



STATE OF OREGON
Oregon Health Authority (OHA)
POSITION DESCRIPTION

Position Revised Date:
10/12/26

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: Health Policy & Program Administrator 1
b. Classification No: X7332 c. REPR code: MMS
d. Position No: 5101001
e. Working Title: CCO Operations Director
f. Agency No: 44300
g. Section Title: CCO Operations
h. Employee Name: Vacant
i. Work Location (City — County): Salem/Marion or Portland/Multnomah; Hybrid
j. Supervisor Name: Vivian Levy
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 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.

Coordinated Care Organization (CCO) Operations section is responsible for implementing policy and program priorities for the Oregon Health Plan as delivered through managed care entities, known and operating in Oregon as Coordinated Care Organizations. Through contract administration and quality assurance, this unit provides operational and administrative oversight for Medicaid Division policies, programs and processes. Their development and implementation of Medicaid strategic priorities and initiatives ensures equitable access and quality of health services for OHP members served by CCOs. The section ensures compliance with legal and contractual requirements, advocates for member needs, integrates and coordinates interdivision and interagency activities, and engages with CCOs and community partners to ensure the successful provision of quality health care services. The CCO Operations section consists of four units that play crucial roles in managing Oregon's CCOs: CCO Quality Assurance unit (composed of CCO Quality Assurance & Quality of Care; CCO Performance Analytics); CCO Services unit; Claims & Encounter Data Services unit; CCO Contracts and Rules team.

- CCO Quality Assurance unit oversees quality improvement efforts and regulatory compliance across CCOs through its two sub-teams: the CCO Quality of Care and Quality Assurance team focuses on federal regulations and quality management and the CCO Performance Analytics team develops data infrastructure for monitoring performance and process improvement.
- CCO Contracts and Rules unit manages contractual relationships between OHA and CCOs, including procurement and alignment with state and federal rules.
- CCO Services unit supports CCOs in service delivery by assisting with eligibility issues, member/provider complaints, and system improvements.

- Claims and Encounter Data unit handles encounter data submissions, provider enrollments, and electronic data interchange issues related to claims and remittance advices.

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 executive leadership and strategic direction for the Oregon Health Authority's Coordinated Care Organization (CCO) Operations section, which is responsible for implementing, overseeing, and improving Medicaid policies and operational requirements for CCOs delivering Oregon Health Plan (OHP) physical, oral, and behavioral health benefits. The Director leads development and administration of CCO program policy; oversees the CCO contract; and provides strategic oversight of four key operational units—CCO Quality Assurance, CCO Contracts and Rules, CCO Services, and Claims & Encounter Data Services. This includes leadership of quality assurance and quality improvement oversight; performance analytics and measurement infrastructure; procurement, development, and alignment of CCO contracts and rules; technical assistance to CCOs on service delivery and member and provider issues; and encounter, claims, and electronic data exchange functions. This position plays a critical role in promoting alignment and systemwide integration across managed care and fee-for-service (FFS) delivery systems, centering its leadership on CCO Operations while collaborating closely with internal and external partners to ensure cohesive and coordinated delivery of the Oregon Health Plan. The role also collaborates with the OHA Office of Program Integrity to support appropriate escalation and alignment of CCO-related program integrity concerns while that office maintains primary responsibility for OHA's program integrity functions.

The primary purpose of this position also includes leading strategic planning, systems alignment, legislative strategy, and community and partner engagement efforts that shape the design and delivery of Oregon's Medicaid program for more than 1.4 million OHP members. The Director ensures that CCO Operations—through its four units—contributes effectively to statewide medical assistance policy development and supports integrated, person-centered care across all benefit domains. The role collaborates with Tribal governments, CCOs, community-based organizations, advocacy groups, health systems, and state and federal partners, and aligns operational and policy decisions with OHA's transformation and health equity priorities. The Director determines organizational priorities, allocates resources, supervises managers and staff, and ensures readiness of the CCO Operations workforce. Through collaborative leadership with interdependent internal divisions and external partners, the Director ensures that CCO Operations functions as an essential component of the broader Medicaid program—advancing coordinated, equitable, and high-quality health outcomes statewide.

The individual in this position is part of the Medicaid Division's Director's Office and is a key leader in establishing the overall direction and mission of the division.

