

STATE OF OHIO (DAS)CLASSIFICATION
SPECIFICATION**CLASSIFICATION SERIES**

Medicaid Health Systems

SERIES NUMBER

6529

MAJOR AGENCIESAging, Medicaid, Developmental Disabilities and Mental Health
and Addiction Services only**EFFECTIVE**

12/14/2014

SERIES PURPOSE

The purpose of the Medicaid systems administration occupation is to plan, monitor, evaluate & direct programs responsible for the delivery of governmentally purchased health care systems and services.

At the lower level, incumbents act as part of a team in the ongoing review & evaluation of Medicaid health systems, Medicaid health care delivery systems &/or Medicaid health systems entities; or assist in developing & implementing Medicaid health systems program requirements.

At the middle levels, incumbents specialize in conducting complex analysis &/or evaluation of Medicaid health systems program & policies & specific medical services; or develop & implement complex rules & agency policies affecting the delivery of health care systems &/or members; or manage contracts or grants.

At the supervisory level, incumbents act as project/team lead to plan, evaluate & direct activities related to one statewide component of Medicaid health systems & supervise professional, technical &/or administrative support staff.

At the managerial levels, incumbents plan, direct & coordinate multiple or all components related to Medicaid health services programs & supervise staff or act as agency manager of Medicaid program(s) &/or initiatives impacting multiple components within one bureau.

At the administrative level, incumbents act as bureau chief or assistant deputy director & supervise staff or act as agency manager to coordinate all policy level activities related to Medicaid health systems services.

GLOSSARY: the following terms are to be interpreted as follows whenever they appear in the document.

Component: one portion of a program or a service organized to accomplish one or more program objectives.

Program: a set of well-defined functions organized to accomplish objectives for specific targeted population/groups or geographical region.

Medicaid Management Information Systems (MMIS): The Medicaid Management Information System (MMIS) supports the benefits administration of the Ohio Medicaid and disability assistance programs. It provides reimbursements to medical providers for services rendered to eligible recipients based on the Department of Medicaid (MCD) and federal government policy. MMIS is a federally certified system for the processing of all Medicaid payments. It is the vehicle for implementing state and federal medical policy and for transferring the federal matching funds for Medicaid programs administered by Ohio Departments of Developmental Disabilities, Aging, and Mental Health and Addiction Services. MMIS is the system used to implement and support health care reform. There are several components of MMIS, but the primary goal and objective of the system is to assure that Medicaid medical policy is efficiently and effectively implemented through the use of automation. This is accomplished by the systems analysis, design and implementation of program maintenance and enhancements to MMIS.

Note: this class series is restricted for use by Aging, Medicaid, Developmental Disabilities & Mental Health and Addiction Services.

JOB TITLE

Medicaid Health Systems Analyst

JOB CODE

65291

PAY GRADE

11

EFFECTIVE

03/27/2011

CLASS CONCEPT

The full performance level class works under direction & requires considerable knowledge of health care delivery systems, public medical assistance programs &/or health provider payment practices &/or members services/customer services practices, research methods & techniques & applicable state & federal laws & regulations in order to participate on team to conduct statistical &/or program analysis/evaluation of health care systems, Medicaid-related issues &/or Medicaid rules & agency policies affecting service delivery, compile & analyze case data & assist in implementation of policies & procedures &/or conduct analysis of contracting &/or purchasing of health care services, customer services or member services practices &/or related issues to ensure effective administration of Medicaid program &/or coordination of service delivery.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>PAY GRADE</u>	<u>EFFECTIVE</u>
Medicaid Health Systems Specialist 1	65292	12	03/27/2011

CLASS CONCEPT

The full performance level class works under direction & requires thorough knowledge of health care delivery systems, public medical assistance programs & health provider payment practices, member services/customer services practices, complex statistical analysis methodologies & techniques & applicable state & federal laws & regulations in order to participate on or lead team to conduct high-level analyses of Medicaid related issues using complex statistical techniques & prepare written technical report of findings; or conduct high-level statistical & program analysis & evaluation of health care delivery systems &/or contracting/purchase of health care services & to compile strategic issue papers; or assist in developing & implementing complex Medicaid rules & agency policies affecting health systems, individual health providers &/or medically indigent consumers; or manage Medicaid contracts or grants & serve as liaison between providers, county agencies, advocacy groups, social services agencies, beneficiaries & state administration staff to ensure effective administration of Medicaid program &/or coordination of Medicaid payments or service delivery.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>PAY GRADE</u>	<u>EFFECTIVE</u>
Medicaid Health Systems Specialist 2	65293	13	03/27/2011

CLASS CONCEPT

The advanced level class works under general direction & requires thorough knowledge of health care delivery systems, public medical assistance programs & health provider payment practices, member services/customer services practices & quantitative & qualitative statistical analysis methodologies & techniques & applicable state & federal laws & regulations &/or registered professional nursing in order to lead team of professional &/or technical staff to conduct complex analysis of health care related issues utilizing advanced computer-generated statistical techniques &/or complex computer systems; or design, plan & evaluate marketing campaigns, public relations process affecting health systems, individual health providers &/or medically indigent consumers; or conduct assessment &/or reassessment to determine clinical &/or programmatic appropriateness of services &/or payment policies & procedures &/or related issues in regards to Medicaid health services delivery; or develop & implement complex Medicaid rules & agency policies to include research & development of complex pricing strategies &/or protocols for assigned area or responsibility to ensure effective administration of Medicaid program &/or coordination of Medicaid payments or service delivery.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>PAY GRADE</u>	<u>EFFECTIVE</u>
Medicaid Health Systems Administrator 1	65295	14	02/28/2010

