

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

<b><u>CLASSIFICATION SERIES</u></b> Medicaid Health Systems
<b><u>MAJOR AGENCIES</u></b> Aging, Medicaid, Job & Family Services, Developmental Disabilities and Mental Health and Addiction Services only

<b><u>SERIES NUMBER</u></b> 6529
<b><u>EFFECTIVE</u></b> 12/23/2018

**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 higher level, incumbents specialize in conducting complex analysis &/or evaluation of Medicaid health systems program & policies & specific medical services; or assist in development & implementation of 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 & 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 primary function of MMIS is to process Medicaid and county disability claims. It provides reimbursements to medical providers for services rendered to eligible recipients based on Medicaid and federal government policy.

Medicaid Information Technology System (MITS): MITS is a browser-based healthcare administration platform and integrated, streamlined system that supports payers more efficiently, reimburses providers more quickly, and resolves patient claims swiftly and fairly. Claims are submitted using the MITS Web Portal which is cost effective and minimizes the risk of lost claims and human error.

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

<b><u>JOB TITLE</u></b>	<b><u>JOB CODE</u></b>	<b><u>PAY GRADE</u></b>	<b><u>EFFECTIVE</u></b>
Medicaid Health Systems Analyst	65291	11	11/26/2017

**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.

<b><u>JOB TITLE</u></b>	<b><u>JOB CODE</u></b>	<b><u>PAY GRADE</u></b>	<b><u>EFFECTIVE</u></b>
Medicaid Health Systems Specialist	65293	13	11/26/2017

**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 independently conduct or lead team of professional &/or technical staff to conduct complex statistical &/or program 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 assist in development & implementation of 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.

<b><u>JOB TITLE</u></b>	<b><u>JOB CODE</u></b>	<b><u>PAY GRADE</u></b>	<b><u>EFFECTIVE</u></b>
Medicaid Health Systems Administrator 1	65295	14	12/23/2018

**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 plan, direct, coordinate & evaluate activities related to one statewide component (e.g., one portion of Medicaid Program Services) of Medicaid health care delivery systems (e.g., health systems access; provider selection & contract monitoring; program analysis & application; Medicaid consumer outreach 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 oversee and evaluate one statewide component of Medicaid health care delivery systems (e.g., health systems access; provider selection & contract monitoring; program analysis & application; Medicaid consumer outreach program administration, Medicaid health systems information network, Medicaid resources & reference materials, Medicaid health systems surveillance or policy analysis & development), 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 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.

<b><u>JOB TITLE</u></b>	<b><u>JOB CODE</u></b>	<b><u>PAY GRADE</u></b>	<b><u>EFFECTIVE</u></b>
Medicaid Health Systems Administrator 2	65296	15	11/26/2017

**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, coordinate, evaluate & direct activities of one work unit or multiple teams related to multiple statewide

components (e.g., multiple portions of Medicaid Program Services) 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 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	11/26/2017

**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 and evaluate 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, Claims Operations, Business Operational Support, Network Management, Health Plan Policy, Clinical Operations, Health Research & Quality Improvement) &/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 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 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 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**

11/26/2017

**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 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	11/26/2017	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 12 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	65293	012	11/26/2017	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 statistical &/or program analysis (e.g., compares/compiles federal & state regulations; establishes performance criteria); 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 database techniques &/or software (e.g., SASS, SPSS, DELPHI, SURS database) &/or complex computer systems (e.g., MMIS, MITS, 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

Assist in the development & implementation of complex Medicaid rules (e.g., researches, analyzes & drafts rules 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; collaborates with IT staff to ensure policy changes are incorporated into MITS/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 24 mos. exp. specific to subject area of which 12 mos. exp. in use of spreadsheet and database software.

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

-Or for positions other than those requiring valid license as registered nurse, 24 months experience as Medicaid Health Systems Analyst, (65291) may be substituted for the experience required, but not for the mandated licensure.

-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 24 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	12/23/2018	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.)**

Plans, directs, coordinates & evaluates activities of one work unit related to one statewide component (e.g., one portion of Medicaid Program Services) of Medicaid health care delivery systems (e.g., health systems access; provider selection & contract monitoring; program analysis & application; Medicaid consumer outreach 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 oversee and evaluate one statewide component of Medicaid health care delivery systems (e.g., health systems access; provider selection contract monitoring; program analysis & application; Medicaid consumer outreach program administration, Medicaid health systems information network, Medicaid resources & reference materials, Medicaid health systems surveillance or policy analysis & development), 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 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 management regarding various issues & problems; testifies at legislative or public hearings; develops and delivers presentations 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 the delivery of a 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).

Or 12 months experience has Medicaid Health Systems Specialist, 65293, may be substituted for the experience required, but not for the mandated licensure, if required.

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

-If position oversees assessment or reassessment of clinical appropriateness of services &/or payment policies &/or related issues in regards to Medicaid health services delivery, incumbent must also have current & valid license as registered nurse as issued by Ohio Board of Nursing, pursuant to Sections 4723.03-4723.09 of Ohio Revised Code

-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, 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	11/26/2017	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, coordinates, evaluates & directs activities of one work unit or multiple teams related to multiple statewide components (e.g., multiple portions of Medicaid Program Services) 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 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).

Or 24 months experience as a Medicaid Health Systems Administrator 1, 65295.

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	11/26/2017	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 & evaluates 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, Claims Operations, Business Operational Support, Network Management, Health Plan Policy, Clinical Operations, Health Research & Quality Improvement) &/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);

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 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 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).

-Or 12 months experience as a Medicaid Health Systems Administrator 2, 65296.

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	11/26/2017	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 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).

-Or 12 months experience as a Medicaid Health Systems Administrator 3, 65297.

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.