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

STATE OF OREGON
Oregon Health Authority (OHA)
POSITION DESCRIPTION

Position Revised Date:

Agency: Oregon Health Authority

Division: Medicaid

☒ New ☐ Revised

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

SECTION 1. POSITION INFORMATION

a. Classification Title: Health Policy & Program Manager 2
b. Classification No: X7334 **c.** REPR code: MMS
d. Position No: TBD
e. Working Title: Provider Clinical Support Services Manager
f. Agency No: 44300
g. Section Title: Provider Clinical Support Services
h. Employee Name: Vacant
i. Work Location (City — County): Salem/Marion or Portland/Multnomah; Hybrid
j. Supervisor Name: Brenden Magee
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.

Unit/Program Description:

Provider and Clinical Support Services section supports OHA Fee for Service (FFS) utilization management through the operationalization of prior authorization requirements, Medical Management Committee reviews, claim-denial appeal reviews, testimony in fair hearings, and active participation in OAR development. The unit also helps in-state and out-of-state FFS providers to identify prior authorization requirements, navigate prior authorization process, interpretate OARs, validate medical code pairing for requested services, and advocate for providers wishing to seek approvals for unique health service requests. Timely and accurate provider engagement and prior authorization responses enable OHA to partner with providers to support the health care needs of the FFS Open Card population and promote optimal health outcomes.

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 clinical, operational, and programmatic leadership for the implementation and continuous refinement of Provider Clinical Support Services (PCSS) for the Oregon Health Authority’s Fee for Service (FFS) Open Card delivery system. The unit manager directs daily operations of prior authorization reviews, provider-support hotlines, Medical Management Committee facilitation, clinical testimony

preparation, provider education, and quality assurance activities. A core accountability of this role is to manage the Prior Authorization Hotline and Code-Pairing Hotline to meet federal wait-time requirements, ensure consistent adherence to agency contact-tracking procedures, and address barriers affecting reliable operations. The manager also guides licensed clinical and non-clinical staff in producing accurate, compliant, and member-focused prior authorization determinations, with specialized expertise related to Occupational Therapy, Physical Therapy, Speech Therapy, Home Health, and Transplant benefits, ensuring equitable and timely access to medically necessary services for Oregon Health Plan members who receive their care through FFS Open Card.

This position is responsible to interpret and operationalize complex federal and state policies and requirements related to Medicaid, medical assistance programs, and health system care delivery, and to translate those requirements into clear operational practices that strengthen prior authorization program performance. In collaboration with the Provider Clinical Support Services Director, the manager advises Medicaid and OHA leadership by analyzing prior authorization trends, evaluating operational needs, and recommending utilization management strategies, program improvements, and policy refinements that promote health equity, reduce administrative burden, improve authorization timeliness, and enhance provider and member experience.

This position will at times 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; 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.
20%		E	**Program Development, Implementation & Oversight:** • Provide strategic program and operational oversight for the Prior Authorization (PA) and Code-Pairing Hotlines by developing program policies, defining operational standards, and leading short- and long-term planning efforts to ensure regulatory compliance, equitable and timely service delivery, uninterrupted daily operations, adherence to federal wait-time requirements, and consistent application of agency contact-tracking procedures. Manage and optimize multidisciplinary staffing resources, including licensed Registered Nurses and non-clinical personnel, by assessing operational needs, aligning staff deployment with program priorities, and updating process guidance to support both daily service expectations and long-term strategic objectives for the PA and Code-Pairing Hotlines.

			• Guide clinical and non-clinical staff in conducting accurate, compliant, and member-focused PA determinations associated with Oregon Health Plan benefits as assigned and routed based on queue, promote and assure distinct expertise of these staff to review PAs for Occupational Therapy, Physical Therapy, Speech Therapy, Home Health, and Transplant benefits. • Offer in-depth clinical guidance and strategic direction across Occupational Therapy, Physical Therapy, Speech Therapy, Home Health, and Transplant benefits. Evaluate benefit-specific clinical outcomes and operational metrics to inform continuous quality improvement. Engage with provider organizations to address nuanced clinical parameters, refine determination criteria, and ensure member-focused, policy-compliant decisions that effectively balance care quality, agency risk, and resource use. • Operationalize complex federal and state Medicaid rules, including CMS Interoperability requirements and OAR 410-120-1320, into clear, actionable workflows for licensed and non-clinical staff. • Oversee implementation of agency, division, and unit policies governing PA reviews, benefit coverage interpretation, hotline operations, and clinical documentation standards. • Supervise unit participation in Medical Management Committee activities, ensuring staff contribute accurate data, operational insights, and policy interpretation expertise. • Support clinical testimony preparation and delivery during Medicaid fair hearings to ensure medical necessity criteria and review rationale are clearly represented. • Maintain continuous awareness of unit operations and interdependent Medicaid program areas to ensure cohesive implementation of PA requirements across systems.
20%		E	**Program Strategic Planning & Systems Alignment:** • Advise Medicaid and OHA leadership, in collaboration with the Provider Clinical Support Services Director, on PA trends, operational gaps, system risks, and statewide utilization management strategies. • Participate in strategic planning efforts across the agency to shape utilization management priorities, benefit design considerations, and interdivisional alignment. • Interpret complex federal regulations, state policies, and administrative rules to assess impacts on PA program operations and future resource needs.

