staff.</li> <li>• Promotes and actively participates in OHA’s 2030 goal of eliminating health inequities.</li> </ul>
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## 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 primary work location for this position is based in the Portland (Five Oak) office. The work of this position is performed in an open-office, cubical environment with significant use of a computer and video conferencing. There are frequent interruptions, demanding time frames, and overtime may be required.

This position may be eligible for remote work by mutual agreement between the employee and their manager in accordance with the [Working Remotely policy 50.050.01](#). Employees working remotely are expected to provide secure and functional connection to the internet, and to maintain information confidentiality and security at all times. The manager retains discretion to approve, modify or cancel agreements for working remotely.

Occasional travel to meetings and trainings may be required.

## 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:**

- Standards of professional principles and practices, including ethical standards
- Oregon Revised Statutes
- Oregon Administrative Rules
- Oregon Health Authority Policies and Procedures
- Attorney General’s Administrative Law Manual
- Attorney General’s Model Public Contract Rules Manual
- Attorney General’s Public Records and Meetings Manual
- Federal laws and rules governing program-specific grants
- Requirements of relevant federal cooperative agreements
- Requirements of relevant grants or other funding sources
- Applicable federal and state information privacy and security laws, policies, and procedures

**b. How are these guidelines used?**

Assist in formulating policies and establishing priorities and procedures and to 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?
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<i>Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".</i>			
OHA Health Care Market Oversight project team	Email, phone, virtual platforms, in-person	Collect, analyze, provide and discuss information related to material transactions review efforts. Respond to queries and information requests. Prepare content for stakeholder meetings, reporting.	Daily
Department of Justice and special assistant attorney general (SAAGs)	Email, phone, virtual platforms, in-person	Collect, analyze, provide and discuss information related to material transaction review efforts.	Daily
OHA Health Analytics and Health Policy leadership and staff	Email, phone, virtual platforms, in-person	Collect, analyze, provide and discuss information related assigned projects. Respond to queries and information requests.	Weekly
Representatives of health care entities	Email, phone, virtual platforms, in-person, postal mail	Collect, analyze, provide and discuss information.	Weekly
DCBS Division of Financial Regulation	Email, phone, virtual platforms, in-person	Coordinate transaction reviews, document and information sharing,	As needed
All levels of OHA/DHS, staff of other agencies, staff of other public and private organizations, and national health research and policy groups	Email, phone, virtual platforms, in-person	Respond to queries and information requests.	As needed
External Vendors and Consultants	Email, phone, virtual platforms, in-person	Coordinate workflow, tasks; clarify processes, issues; manage invoicing/payments	Daily/Weekly
General public	Email, phone, virtual platforms, in-person	Respond to information requests. Acknowledge public comments.	As needed

**SECTION 7. POSITION-RELATED DECISION MAKING**

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

The HCMO Policy Analyst typically

- Engages, communicates, and collaborates with HCMO lead policy analysts and other subject matter experts on reviewing proposed transactions involving a wide range of health care entities, with a focus on analyzing how a proposed transaction will affect health care access, cost, quality, equity and market consolidation.
- Makes decisions about policy research and information to present to HCMO senior policy analysts and managers, which inform decisions for specific proposed transactions.
- Evaluates processes for effectiveness and makes decisions about process design and supports to recommend to the HCMO team and managers.
- Adapts existing or drafts new procedures to solve program issues and to ensure ongoing operations of the HCMO program.
- Determines the most effective project management tools to use and adjusts to apply tools to specific project needs.
- Provides consultation and technical assistance to partners and other OHA programs about the HCMO program as needed; may provide technical assistance to health care entities in coordination with senior policy analysts.

The effects of these decisions will include:

- OHA senior policy analysts, management and leadership have the information and research they need to make decisions about proposed transactions involving health care entities. Proposed transactions can be approved, approved with conditions or disapproved.
- OHA senior policy analysts and management have the information they need to make operational decisions related to the HCMO program.
- DCBS senior policy analysts, management and leadership have the information and research they need to make decisions about proposed transactions involving health care entities under their purview.
- OHA senior policy analysts and management have the information and tools they need to ensure OHA meets its legislative requirements to operate the Health Care Market Oversight program.
- The general public and other interested parties (e.g. Oregon Health Policy Board, Legislature) have information they need to provide comment on proposed transactions or engage in the review process.
- Health care entities have information and resources needed to comply with the statutory requirements for HCMO review of qualifying transactions.

## 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
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HPPM3 (Cost Programs Manager)	1019081	In person, telephone, email or virtual platforms	Weekly or biweekly	Review and clarify goals, provide feedback on performance, review work products, provide project direction, solve problems, ensure alignment between projects, and ensure satisfactory performance of employee
OPA4, ECON4 (Senior Policy Analysts and Economists)	Various	In person, telephone, email or virtual platforms	Daily	Oversee transaction review projects, request work products, provide feedback on work products

**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.**

**Minimum Qualifications:**

A Bachelor’s Degree in Business or Public Administration, Behavioral or Social Sciences or a degree related to the agency program that demonstrates the capacity for the knowledge and skills; and two years professional-level evaluative, analytical, and planning work OR any combination of experience and education equivalent to five years of experience that typically supports the knowledge and skill requirements listed for the classification.

**Knowledge and Skills:**

Required

- At least two years of experience conducting policy analysis, policy research, or qualitative evaluation that involved literature reviews or other information gathering and compiling.
- At least two years of experience writing reports, articles or other public-facing products that required synthesizing information from a variety of sources.



