



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

**Position Revised Date:
07/09/2025**

This position is:

- Classified**
- Unclassified**
- Executive Service
- Mgmt Svc – Supervisory
- Mgmt Svc – Managerial
- Mgmt Svc – Confidential

Agency: Oregon Health Authority

Division: Health Policy & Analytics

New Revised

SECTION 1. POSITION INFORMATION

- a. Classification Title: Program Analyst 2
- b. Classification No: 0861 c. Effective Date: 1/1/2026
- d. Position No: 2730404
- e. Working Title: Marketplace Enrollment and Appeals Specialist
- f. Agency No: 44300
- g. Section Title: Oregon Health Insurance Marketplace, Business Process Team
- 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 If Exempt: Executive m. Eligible for Overtime: Yes
 Non-Exempt Professional No
 Administrative

SECTION 2. PROGRAM AND POSITION INFORMATION

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

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 Oregonians
- Integrating social justice, social determinants of health, diversity, and community

Partnership:

- Working with partners and communities to protect and promote the health of all Oregonians
- Seeking, learning from, 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 Standalone Dental Plans (SADPs) for sale to Oregonians. The Marketplace coordinates with the Centers for Medicaid and Medicare Services (CMS) to utilize HealthCare.gov 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. Starting with the 2027 open enrollment season, the Marketplace will be replacing HealthCare.gov with its own state-run platform and consumer assistance center.

The Marketplace is responsible for establishing collaborative partnerships with local, state, and federal entities that provide outreach, enrollment assistance, and education to Oregonians 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:

The primary purpose of this position is to serve as a Medicaid and Marketplace Insurance subject matter expert, applying diverse and comprehensive insurance knowledge to analyze complex case eligibility, enrollment issues, identity verification issues, technology platform issues, escalations, complaints and appeals all which include reviewing, processing and decision making. These problems require in-depth evaluation of program operations for the state-run technology platform and consumer assistance center (CAC).

This position will be a direct line of contact for contract leads at the CAC and will create program operational guidelines and procedures for use by state agencies, insurance carriers, health insurance agents, and community organizations, including certified application assisters. This position will lend support to training and development, and compliance and quality assurance for both the technology platform and consumer assistance 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
60%	N	E	<p>Program Administration and Monitoring</p> <ul style="list-style-type: none"> • Provides and refines SBM implementation information on eligibility, enrollment, appeals, and the CAC by adapting existing or creating new procedures to solve program issues and program methods. • Analyzes complex consumer complaints presented by members of the insurance-buying public by gathering information and facts from the complainant, insurance agents, certified application assisters, and insurance company personnel. Contacts may be in person, by phone, or in writing. • Works directly with insurance companies, Medicaid, and Medicare to mediate and resolve problems evidenced in the complaint. Serves as a liaison with consumers, industry, related agencies, and service vendors to create and communicate solutions and options to consumers with difficult insurance problems. Resolutions may involve the payment of significant amounts of money, provisions of

			<p>significant medical services, or other consideration for the complainant.</p> <ul style="list-style-type: none"> • Represents SBM eligibility, enrollment and appeal escalations and serves as speaker to service organizations such as business leaders, policy makers, provider and professional organizations, or other groups. • Creates SBM program operational guidelines and procedures for use by state agencies, insurance companies, insurance agents, and community organizations. • Identifies resources and coordinates administrative processes to eliminate problems that may affect Medicaid and Marketplace programs and services. • Evaluates studies, analyses, and technical plans for cost effectiveness and feasibility, as well as supports decisions about technology platform and CAC funding. • Monitors reports or other documents that include Marketplace program participants to evaluate program progress. • Contacts partners, other state agencies, and CAC leadership and gives advice on correcting errors and instructs on methods of obtaining compliance with program or funding requirements. • Coordinates the collection of the SBM program's service and outcomes data and evaluates against program goals and objectives. • Prepares written reports based on findings and recommends methods to improve outcomes. This includes assessing the quality and effectiveness of services, working with service providers to correct deficiencies and improve services to underserved populations. • Independently evaluates facts and evidence, including documents, procedures, and computer systems for contractual and statutory compliance as they pertain to insurance laws and regulations. Evaluation may include principles of tort law, federal law, contract law, administrative law, workers' compensation law, and accounting as well as the Oregon Insurance Code, the Affordable Care Act and Oregon Administrative Rules, Medicaid law, and Medicare and CMS rules and guidelines. Interprets and explains program rules, regulations, policies, and procedures.
35%	N	E	<p>Program Representation</p> <ul style="list-style-type: none"> • Works in a team environment to develop new partnerships or support existing partnerships. • Works with other state and federal agencies including Department of Human Services, Department of Consumer and Business Services, Medicare, Veterans Affairs services, and Oregon Health Authority Medicaid division as it relates to the SBM.