CLASS CONCEPT

The supervisory level class works under general direction & requires thorough knowledge of Medicaid health systems, health care delivery systems & public medical assistance program & Medicaid federal laws & regulations in order to act as project/team leader to plan, evaluate & direct activities related to one statewide component of Medicaid health systems (e.g., health systems access, provider selection & contract monitoring, program analysis & application, Medicaid consumer education health systems program administration, Medicaid health systems information network, Medicaid resources & reference materials, Medicaid health systems surveillance or policy analysis & development) & supervise professional, technical &/or administrative support staff; or serve as agency manager of Medicaid program(s) &/or initiatives to research, analyze & evaluate one statewide component of Medicaid health systems (e.g., health systems access, provider selection & contract monitoring, program analysis & application, Medicaid consumer education health systems program administration, Medicaid health systems information network, Medicaid resources & reference materials, Medicaid health systems surveillance or policy analysis), formulate policy & recommend legislative changes; or in department of aging, serve as agency manager to research, analyze & evaluate one or more statewide components (e.g., access to programs; consumer education; program analysis; program eligibility; hearing decisions; service utilization; data gathering & analysis; trends analysis; forecasting; provider procurement; rate setting; provider certification; provider quality assurance; case management; consumer satisfaction/outcomes) of agency's Medicaid health services programs (i.e., passport, residential state supplement, & nursing home pre-admission/review), formulate policy, & recommend legislative changes;

Or in the Department of Developmental Disabilities act as project/team leader to plan, evaluate & direct activities related to one statewide component of Medicaid health systems (e.g., health systems access, provider selection & contract monitoring, program analysis & application, Medicaid consumer education health systems program administration,

Medicaid health systems information network, Medicaid resources & reference materials, Medicaid health systems surveillance or policy analysis & development) & supervise professional, technical &/or administrative support staff;

Or in the Department of Developmental Disabilities serve as agency manager of Medicaid program(s) &/or initiatives to research, analyze & evaluate one statewide component of Medicaid health systems (e.g., health systems access, provider selection & contract monitoring, program analysis & application, Medicaid consumer education health systems program administration, Medicaid health systems information network, Medicaid resources & reference materials, Medicaid health systems surveillance or policy analysis), formulate policy & recommend legislative changes.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>PAY GRADE</u>	<u>EFFECTIVE</u>
Medicaid Health Systems Administrator 2	65296	15	12/14/2014

CLASS CONCEPT

The first managerial level class works under general direction & requires extensive knowledge of Medicaid health systems, health care delivery systems & public medical assistance program & Medicaid federal laws & regulations in order to plan, evaluate & direct activities of one unit or multiple teams related to multiple statewide components of Medicaid health care delivery systems (e.g., community relations, public relations, consumer satisfaction, marketing, health systems surveillance analysis, health systems data collection systems, administration of grants, sub-grants, vendor contracts, budget monitoring &/or fiscal & rate setting control, statewide peer review system, long term care nurse aide training & testing programs, nurse aide registry, licensure of Medicaid health systems service providers, health systems access, prevention &/or promotion programs, health systems monitoring, health systems coverage & reimbursement policies or health systems program policy analysis & development) & supervise lower-level supervisory, professional, technical &/or administrative support staff; or serve as agency manager of Medicaid program(s) &/or initiatives impacting multiple components within one bureau (e.g., develop program rules, policies & procedures & prepare draft legislative language impacting service delivery within one bureau, conduct high-level analysis of proposed legislation, prepare proposals & recommendations & direct internal & external work teams); or in Department of Aging, plan, direct, coordinate & evaluate activities of one work unit, supervise lower-level Medicaid health systems administrators & professional staff responsible for formulating & implementing one or more components (e.g., program standards; provider relations; community relations; public relations; consumer satisfaction; marketing; data systems collections; administration of grants, sub-grants & vendor contracts) of agency's Medicaid health services programs (i.e., passport; residential state supplement, & nursing home pre-admission screening/review), & develop related rules, policies & procedures;

Or in the Department of Developmental Disabilities plan, evaluate & direct activities of one unit or multiple teams related to multiple statewide components of Medicaid health care delivery systems (e.g., community relations, public relations, consumer satisfaction, marketing, health systems surveillance analysis, health systems data collection systems, administration of grants, sub-grants, vendor contracts, budget monitoring &/or fiscal & rate setting control, statewide peer review system, long term care nurse aide training & testing programs, nurse aide registry, licensure of Medicaid health systems service providers, health systems access, prevention &/or promotion programs, health systems monitoring, health systems coverage & reimbursement policies or health systems program policy analysis & development) & supervise lower-level supervisory, professional, technical &/or administrative support staff;

Or in the Department of Developmental Disabilities serve as agency manager of Medicaid program(s) &/or initiatives impacting multiple components within one office (e.g., develop program rules, policies & procedures & prepare draft legislative language impacting service delivery within one office, conduct high-level analysis of proposed legislation, prepare proposals & recommendations & direct internal & external work teams).

