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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:
10/15/26

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: Operations Policy Analyst 2
b. Classification No: C0871 c. REPR: OAH
d. Position No: 1000372
e. Working Title: Complaint & Grievance Process Coordinator
f. Agency No: 44300
g. Section Title: Provider & Member Services; Client Enrollment & Services Unit
h. Employee Name: Vacant
i. Work Location (City — County): Salem/Marion or Portland/Multnomah; Hybrid
j. Supervisor Name: Sabina Zoren
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:

Client and Enrollment Services unit staff assist all members. Client Services Unit (CSU) assists members in getting access to care, explaining Oregon Health Plan (OHP) coverage and how to navigate the care OHP covers, and connects members with their Coordinated Care Organizations (CCOs) as appropriate. CSU assists members with billing concerns and helps resolve any complaints or concerns. Client Enrollment Services (CES) team ensures accurate and timely enrollment of members into CCOs, and they fix any enrollment or dis-enrollment errors for all Medicaid programs.

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 evaluate and strengthen the Oregon Health Plan (OHP) member complaint and grievance resolution process by assessing operational barriers, identifying risks and trends, and implementing process and workflow improvements that support timely, responsive, and equitable complaint resolution. The position coordinates operational planning and improvement activities for the OHP Complaint Resolution Team, applying established policies, administrative rules, and state and federal requirements to guide accurate and consistent case handling. This role exercises professional judgment in interpreting policy, addressing complex or escalated member complaints, and monitoring operational performance metrics, while ensuring that issues requiring broader policy or system-level attention are appropriately escalated to the OPA3 Complaint & Grievance Process Administrator or Medicaid leadership.

The position also serves a critical role in maintaining quality, consistency, and compliance within the member grievance system by conducting quality assurance activities, supporting the development and refinement of procedures and training materials, coordinating staff training, and contributing to system improvement initiatives across divisions and with external partners such as CCOs and Fee for Service Open Card providers. Additionally, the position manages complaint tracking systems, maintains required records and documentation, analyzes operational data, and prepares reports that inform ongoing program evaluation and continuous improvement efforts. Through these functions, the position ensures that OHP member complaint processes operate efficiently, comply with regulatory requirements, and support an overall high-quality experience for OHP members seeking resolution of concerns.

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		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. • 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. • 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.

			• Model professional behavior. Interrupt and report inappropriate behaviors, especially those in violation of policy. • Promote and actively participate in OHA's 2030 goal of eliminating health inequities. • 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.
Always		E	Professional Relationships & Professional Development: • Actively collaborate as a team member by coordinating work, utilizing team as a resource, serving as a resource, providing coverage as needed, and engaging in team meetings. • Attend meetings, education, and training sessions as needed; integrating new information, skills, and tools to support continual learning and professional development. • Contribute to and seek to promote team effectiveness and cohesion by enhancing skills in the areas of giving and receiving constructive feedback, generating solutions, and resolving and repairing conflicts.
Always		E	Reporting Compliance: • Comply with risk management, compliance, and information security program requirements, including accurate and timely reporting of all adverse incidents as described in related policies. Observe principles of data security and client confidentiality. • Utilize Department resources to maintain and develop knowledge of computer systems to gather, compile, and report information as required. • Develop and maintain basic knowledge of Self Sufficiency programs.
60%			Operational Research & Evaluation: • Evaluate the Oregon Health Plan (OHP) member complaint and grievance resolution process to identify operational barriers, assess risks, and recommend improvements that

			support timely, responsive, and equitable complaint resolution. • Plan and coordinate operational and process improvement strategies for the OHP Complaint Resolution Team by analyzing workflow and performance data, recommending procedural enhancements, and implementing approved changes. • Identify and document emerging risks or trends in complaint resolution operations and communicate findings to the OPA3 Complaint & Grievance Process Administrator and Medicaid leadership as appropriate. • Coordinate and maintain collaborative relationships with internal Medicaid and OHA teams (including Ombuds), Coordinated Care Organizations (CCOs), providers, and other partners to ensure consistent application of member complaint processes and to support streamlined operations across program areas. • Provide guidance on established complaint and grievance policies and procedures to the OHP Client & Enrollment Services Unit, OHA programs, CCOs, and partners to support consistent and complaint resolution practices. • Assist staff in reviewing, processing, and resolving complaints and grievances, applying relevant policies, administrative rules, and state and federal requirements, and offering technical assistance for complex cases while escalating systemwide issues as needed. • Manage, and resolve the most difficult and complex complaints and grievance cases. • Coordinate resolution steps for difficult or escalated member complaints, ensuring timing processing and collaborating with the OPA3 Complaint & Grievance Process Administrator on cases requiring higher-level policy or programmatic considerations. • Monitor complaint and grievance timelines and support corrective actions to ensure compliance with Oregon Health Plan (OHP), Medicaid, and state and federal requirements for member complaint resolution.
20%			Quality Assurance / Improvement & Training: • Assist in reviewing and updating complaint and grievance administrative rules policies, procedures, and quality standards, in collaboration with the OPA3 Complaint & Grievance Process Administrator. • Contribute to establishing and measuring program effectiveness criteria, analyze performance and trend data,

