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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:

Agency: Oregon Health Authority

Division: Health Policy & Analytics

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: Public Service Representative 4
- b. Classification No: OA C0324 c. Effective Date: 8/21/2023
- d. Position No: 1024928 / WD ID 000000161221
- e. Working Title: Oregon Health Insurance Marketplace Customer Service Representative
- f. Agency No: 44300
- g. Section Title: Oregon Health Insurance Marketplace (OHIM) Business Operations
- h. Employee Name: _____
- i. Work Location (City — County): Salem - Marion
- j. Supervisor Name: Miranda Amstutz
- k. Position: Permanent Seasonal Limited Duration Academic Year
 Full-Time Part-Time Intermittent Job Share
- l. FLSA: Exempt Non-Exempt If Exempt: Executive Professional Administrative
- 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.

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

Service Excellence:

- Understanding and responding to Oregon public health needs and the people we serve
- Pursuing our commitment to innovation and science-based best practices
- Fostering a culture of continuous improvement

Leadership:

- Building agency-wide and community-wide opportunities for collaboration
- Championing public health expertise and best practices
- Creating opportunities for individual development and leadership

Integrity:

- Working honestly and ethically in our obligation to fulfill our public health mission
- Ensuring responsible stewardship in public health resources

Health Equity:

- Eliminating health disparities and working to attain the highest level of health for all people
- Ensuring the quality, affordability, and accessibility of health services for all people in Oregon
- Integrating social justice, social determinants of health, diversity, and community

Partnership:

- Working with interested parties and communities to protect and promote the health of all people in Oregon
- Seeking, listening to, and respecting internal and external ideas and opinions
- Exploring and defining the roles and responsibility of public health staff and partners

Innovation:

- We are not satisfied with the status quo if there are new and better ways to meet the needs of the people we serve. We bring creativity, experience, and openness to our search for solutions to problems. We pursue opportunities to develop new evidence to evolve our practices.

Transparency:

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

The Oregon Health Insurance Marketplace (“Marketplace”), an office within HPA, certifies Qualified Health Plans (QHPs) and Stand-Alone Dental Plans (SADPs) for sale to people in Oregon. The Marketplace coordinates with the Centers for Medicaid and Medicare Services (CMS) to utilize [healthcare.gov/](https://www.healthcare.gov/) Oregon State Based Marketplace (SBM) as the automated platform through which individuals can be determined eligible for tax credits and purchase on-exchange coverage and runs the Small Employer Health Options Program (SHOP) for small employers. The Marketplace is also responsible for establishing collaborative partnerships with local, state, and federal entities that provide outreach, enrollment assistance, and education to people in Oregon seeking to enroll in on-exchange coverage. The

Marketplace partners with the Division of Financial Regulation (DFR) in managing policy and legislative matters related to on-exchange individual and small group market insurance.

- 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:**

Provide public/consumer education on the Oregon Health Insurance Marketplace, corresponding Affordable Care Act provisions, and related health insurance issues by responding to inquiries that range from general information and referral to detailed problem solving and resolution. This position responds to calls from consumers, community partners, agents, and representatives from other state agencies, as well as Oregon's Consumer Assistance Center, who contact the Marketplace call center.

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
35	N	E	Provides assistance to consumers, business, agencies and partners regarding the Oregon Health Insurance Marketplace and related insurance choices over the phone and in written correspondence. This includes educating the consumer on the various programs to ensure they have adequate information so they may make the choice that best fits their individual needs. Must explain and interpret applicable laws pertaining to Marketplace options and related insurance to assist consumer in solving problems and making informed decisions. Provides requested or relevant informational materials to the consumer to aid with understanding the Marketplace program and procedures; responds orally and in writing, to request pertinent information from professionals. Answers correspondence pertaining to specific inquiries concerning agency action or policy; act as an educational source for other agencies in explaining the Marketplace program and the limits of actions which can be taken by the Marketplace. Supports Marketplace calls, Marketplace emails, CAC calls and help direct people who need Medicaid assistance to OHP call center. Must use knowledgeable judgment to resolve issues presented by a diverse client population.