This position will collaborate with diverse populations most harmed by social injustice and inequities and will demonstrate the ability to build and steward positive, collaborative and partnership-based relationships with diverse community groups including communities of color, immigrant groups, the disability and neurodivergent communities, veterans, older adults,

individuals identifying as LGBTQIA2S+ 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
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; Invite and facilitate the equitable distribution or redistribution of resources and power. • Lead and recognize the value of individual and cultural difference; demonstrate evidence of ongoing development of personal cultural awareness and humility; proactively create and foster 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; perform all duties in a safe manner; and comply with all policies and procedures. • Model professional behavior. Interrupt and report inappropriate behaviors, especially those in violation of policy; take proactive action, facilitate reparation, promote restorative justice, and support healing and dignity for those who experience harm. • Model a commitment to and actively influence and shape OHA’s 2030 goal of eliminating health inequities; establish awareness, understanding, and application of principles related to creating and sustaining culturally responsive, anti-racist, inclusive, and trauma-informed services, approaches, policies, and practices. • 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.
35%	R	E	Program/Policy Development, Implementation & Oversight: • Oversee development, coordination, and implementation of Medicaid program and policy priorities across all Oregon Health Plan (OHP) benefit areas – physical, oral, and behavioral health – as delivered through Coordinated Care Organizations (CCOs). • Direct development, procurement, modification, and administration of CCO contracts – including Medicaid and OHP Bridge Plan contracts – ensuring alignment with federal and state rules, integration goals, operational needs, and performance requirements. • Lead development and refinement of operational policies, procedures, and guidance to support consistent administration of OHP benefits through managed care, including integration expectations across physical, oral, and behavioral health services. • Provide executive oversight to CCO Operations' four units (CCO Quality Assurance & Quality of Care, CCO Performance Analytics, CCO Services, Claims & Encounter Data Services, CCO Contracts & Rules) ensuring cohesive, aligned, and strategically integrated oversight across quality, analytics, contracting, operational support, and encounter data functions to advance CCO accountability and systemwide performance. • Ensure cohesive and aligned oversight across quality assurance, performance analytics, contracting, operational support, and encounter data functions by integrating unit activities into a unified and consistent system of CCO accountability and performance monitoring. • Oversee quality assurance activities across the five operational domains – Access to Care, Service Delivery, Member Rights & Health Equity, Program Integrity, and Financial Performance – ensuring CCOs meet standards for coordinated, person-centered, and integrated care, and provide strategic leadership that integrates statewide quality assurance, quality improvement, and performance analytics activities into a cohesive CCO oversight model.

			• Ensure robust implementation of the Medicaid Quality Strategy in partnership with Health Policy & Analytics, including quality measurement and evaluation across all OHP benefit types and CCO integration requirements. • Direct resolution of complex operational or contractual issues, including those that arise at the intersection of managed care and fee-for-service (FFS) delivery systems where carved-out benefits require cross-system coordination. • Oversee and ensure the integrity and accuracy of encounter and claims data used to monitor CCO performance across integrated care domains and support financial accountability structures. • Ensure CCOs operationalize member rights and health equity requirements, including culturally responsive care, language access, grievance and appeals processes, and equitable access across physical, oral, and behavioral health services. • Provide executive-level oversight of program integrity activities, in coordination and appropriate escalation with the OHA Office of Program Integrity, within CCO Operations to mitigate fraud, waste, and abuse across both managed care and intersecting FFS service structures. • Using OHA's core values – including health equity – as a guide, this position determines or recommends program policy by analyzing and interpreting statewide policies and directives as well as federal laws and regulations to ensure the agency complies with Federal regulations, Oregon's Section 1115 Waiver that allows Oregon's unique application of Medicaid with the Oregon Health Plan (OHP) and Coordinated Care Organization (CCO) design. • Hold experience in and demonstrates understanding of the role of CCO Operations as it relates to advancing health equity and addressing systemic health disparities. Must possess trauma-informed and cultural competency skills, and have experience in developing, implementing policies and programs that promote equity and reduce disparities.
30%	R	E	Strategic Planning & Systems Alignment: • Lead long-range strategic planning for CCO Operations to advance OHA's Medicaid priorities, including integrated and coordinated care across all OHP benefit types and health equity objectives. • Partner with Health Policy & Analytics to define, evaluate, and evolve CCO performance expectations under the

