



STATE OF OREGON
Oregon Health Authority (OHA)
POSITION DESCRIPTION

Position Revised Date:

This position is:

- ☒ [Classified](#)
☐ [Unclassified](#)
☐ Executive Service
☐ Mgmt Svc – Supervisory
☐ Mgmt Svc – Managerial
☐ Mgmt Svc – Confidential

Agency: Oregon Health Authority

Division: Medicaid

☒ New ☐ Revised

SECTION 1. POSITION INFORMATION

- a. Classification Title: Operations & Policy Analyst 3
- b. Classification No: C0872 c. REPR code: OAH
- d. Position No: TBD / TBD
- e. Working Title: Fee-for-Service Contracts Administrator
- f. Agency No: 44300
- g. Section Title: Medicaid Policy; FFS Quality Assurance & Operations
- h. Employee Name: Vacant
- i. Work Location (City — County): Salem/Marion or Portland/Multnomah; Hybrid
- j. Supervisor Name: Jessica Carroll
- 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:

Medicaid Policy & Fee-For-Service (FFS) Operations section is responsible for developing and maintaining Medicaid policies that codify and clarify benefit design, delivery, and access to Oregon Health Plan (OHP) services. The section also maintains Fee-for-Service (FFS) operations and the Open Card healthcare system for over 95,000 OHP members with an ongoing commitment to invest in transforming Open Card to create a statewide, person-centered system of care. As of January 1, 2027, individuals who qualify for Healthier Oregon will transition from managed care Coordinated Care Organization (CCO) enrollment to FFS Open Card enrollment, bringing the FFS Open Card membership closer to 200,000.

The Medicaid Fee-for-Service Quality Assurance and Operations unit oversees healthcare rate standardization, access and quality for the Open Card healthcare system, managing care coordination contracts, and overseeing quality assurance strategies. The team is comprised of analysts who administer service delivery contracts, maintain a provider network, establish and maintain all FFS rates and Rate schedules, create and update Oregon Administrative Rules (OAR's), and implement policy related to services paid directly by the state, assuring they align with federal and state requirements. Through close collaboration with programs within Medicaid and across OHA, the team works to improve the Open Card healthcare system to support equitable access to medically necessary services.

- 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 senior-level leadership within a multi-unit Medicaid structure responsible for statewide Fee-For-Service (FFS) operations, care transitions, and compliance. The division's work is distributed across several senior analyst roles, including two established OPA3 positions who administer the IQA contract, the Care Coordination Management contract, and the Provider Network Development contract, along with an OPA4 responsible for high-level strategic planning. An OPA2 position will also be added to provide contract-administration support across these units.

This position serves as the sole senior representative responsible for administering two statewide Fee-For-Service programs that are not currently assigned: the Health-Related Social Needs (HRSN) Services program and the FFS Member Communications and Call Center program. These programs require immediate leadership to ensure federal waiver compliance, coordinated care-transition processes, accurate member communication pathways, and the development of statewide operational systems that support HRSN screening, service authorization, provider engagement, and closed-loop referral requirements. With the other OPA3s already administering the remaining three statewide contracts, this new role fills a critical gap by assuming responsibility for two high-risk, federally regulated program areas whose work is essential to maintaining Medicaid operations, preventing service gaps, and sustaining the Fee-For-Service delivery system.

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.
30%		E	Contract Administration & Project Management: • Lead contract oversight for FFS Open Card provider network and communications contractors, ensuring deliverables, timelines, budgets, and performance standards are met. • Develop and manage project plans, milestones, resource needs, risks, and evaluation criteria for contractor work connected to broader Medicaid Policy goals. • Monitor and evaluate contractor activities including provider enrollment, directory updates, training programs, and member communication outputs; develop and apply criteria for identifying performance gaps. • Coordinate contract administration processes such as invoice review, payment approval, budget monitoring, supplemental payment audits, and compliance with CMS invoicing standards. • Collaborate with Medicaid Division teams (peer FFS Contract Administrators, Medicaid Policy, Provider Enrollment, Provider Services, CCO Quality Assurance, Community Engagement & Communications), other OHA Division teams (Fiscal Operations, Health Policy & Analytics, Behavioral Health) and external partners to align contract execution with operational needs.