			• Report PA outcome trends, approval/denial patterns, review timelines, hotline metrics, and staff performance indicators to inform leadership decision-making. • Align unit operations with agency mission, legislative direction, equity goals, and federally mandated performance expectations. • Integrate provider experience data, community feedback, and administrative hearing outcomes into long-term strategy recommendations for process and policy refinement.
20%		E	**Systems & Organizational Improvement:** • Direct quality assurance and continuous improvement activities by establishing and monitoring performance metrics for PA and code pairing processes, identifying barriers to operational consistency, analyzing service and workflow data, and implementing data driven policy and system improvements that strengthen overall program efficiency, compliance, and service reliability. • Aggregate and analyze PA performance data, hotline metrics, and reviewer quality assurance findings to identify operational inefficiencies and areas requiring intervention. • Develop corrective action strategies that address deficiencies in timeliness, accuracy, or compliance, and ensure improvements are sustained through updated processes and staff training. • Refine team workflows, decision trees, review criteria, and communication tools to strengthen consistency, interrater reliability, and regulatory alignment. • Collaborate with policy developers to address benefit coverage questions, clarify rule interpretations, and inform future OAR amendments. • Implement data-driven quality improvement initiatives focused on strengthening equitable service delivery, reducing provider burden, and improving member access to medically necessary care. • Identify systemic risks—such as staffing shortages, rule misinterpretation, or external provider pressures—and implement strategies that maintain compliance and prevent delays in care or federal financial penalties.
10%		E	**Community & Partner Engagement:** • Engage Fee-for-Service providers, advocates, community-based organizations, and external partners to improve transparency, address operational challenges, and support shared understanding of PA requirements.

			• Facilitate provider education, outreach, and technical assistance that clarifies documentation standards, benefit coverage criteria, and PA review expectations. • Coordinate problem-resolution efforts with enrolled providers to address complex cases, resolve PA disputes, and strengthen relationships between OHA and the provider community. • Represent PCSS in cross-agency workgroups, legislative discussions, Tribal consultations, and statewide collaborative initiatives focused on improving OHP service delivery and equitable access. • Elevate member and provider perspectives into program planning and policy development to ensure operational decisions reflect lived experiences and community needs.
10%		E	**Fiscal & Operations Oversight:** • 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 assist in maintaining budgetary control and meeting budgeted productivity targets.
15%		E	**Daily Operations and Supervision:** • Provide leadership, operational oversight, analysis and advocacy for daily business operations and administrative functions under the purview of the Provider Clinical Support Services program area. • 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. • Proactively engage in hiring and position management activities, including ensuring 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. Advise, coach, and consult regarding employee performance management and other human resource issues. Set clear guidelines for expected behaviors and clear methods for reporting inappropriate behaviors. • Determine direct reports' training needs and arrange for training. Monitor work and engagement through periodic review and performance evaluations. • Plan, prioritize, schedule, 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. • 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 remotely, the current structure relies upon Division issued equipment, utilizing the employee's internet network and activation of secure network software to connect to OHA's Virtual Private Network, and utilizing on camera virtual meetings.

Frequent contact and work with a variety of staff, colleagues, and partners in a variety of office, virtual and meeting room settings is expected. Open office environment or virtual environment with frequent interruptions while working on multiple projects simultaneously. Continuous use of 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
- Oregon Revised Statues
- 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
- 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 and Graphics Manual
- OHA/ODHS 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
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	As needed
OHP recipients and people with lived experience	In-person; Virtual (e.g. MS Teams, Zoom);	Listen and engage to identify opportunities, co-design solutions, reconcile concerns with	As needed

	Written (e.g. email, letter/memo, report)	commitment to improve services, supports, programs and policies	
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	As needed
Providers, including treatment service providers / professionals, CCOs, Tribal providers, local and county programs)	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	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	Daily, as needed
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	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	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	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 operational priorities, workflow adjustments, and staffing allocations required to meet federal PA timeliness standards, sustain uninterrupted hotline operations, and ensure accurate, compliant review of complex benefit categories.