			Medicaid Quality Strategy, ensuring integrated care and coordination remain core accountability elements. • Identify opportunities to align CCO Operations with broader OHA priorities, including behavioral health transformation, oral health integration, value-based payment models, and whole-person care strategies. • Engage with CCOs, community partners, Tribes, and local partners to ensure policies and operational strategies support coordinated care and seamless transitions across physical, oral, and behavioral health systems. • Oversee cross-division and interagency coordination, working with OHA's fee-for-service programs on carved-out benefits such as select behavioral health, pharmacy, and specialty services, to advance cohesive systemwide integration of managed care and FFS delivery systems and improve coordinated care for OHP members. • Integrate analytics, quality data, operational assessments, and provider and partner feedback into strategic policy and operational decisions that advance system-level integration and coordinated care delivery. • Develop frameworks to monitor CCO performance trends across all OHP benefit domains, recommending adjustments to contracts, policy, or operations to improve statewide consistency and outcomes. • Lead strategic planning to anticipate and respond to federal rule changes, regulatory updates, and emerging priorities affecting managed care integration and CCO accountability. • Represent OHA and the Medicaid Division in statewide and national forums related to managed care policy, CCO performance, integrated care, and health system transformation. • Ensure organizational readiness and workforce capability within CCO Operations to effectively oversee a complex delivery system that spans managed care, fee-for-service, integrated benefits, and equity-centered outcomes.
5%	R	E	Legislative Strategy: • Monitor and track federal and state legislation, external health policy analyses and thought papers; evaluate impact on Medicaid and Oregon Health Plan from the context of CCO Operations; advise OHA and Medicaid leadership and initiate or coordinate legislative changes to support policy options, or plan changes to systems, operations, or procedures in response to legislation and emerging policy implications.

			• Guide, validate, and further expand on efforts by managers, program leads, and policy analysts in contributing subject matter expertise to state legislation bill analyses to ensure policy, programmatic, operational, and equity risks, impacts and possibilities are clearly outlined and considered. • Translate legislation into strategic direction for the CCO Operations section, ensuring teams establish appropriate program goals, administrative rules, guidance, project management plans, and systems for tracking and implementing mandated changes. • Guide, contribute to, or review and validate OHA Medicaid Division testimony for legislative hearings and prepare responses to legislative inquiries, advocate correspondence, federal agency correspondence, community complaints, and organizational surveys, including drafting responses for the Medicaid Director's signature.
10%	R	E	Community & Partner Engagement: • Represent Medicaid Division and CCO Operations strategy, policy, and program areas with internal and external partners. Develop and maintain effective relationships with community-based organizations, advocacy groups, medical assistance providers, Coordinated Care Organizations, local health care systems (such as Providence, Legacy, OHSU,) other Safety Net providers, county/city/state agencies, Tribal governments, and state and federal elected officials. • Address professional organizations and public groups to advocate and explain policy and the needs of clients served by Medicaid and the Oregon Health Plan. • Represent Medicaid, CCO Operations Section by participating in or coordinating interagency or interstate committees and task forces. • Respond to and resolve difficult and sensitive citizen inquiries/ complaints from the public, legislators and their staff, individuals served by the state and providers in a manner that protects the needs of the public and the state's liability. Provide or delegate team members to provide technical assistance, resolve issues, and elevate matters as appropriate. • Represent the section as an executive leader in response to media inquiries on OHA policy and/or response to critical incidents. • Provide expert consultation to the Governor, the Legislature, or OHA Executive Leadership.