			• Develop contractor statements of work, support procurement activities, and oversee contract amendments. • Track and verify contractor outputs using structured project-management tools and practices; adjust project plans when operational challenges or unexpected results occur. • Provide administrative and technical assistance to support advisory bodies (e.g., Lived Experience Advisory Panel) related to FFS Open Card care coordination program implementation.
25%		E	Policy Analysis & Development: • Analyze policy proposals for impacts on the FFS Open Card provider network, operational feasibility, member access, political sensitivity, and provider and partner reaction. • Contribute to drafting and refining Oregon Administrative Rules (OARs) related to FFS Open Card provider network policies, care coordination, and communications. • Identify and recommend policy and operational improvements to strengthen the FFS provider network and communications systems; develop implementation plans for new policy directions. • Work with Medicaid and OHP health care services policy analysts and subject matter experts across OHA to ensure consistent, strategic execution of policy through FFS contracts. • Develop long-range plans, goals, and objectives in alignment with established Medicaid strategic priorities that support effective FFS program administration and contract oversight. • Create decision-making frameworks, analytical models, and policy criteria to guide program operations, contract monitoring, and compliance. • Maintain strong partnerships across OHA divisions, ODHS, OYA, APD, CCO quality teams, and other system partners to ensure policy and contract alignment. • Provide training and informational materials to internal staff and leadership, contracted providers, and partners on Medicaid FFS Open Card care coordination program and policy initiatives.
25%		E	Provider Network Adequacy Oversight & Analysis: • Oversee contractors responsible for developing, maintaining, and monitoring the statewide FFS Open Card provider network across all service domains.

			• Conduct ongoing analysis using accepted analytical methods consistent with OHA and CMS standards of provider network capacity, distribution, access barriers, gaps, and performance; partner with Health Policy & Analytics (HPA) to utilize tools such as ArcGIS, Excel, Python, SPSS, and OHA data systems. • Ensure compliance with CMS network adequacy standards, REALD/SOGI demographic reporting requirements, and equitable access expectations. • Establish and monitor accuracy of the public-facing provider directory in coordination with Provider Enrollment, Provider Services, and contractor partners. • Partner with supervising physicians, Medicaid Provider Network & Workforce Development Policy Manager, peer FFS Contract Administrators, and SME teams to identify service gaps and coordinate solutions. • Gather and interpret data from ALERT, ODHS, REALD, SOGI, CCO quality teams, and other state systems to support network adequacy evaluation. • Oversee TPA and Provider Network Manager activities to ensure enrollment, training, and adequate provider counts are maintained for all specialties. • Conduct retrospective and prospective reviews of provider documentation for supplemental payments in MMIS and/or CTMS; partner on claims audits with TPA staff and a peer-review panel.
10%		E	Operational Research & Evaluation: • Design and lead operational research studies evaluating FFS Open Card contract performance, provider network functioning, care coordination outcomes, and member-facing systems to identify opportunities for improvement. • Develop and refine analytical models, metrics, and decision-support frameworks that measure provider network adequacy, contract effectiveness, workflow efficiency, and overall program performance. • Plan and oversee system-wide operational improvement projects, including defining project scopes, budgets, resource needs, deliverables, and success criteria; adjust project plans in response to emerging risks or unexpected findings. • Develop and manage organization-wide data collection processes, including surveys, studies, monitoring tools, and reporting mechanisms; interpret findings to recommend operational or policy changes.

