

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 Health Policy and Analytics (HPA) Division is aligned with the OHA’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 other interested parties 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

The Oregon Health Insurance Marketplace (“Marketplace”), an office within HPA, certifies Qualified Health Plans (QHPs) and Stand-Alone Dental Plans (SADPs) for sale to Oregonians. The Marketplace coordinates with the Centers for Medicaid and Medicare Services (CMS) to utilize [healthcare.gov/Oregon](https://www.healthcare.gov/oregon) State Based Marketplace (SBM) as the automated platform through which individuals can be determined eligible for tax credits and purchase on-exchange coverage and runs the Small Employer Health Options Program (SHOP) for small employers. Starting with the 2027 open enrollment season, the Marketplace will be replacing HealthCare.gov with its own state-run platform and consumer assistance center.

The Marketplace is also responsible for establishing collaborative partnerships with local, state, and federal entities that provide outreach, enrollment assistance, and education to Oregonians seeking to enroll in on-exchange coverage. The Marketplace partners with the Division of Financial Regulation (DFR) in managing policy and legislative matters related to on-exchange individual and small group market insurance.

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 Outreach and Education Coordinator will use their diverse and comprehensive insurance knowledge to analyze and resolve issues as they pertain to individual members of the insurance buying public and provides education and information to enable them to protect their rights. This position gathers facts, assesses the problem, and proposes a resolution. The coordinator will work within an assigned region to identify gaps in regards to populations that are underserved and are experiencing health inequities. Outreach will include working with existing community engagement efforts and organizations aimed to ensure that systemically marginalized communities are given quality information to make an informed decision about health coverage options.

The Outreach and Education Coordinator is also responsible for providing training and support to Community Partners and Agents around the state who wish to assist in reaching out to and enrolling Oregonians into insurance programs. These partners include Grantees, Agents, Application Assistants, volunteer community organizations, medical providers and other interested parties.

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
60	NC	E	<p>Provides and refines Marketplace information and application assistance training to Agents, Community Partners, and other interested parties throughout the state. Works with community and agency partners to coordinate and improve planned services. Explains program processes and benefits; arrange for public presentations or coordinate training workshops; develops and presents trainings in area of program expertise. Presents program information at meetings and seminars. Represents program and serves as spokesperson to service organizations such as business leaders, policy makers, provider and professional organizations, or other interested parties.</p> <p>Creates program operational guidelines and procedures for use by state agencies, local jurisdictions, and community organizations. Locates new or more cost-effective community partners, events, support organizations; negotiates contract terms and conditions for program services. Identifies and</p>

arranges for program resources; coordinates administrative processes to eliminate problems that may affect program services. Coordinates with volunteer agencies and community organizations to secure program support. Recommends program administrative budget for events within regional support area and recommend adjustments to meet changing priorities. Monitors program budget expenditures regarding regional outreach expenditures. Researches and identifies program-related grant funding for outreach and training. Develops fund disbursement formulas for regional and wholistic outreach approach. Oversees distribution of grant funds at regional level for outreach, presentations, and sponsorships. Reviews requests for program funding; evaluates request against requirements. Evaluates studies, analyses or technical plans for cost effectiveness or feasibility; decides eligibility for program funding.

Analyzes complex consumer issues presented by members of the insurance buying public by gathering information and facts from the consumer, insurance agents, and insurance company personnel. Contacts may be in person, by phone, or in writing. Monitors reports or other documents from program participants to evaluate program progress. Contacts participants and give advice on correcting errors and instruct on methods of obtaining compliance with program or funding requirements. Coordinates the collection of or gather program service data, program outcomes, and evaluate against program goals and objectives. Prepares written reports and strategic plans based on findings and recommend methods to improve program outcomes. Assesses the quality and effectiveness of services, takes action with service providers to correct deficiencies and improve services to focus populations.

Independently evaluates facts and evidence, including documents, procedures, and computer systems for contractual and statutory compliance as they pertain to insurance laws and regulations. Evaluation may include principles of tort law, federal law, contract law, administrative law, workers compensation law, and accounting as well as the Oregon Insurance Code, the Affordable Care Act and Oregon Administrative Rules, Medicaid law, Medicare and CMS rules and guidelines. Interprets and explains program rules, regulations, policies, and procedures.

Works directly with insurance consumers, community advocates and insurance companies to mediate and resolve problems. Liaises with consumers, industry, related agencies, and service vendors to create and communicate solutions and options to consumers with difficult insurance needs. Assists consumers through the insurance purchasing process and

			analyzes a variety of data related to a diverse consumer base to ensure the best policy options are evaluated.
30	NC	E	<p>Works in a team environment to conduct outreach to communities of focus and/or constituencies to develop new or support existing partnerships including building a strategic plan for the region/community. Works within an assigned region to identify gaps in regards to populations that are underserved and are experiencing health inequities. Outreach includes working with existing community engagement efforts and organizations aimed to ensure that systemically marginalized communities are given quality information to make an informed decisions about health coverage options. Assists Community Partners, agents and/or families in navigating HealthCare.gov/SBM.</p> <p>Responds to insurance-related questions from consumers. Provides proactive education to Oregon citizens, insurers, insurance agents, other state agencies, and elected officials regarding the interpretation of insurance laws, administrative rules, insurance industry trade practices, insurance contracts, and the Affordable Care Act (ACA). Explains the impact on the consumers and the industry. May create and implement procedures, which will comply with program requirements. May refer information to other sections and/or state agencies for review and action.</p> <p>Acts as a liaison with the Oregon Health Authority-Medicaid Division and HealthCare.gov/SBM to provide an interface for Oregonians who need assistance with Medicaid or who are having trouble applying for insurance through HealthCare.gov/SBM</p>
10	NC	E	Represents the interest of the insurance-buying public; analyzes changes, trends, and new concepts within the insurance industry; and channels the information to the appropriate party. Analyzes and monitors these trends and advocates for solutions that represents the interest of the insurance-buying public. Continues to update training material to ensure new policy changes and concepts are adapted into the training to ensure we are providing the most up to date education to partners, other interested parties, other state agencies and consumers.
Ongoing	NC	E	Performs position duties in a manner which promotes consumer service and harmonious working relationships, including treating all persons courteously and respectfully. Engages in effective team participation through willingness to assist and support co-workers, supervisors, and other work-related associations. Develops good working relationships with division and agency staff through active participation in accomplishing group projects and in identifying and resolving