			<ul style="list-style-type: none"> • Works with existing community engagement efforts and organizations aimed to ensure that systemically marginalized communities are given quality information to make informed decisions about health coverage options. • Works directly with insurance consumers, community advocates and insurance companies to mediate and resolve problems. Serves as a liaison with consumers, industry, related agencies, and service vendors to create and communicate solutions and options to consumers with difficult insurance needs. • Assists consumers through the insurance purchasing process and analyzes a variety of data related to a diverse consumer base to ensure the best policy options are evaluated. • Assists community partners, insurance agents, and/or families in navigating the SBM. • Responds to insurance-related questions from consumers. • Provides proactive education to Oregon citizens, insurers, insurance agents, other state agencies, and elected officials regarding the interpretation of insurance laws, administrative rules, insurance industry trade practices, insurance contracts, and the Affordable Care Act (ACA). Explains the impact on consumers and the industry. May create and implement procedures, which will comply with program requirements. May refer information to other sections and/or state agencies for review and action. • Acts as a liaison with the Oregon Health Authority Medicaid Division to provide an interface for Oregonians who need assistance with Marketplace coverage or who are having issues with Medicaid eligibility and applying for insurance through the SBM. • Represents the interest of the insurance-buying public; analyzes changes, trends, and new concepts within the insurance industry; and channels the information to the appropriate party. Analyzes and monitors these trends and advocates for solutions that represents the interest of the insurance-buying public. • Updates training materials to ensure new policies, changes and concepts are adapted into the training to ensure we are providing the most up to date education to partners, other state agencies and consumers.
5	N	E	<ul style="list-style-type: none"> • Participates in division policy by presenting new issues, participating in problem solving, recommending statutory changes, new legislative concepts and supports drafting rules.
Ongoing	N	E	<ul style="list-style-type: none"> • Fosters and promotes the importance and value of a diverse, discrimination and harassment-free workplace.

			<p>Respects diversity of opinions, ideas, and cultural differences. Supports outreach and diversity-related efforts to diversify the workforce.</p> <ul style="list-style-type: none"> Performs position duties in a manner which promotes customer service and harmonious working relationships, including treating all persons courteously and respectfully. Engages in effective team participation through willingness to assist and support co-workers, supervisors, and other work-related associations. Develops good working relationships with 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 in an effort to strengthen work performance. Contributes to a positive, respectful and productive workplace. Regular attendance is an essential requirement of this position.
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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 position is eligible for remote work part- or full-time once the incumbent has gained the proficiency to perform work independently. The incumbent may occasionally be asked to work from the office on an as-needed basis. Work is sometimes required outside normal hours, including evenings and weekends. Some assignments will have short timelines.

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 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
- Principles of contract and tort law
- Federal statutes relating to health and welfare programs, which include the Affordable Care Act (ACA)
- National Association of Insurance Commissioner guidelines

b. How are these guidelines used?

- To assist in formulating policies and establishing priorities and procedures, and to establish the parameters for carrying out the duties of this position.

- To provide point of reference when advising insurers and other agencies and organizations, including advising on changes needed to bring transactions into compliance.

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 Director, Marketplace Deputy Director, Marketplace Policy and Program team, Marketplace outreach team and Marketplace communications	In person/in writing, by phone, webinars, and virtual meetings	Special projects Policy direction	Weekly
Healthcare providers, healthcare insurers, insurance agents, community partners.	In person/in writing, by phone, webinars, and virtual meetings	Provide assistance and education, resolve issues and complaints. Technical questions	Daily
Consumers & members of the public	In person/writing, by phone, webinars, and virtual meetings	Provide assistance and education, resolve issues and complaints.	Weekly
Contracted Consumer assistance center (CAC)	In person/writing, by phone, webinars, and virtual meetings	Provide assistance and education, 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:

1. Proposes resolution to management regarding identified concepts and trends that may have an adverse effect on the insurance-buying public.
2. Identifies consumer complaint in contrast to consumer inquiries.
3. Determines which steps must be taken to properly evaluate and analyze a complaint including the information that must be reviewed. Uses discretion in revealing information gathered relative to a consumer complaint.
4. Decides whether an individual complaint potentially violates the Oregon Insurance Code or the Affordable Care Act.

5. Identifies conflicts between office policy, contract language, and fact situations, and resolves conflict through mediation.
6. Interprets and explains program rules, regulations, policies, and procedures to provide factual data and revise program procedures.

Inappropriate decisions/education 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
Marketplace Business Process and Data Quality Manager (Business Operations Manager 2)	2730399	PAF review	Quarterly	To monitor performance
		Touch base	Monthly	To discuss any training issues and to determine program effectiveness and performance

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"/> Prepare 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.

Required to possess and maintain a complex and diverse knowledge of insurance laws and regulations and Oregon Health Insurance Marketplace products and policy. Knowledge must include various lines of health insurance.

Must have a strong technical insurance background including experience working with customer service in healthcare and the ability to identify complex problems and review related information to develop and evaluate options and implement solutions.

Must exercise tact and diplomacy to gain cooperation of others. Must demonstrate firmness and impartiality in controversial and/or strained circumstances.

Must have basic knowledge of other state and federal programs such as the Division of Financial Regulation programs, Medicare programs, and Oregon's Medicaid programs.

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. Including processes for providing customer and personal services such as customer needs assessment, meeting quality standards for services, and the evaluation of customer satisfaction.

Must have experience in principles and methods of data collection, analysis, and evaluation.

Knowledge of automated data systems and associated software such as spreadsheets, word processing or information tracking data bases.

Communicate effectively in writing to meet the needs of Marketplace consumers and partners. Ability to talk to others to effectively convey information, including actively seeking ways to help people.

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

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