			• Skillfully interpret and implement goals of shared leadership. Keep Governor's Office, government relations, and Medicaid Director fully informed of issues and major events in a timely manner. • Establish, lead and participate in structured community engagement efforts and cross-agency partner groups to support planning and implementation of statewide medical assistance programs and policies, ensuring inclusive participation from CCOs, policy and technical workgroups, community-based organizations, advocacy groups, Tribal partners, health systems, and state leadership. • Demonstrate commitment and co-design viable structure, resourcing, communication pathways, and clear expectations to facilitate intentional engagement regarding CCO Operations strategy, policy, and program design and decision-making across teams, divisions, other state agencies and with external partners and communities. • Promote a team culture that listens to members and partners, ensures diverse voices and perspectives are invited and represented, and uses feedback and input to inform program and policy development and to design coordinated and equitable service delivery.
5%	R	E	Fiscal Oversight: • Assist in the development and monitoring of unit budgets under the direction of the CCO Operations section. Direct ongoing monitoring of financial performance and implementation of corrective action as indicated. Develop fiscally viable plans for achieving program objectives and operational goals. Develop justifications for budgetary recommendations and/or adjustments. • Participate in strategic discussions regarding additional funding for staffing and resources. Analyze financial information to plan programmatic changes or make recommendations to the Medicaid Director and Deputy Directors to meet programmatic goals. • Monitor and analyze expenditures in keeping with workflow, program goals and achievements, and authorized expenditure levels. Monitor expenditures and service revenues; assist in maintaining budgetary control and meeting budgeted productivity targets. • Authorize and oversee procurements, contracts, interagency agreements, and vendor relationships as needed for operational implementation, monitoring expenditures and performance, resolving operational issues, and ensuring service delivery aligns with program requirements. Act as signing authority for the agency within

			delegated authorization. Provide fiscal stewardship and priority setting in approval of internal program requests to spend budgeted dollars. • Direct, guide, and approve budget planning and resource forecasting activities and priorities for the CCO Operations section by assessing program demands, anticipated regulatory changes, operational needs and the long-term impact of policy decisions. Advocate for and articulate critical resourcing needs to OHA executive leadership, Governor's Office, and the legislature. Manage the section's administrative budget and position authority and ensure staffing stays within that authority. • In concert with the Medicaid Director and Deputy Directors, find new revenue sources for programs/services and explore new business opportunities. Develop, implement, and maintain a realistic, cost-effective annual budget.
15%	R	E	Daily Operations & Supervision: • Provide leadership, operational oversight, analysis and advocacy for daily business operations and administrative functions under the purview of the CCO Operations section. Direct/adjust workflows, coordinate cross-functional activities, and facilitate timely completion of program commitments. • Identify operational issues, risks and emerging challenges; lead problem-solving processes and provide complex administrative and technical consultation to internal professional staff, quality/risk management, internal partners and external contracted subcontractors in order to ensure regulatory, contractual and risk related compliance. • Plan, prioritize, and assign work according to the nature of the job to be accomplished, internal and external agreements, expectations and interdependencies, the capabilities of direct reports, and available resources. Monitor and gather qualitative and quantitative data to assess and ensure consistent performance and service quality. • Proactively engage in hiring and position management activities, setting organizational strategy and priorities for the CCO Operations section. Ensure relevant and updated position descriptions for all staff; projecting resource needs as a result of new or revised requirements, investments, or initiatives; participating in recruitment actions according to practices, guidelines, and expectations outlined within OHA's equitable hiring strategies toolkit/policies and Medicaid Division's hire process manual.

			• Provide ongoing supervision for direct reports through regular 1:1 confer and quarterly performance evaluation and feedback touchpoints as well as periodic review when needed. Advise, coach, and consult regarding employee performance (capacity, competency, relational dynamics) and other human resource issues. • Ensure managers and staff within the CCO Operations section understand and apply federal and state requirements, program policies, operational procedures, and equity-centered principles in their daily work; provide technical support and clarification as questions or issues arise. • Determine direct reports' training needs and arrange for training. Monitor work assignments, workload capacity, work-life wellness, and engagement of staff on an individual and collective team level. • Mentor and foster professional development of managers and staff within the CCO Operations section; co-develop strategies to enhance communication skills in the areas of giving and receiving constructive feedback, facilitating conflict resolution, negotiating solutions, and promoting personal staff and team effectiveness. • Establish, promote, and clarify guidelines for expected professional and interpersonal behaviors, methods for reporting inappropriate behaviors, and processes to escalate issues or concerns. • Work in collaboration with human resources and labor relations to review and address personnel actions.
5%		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. Some evening and/or weekend work is normal in this position.

The job requires frequent preparation, presentation, and/or response to technical and professional material against assigned deadlines. Work product is most often 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. Navigates time-sensitive, politically charged issues that require ability to make informed decisions and considerations that impact diverse populations that are most affected by health inequities.