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30	N	E	<p>Provides research, analysis, translation and interpretation of Marketplace rules, policies, procedures, and laws and serves in a liaison role to resolve problems with the Federal Marketplace, agencies, community partners, agents, consumers and business who call or email the Marketplace. Which includes specific case review and interpretation and decision making, interprets ACA laws and reads and understands the changes in legislation, laws and the Marketplace program. Clients may make important healthcare and financial decisions based on the information provided by this position. Inaccurate information could lead to adverse decisions by clients and have a negative impact on a vulnerable population. Provides information and explains what services are available through the Marketplace program and other related programs. Required to provide direct research analysis regarding federal and state regulations, laws, rules and policies to provide answers to technical questions and informed decisions about the Marketplace and related programs. Inaccurate information could lead to adverse decisions by clients and have a negative impact on a vulnerable population. This requires judgement and knowledge to determine the appropriate course of action or negotiate the outcome.</p>
30	N	E	<p>Acts as a liaison between the public and the agency, business, Oregon Medicaid, the Division of Financial Regulation, the Federal Marketplace or other entities to clarify issues and resolve disputes in response to a customer complaint or request for advice, clarifies the disputed issue, researches applicable laws and regulations and negotiates a course of action fair and just to both parties; contacts insurers, the Federal marketplace and Medicaid to clarify proper benefits, responds to questions raised by the consumer, the Federal Marketplace, Community Partners, OHA Medicaid Division and the insurer, resolving problems or referring it to higher authority if necessary, assuring that all concerned parties are treated fairly.</p>
5	N	E	<p>Projects as assigned by Business Operations Section Manager. Data entry work and calendar coordination as needed and assigned. Refers public inquiries to proper personnel within and outside the agency; keeps records of inquiries through correspondence forms. Which may include but is not limited to other federal, state and local government agencies, Marketplace-trained health insurance agents and non-profit programs when appropriate, the Centers for Medicare and Medicaid Services, Social Security Administration, Division of Financial Regulation, Department of Human Services, and Oregon Health Authority Medicaid Division. participates in classroom/virtual and on-the-job training to learn additional technical and administrative data.</p>

Ongoing	NC	E	Performs position duties in a manner which promotes customer service and harmonious working relationships, including treating all people courteously, equally, and respectfully. Engage in effective team participation through willingness to assist and support co-workers, supervisors and other work-related associations. Develops good working relationships with division and agency staff through active participation in accomplishing group projects and in identifying and resolving problems in a constructive manner. Demonstrates openness of constructive feedback/criticism and suggestions to strengthen work performance. Contributes to a positive, respectful, and productive workplace. Regular daily contact with the public by telephone and in writing to discuss concerns, clarify information and resolve problems. There is additional regular contact in person and by telephone with the public, staff of agencies, Community Partners, Agents, businesses, and other entities to exchange information, discuss concerns, and resolve problems. Regular attendance is an essential requirement of this position

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.

This job requires regular attendance working hours are Monday-Friday from 8:00AM-5:00PM Pacific Standard Time (PST) as this position is the primary support for the Oregon Health Insurance Marketplace Customer Service Center. Majority of time will be spent teleworking, with limited required in-office time. May deal with individuals who are upset and/or frustrated.

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:

- Oregon Health Authority Policies and Procedures
- Oregon Health Insurance Marketplace Training
- Oregon Health Insurance Marketplace policy and procedures
- HealthCare.gov website and CMS regulations
- OregonHealthcare.gov
- Oregon State Based Marketplace (SBM)
- Marketplace WIKI
- Oregon Insurance Code and Administrative Rules
- Oregon Revised Statutes and Administrative Rules of other State agencies including the Motor Vehicle Code and Dept. of Human Resources Code
- Federal statutes relating to health and welfare programs
- National Association of Insurance Commissioner guidelines
- General Lines, Life, health, and disability income insurance policy language

b. How are these guidelines used?

- To provide consumers with the most up to date and accurate information pertaining to the Marketplace and other programs that coordinate with the Marketplace.
- To assist in formulating policies and establishing priorities and procedures and to establish the parameters for carrying out the duties of this position.
- Researching a variety of sources and analyzing information to clarify issues and resolve problems for the public.
- Explaining to the public (in person, on the telephone, or in writing) laws, rules or policies relating to the Marketplace program, operation, or service.
- Uses policy and procedure manuals, statute books, handbooks, or specialized reference materials to research information.
- Communicates with people of diverse points of view to resolve problems.
- Makes independent judgments and decisions in the application and explanation of laws, rules, or policies.

