



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

**Position Revised Date:**  
04/29/26

**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: Medical Review Coordinator
- b. Classification No: C6210 c. REPR: OAH
- d. Position No: \_\_\_\_\_
- e. Working Title: Qualified Clinical Reviewer & Program Coordinator
- 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 ☒ Professional ☐ Administrative  
☐ Non-Exempt
- m. Eligible for Overtime: ☐ Yes ☒ No

**SECTION 2. PROGRAM AND POSITION INFORMATION**

- a. Describe the program in which this position exists. Include program purpose, who's affected, size and scope. Include relationship to agency mission.

OHA values health equity, service excellence, integrity, leadership, partnership, innovation and transparency. OHA's health equity definition is "Oregon will have established a health system that creates health equity when all people can reach their full potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address: the equitable

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

The Medicaid Division is aligned with the Oregon Health Authority’s core values of partnership, service excellence, leadership, integrity, health equity, innovation, and transparency. In our practice, these values are expressed through:

**Health Equity:**

- Addressing the clinical and social conditions, as well as the historical and contemporary injustices, which undermine health, so everyone can reach their full health potential.
- Considering the diversity of Oregon’s communities as we make decisions about how policy and practice are developed, and how resources are distributed.
- Respecting diverse cultures, populations, histories, and health practices; ensuring a diverse workforce and inclusive work environment.

**Service Excellence:**

- Exceeding expectations and being committed to delivering responsive, efficient, and effective solutions.

**Integrity:**

- Being accountable for maintaining the highest standards and outcomes in all aspects of our work; being a good steward of public trust and resources.
- Ensuring decisions are informed, fiscally responsible, open, and easily understood.

**Leadership:**

- Ensuring every employee has the ability and opportunity to help make changes that improve health and transform health care.
- Leading improvement in health through innovative strategies and creative solutions.

**Partnership:**

- Seeking out, listening to, and collaborating with partners across diverse communities; respecting internal and external ideas and opinions.
- Working with key invested partners and communities to protect and promote the health of all people in Oregon.

**Innovation:**

- Not being satisfied with the status quo and seeking new and better ways to meet the needs of the people we serve with creativity and openness.
- Pursuing opportunities to develop new evidence to evolve our practices.

**Transparency:**

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

**Medicaid Division description:**

OHA is home to most of the state's publicly supported health programs. OHA divisions include Behavioral Health, Equity and Inclusion, Fiscal and Operations, Health Policy and Analytics, Medicaid, Public Health, and the Oregon State Hospital.

The Medicaid Division is responsible for the design, development, implementation, monitoring, evaluation, and improvement of publicly funded Medicaid programs and related health programs, which includes the Oregon Health Plan (OHP), Healthier Oregon, the OHP-Bridge Program, and initiatives under 1115 demonstration waivers, state plan authorities, and 1915 home and community-based services waivers. The Division is the Single State Medicaid agency authorized to enter into agreements with the federal government for the state of Oregon. The division defines and manages the Oregon Administrative Rules divisions that govern OHP-covered health care services, eligible fee for service health care providers and participating managed care plans, including Coordinated Care Organizations (CCOs), to ensure programs and services are delivered effectively, equitably, and in compliance with state and federal regulations.

Medicaid, and the related health programs the division oversees, provides coverage for health care and related services for Oregonians with low income. Currently, one out of every three Oregonians receive healthcare through Medicaid programs. These programs play a crucial role in improving health care access, promoting health equity, and reducing disparities across the state. The collective and collaborative effort of division management and staff are essential in helping OHA achieve its vision and aim to produce better and more equitable health outcomes and move closer to our strategic goal to eliminate health inequities by 2030.

**Unit/Program Description:**

**Provider and Clinical Support Services** unit 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 enrolled Medicaid 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 population and promote optimal, equitable 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 ensure that Oregon Health Plan (OHP) members receive clinically appropriate, medically necessary, and policy compliant health services through expert clinical review, policy interpretation, and program oversight. The role integrates clinical judgment with state and federal regulatory requirements to adjudicate prior authorizations, support accurate claims processing, guide benefit determinations- including Early and Periodic Screening,

Diagnostic and Treatment (EPSDT) and Youth with Special Health Care Needs (YSHCN) – and ensure equitable access to services for OHP members.

This position serves as a clinical authority within the program, providing consultation, interpretation of complex medical and regulatory issues, and expert testimony in contested cases. It also acts as a critical liaison among providers, Coordinated Care Organizations (CCOs), internal agency programs, and external partners to maintain continuity of care, assure consistency in benefit application, and support optimal clinical outcomes.