Decide how federal and state Medicaid and medical assistance program policies and regulations, Oregon Administrative Rules, and agency policies are interpreted and operationalized within prior authorization review processes, provider-support functions, and daily clinical operations.

Establish data-driven corrective actions, quality assurance approaches, and performance improvement strategies based on analysis of PA trends, reviewer accuracy, hotline metrics, benefit-specific clinical parameters, equity impacts, and identified compliance risks for the benefit areas of their portfolio.

Develop and recommend health care policies, operational enhancements, and system/process changes that support effective utilization management strategies, support benefit-specific clinical decision-making, improve provider and member experience, and advance equitable, timely, and accurate service determinations for Oregon Health Plan FFS Open Card members.

Monitor statewide Oregon Health Plan service delivery and PA program operations and recommend improvements that reduce administrative burden, strengthen review timeliness, enhance provider communication, and promote positive health outcomes and equitable access.

Decisions impact the success of individual projects, process development, policy direction, and service delivery for recipients of medical assistance programs. Decisions made will likely result in political and public reactions to policy changes.

The decisions in this position require a high degree of complicated conceptual, critical, and analytical thinking as well as knowledge of medical/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. These decisions significantly influence the management of expenditures and access to quality medical care for the open card/Fee-for-Service Medicaid recipients in Oregon.

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 3 (HPPM3)	5065320	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? 14

How many employees are supervised through a subordinate supervisor? 0

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

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

SECTION 10. ADDITIONAL POSITION-RELATED INFORMATION

ADDITIONAL REQUIREMENTS: 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/ 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), or community-based organizations to guide operations and policies.

Knowledge of legislative and regulatory processes; experience analyzing, applying and advising on relevant federal and state laws and regulations as well as legislative concepts/bills; specific knowledge of 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:

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

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

SECTION 11. ORGANIZATIONAL CHART

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

SECTION 12. SIGNATURES

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Appointing Authority Signature _____ Date _____

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

STATE OF OREGON
Oregon Health Authority (OHA)
POSITION DESCRIPTION

Position Revised Date:

Agency: Oregon Health Authority

Division: Medicaid

☒ New ☐ Revised

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

SECTION 1. POSITION INFORMATION

a. Classification Title: Health Policy & Program Manager 2
b. Classification No: X7334 **c.** REPR code: MMS
d. Position No: TBD / TBD
e. Working Title: Provider Clinical Support Services Manager
f. Agency No: 44300
g. Section Title: Provider Clinical Support Services
h. Employee Name: Vacant
i. Work Location (City — County): Salem/Marion or Portland/Multnomah; Hybrid
j. Supervisor Name: Brenden Magee
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.

Unit/Program Description:

Provider and Clinical Support Services section supports OHA Fee for Service (FFS) utilization management through the operationalization of prior authorization requirements, Medical Management Committee reviews, claim-denial appeal reviews, testimony in fair hearings, and active participation in OAR development. The unit also helps in-state and out-of-state FFS providers to identify prior authorization requirements, navigate prior authorization process, interpretate OARs, validate medical code pairing for requested services, and advocate for providers wishing to seek approvals for unique health service requests. Timely and accurate provider engagement and prior authorization responses enable OHA to partner with providers to support the health care needs of the FFS Open Card population and promote optimal health outcomes.

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 clinical, operational, and programmatic leadership for the implementation and continuous refinement of Provider Clinical Support Services for the Oregon Health Authority’s Fee for Service (FFS) Open Card delivery system. The unit manager directs daily operations of prior authorization reviews, provider-support hotlines, Medical Management Committee facilitation, clinical testimony preparation, provider

education, and quality assurance activities. provider claims denial appeal review process to meet federal and state requirements, ensure consistent adherence to agency documentation and review procedures, and address barriers that affect reliable, accurate, and clinically sound operations.. The manager also guides licensed clinical and non-clinical staff in producing accurate, compliant, and member-focused prior authorization determinations, with specialized expertise related to Rehabilitative Services; Out of Hospital Birth; Enteral/Parenteral Nutrition and IV Services; and Audiology and Hearing Aid benefits, ensuring equitable and timely access to medically necessary services for Oregon Health Plan members who receive their care through FFS Open Card.