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>PAY GRADE</u>	<u>EFFECTIVE</u>
Medicaid Health Systems Administrator 3	65297	16	02/28/2010

CLASS CONCEPT

The second managerial level class works under general direction & requires extensive knowledge of Medicaid health systems, health care delivery systems & public medical assistance program & Medicaid federal laws & regulations in order to plan, direct & coordinate one unit of professional Medicaid administrative staff or multiple units/teams in all activities related to one Medicaid health services program (e.g., managed care, long term care, community based services, public relations, marketing, long term care insurance partnership, facility licensure/inspection) &/or all activities related to across program support services (i.e., data analysis/data collection, federally required reporting, policy analysis & development, enrollment, eligibility, quality assurance or education & outreach) & supervise lower-level supervisory, professional, technical &/or administrative support staff; or serve as agency manager of Medicaid programs &/or initiatives

impacting across bureaus (e.g., develop program rules, draft legislative language, conduct legislative analysis & comparative studies, prepare program proposals & recommendations & direct internal &/or external work teams); or formulate & oversee implementation of business operation policies & procedures for office of Ohio Health Plans to ensure effective delivery of Medicaid programs & coordinate all administrative support staff policies & procedures impacting across bureaus & program areas; or in Department of Aging, plan, direct, implement & evaluate all Medicaid health services programs (i.e., passport; residential state supplement, & nursing home pre-admission screening/review) for agency & supervise lower-level Medicaid health systems administrators & administrative support personnel;

Or in the Department of Developmental Disabilities plan, direct & coordinate one unit of professional Medicaid administrative staff or multiple units/teams in all activities related to one Medicaid health services program (e.g., managed care, long term care, community based services, public relations, marketing, long term care insurance partnership, facility licensure/inspection) &/or all activities related to across program support services (e.g., data analysis/data collection, federally required reporting, policy analysis & development, enrollment, eligibility, quality assurance or education & outreach) & supervise lower-level supervisory, professional, technical &/or administrative support staff;

Or in the Department of Developmental Disabilities serve as agency manager of Medicaid programs &/or initiatives impacting across bureaus (e.g., develop program rules, draft legislative language, conduct legislative analysis & comparative studies, prepare program proposals & recommendations & direct internal &/or external work teams);

Or in the Department of Developmental Disabilities, formulate & oversee implementation of business operation for office of Medicaid to ensure effective delivery of Medicaid programs & coordinate all administrative support staff policies & procedures impacting across units &/or offices & program areas.

JOB TITLE

Medicaid Health Systems Administrator 4

JOB CODE

65298

PAY GRADE

17

EFFECTIVE

02/28/2010

CLASS CONCEPT

The administrative level class works under administrative direction & requires extensive knowledge of Medicaid health systems, health care delivery systems & public medical assistance program & Medicaid federal laws & regulations in order to act as bureau chief or assistant deputy director to plan, direct & coordinate implementation of Medicaid health service programs (e.g., formulate analytical procedures for program operation & evaluation, direct development & insures compliance of state & federal statutes & administrative rules, direct &/or oversee daily management of bureau operations & set priorities & goals); or on behalf of agency, plan, direct & coordinate all policy level activities related to Medicaid health systems services to include impact from other public assistance &/or health related legislation &/or policies (e.g., policies or program issues that impact other state agencies &/or program areas) & supervise lower-level supervisory, managerial, professional, technical &/or administrative support staff.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>B. U.</u>	<u>EFFECTIVE</u>	<u>PAY GRADE</u>
Medicaid Health Systems Analyst	65291	012	03/27/2011	11

JOB DUTIES IN ORDER OF IMPORTANCE (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)

Monitors & evaluates providers, projects, program (e.g., may include components) or service delivery by participation on team to:

Conduct in-depth statistical analysis (e.g., conducts surveys; captures & displays SURS data; conducts random samples; reviews provider & recipient records to detect deviation from norm; calculates recovery amounts) &/or program analysis & evaluation (e.g., reviews radiographs, medical contract &/or licensure for Medicaid policy & OAC compliance; reviews patient & provider medical histories & profiles to identify any Medicaid policy non-compliance issues; conducts utilization reviews) of health care systems, Medicaid-related issues &/or Medicaid rules & agency policies affecting service delivery, compile & analyze case data to conduct program development, monitoring & evaluation tasks, & assists in implementation of policies & procedures;

OR

Conduct analysis of contracting &/or purchasing of health care services, customer service or member service practices &/or related issues (e.g., researches &/or recommends best practices &/or changes to agency policies & procedures; researches community attitudes & recommends community outreach & education strategies) & compile data reports, surveys &/or issue papers.

Monitors & evaluates local agency's program & operation to assure compliance with state & federal regulations; prepares report of findings; consults with other entities regarding current &/or forthcoming program changes & updates administrative procedural manual; provides community outreach & education; researches & reviews federal & state laws & regulations pertinent to administrative decisions & provides interpretation & assistance by telephone or correspondence; operates personal computer to generate reports, correspondences &/or spreadsheets; researches information on mainframe &/or internet.

Responds to inquiries from consumers, providers, county agencies, government officials & general public; attends conferences, meetings & workshops; serves on committees & taskforces; responds to inquiries from citizens, federal & state legislators, client advocacy groups & other interested parties.

MAJOR WORKER CHARACTERISTICS:

Knowledge of social or behavioral science or pre-medicine or comparable field; business or public administration; federal & state laws & regulations; agency policies & procedures; health care statistics, terminology & methods; public relations; public medical assistance programs; purchasing & payment practices of health care services. Skill in operating personal computer & applicable software applications (e.g., work processing, spreadsheet; databases). Ability to analyze multiple factors, apply factors & present findings & conclusions; prepare comprehensive & technical reports; interpret social welfare information & technical materials in books, journals & manuals; perform simple algebraic formulas; handle routine & sensitive contacts with & inquiries from public, consumers, providers & government officials in person, via telephone &/or through written correspondence.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:

Completion of undergraduate core program in business administration, social or behavioral science, health or statistics; additional 18 mos. exp. specific to subject area. Note: education & experience to be commensurate with approved position description on file.