This position will factor in the perspectives of diverse populations most harmed by social injustice and inequities including communities of color, immigrant groups, the disability and neurodivergent communities, veterans, older adults, individuals identifying as LGBTQIA+ 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 | NC     | E    | <p><b>Align Conduct with OHA’s Values and 2030 Strategic Goal</b></p> <ul style="list-style-type: none"> <li>• Demonstrate awareness, understanding and alignment in service delivery with the OHA Core Values of Health Equity, Service Excellence, Integrity, Leadership, Partnership, Innovation, and Transparency.</li> <li>• In addition to the cultivation of equitable practices across all aspects of the position description, learn and apply knowledge and skills to interrupt systemic racism and oppression of groups most impacted by historical and contemporary racism and social injustices.</li> <li>• Demonstrate recognition of the value of individual and cultural difference; demonstrate evidence of ongoing development of personal cultural awareness and humility; contribute to an inclusive work environment that is respectful and accepting of diversity and where talents and abilities are valued.</li> <li>• Contribute to a positive and productive work environment; maintain regular and punctual attendance; perform all duties in a safe manner; and comply with all policies and procedures.</li> <li>• Model professional behavior. Interrupt and report inappropriate behaviors, especially those in violation of policy.</li> </ul> |

|     |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----|----|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |    |   | <ul style="list-style-type: none"> <li>• Promote and actively participate in OHA's 2030 goal of eliminating health inequities.</li> <li>• Hold awareness and be attentive to the direct and indirect accountabilities and opportunities within the Medicaid Division to positively impact and influence the goals, strategies, actions, and measures outlined in OHA's strategic plan (2024-2027).</li> <li>• Use language that promotes equity, engagement, asset-framing, and power-sharing; when crafting written content or correspondence, reference and adhere to equity-centered communication guidelines outlined in the <a href="#">OHA/ODHS Writing Style Guide</a> and <a href="#">OHA Graphic Standards Manual</a>.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 80% | NC | E | <p><b>Medical Review and Consultation:</b></p> <ul style="list-style-type: none"> <li>• Analyze and interpret clinical documentation and information and apply state, federal and agency law, regulation or policy in the implementation of the Oregon Health Plan. Provide clinical consultation using critical thinking and independent judgement to providers identifying potential alternative clinical condition/ medically appropriate treatment combinations and provide any pertinent information regarding ancillary services that may be related to conditions and/or treatments.</li> <li>• Present research, analysis and cost effectiveness for complex prior authorization requests that are not established as covered services to the Medical Management Committee.</li> <li>• Support care coordination decisions between Fee-For-Services (FFS) clients and Coordinated Care Organizations (CCOs).</li> <li>• Serve as the Division liaison with the CCO to ensure the client has appropriate services or a plan of care is initiated. Explain and interpret Oregon Administrative Rules (OARs), policies, procedures and standards to ensure understanding.</li> <li>• Serve as an expert clinical witness representing Medicaid at administrative hearings to summarize and explain policy issues in medically contested cases. Provide testimony in hearings regarding facts, application of facts to the rules and medical appropriateness and necessity of services requested.</li> <li>• Identify and explain medical decisions based on applicable rules, standard of care, precedent, policies and procedures to providers, the public, other programs and agencies. Serve as a resource in answering policy, benefit, code pairing and Prioritized List line placement questions on the Code Pairing Hotline.</li> </ul> |