This position is responsible to interpret and operationalize complex federal and state policies and requirements related to Medicaid, medical assistance programs, and health system care delivery, and to translate those requirements into clear operational practices that strengthen prior authorization program performance. In collaboration with the Provider Clinical Support Services Director, the manager advises Medicaid and OHA leadership by analyzing prior authorization trends, evaluating operational needs, and recommending utilization management strategies, program improvements, and policy refinements that promote health equity, reduce administrative burden, improve authorization timeliness, and enhance provider and member experience.

This position will at times 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; 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.
20%		E	**Program Development, Implementation & Oversight:** • Strategize, develop, and implement operational plans to optimize clinical reviews of provider claim denials. Manage and allocate licensed Registered Nurse staffing to ensure timely, accurate appeals processing, monitoring workflow and making staffing adjustments to meet performance goals. • Oversee ongoing quality monitoring of provider claims denial appeal review activities, using performance data to identify delays or inaccuracies. Initiate data-driven corrective actions – such as workflow modifications, staff reallocation, or policy updates – to promptly resolve issues and enhance review efficiency and accuracy.

			• Guide clinical and non-clinical staff in conducting accurate, compliant, and member-focused PA determinations associated with Oregon Health Plan benefits as assigned and routed based on queue, promote and assure distinct expertise of these staff to review PAs for Rehabilitative Services; Out of Hospital Birth; Enteral/Parenteral Nutrition and IV Services; and Audiology and Hearing Aid benefits. • Offer in-depth clinical guidance and strategic direction across Rehabilitative Services, Out-of-Hospital Birth, Enteral/Parenteral Nutrition & IV Services, and Audiology/Hearing Aid benefits. Evaluate benefit-specific clinical outcomes and operational metrics to inform continuous quality improvement. Engage with provider organizations to address nuanced clinical parameters, refine determination criteria, and ensure member-focused, policy-compliant decisions that effectively balance care quality, agency risk, and resource use. • Operationalize complex federal and state Medicaid rules, including CMS Interoperability requirements and OAR 410-120-1320, into clear, actionable workflows for licensed and non-clinical staff. • Oversee implementation of agency, division, and unit policies governing PA reviews, benefit coverage interpretation, provider claims appeals, and clinical documentation standards. • Supervise unit participation in Medical Management Committee activities, ensuring staff contribute accurate data, operational insights, and policy interpretation expertise. • Support clinical testimony preparation and delivery during Medicaid fair hearings to ensure medical necessity criteria and review rationale are clearly represented. • Maintain continuous awareness of unit operations and interdependent Medicaid program areas to ensure cohesive implementation of PA requirements across systems.
20%		E	**Program Strategic Planning & Systems Alignment:** • Advise Medicaid and OHA leadership, in collaboration with the Provider Clinical Support Services Director, on PA trends, operational gaps, system risks, and statewide utilization management strategies. • Participate in strategic planning efforts across the agency to shape utilization management priorities, benefit design considerations, and interdivisional alignment.

			• Interpret complex federal regulations, state policies, and administrative rules to assess impacts on PA program operations and future resource needs. • Report PA outcome trends, approval/denial patterns, review timelines, provider claims appeals metrics, and staff performance indicators to inform leadership decision-making. • Align unit operations with agency mission, legislative direction, equity goals, and federally mandated performance expectations. • Integrate provider experience data, community feedback, and administrative hearing outcomes into long-term strategy recommendations for process and policy refinement.
20%		E	**Systems & Organizational Improvement:** • Analyze provider claims denial appeals and claims performance metrics in collaboration with the Claims & Encounters Manager to identify systemic barriers and trends. Develop and recommend new or revised policies, procedures, or quality improvement strategies to support operational objectives and program goals. • Aggregate and analyze PA performance data, provider claims appeals metrics, and reviewer quality assurance findings to identify operational inefficiencies and areas requiring intervention. • Develop corrective action strategies that address deficiencies in timeliness, accuracy, or compliance, and ensure improvements are sustained through updated processes and staff training. • Refine team workflows, decision trees, review criteria, and communication tools to strengthen consistency, interrater reliability, and regulatory alignment. • Collaborate with policy developers to address benefit coverage questions, clarify rule interpretations, and inform future OAR amendments. • Implement data-driven quality improvement initiatives focused on strengthening equitable service delivery, reducing provider burden, and improving member access to medically necessary care. • Identify systemic risks—such as staffing shortages, rule misinterpretation, or external provider pressures—and implement strategies that maintain compliance and prevent delays in care or federal financial penalties.
10%		E	**Community & Partner Engagement:**