-Or equivalent of Minimum Class Qualifications for Employment noted above.

TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:

Not applicable.

UNUSUAL WORKING CONDITIONS:

Travel may be required, which may include overnight stay.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>B. U.</u>	<u>EFFECTIVE</u>	<u>PAY GRADE</u>
Medicaid Health Systems Specialist 1	65292	012	03/27/2011	12

JOB DUTIES IN ORDER OF IMPORTANCE (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)

Monitors & evaluates providers, projects, program (e.g., may include components) or service delivery by participation on or leads on team to:

Conduct high-level analyses (e.g., estate recovery franchise tax; financial/programmatic analysis) of Medicaid related issues using complex statistical techniques (e.g., completes multiple regression; completes multivariate analysis; defines search criteria, matrix & report items on existing mainframe subsystem &/or databases) & prepare written technical report of findings;

OR

Assist in developing & implementing complex Medicaid rules & agency policies (e.g., analyzes current & upcoming program changes to determine policy impact; gathers data & tests assumptions regarding current or proposed policy) &/or health promotion & education strategies affecting health systems, individual providers &/or medically indigent consumers;

OR

Conduct high-level statistical analysis (e.g., completes multiple regression; completes multivariate analysis; utilizes interactive relational databases) & program analysis & evaluation (e.g., reviews legislative changes to determine impact on benefit coverage & design) of program & issues relating to Medicaid health care delivery systems &/or contracting/purchase of health care services & compile strategic issues papers based on analysis results;

OR

Manage Medicaid contracts or grants & serve as liaison between providers, county agencies, advocacy groups, social services agencies, beneficiaries & state administration staff.

Conducts on-site reviews; interprets rules & regulations & provides technical assistance for program compliance; provides community outreach & education; refers providers &/or consumers to other community resources; acts as liaison to community agencies to strengthen coordination of services; resolves problems; prepares written, technical reports, correspondence &/or memorandums; operates personal computer to generate reports, correspondences &/or spreadsheets; researches information on mainframe &/or internet.

Develops & presents training sessions &/or meetings for the purpose of disseminating information &/or changes in policies & procedures; responds to inquiries from consumers, providers, county agencies, government officials & general public by telephone, written correspondence &/or in person; attends conferences, meetings & workshops; serves on committees & taskforces.

MAJOR WORKER CHARACTERISTICS:

Knowledge of social or behavioral science or pre-medicine or comparable field; business or public administration; federal & state laws & regulations; agency policies & procedures; health care statistics, terminology & methods; public relations; public medical assistance programs; purchasing & payment practices of health care services; payment/pricing strategies. Skill in operating personal computer & applicable software applications (e.g., word processing; spreadsheet; databases). Ability to analyze multiple factors, apply factors & present findings & conclusions; read & comprehend clinical records; determine level of care; assess & monitor quality assurance & corrective action plans; prepare comprehensive & technical reports; interpret social welfare information & technical materials in books, journals & manuals; perform simple algebraic formulas; handle routine & sensitive contacts with & inquiries from public, consumers, providers & government officials in person, via telephone &/or through written correspondence.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:

Completion of undergraduate core program in business administration, social or behavioral science, health or statistics; additional 30 mos. exp. specific to subject area. Note: education & experience to be commensurate with approved position description on file.

-Or equivalent of Minimum Class Qualifications for Employment noted above.

TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:

Not applicable.

UNUSUAL WORKING CONDITIONS:

Travel may be required, which may include overnight stay.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>B. U.</u>	<u>EFFECTIVE</u>	<u>PAY GRADE</u>
Medicaid Health Systems Specialist 2	65293	012	03/27/2011	13

JOB DUTIES IN ORDER OF IMPORTANCE (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)

Monitors & evaluates providers, projects, program (e.g., may include components) or service delivery by participation on or leads a team to &/or works independently to:

Conduct complex analysis (e.g., compares/compiles federal & state regulations; establishes performance criteria; writes policy; determines & implements policy decisions affecting delivery of service; compiles data & health care information from multiple sources; completes complex financial/programmatic analysis to include one or more of following: resolves medical service delivery problems; monitors managed care contracts for compliance; develops group summaries based on performance norms; performs control file changes; reviews provider profiles for standards of care, program issues & deficiencies; identifies area of required corrective action & asks for & reviews corrective action plan); on health care related issues using advanced computer generated statistical techniques &/or software (e.g., SASS, SPSS, DELPHI, SURS database) &/or complex computer systems (e.g., MMIS, CRIS-E), & initiate & complete complex, technical reports related to these issues;

OR

Design, plan & evaluate marketing campaigns, public relations process affecting health systems, individual health providers &/or medically indigent consumers;

OR

Develop & implement complex Medicaid rules & agency policies (e.g., researches, analyzes & drafts policy for consumer access to Medicaid services; conducts analysis of & develops purchasing strategies for covered populations; identifies trends in health care market forces through impact analysis; facilitates teams for internal & external policy development; collaborates with it staff to ensure policy changes are incorporated into MMIS; compiles Medicaid policy manual provisions; assists with promulgation of OAC to include one or more of following: performs comprehensive analysis of existing legislation, policy, market data & literature; collaborates with stakeholders to ensure OAC rules are consistent with current legislation, health care policies & standards of practice; submits proposed/amended rule to agency clearance process; reviews & responds to clearance process comments; represents agency at JCARR & public hearings; coordinates & monitors rule filing documents & processes; amends state plan to ensure consistency with OAC; completes & files amendments with healthcare financing administration (i.e., HCFA); answers questions & responds to comments from HCFA regarding proposed rule changes) to include research & development of complex pricing strategies &/or protocols for assigned area of responsibility;

OR

Conduct assessment (e.g., may be conducted on-site) &/or reassessment to determine clinical &/or programmatic appropriateness of services &/or payment policies & procedures &/or related issues in regards to Medicaid health services delivery.