			and recommend operational and process improvements based on findings. • Develop and update procedures, workflows, and training materials to support consistent and accurate application of complaint and grievance processes by staff. • Coordinate and facilitate training sessions for OHP Complaint Resolution Team staff and partners, including preparation of materials and management of logistics. • Support quality review protocols by reviewing member complaint and grievance cases, identifying process gaps or compliance concerns, and recommending adjustments to procedures or training. • Analyze grievance processes to identify trends, workflow gaps, and opportunities for improving consistency, documentation standards, and policy alignment • Identify recurring complaint resolution issues or staff challenges and assist in updating training materials and procedures to improve clarity and consistency. • Coordinate meetings and follow-up activities to support complaint and grievance system improvements, including communication across divisions, agencies, members, advocates, and CCOs.
15%			Maintaining Systems and Reporting: • Maintain complaint and grievance tracking systems and operational processes, ensuring they meet state and federal requirements for documentation and reporting. • Maintain accurate records, logs, and documentation to support effective grievance system operations and accountability. • Gather, organize, and analyze operational data, preparing reports and summaries that support evaluation of program performance and inform improvement efforts. • Summarize findings from data analysis and recommend adjustments to policies, procedures, or workflows to improve complaint and grievance operations.
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 may be required, especially during legislative session.

The job requires frequent preparation, presentation, and/or response to technical and professional material against assigned deadlines. Work product can be 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.

This professional collaborative 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.

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 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. Work with Medicaid participants and their representatives on how to access the Oregon Health Plan to resolve any questions or concerns, including using de-escalation techniques to support participants who are upset or irate. Provide an explanation of rules, policies and technical procedures so recipients are able to resolve concerns about their health care, billing issues and how to work with their Coordinated Care Organization and Partners. 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
- OHA/Coordinated Care Organization Contracts
- State laws, rules, and contract requirements relating to Medicaid services
- OHA/ODHS Writing Style Guide
- OHA Human Resource policies and procedures

- Oregon Department of Administrative Services (DAS) policies and procedures
- Departmental and office policies and 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
- MMIS Computer Guide
- Patient Protection and Affordable Care Act

Commented [ZS1]: would this statement include -
Unit manuals and procedures? If not, I would
recommend this addition

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?
OHP recipients and people with lived experience	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	Listen and engage to identify opportunities, co-design solutions, reconcile concerns with commitment to improving services, supports programs and policies	Daily, as needed
OHA Staff and Managers; Other State Agency Staff and Managers	In-person; Virtual (e.g. MS Teams, Zoom); Written	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
All Partners and Contracted Partners	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
Outreach Workers	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
Other State & 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

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 improvements needed to enhance the OHP member complaint and grievance resolution process by evaluating workflows, identifying barriers, and selecting appropriate process adjustments for implementation.

Determine when emerging risks, trends, or complex complaint issues require escalation to the OPA3 Complaint & Grievance Process Administrator or Medicaid leadership to ensure consistent policy interpretation and coordinated response.

Determine the appropriate application of established policies, procedures, and administrative rules in the review and resolution of member complaints, including selecting corrective actions and advising staff on complex or ambiguous cases.

Determine quality assurance findings and necessary updates to procedures, training materials, or workflows based on data analysis, case reviews, and recurring operational issues to strengthen consistency, accuracy, and compliance.

Improper decisions could result in negative consequences, unjustified expenditure of public funds, and legal challenges for the agency.

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
Contact Center Manager 1 (CCM1)	1008426	Virtually, In person, Phone, Email, written form	Daily to Weekly, and as needed	Communicate updates on progress of major tasks and projects; 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
Contact Center Supervisor (CCS2)		Virtually, In person, Phone, Email, written form	Daily to Weekly, and as needed	Communicate updates on progress of major tasks and projects; 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? 0
- How many employees are supervised through a subordinate supervisor? 0
- b. Which of the following activities does this position do?
- | | |
|--|---|
| ☐ Plan work | ☐ Coordinates schedules |
| ☐ Assigns work | ☐ Hires and discharges |
| ☐ Approves work | ☐ Recommends hiring |
| ☐ Responds to grievances | ☐ Gives input for performance evaluations |
| ☐ Disciplines and rewards | ☐ Prepares and signs performance evaluations |

SECTION 10. ADDITIONAL POSITION-RELATED INFORMATION

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

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1. Experience supporting 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.
2. 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.
3. Knowledge of legislative and regulatory processes; experience analyzing, applying and advising on relevant federal and state Medicaid laws and regulations as well as legislative concepts/bills; specific knowledge of Oregon Administrative Rules and Oregon Revised Statutes is valued.
4. Ability to foster inter-and cross-agency collaboration and to facilitate coordination of community centered policies, programs, and continuous (performance / quality / process) improvement strategies.
5. Strong oral and written communication skills across a variety of forums.
6. 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.
7. Experience presenting and articulating the value and relevance of research and evaluation data to facilitate quality assurance, strategic planning, and decision-making.
8. Demonstrated project management experience, including ability to effectively manage multiple project timelines and priorities and promote human-centered change management.
9. Ability to demonstrate advanced Microsoft Excel, Word, PowerPoint, Visio 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
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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