			• Collaborate with information systems teams to automate contract monitoring processes, reporting systems, and workflow improvements that increase administrative efficiency and data integrity. • Produce actionable insights from data analysis, including risk identification, mitigation strategies, network performance trends, and evaluations that support continuous improvement in FFS contract oversight and member access.
5%		E	Legislative Coordination: • Monitor, analyze, and interpret federal and state legislation impacting FFS contract operations, provider network requirements, service delivery standards, and Medicaid program compliance. • Evaluate proposed or enacted legislation for fiscal, operational, administrative, and programmatic impacts on FFS contracts, provider network adequacy, and Open Card member services; prepare concise impact assessments for leadership. • Contribute to the development of legislative concepts and recommended positions in collaboration with subject matter experts and policy partners, ensuring alignment with strategic Medicaid Policy objectives. • Translate legislative requirements into operational plans, including contract standards, program goals, implementation timelines, and cross-system procedures needed to meet statutory obligations. • Prepare legislative reports, analyses, and background materials describing anticipated impacts of legislative proposals; advise leadership on recommended actions, risks, and strategic considerations. • Initiate and coordinate legislative changes that support FFS policy and operational needs, ensuring that contracts, workflows, and program guidance are updated accordingly and implemented systematically.
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 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 Statutes
- 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

- OHA/Coordinated Care Organization Contracts
- State laws, rules, and contract requirements relating to Medicaid services
- Oregon Procurement Laws and Guidelines
- OHA/ODHS Writing Style Guide
- OHA Graphics Standards Manual
- OHA Human Resource policies and procedures
- Oregon Department of Administrative Services (DAS) policies and procedures
- Departmental and office policies and procedures
- 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
- These guidelines are used to support evaluation, interpretation, and application of regulatory and operational requirements.

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; evaluate, collaborate and coordinate on policies and programs; provide and receive direction or consultation; answer questions; gather input; enforce policies,	Daily, as needed

		regulations and contracts; negotiate agreements	
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; evaluate, 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
Care Coordination Contractors	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	Collect, provide and discuss information and data; evaluate, 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
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 improving 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	As needed
Tribal governments	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email,	Collect, provide and discuss information and data; collaborate and coordinate on policies and programs; provide and receive direction or consultation; provide	As needed

	letter/memo, report); Phone	technical assistance; answer questions; gather input; enforce policies, regulations and contracts	
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
Department of Justice (DOJ)	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	Collect, provide and discuss information and data; provide and receive direction or consultation as it relates to regulations, rules, contracts and the implications of policy or program actions or activities	Weekly, as needed
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 system decisions on health equity, ensuring that all actions support equitable access, dismantle barriers, and advance outcomes for Fee-For-Service (FFS) members statewide.

Ensure decisions prioritize the equitable distribution or redistribution of resources and power and recognize, reconcile and rectify historical and contemporary injustices.

Determine whether contractor performance, deliverables, budget integrity, and operational outputs meet required standards; decide when to enforce corrective actions, revise scopes, adjust timelines, or realign contract operations to maintain program effectiveness.

Determine which policy options, OAR revisions, operational reforms, or strategic directions best support FFS program goals, network adequacy, compliance expectations, and member access – balancing feasibility, provider and partner implications, and long-term system impacts.

Determine conclusions from research studies, data analyses, audit results, and network adequacy assessments, and decide which interventions, system redesigns, process improvements, or operational changes are necessary to strengthen contract administration,

provider access, and service delivery.

Determine the agency's response to proposed or enacted legislation and decide the operational, contractual, and programmatic changes required for compliance – translating statutory mandates into implementation plans, policy updates, contract standards, and leadership recommendations.

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 1.4 million recipients of medical assistance within 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 2 (HPPM2)	1021909	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.

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

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 members and individuals 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 other Medicaid-serving organizations), 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; 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.
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 skill in managing multiple project timelines and priorities, overseeing complex initiatives, and promoting human-centered change management practices.
9. Advanced skill in Microsoft Excel, Word, PowerPoint, Visio and Outlook; and proficiency using collaboration tools such as Microsoft Teams, SharePoint, and Smartsheet.
10. 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.
11. Preference may be given for the ability to read, write, speak and interpret English and one of the 5 most common languages in Oregon other than English (Spanish, Vietnamese, Chinese, Russian, and Korean) with full proficiency.

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

Sep 25, 2026

Date