This leadership 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.

Moderate local and in-state travel is required. Occasional out-of-state travel may be required.

This is a hybrid role that will require occasional in-person time, with an intermix of OHA state office buildings and community settings. As agency business and operational needs allow, there is flexibility to perform work remotely within the defined workweek.

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

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)
- National best practices and fidelity models promoted by key federal agencies
- NAMD and NASHP publications
- Oregon Revised Statutes
- Oregon Administrative Rules
- OHA/Coordinated Care Organization Contracts
- Oregon state plan amendments, waivers and demonstration projects with the Centers for Medicare and Medicaid Services (CMS)
- State laws, rules, and contract requirements relating to Medicaid services
- Oregon Procurement Laws and Guidelines
- OHA/ODHS Writing Style Guide
- OHA Graphics Standards Manual
- OHA Human Resource policies and procedures
- Oregon Department of Administrative Services (DAS) policies and procedures
- Departmental and office policies and procedures
- Workday 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

b. 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?
OHA Senior Management; Other State Agency Senior Management (ODHS, OYA, ODE, etc.)	In-person; 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; answer questions; gather input; enforce policies, regulations and contracts; negotiate agreements	Daily, as needed
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; 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; negotiate agreements	Daily, as needed
Coordinated Care Organizations	In-person; Virtual (e.g. MS Teams, Zoom);	Collect, provide and discuss information and data; collaborate	Daily, as needed

(CCOs); CCO Sub-contractors	Written (e.g. email, letter/memo, report); Phone	and coordinate on policies and programs; provide and receive direction or consultation; provide technical assistance; answer questions; gather input; enforce policies, regulations and contracts	
Department of Justice (DOJ)	In-person; 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	Weekly, as needed
OHP recipients and persons with lived experience	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report)	Listen and engage to identify opportunities, co-design solutions, reconcile concerns with commitment to improve services, supports, programs and policies	Weekly, as needed
Legislators, their offices and legislative staff; Governor's Office and staff	In-person; 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; provide technical assistance; answer questions; gather input; provide bill analysis; prepare hearing testimony	Weekly, as needed
Community Based Organizations; Culturally-specific Organizations	In-person; 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	Monthly, as needed
Local and County-based Health Clinics and Programs (CMHP, CCBHC, FQHC, RHC, etc.)	In-person; 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	Monthly, as needed
Treatment Service Providers and Professionals	In-person; 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	Monthly, as needed

		questions; gather input; enforce policies, regulations and contracts	
Tribal governments	In-person; 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	Monthly, 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	Provide and discuss information and data; receive direction or consultation; receive technical assistance and discuss issues; respond to request for information; review policy changes, interpretations, and implications	Monthly, 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 contemporary injustices.

Determine program policies, operational requirements, and compliance approaches for CCO oversight by interpreting federal Medicaid regulations, Oregon's Section 1115 Demonstration Waiver, statewide directives, and OHA strategic priorities, ensuring alignment across managed care and fee-for-service delivery systems.

Decide when and how to implement corrective actions, operational interventions, or contractual remedies for CCOs based on performance assessments, quality findings, program integrity concerns, or identified risks in access, service delivery, member rights, health equity, or financial performance.

Approve strategic direction, operational frameworks, and system-level changes that support integrated care delivery across physical, oral, and behavioral health benefits, including policies governing care coordination, collaboration with OHA's fee-for-service programs for carved-out services, and alignment of quality, analytics, contracting, operational support, and encounter data functions.

Determine resource allocations, staffing priorities, and organizational structures within the CCO Operations section to ensure capacity to meet regulatory obligations, operational demands, and strategic initiatives; recommend budget adjustments and new resource requests to Medicaid leadership.

Authorize contracts, procurements, interagency agreements, and vendor engagements within delegated authority, ensuring alignment with Medicaid program requirements, fiscal stewardship

standards, and operational needs.

Decide CCO Operations' positions on policy proposals, legislation, agency initiatives, and public communications, including advising OHA Executive Leadership, the Governor's Office, and legislators on impacts to Medicaid programs, managed care operations, and statewide medical assistance policies.