Provides consultative expertise & training & acts as liaison to both intra-agency & inter-agency providers (e.g., may be conducted on-site); provides community outreach & education; consults with other entities regarding current & forthcoming program changes; coordinates activities performed by other entities which are directly associated with administration &/or implementation of policies pertaining to assigned area; represents agency at hearings, conferences, meetings & workshops; serves on committees & taskforces; prepares complex, technical reports, correspondences & memorandums; responds to inquiries by consumers, providers, county agencies & government officials by telephone, correspondence &/or in person.

Writes reports, position papers & research documents; operates personal computer to generate reports, correspondences &/or spreadsheets; researches information on mainframe &/or internet; gathers, collates & summarizes statistical, demographic & anecdotal information for pricing strategies; evaluates program effectiveness; develops budget projections & monitors program expenditures; develops cost projections for proposed programs, reimbursement or policy changes; writes monitoring & evaluation reports; designs & writes training packages.

MAJOR WORKER CHARACTERISTICS:

Knowledge of social or behavioral science or pre-medicine or comparable field; business administration; federal & state laws & regulations; agency policies & procedures; health care statistics, terminology & methods; public relations; public

medical assistance programs; purchasing & payment practices of health care services; payment/pricing strategies; nursing. Skill in operating personal computer & applicable software applications (e.g., word processing; spreadsheet; databases). Ability to analyze multiple factors, apply factors & present findings & conclusions; read & comprehend clinical records; determine level of care; determine accuracy assessments & data; assess & monitor quality assurance & corrective action plans; prepare comprehensive & technical reports; interpret social welfare information & technical materials in books, journals & manuals; perform complex algebraic formulas; read & comprehend clinical records & residence &/or clinical data &/or quality assurance/corrective action plans to make appropriate assessments/referrals &/or to determine level of care & need; prepare review &/or evaluate records, reports, clinical assessments/data &/or financial/grant documents; handle routine & sensitive contacts with & inquiries from public, consumers, providers, & government officials in person, via telephone &/or through written correspondence.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:

For positions other than those requiring valid license as registered nurse, completion of undergraduate core program in business administration, social or behavioral science, health or statistics; additional 42 mos. exp. specific to subject area of which 12 mos. exp. in use of statistical software (e.g., SASS or SPSS).

Note: education & experience to be commensurate with approved position description on file.

-Or position requiring assessment or reassessment of clinical appropriateness of services &/or payment policies &/or related issues in regards to Medicaid health services delivery requires current & valid license as registered nurse as issued by Ohio Board of Nursing, pursuant to Sections 4723.03 & 4723.09 of Ohio revised code; additional 42 mos. exp. in nursing.

-Or equivalent of Minimum Class Qualifications for Employment noted above may be substituted for the experience required, but not for the mandated licensure.

TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:

For positions requiring licensure in nursing, biennial renewal of license in practice as registered nurse per Section 4723.24 of Ohio revised code.

UNUSUAL WORKING CONDITIONS:

Travel may be required, which may include overnight stay.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>B. U.</u>	<u>EFFECTIVE</u>	<u>PAY GRADE</u>
Medicaid Health Systems Administrator 1	65295	EX	02/28/2010	14

JOB DUTIES IN ORDER OF IMPORTANCE (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)

Acts as project/team leader to plan, evaluate & direct activities related to one statewide component of Medicaid health systems (e.g., health systems access, provider selection & contract monitoring, program analysis & application, Medicaid consumer education health systems program administration, Medicaid health systems information network, Medicaid resources & reference materials, Medicaid health systems surveillance or policy analysis & development) & supervises professional, technical &/or administrative support staff;

OR

Serves as agency manager of Medicaid program(s) &/or initiatives to research, analyze & evaluate one statewide component of Medicaid health systems (e.g., health systems access, provider selection contract monitoring, program analysis & application, Medicaid consumer education health systems program administration, Medicaid health systems information network, Medicaid resources & reference materials, Medicaid health systems surveillance or policy analysis), formulates policy & recommends legislative changes;

OR

In Department of Aging, serves as agency manager to research, analyze & evaluate one or more statewide component (e.g., access to programs; consumer education; program analysis; program eligibility; hearing decisions; service utilization; data gathering & analysis; trends analysis; forecasting; provider procurement; rate setting; provider certification; provider quality assurance; case management; consumer satisfaction/outcomes) of agency's Medicaid health services programs (i.e., Passport, residential state supplement, & nursing home pre-admission/review), formulates policy , & recommends legislative changes;

Or in the Department of Developmental Disabilities acts as project/team leader to plan, evaluate & direct activities related to one statewide component of Medicaid health systems (e.g., health systems access, provider selection & contract monitoring, program analysis & application, Medicaid consumer education health systems program administration, Medicaid health systems information network, Medicaid resources & reference materials, Medicaid health systems surveillance or policy analysis & development) & supervises professional, technical &/or administrative support staff;

OR

In the Department of Developmental Disabilities serves as agency manager of Medicaid program(s) &/or initiatives to research, analyze & evaluate one statewide component of Medicaid health systems (e.g., health systems access, provider selection contract monitoring, program analysis & application, Medicaid consumer education health systems program administration, Medicaid health systems information network, Medicaid resources & reference materials, Medicaid health systems surveillance or policy analysis), formulates policy & recommends legislative changes.