|  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|  |  |  | <ul style="list-style-type: none"> <li>Problems solve, educate and coordinate benefit issues and care related to OHP recipients. Apply Guideline Notes and relevant OARs to determine if services are medically appropriate and covered benefits.</li> </ul> <p>Areas of responsibility:</p> <p><b>Prior Authorization Reviews:</b></p> <ul style="list-style-type: none"> <li>Conduct Prior Authorization (PA) Reviews and adjudicate health service PAs for benefit coverage based on federal, state and agency rules, policies, and process guidance. Collaborate with agency resources, providers, and when relevant CCOs, to determine appropriate PA outcomes.</li> <li>Present difficult, extraordinary, and potentially exceptional PA requests to the Medical Management Committee for an elevated level of adjudication.</li> <li>Draft member-focused and legally sufficient determination language for each adjudicated PA. Conduct research and analysis of services requested to support state and agency fiscal responsibility.</li> </ul> <p><b>Claims Reviews:</b></p> <ul style="list-style-type: none"> <li>Authorize appropriate payment through review of submitted medical documentation for correct allocation of State and Federal funds. Authorize and appropriately price manual claims based on medical research and policy.</li> <li>Conduct clinical reviews of appealed medical claims denials. Conduct clinical reviews of suspended claims to ensure compliance with program and statute requirements for eligibility and payment.</li> </ul> <p><b>EPSDT and YSHCN Benefit Support:</b></p> <ul style="list-style-type: none"> <li>Identify provider PA inquiries via the RN hotline, and PA request submissions that are for OHP recipients who qualify for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits, and Youth with Special Health Care Needs (YSHCN) benefits. Ensure that each eligible request is supported to determine the correct benefit outcome based on the medical necessity of the request for each person's unique health needs.</li> <li>Ensure that all EPSDT and YSCHN eligible PA requests are not arbitrarily denied without first being reviewed for possible approval due to medical necessity, and that all required provider outreach and support is provided to attain the clinical information needed to make the appropriate determination. Present requests to the Medical Management Committee to ensure that adequate clinical review for medical necessity is exercised prior to denial.</li> </ul> <p><b>Medical Case Management Referrals:</b></p> |
|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|-----|---|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |   |   | <ul style="list-style-type: none"> <li>Utilize clinical knowledge and experience to identify at-risk, disparate, or other OHP recipients who experience unique health related needs and would benefit from individualized medical case management and refer them directly to the proper OHP Coordinated Care entity.</li> </ul> <p><b>Issue Resolution and Continuity of Care:</b></p> <ul style="list-style-type: none"> <li>Investigate and analyze documents, including medical records, to determine resolution of issues presented by various entities. Responsible for program coordination and recommendations for change and tracking of trends and policy/rule changes.</li> <li>Make Coordinated Care Organization disenrollment decisions based on clinical criteria.</li> <li>Maintain current knowledge of medical and clinical practices, techniques, best practices, clinical strategies and policies for evaluation and review of clinical documents and requests.</li> </ul>                                                         |
| 10% | R | E | <p><b>Program Auditing, Monitoring and Reporting:</b></p> <ul style="list-style-type: none"> <li>Initiate and coordinate the evaluation of areas of responsibility to ensure effectiveness and quality. Initiate requests, coordinate or conduct monitoring and evaluation of areas of responsibility to ensure program operations are in compliance with Federal and State law and regulations, and within the legislatively approved budget and mandates. Measure program effectiveness including the program's impact on direct services to clients, quality of care, access to services, providers, utilization, fiscal impact, cost containment and risk to the state.</li> <li>Review and evaluate performance measures and propose policy changes to improve the program. Evaluate and monitor the implementation of adopted policy changes to assess the level of improvement in programs and processes. Serve as a resource for program policies. Interpret, explain, and apply rules, policies, procedures and program criteria.</li> </ul> |
| 5%  | R | E | <p><b>Program Management and Policy Analysis:</b></p> <ul style="list-style-type: none"> <li>Analyze, interpret and apply State and Federal laws, rules and agency policies. Evaluate rules and agency policies for cross-agency alignment with current clinical related policy strategies. Recommend and formulate plans to adjust policy direction based on results of research or issues arising out of work duties. Serve as a medical resource for agency and provide recommendations for rule and policy development efforts.</li> <li>Prepare reports for audit and the Legislature regarding the disbursement of funds. Evaluate OHP program's quality and</li> </ul>                                                                                                                                                                                                                                                                                                                                                                         |

|    |    |   |                                                                                                                                                                                                                                                                                     |
|----|----|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |    |   | effectiveness through collection and analyzing of statistics; recommend strategies, changes and priorities for allocating agency resources for appropriate reimbursement of clinical benefits. Advise leadership of trends regarding potential policy direction and program impact. |
| 5% | NC | E | <ul style="list-style-type: none"> <li>Attend meetings, conferences and other events as needed or requested by supervisor. Other duties as assigned.</li> </ul>                                                                                                                     |

## 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. Occasional overtime may be required to meet the operational needs of the division.

The job requires frequent preparation and/or response to technical and professional material against assigned deadlines. May experience stressful situations due to unchangeable project and program timelines. Must be able to respond effectively to verbal instruction and coaching and work collaboratively in a team environment.

This professional collaborative position relies upon positive, productive, and respectful engagement with leadership and subject matter experts within the Division, as well as with Oregon Health Plan providers and partners.

Occasional in-state travel may be required.

This work may be performed remotely (unless the agency's business and operational needs require in-person) 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.