The decisions made by this position are typically Policy and service-related with the potential for long term (known and unforeseen) impact on state and federal resources as well as the health and well-being of the people of Oregon. Decisions are made daily to assure that Division operations are consistent with legislative and federal direction and all applicable statutes, rules, policies, regulations and grant and contract requirements. This position will also provide leadership and decision-making surrounding strategic priorities from conception to implementation and will represent OHA's Medicaid executive team internally and externally as needed.

This position has the authority to commit and significantly impact fiscal and service resources of the Agency and the state.

Policy and implementation decisions impact the health outcomes of all people in Oregon, and, in particular, diverse population groups that are most impacted by health inequities and could impact national trends in health and human services.

The decisions in this position require a high degree of complicated conceptual, critical, and analytical thinking as well as knowledge of health programs, practices, standards and budgets. The person in this position must apply these skills and knowledge within the limitations and opportunities extant in state and federal law, rule, and guidance, as well as CCO contractual requirements. These decisions significantly influence the management of expenditures and access to quality medical care for more than 1.4 million members of the Oregon Health Plan.

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 Administrator 2 (HPPA2)	1013914	Virtually, In person, Phone, Email, written form	Daily to Weekly, and as needed	Discuss project and program strategy and design decisions; 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? 10

How many employees are supervised through a subordinate supervisor? 71

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

- | | |
|---|--|
| ☒ Plan work | ☒ Coordinates schedules |
| ☒ Assigns work | ☒ Hires and discharges |
| ☒ Approves work | ☒ Recommends hiring |
| ☒ Responds to grievances | ☒ Gives input for performance evaluations |
| ☒ Disciplines and rewards | ☒ 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.

Experience leading the development and implementation of policies and programs at the community, state, and/or national level that advance health equity (address systemic health disparities, expand culturally responsive and inclusive services, factor in social determinants of health) and elevate the voice of community and those with lived experience.

Knowledge of health services delivery systems, particularly the Oregon Health Plan, managed care, and Medicaid administration in Oregon, including experience working with Coordinated Care Organizations, social safety net programs, health service providers (including Community Mental Health Programs and other behavioral health service providers), and community-based organizations to guide operations and policies.

Knowledge of legislative and regulatory processes; experience interpreting, applying and advising on federal and state laws and regulations, as well as legislative concepts/bills; specific knowledge of Medicaid Fee for Service and Managed Care regulations, Oregon Administrative Rules, and Oregon Revised Statutes.

Knowledge and experience developing, implementing, and refining policies included in the Medicaid state plan or other waiver authorities with Centers for Medicare and Medicaid Services (CMS). Familiarity with varying funding streams for statewide and community investment and value-based payment mechanisms.

Strong oral and written communication skills across a variety of forums; experience communicating across a variety of forums; experience communicating qualitative and quantitative information, verbal and written, that are accessible to and understood by audiences with different levels of comprehension or interest and that are culturally responsive, inclusive, and appropriate.

Ability to provide organizational leadership to foster inter-and cross-agency collaboration and to shape systems-wide community centered policies, programs, and continuous (performance / quality / process) improvement strategies. Experience in effectively managing teams and fostering a trusting team culture. Ability to provide financial and budget management, tracking and oversight for larger scale efforts or program / team accountability.

Ability to navigate complex relationships through collaborative problem-solving, consensus-building, and solution-focused approaches, recognizing positionality and fostering power-sharing dynamics. Experience facilitating meetings with a variety of key partners, including internal teams, community members/groups, health service providers, government officials and legislators.

Experience and knowledge evaluating and synthesizing quantitative and qualitative data to analyze and measure the effectiveness, efficiency, and impact of administrative and technical programs within the context of health policy / healthcare services. Experience presenting and articulating the value and relevance of research and evaluation data to facilitate quality assurance, strategic planning, and decision-making.

Demonstrated project management experience, including ability to effectively manage multiple project timelines and priorities and promote human-centered change management.

Knowledge about contracts/interagency agreement administration, procurement, and grant administration within the context of Oregon state government (e.g. OHA/ODHS) or other complex health services delivery organizations.

Ability to demonstrate advanced Microsoft Excel, Word, PowerPoint and Outlook skillset; and skilled use of collaboration tools such as Microsoft Teams, SharePoint, and Smartsheet.

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>		
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