Coordinates development of policies, procedures &/or rules; directs & prepares new state rules & coordinates program planning; assists higher-level administrators in development &/or coordination of overall programs relating to Medicaid; conducts needs assessment; directs data analysis; conducts quality assurance reviews; directs community outreach & education & identifies & organizes new & existing community resources.

Directs, prepares & reviews reports of staff members &/or prepares reports; reviews grant proposals &/or budget reports; responds to sensitive inquiries & contacts from public, providers & government officials; originates correspondence; develops monitoring & evaluation systems; maintains unit/team program reports, documentation, proposed legislation &/or agency rules; acts as liaison with community & other state & federal agencies; advises deputy director &/or direct regarding various issues & problems; testifies at legislative or public hearings; delivers speeches to community groups & conducts & attends staff meetings & training.

MAJOR WORKER CHARACTERISTICS:

Knowledge of social or behavioral science; business or public administration and management practices; health care federal & staff laws & regulations; public medical assistance programs; agency policies & procedures; health care statistics, terminology & methods; purchasing & payment practices of health care services; comprehensive health planning; public budgeting & finance; public relations; employee training & development*; supervisory principles & techniques*. Skill in operating personal computer & applicable software applications. Ability to analyze & apply multiple factors & present findings & conclusions; read & comprehend clinical records; determine appropriate level of health care;

determine accuracy of clinical assessments & data; assess & monitor quality assurance & corrective action plans; prepare & oversee comprehensive & technical reports; interpret social welfare information & technical materials in books, journals & manuals; handle sensitive contacts & inquiries from public, consumers, providers & government officials in person, via telephone &/or written correspondence. Demonstrated competence in the following: developing self, adapting for impact, continuously improving quality, focusing on customers, acting with integrity, building productive relationships, fostering team development, directing & measuring work, informing, managing priorities, making effective decisions, developing staff & others, valuing cultural diversity, managing projects, leveraging organizational resources, demonstrating intellectual capacity, &/or thinking strategically managing change, navigating organizational politics, cultivating vision & purpose, innovating, solving problems, & acting decisively.

(*) Developed after employment.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:

Completion of graduate core program in business, management or public administration, public health, health administration, social or behavioral science or public finance. 12 mos. exp. in planning & administering health services program or health services project management (e.g., health care data analysis, health services contract management, health care market & financial expertise; health services program communication; health services budget development, HMO & hospital rate development, health services eligibility, health services data base analysis).

Note: education & experience is to be commensurate with approved position description on file.

-Or equivalent of Minimum Class Qualifications for Employment noted above.

TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:

Not applicable.

UNUSUAL WORKING CONDITIONS:

Travel may be required, some of which may include overnight stay.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>B. U.</u>	<u>EFFECTIVE</u>	<u>PAY GRADE</u>
Medicaid Health Systems Administrator 2	65296	EX	12/14/2014	15

JOB DUTIES IN ORDER OF IMPORTANCE (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)

Plans, evaluates & directs activities of one unit or multiple teams related to multiple statewide components of Medicaid health care delivery systems (e.g., community relations, public relations, consumer satisfaction, marketing, health systems surveillance analysis; health systems data collection systems; administration of grants, sub-grants, vendor contracts, budget monitoring &/or fiscal & rate setting control; statewide peer review system, long term care nurse aide training & testing programs, nurse aide registry, licensure of Medicaid health systems service providers, health systems access, prevention &/or promotion programs or health systems program policy analysis & development) & supervises lower-level supervisory, professional, technical &/or administrative support staff;

OR

Serves as agency manager of Medicaid program(s) &/or initiatives that impact multiple components within one bureau (e.g., develops program rules, policies & procedures & prepares draft legislative language impacting service delivery within one bureau, conducts high-level analysis of proposed legislation, prepares proposals & recommendations & directs internal & external work teams);

OR

In Department of Aging, plans, directs, coordinates & evaluates activities of one work unit, supervises lower-level Medicaid health systems administrators & professional staff responsible for formulating & implementing one or more components (e.g., program standards; provider relations; community relations; public relations; consumer satisfaction; marketing; data systems collections; administration of grants, sub-grants & vendor contracts) of agency's Medicaid health services programs (i.e., passport; residential state supplement, & nursing home pre-admission screening/review), & develops related rules, policies & procedures;

Or in the Department of Developmental disabilities plans, evaluates & directs activities of one unit or multiple teams related to multiple statewide components of Medicaid health care delivery systems (e.g., community relations, public relations, consumer satisfaction, marketing, health systems surveillance analysis; health systems data collection systems; administration of grants, sub-grants, vendor contracts, budget monitoring &/or fiscal & rate setting control; statewide peer review system, long term care nurse aide training & testing programs, nurse aide registry, licensure of Medicaid health systems service providers, health systems access, prevention &/or promotion programs or health systems program policy analysis & development) & supervises lower-level supervisory, professional, technical &/or administrative support staff;

Or in the Department of Developmental Disabilities serves as agency manager of Medicaid program(s) &/or initiatives that impact multiple components within one unit &/or office (e.g., develops program rules, policies & procedures & prepares draft legislative language impacting service delivery within one unit &/or office, conducts high-level analysis of proposed legislation, prepares proposals & recommendations & directs internal & external work teams).