			problems in a constructive manner. Demonstrates openness of constructive feedback/criticism and suggestions, in an effort to strengthen work performance. Contributes to a positive, respectful, and productive workplace. Regular attendance is an essential function of this position.

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.

This position is eligible for remote work full-time once the incumbent has gained the proficiency to perform work independently. The incumbent may occasionally be asked to work from the Salem office on an as-needed basis. May require work beyond the normal working hours including weekends and at times overtime. In-state travel is required to attend meetings, events, conferences and to provide trainings and presentations. Work is often required outside normal hours, including evenings and weekends and will include outdoor event support. Position may involve bending, long periods of standing, stooping, and lifting of boxes or outreach resources not to exceed 75 lbs. each. Some assignments will have short timelines.

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:

- Oregon Health Authority Policies and Procedures
- Oregon Health Insurance Marketplace Training
- Oregon Health Insurance Marketplace policy and procedures
- HealthCare.gov website and CMS regulations
- OregonHealthcare.gov
- Oregon State Based Marketplace (SBM)
- Marketplace WIKI
- Oregon Insurance Code and Administrative Rules
- Oregon Revised Statutes and Administrative Rules of other State agencies including the Motor Vehicle Code and Dept. of Human Resources Code
- Principles of contract and tort law
- Federal statutes relating to health and welfare programs, which include the Affordable Care Act (ACA)
- National Association of Insurance Commissioner guidelines

b. How are these guidelines used?

- To assist in formulating policies and establishing priorities and procedures and to establish the parameters for carrying out the duties of this position.
- To refer to when advising various interested parties if their transactions are in compliance or of changes needed to bring their transactions into compliance.

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?
Marketplace Administrator	In person/in writing, by phone, webinars and virtual meetings	Special Projects Policy Direction	As needed
Health care providers, health care insurers, insurance agents, community partners	In person/in writing, By phone, webinars and virtual meetings, trainings	Provide assistance and education, resolve issues and complaints. Technical Questions	Daily
Consumers & members of the public	In person/writing, by phone, webinars and virtual meetings, trainings	Provide assistance and education, resolve issues and complaints.	Daily

SECTION 7. POSITION-RELATED DECISION MAKING

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

1. Educate, orient and train members of the community, other agencies, community partners, Insurance Agents, other interested parties and businesses.
2. Propose resolution to management regarding identified concepts and trends that may have an adverse effect on the insurance-buying public.
3. Identify consumer complaint in contrast to consumer inquiries.
4. Determine which steps must be taken to properly evaluate and analyze a complaint including the information that must be reviewed. Use discretion in revealing information gathered relative to a consumer complaint.
5. Decide whether an individual complaint potentially violates the Oregon Insurance Code or the Affordable Care Act.
6. Identify conflicts between office policy, contract language, and fact situations, and resolve conflict through mediation.
7. Interpret and explain program rules, regulations, policies and procedures to provide factual data and revise program procedures.

Inappropriate decisions/education may result in failure to protect the insurance-buying public.

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 and Program Manager 3, Marketplace Deputy Director	WD127849	Work is reviewed regularly to determine if guidelines are being met.	Daily	Verify work and strategic initiatives are being carried out and that customer service levels in outreach and training are meeting acceptable customer service levels and program deliverable expectations.

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.

Represents the Marketplace by providing direct assistance to consumers on a daily basis. Required to possess and maintain a complex and diverse knowledge of insurance laws and regulations.

Must exercise tact and diplomacy to gain cooperation of others. Must demonstrate firmness and impartiality in controversial and/or strained circumstances. Must be knowledgeable about Oregon Health Insurance Marketplace products and policy positions.

Knowledge must include insurer and agent trade practices, administration and accounting, marketing, claims, and underwriting for the various lines of health insurance. Must also have basic knowledge of contract and tort law, and basic knowledge of other state and federal programs such as the Division of Financial regulation, Driver and Motor Vehicle Services, U.S. Department of Labor Pension and Welfare Benefits Administration, Workers' Compensation Division, as well as the various programs in the Health Insurance Exchange.

Must have superior problem solving and communication skills and be able to deal with individuals having diverse education and background under stressful conditions. Must exercise superior common sense and good judgment in strained circumstances. Must have a strong technical insurance background.

This position requires a valid motor vehicle driver's license and a satisfactory driving record.

This position is eligible for remote full-time work once the incumbent has gained the proficiency to perform work independently. The incumbent may occasionally be asked to work from the Salem office on an as-needed basis.

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

<p>BUDGET AUTHORITY: If this position has authority to commit agency operating money, indicate the following: <i>Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".</i></p>		
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

Appointing Authority Signature

Date