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?
Marketplace-Administrator	In person/in writing, by phone, webinars and virtual meetings	Special Projects	As needed
Health care providers, health care insurers, insurance agents, community partners, Federal Marketplace, Oregon Medicaid, other State Agencies	By phone/in writing	Aid and resolve issues and complaints.	Daily
Consumers & members of the public	By phone/in writing	Aid, educate, research rules, laws and legislation, and resolve issues and complaints.	Daily

SECTION 7. POSITION-RELATED DECISION MAKING

Describe the typical decisions of this position. Explain the direct effect of these decisions:

Must use knowledgeable judgment to resolve issues presented by a diverse client population. Clients may make important healthcare and financial decisions based on the information provided by this position. Acts as a liaison between the public and the agency, corporation, business, or other entity to clarify issues and resolve disputes in response to a customer complaint or request for advice, clarifies the disputed issue, researches applicable laws and regulations and negotiates a course of action fair and just for all parties; contacts insurers, the federal marketplace and Medicaid to clarify proper benefits, responds to questions raised by the consumer, the Federal Marketplace, Community Partners, OHA Medicaid Division and the insurer, resolving problem or referring it to higher authority if necessary, assuring that all concerned parties are treated fairly. Inaccurate information could lead to adverse decisions by clients and have a negative impact on a vulnerable population.

Provides assistance to consumers, business, agencies and partners regarding the Oregon Health Insurance Marketplace and related insurance choices over the phone and in written correspondence. This includes educating the consumer on the various programs to ensure they have adequate information so they may make the choice that best fits their individual needs. Must explain and interpret applicable laws pertaining to Marketplace options and related insurance to assist consumer in solving problems and making informed decisions. It is critical for this position to communicate with people of diverse points of view to resolve problems. Inaccurate information could lead to adverse decisions by clients and have a negative impact on a vulnerable population. In addition to these responsibilities, this position performs general administrative support functions including maintaining organized electronic and paper files related to consumer inquiries and correspondence; preparing, proofreading, and formatting written responses and informational materials; logging and tracking consumer inquiries and escalations in designated systems; and monitoring shared inboxes to ensure timely routing of messages.

Provides research, analysis and interpretation of rules, policies, procedures, and laws and serves in a liaison role to resolve problems with other agencies, the Federal Marketplace, Community Partners, Agents, business, consumers and other interested parties. This duty area also includes maintaining updated reference materials such as desk procedures, resource guides, and FAQs; organizing case documentation to support research and analytical work; and preparing summaries or notes as needed to support decision-making and liaison activities. Administrative responsibilities integrated into this duty include documenting communication with insurers, the Federal Marketplace, and partner agencies; maintaining clear records of dispute resolution steps; and preparing required summaries when issues need to be escalated.

Inappropriate decisions may result in failure to protect the insurance-buying public.

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
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Health Policy and Program Manager 3, Marketplace Deputy Director		Work is reviewed regularly to determine if Marketplace guidelines are being met. Customer Service center is monitored daily and monthly reports are provided to ensure customer service levels meet or exceed standards.	Daily	To ensure customer service levels meet or exceed standards.
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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 checked="" 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.

Represents the Marketplace Business Operations Section by providing direct assistance to consumers daily. Required to possess and maintain a complex and diverse knowledge of the Affordable Care Act and the Marketplace program.

Consumer representatives must exercise tact and diplomacy to gain cooperation of others. Must demonstrate firmness and impartiality in controversial and/or strained circumstances. This position requires a thorough knowledge of the insurance industry and its products. Must be knowledgeable about the Oregon Health Insurance Marketplace mission and direction and its policy positions.

Must have superior problem solving and communication skills and be able to deal with individuals having diverse education and background under stressful conditions. Must exercise superior common sense and good judgment in strained circumstances. Must have a strong technical insurance background.

This position is eligible for remote work part- or full-time once the incumbent has gained proficiency to perform work independently. The incumbent may occasionally be asked to work from the office on an as-needed basis.