Acts as liaison with agency personnel &/or outside agencies, providers, advocates, beneficiaries &/or consumers; assists bureau in developing Medicaid reform initiatives; develops recommendations based on quality assurance findings; formulates health related policy; coordinates policy development & implementation across units &/or sections; assists high-level management in developing new &/or revising Medicaid programs; represents deputy director &/or director on programmatic related issues, meetings &/or conferences; directs preparation &/or prepares & reviews reports; responds to sensitive inquiries & contacts from public, providers & government officials & assists in development of goals & objectives; assists in development of new &/or revised administrative rules; in department of aging, administers contract between agency & Ohio Department of Medicaid & passport administrative agencies.

Advises deputy director/director regarding various issues & problems; testifies at legislative or public hearings &/or administrative appeals; originates correspondence; prepares & delivers speeches & presentations; develops &/or assists in developing budget; attends & conducts training sessions; develops & updates program manuals.

MAJOR WORKER CHARACTERISTICS:

Knowledge of social or behavioral science; business or public administration and management practices; health care federal & state laws & regulations; public medical assistance programs; agency policies & procedures; health care statistics, terminology & methods; purchasing & payment practices of health care services; comprehensive health planning; public budgeting & finance; public relations; employee training & development; supervisory principles & techniques. Skill in operating personal computer & applicable software applications. Ability to analyze & apply multiple

factors & present findings & conclusions; read & comprehend clinical records; determine appropriate level of health care; determine accuracy of clinical assessments & data; assess & monitor quality assurance & corrective action plans; prepare & oversee comprehensive & technical reports; interpret social welfare information & technical materials in books, journals & manuals; handle sensitive contacts & inquires from public, consumers, providers & government officials in person, via telephone &/or written correspondence. Demonstrated competence in the following: developing self, adapting for impact, continuously improving quality, focusing on customers, acting with integrity, building productive relationships, developing staff & others, fostering team development, directing & measuring work, informing, managing priorities, making effective decisions, valuing cultural diversity, managing projects, leveraging organizational resources, demonstrating intellectual capacity, &/or thinking strategically, managing change, navigating organizational politics, cultivating vision & purpose, innovating, solving problems, & acting decisively.

(*) Developed after employment.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:

Completion of graduate core program in business, management or public administration, public health, health administration, social or behavioral science or public finance. 24 mos. exp. in planning & administering health services program or health services project management (e.g., health care data analysis, health services contract management, health care market & financial expertise; health services program communication; health services budget development, HMO & hospital rate development, health services eligibility, health services data analysis).

Note: education & experience is to be commensurate with approved position description on file.

-Or equivalent of Minimum Class Qualifications for Employment noted above.

TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:

Not applicable.

UNUSUAL WORKING CONDITIONS:

Travel may be required, some of which may include overnight stay.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>B. U.</u>	<u>EFFECTIVE</u>	<u>PAY GRADE</u>
Medicaid Health Systems Administrator 3	65297	EX	02/28/2010	16

JOB DUTIES IN ORDER OF IMPORTANCE (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)

Plans, directs & coordinates one unit of professional Medicaid administrative staff or multiple units/teams in all activities related to one Medicaid health services program (e.g., managed care, long term care, community based services, public relations, marketing, long term care insurance partnership or facility licensure/inspection) &/or all activities related to across program support services (e.g., data analysis/data collection, federally required reporting, policy analysis & development, enrollment, eligibility, quality assurance or education & outreach) & supervises lower-level supervisory, professional, technical &/or administrative support staff;

OR

Serves as agency manager of Medicaid programs &/or initiatives impacting across bureaus (e.g., develops program rules, drafts legislative language, conducts legislative analysis & comparative studies, prepares program proposals & recommendations & directs internal &/or external work teams);

Formulates & oversees implementation of business operation policies & procedures for office of Ohio Health Plans to ensure effective delivery of Medicaid programs & coordinates all administrative support staff policies & procedures impacting across bureaus & program areas;

OR

In Department of Aging, plans, directs, implements & evaluates all Medicaid health services programs (i.e., passport; residential state supplement, & nursing home pre-admission screening/review) for agency & supervises lower-level Medicaid health systems administrators & administrative support personnel;

Or in the Department of Developmental Disabilities plans, directs & coordinates one unit of professional Medicaid administrative staff or multiple units/teams in all activities related to one Medicaid health services program (i.e., managed care, long term care, community based services, public relations, marketing, long term care insurance partnership or facility licensure/inspection) &/or all activities related to across program support services (e.g., data analysis/data collection, federally required reporting, policy analysis & development, enrollment, eligibility, quality assurance or education & outreach) & supervises lower-level supervisory, professional, technical &/or administrative support staff;

Or in the Department of Developmental Disabilities serves as agency manager of Medicaid programs &/or initiatives impacting across bureaus (e.g., develops program rules, drafts legislative language, conducts legislative analysis & comparative studies, prepares program proposals & recommendations & directs internal &/or external work teams);

Or in the Department of Developmental Disabilities formulate & oversee implementation of business operation policies & procedures for office of Medicaid to ensure effective delivery of Medicaid programs & coordinate all administrative support staff policies & procedures impacting across units &/or offices & program areas.

Coordinates program policies & procedures, project initiative &/or proposed legislation with other agency representatives & provides advise to higher-level authorities; develops & implements policies on behalf of appointing authority; estimates fiscal impact of policy development; prepares & monitors, budgets, expenditures, vendor contracts &/or grants; drafts contracts for legal review & approval & assists in long range strategic planning.