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)
- Oregon Revised Statutes

- Oregon Administrative Rules
- Oregon State Board of Nursing - Nurse Practice Act
- Oregon Health Plan Program
- State laws, rules and contract requirements related to Medicaid services
- Medical manuals including ICD-10, HCPCS and CPT
- ICD Diagnosis Code Books
- Encoder Pro (online coding software)
- Medical and nursing references
- MMIS Computer Guide
- Clinical Unit Desk Procedures
- Law Enforcement Medical Liability Act
- OHA/ODHS Writing Style Guide
- OHA Graphic Standards Manual
- OHA/ODHS Human Resource policies and procedures
- Oregon Department of Administrative Services (DAS) policies and procedures
- Departmental and office policies and procedures
- Collective Bargaining Agreement

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

The clinical consultation and decisions made are based on knowledge and translation of rules and guidelines associated with clinical conditions and appropriate treatment. Professional clinical judgement is required in identifying unique clinical situations. Serves as clinical reviewer and consultant for administrative rule promulgation. Must utilize the guidelines to ensure appropriate criteria are met and rules are followed to ensure appropriate payment and/or prior authorization review. Must make approvals or denials within the intent of the OARs and scope of payment coverage and limitations.

## 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 Managers & Staff | In-person; Virtual (e.g. MS Teams, Zoom);<br>Written (e.g. email, letter/memo, report);<br>Phone | Clarification, scheduling, information sharing/gathering | Daily      |

|                                                                                    |                                                                                            |                                                                                                                                                                                                                     |                   |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 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; provide and receive direction or consultation; answer questions                                                                                                  | 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 | Daily, as needed  |
| External Partners                                                                  | In-person; Written (e.g. email, letter/memo, report); Phone                                | Clarification, scheduling, information sharing/gathering                                                                                                                                                            | As needed         |
| Treatment Service Providers and Professionals                                      | In-person; Written (e.g. email, letter/memo, report); Phone                                | Clarification, scheduling, information sharing/gathering                                                                                                                                                            | As needed         |
| 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                                                           | Weekly, 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.

Professional clinical decisions are made independently by this position, relating to the provision of health care services or the approval of full or partial payments made to professional clinical health care providers. Inappropriate decisions may result in: clients not receiving clinical services, provider requests and billings not being processed in a timely manner, and access to care issues for the members and agency.

The Qualified Clinical Reviewer and Program Coordinator must possess the ability to apply clinical knowledge drawn from a broad education in the social and clinical sciences in order to recognize the most cost-effective, clinically appropriate health care services necessary to promote a person's optimum health and independence.

Ability to recognize and report non-compliance and procedural irregularity to appropriate internal agency units.

## 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 | Communicate updates on progress of major tasks and projects; Promote quality assurance, strategic plan alignment, and equitable outcomes; Discuss and review goals, performance, expectations and training needs; workload issues |

## SECTION 9. OVERSIGHT FUNCTIONS

- a. How many employees are directly supervised by this position? 0
- How many employees are supervised through a subordinate supervisor? 0
- b. Which of the following activities does this position do?
- |                                                  |                                                                     |
|--------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Plan work               | <input type="checkbox"/> Coordinates schedules                      |
| <input type="checkbox"/> Assigns work            | <input type="checkbox"/> Hires and discharges                       |
| <input type="checkbox"/> Approves work           | <input type="checkbox"/> Recommends hiring                          |
| <input type="checkbox"/> Responds to grievances  | <input type="checkbox"/> Gives input for performance evaluations    |
| <input type="checkbox"/> Disciplines and rewards | <input type="checkbox"/> Prepares and signs performance evaluations |

## SECTION 10. ADDITIONAL POSITION-RELATED INFORMATION

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

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

This position requires a minimum active clinical Oregon licensure of Registered Nurse (RN).

Knowledge of professional registered nursing practice methods and procedures.

Knowledge of national, statewide and community standards of medical and nursing care.

Knowledge of medical terminology.

Knowledge of investigative and fact-finding principles and practices.

Knowledge of health services delivery systems, particularly the Oregon Health Plan/ Medicaid administration in Oregon

Skill in using computer software to compile, analyze, and report information.

Skill in evaluating information to determine cause of error.

Skill in identifying the nature of problems.

Skill in establishing and maintaining effective working relationships with people from varying backgrounds.

Skill in finding and identifying essential information from written material.

Skill in making judgments about or assessing the value, importance, or quality of situations.

Skill in evaluating information against a set of standards and verify that it is correct.

Skill in interpreting laws, rules, and regulations and applying them to varying compliance situations.

Skill in preparing clear and concise written reports.

Skill in explaining, in writing and orally, complex technical and regulatory information in an understandable language to people of diverse education, language, and cultural backgrounds.

Skill in easily establishing rapport with others to interview them and obtain information and facts.

Skill in compiling and summarizing findings and recommending reasonable actions based on the findings.

Skill in analyzing conflicting allegations or data and reaching logical conclusions.

Skill in gathering data, analyzing and reviewing information individually and in teams.

Skill in effectively handling challenging interactions.

**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

Jun 26, 2026

\_\_\_\_\_  
Date