			• Engage Fee-for-Service providers, advocates, community-based organizations, and external partners to improve transparency, address operational challenges, and support shared understanding of PA requirements. • Facilitate provider education, outreach, and technical assistance that clarifies documentation standards, benefit coverage criteria, and PA review expectations. • Coordinate problem-resolution efforts with enrolled providers to address complex cases, resolve PA disputes, and strengthen relationships between OHA and the provider community. • Represent PCSS in cross-agency workgroups, legislative discussions, Tribal consultations, and statewide collaborative initiatives focused on improving OHP service delivery and equitable access. • Elevate member and provider perspectives into program planning and policy development to ensure operational decisions reflect lived experiences and community needs.
10%		E	**Fiscal & Operations Oversight:** • 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 assist in maintaining budgetary control and meeting budgeted productivity targets.
15%		E	**Daily Operations and Supervision:** • Provide leadership, operational oversight, analysis and advocacy for daily business operations and administrative functions under the purview of the Provider Clinical Support Services program area. • 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.

			• Proactively engage in hiring and position management activities, including ensuring 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. Advise, coach, and consult regarding employee performance management and other human resource issues. Set clear guidelines for expected behaviors and clear methods for reporting inappropriate behaviors. • Determine direct reports' training needs and arrange for training. Monitor work and engagement through periodic review and performance evaluations. • Plan, prioritize, schedule, 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. • 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 remotely, the current structure relies upon Division issued equipment, utilizing the employee's internet network and activation of secure network software to connect to OHA's Virtual Private Network, and utilizing on camera virtual meetings.

Frequent contact and work with a variety of staff, colleagues, and partners in a variety of office, virtual and meeting room settings is expected. Open office environment or virtual environment with frequent interruptions while working on multiple projects simultaneously. Continuous use of 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
- Oregon Revised Statues
- 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
- 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 and Graphics Manual
- OHA/ODHS 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
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	As needed

		policy or program actions or activities	
OHP recipients and people 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	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	As needed
Providers, including treatment service providers / professionals, CCOs, Tribal providers, local and county programs)	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	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	Daily, as needed
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	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	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	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 operational priorities, workflow adjustments, and staffing allocations required to meet federal PA timeliness standards, ensure timely, accurate, and clinically sound provider claims denial appeal reviews, and ensure accurate, compliant review of complex benefit categories.

Decide how federal and state Medicaid and medical assistance program policies and regulations, Oregon Administrative Rules, and agency policies are interpreted and operationalized within prior authorization review processes, provider-support functions, and daily clinical operations.

Establish data-driven corrective actions, quality assurance approaches, and performance improvement strategies based on analysis of PA trends, reviewer accuracy, provider claims appeal trends, benefit-specific clinical parameters, equity impacts, and identified compliance risks for the benefit areas of their portfolio.

Develop and recommend health care policies, operational enhancements, and system/process changes that support effective utilization management strategies, support benefit-specific clinical decision-making, improve provider and member experience, and advance equitable, timely, and accurate service determinations for Oregon Health Plan FFS Open Card members.

Monitor statewide Oregon Health Plan service delivery and PA program operations and recommend improvements that reduce administrative burden, strengthen review timeliness, enhance provider communication, and promote positive health outcomes and equitable access.

Decisions impact the success of individual projects, process development, policy direction, and service delivery for recipients of medical assistance programs. Decisions made will likely result in political and public reactions to policy changes.

The decisions in this position require a high degree of complicated conceptual, critical, and analytical thinking as well as knowledge of medical/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. These decisions significantly influence the management of expenditures and access to quality medical care for the open card/Fee-for-Service Medicaid recipients in Oregon.

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 3 (HPPM3)	5065320	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? 14

How many employees are supervised through a subordinate supervisor? 0

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

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

SECTION 10. ADDITIONAL POSITION-RELATED INFORMATION

ADDITIONAL REQUIREMENTS: 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/ 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), or community-based organizations to guide operations and policies.

Knowledge of legislative and regulatory processes; experience analyzing, applying and advising on relevant federal and state laws and regulations as well as legislative concepts/bills; specific knowledge of 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:

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

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

SECTION 11. ORGANIZATIONAL CHART

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

SECTION 12. SIGNATURES

Employee Signature	Date
Supervisor Signature	Date
Appointing Authority Signature	Date