Represents agency in conferences, seminars, workshops & meetings; responds to sensitive inquiries & contacts from public, providers & government officials; prepares & oversees administrative reports & correspondence; prepares & delivers speeches & presentations; acts as liaison with community & other state & federal agencies; testifies at legislative or other public hearings; directs staff on work groups & attends & conducts training sessions.

MAJOR WORKER CHARACTERISTICS:

Knowledge of social or behavioral science; business or public administration & management practices; health care federal & state laws & regulations; public medical assistance programs; agency policies & procedures; health care statistics, terminology & methods; purchasing & payment practices of health care services; comprehensive health planning; public budgeting & finance; public relations; employee training & development; supervisory principles & techniques. Skill in operating personal computer & applicable software applications. Ability to analyze & apply multiple factors & present findings & conclusions; read & comprehend clinical records; determine appropriate level of health care; determine

accuracy of clinical assessments & data; assess & monitor quality assurance & corrective action plans; prepare & oversee comprehensive & technical reports; interpret social welfare information & technical materials in books, journals & manuals; handle sensitive contacts & inquiries from public, consumers, providers & government officials in person, via telephone &/or written correspondence. Demonstrated competence in the following: developing self, adapting for impact, continuously improving quality, focusing on customers, acting with integrity, building productive relationships, developing staff and others, fostering team development, directing & measuring work, informing, managing priorities, making effective decisions, valuing cultural diversity, innovation, managing projects, leveraging organizational resources, demonstrating intellectual capacity, &/or thinking strategically managing change, navigating organizational politics, cultivating vision & purpose, innovating, solving problems, & acting decisively.

(*) Developed after employment.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:

Completion of graduate core program in business, management or public administration, public health, health administration, social or behavioral science or public finance. 36 mos. exp. in planning & administering health services program or health services project management (e.g., health care data analysis, health services contract management, health care market & financial expertise; health services program communication; health services budget development, HMO & hospital rate development, health services eligibility, health services data base analysis).

Note: education & experience is to be commensurate with approved position description on file.

-Or equivalent of Minimum Class Qualifications for Employment noted above.

TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:

Not applicable.

UNUSUAL WORKING CONDITIONS:

Travel may be required, some of which may include overnight stay.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>B. U.</u>	<u>EFFECTIVE</u>	<u>PAY GRADE</u>
Medicaid Health Systems Administrator 4	65298	EX	02/28/2010	17

JOB DUTIES IN ORDER OF IMPORTANCE (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)

Acts as bureau chief or assistant deputy director to plan, direct & coordinate implementation of Medicaid health service programs (e.g., formulates analytical procedures for program operation & evaluation, directs development & insures compliance of state & federal statutes & administrative rules, directs &/or oversees daily management of bureau operations & sets priorities & goals); or on behalf of agency, plans, directs & coordinates all policy level activities related to Medicaid health systems services to include impact from other public assistance &/or health related legislation &/or policies (e.g., policies or program issues that impact other state agencies &/or program areas), provides oversight across bureaus on policy issues, oversees bureau or multi-bureau performance reports & documentation & supervises lower-level supervisory, managerial, professional, technical &/or administrative support staff.

Provides policy guidance & strategic planning support to agency director & senior level management staff on variety of Medicaid health services subjects based upon currently available health services research & analytical data; develops budget &/or directs development of contracts with Medicaid health services providers; oversees development of grants; drafts &/oversees development of administrative rules &/or legislation & evaluates program effectiveness in meeting established goals & objectives.

Acts as liaison with community & other state & federal agencies; prepares &/or directs preparation of correspondence, reports, records, analysis & assessments; oversees preparation of briefing documents; testifies at legislative public hearings; advises deputy director/director regarding various issues, problems & conducts & attends staff meetings & training.

MAJOR WORKER CHARACTERISTICS:

Knowledge of social or behavioral science; business or public administration & management practices; health care federal & state laws & regulations; public medical assistance programs; agency policies & procedures; health care statistics, terminology & methods; purchasing & payment practices of health care services; comprehensive health planning; public budgeting & finance; public relations; employee training & development; supervisory principles & techniques. Skill in operating personal computer & applicable software applications. Ability to analyze & apply multiple factors & present findings & conclusions; read & comprehend clinical records; determine appropriate level of health care; determine accuracy of clinical assessments & data; assess & monitor quality assurance & corrective action plans; prepare & oversee comprehensive & technical reports; interpret social welfare information & technical materials in books, journals & manuals; handle sensitive contacts & inquiries from public, consumers, providers & government officials in person, via telephone &/or written correspondence. Demonstrated competence in the following: developing self, adapting for impact, continuously improving quality, focusing on customers, acting with integrity, building productive relationships, developing staff & others, valuing cultural diversity, fostering team development, directing & measuring work, informing, making effective decisions, managing priorities, managing change, navigating organizational politics, cultivating vision & purpose, & thinking strategically.

(*) Developed after employment.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:

Completion of graduate core program in business, management or public administration, public health, health administration, social or behavioral science or public finance. 48 mos. exp. in planning & administering health services program or health services project management (e.g., health care data analysis, health services contract management, health care market & financial expertise; health services program communication; health services budget development, HMO & hospital rate development, health services eligibility, health services data base analysis).

Note: education & experience is to be commensurate with approved position description on file.

-Or equivalent of Minimum Class Qualifications for Employment noted above.

TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:

Not applicable.

UNUSUAL WORKING CONDITIONS:

May require travel which includes overnight stay.