

**Title:** Health Insurance Specialist  
**Pay Plan, Series, Grade:** GS-0107-13  
**Administrative Code:** PCNA  
**Position Description No:** 400840

### **MAJOR DUTIES**

This position is located in the Data and Policy Analytics Group, Office of Minority Health (OMH) at the Centers for Medicare and Medicaid Services. The Office of Minority Health (OMH) is responsible for providing leadership, vision and direction to address HHS and CMS Strategic Plan goals and objectives related to improving minority health and eliminating health disparities, developing an Agency-wide data collection infrastructure for minority health activities and initiatives, implementing activities to increase the availability of data to monitor the impact of CMS programs in improving minority health and eliminating health disparities, and consulting with HHS Federal agencies and other public and private sector agencies and organizations to collaborate in addressing health equity.

The purpose of this position is to serve as an analyst with responsibility for the review, analysis, development, and evaluation of CMS programs in one or more of the following functional areas to ensure that health disparities elimination and minority health issues are represented in all CMS programs and initiatives: program policy, state operations, contractor management, education and outreach, correspondence, data and statistical analysis, financial management, and legislative analysis and Congressional relations. Note: Not all of these duties will be performed by every incumbent of this position at the same time in the same Center/Office.

Reviews, evaluates, and develops CMS program policy subject issues for consideration by senior management. Develops and reviews policy issues and drafts policy documents, regulations, procedures, Medicare contractor policy issuances, Medicaid State Agency (SA) policy, operating instruction and related documents.

Researches and reviews the legal background, legislative history, administrative case law and court decisions that interpret the policies, regulations and intended impact of CMS programs in order to effectively interpret, recommend and implement health care policies and provide guidance to the leadership, contractors and other internal and external entities as needed.

Analyzes and evaluates a broad range of payment and service delivery models and identifies policy implications for CMS programs, including new approaches to the financing and delivery of health care.

Reviews, evaluates, and develops Medicare contractor operations issuances to ensure compliance with Federal contract management and regulatory oversight. Develops realistic options that attempt to resolve the problems identified.

Ensures that individual beneficiary complaints, problems, and concerns are addressed in a timely and appropriate manner. Develops professional relationships with Congressional offices, State health organizations and other Federal agencies to further the CMS mission. Performs scheduled audits and may serve as a team leader. Provides ongoing monitoring of plans' compliance with Federal requirements and CMS guidance to ensure continuing compliance with the Medicare contract and all statutory and regulatory requirements.

Leads education, beneficiary ombudsman, and outreach activities for the health care providers, beneficiary, employers/unions, other stake holders, and the general public regarding Medicare, Medicaid, and CHIP issues. This includes provider payment, coverage, and claims processing issues, the prescription drug benefit, managed care, and State waiver programs.

Prepares all forms of written correspondence regarding CMS and other program issues to the public, Congressional staff, industry contacts, and State representatives. Research all program issues and develops the appropriate response that includes legal citation in the law, CMS regulations, or policy issuances.

Conducts program related studies regarding quality of care, program oversight, utilization of program services by the beneficiaries, and an analysis of policy issues to permit policy decision makers to have quantitative and qualitative data and analysis in which to make logical and intelligent decisions. Reviews the impact of proposed policies or changes in operations on current and future program decisions. Utilizes project management tools to conduct studies, track and analyze progress, or monitor program accomplishments.

Reviews and analyzes the impact of new or revised changes to legislation before the Congress pertaining to any CMS program. Works with Congressional committees and staff in performing an impact analysis or mark-up of various Congressional options before the committees, often with very short time frame deadlines. Works with individual Congressional staff and committee members regarding issues pertaining to any CMS program area.

Attends meetings and conferences with CMS staff and serves as a source of background data on the basis of research performed in preparation for the meetings and conferences. Contributes to discussions and planning sessions on management program policy developments.

Typically serves as a Contracting Officers Technical Representative (COTR) and/or Government Task Leader (GTL) on health program contracts as needed.

Performs other duties as assigned that are related to this position.

**Factor 1. Knowledge Required by the Position**

**FL 1-8, 1550 pts**

Mastery knowledge of health equity issues as they relate specifically to one of the following populations: racial and ethnic minorities, people living with disabilities, LGBT, rural communities, women or low income.

**Mastery knowledge of disparities research methods and existing national, state and local programs and interventions to address health disparities.**

**Mastery knowledge of epidemiological and public health research and evidence based principles.**

**Comprehensive experience working with local and/or national groups and community organizations to address health disparities.**

**Mastery knowledge of Medicare/Medicaid/CHIP laws, rules and regulations, as well as HHS and CMS program operational and administrative goals and objectives in order to review, analyze, evaluate and develop complex program projects.**

**Mastery knowledge of health care financing management practices and organizational structure to evaluate CMS programs and practices and to develop improvements to more efficiently achieve Agency goals.**

**Skill in analyzing and developing/presenting facts and recommendations or solutions in clear, concise and logical terms, both orally and in writing.**

**Comprehensive knowledge of CMS programs and programs operations to effectively plan, coordinate and develop policy and administrative issues. Certification as a COR/GTL is required within 12 months after encumbering this position.**

**Comprehensive knowledge of populations served by CMS/HHS programs and the legislative process. Knowledge of the legislative process and CMS/HHS goals, objectives and policy as they relate to statutory requirements and legislative intent to ensure accurate and effective interpretation and implementation in health disparity populations and areas of assigned responsibility.**

**Skill in managing large programs and demonstration projects, e.g., negotiating, organizing and coordinating related cooperative efforts of staff in other CMS components and other federal governmental units, as well as members of the public, advisory committees or private organizations.**

**Analytical skill to develop and prepare special reports and analyses for CMS staff and to plan complex special projects and assignments involving coordination across organizational lines that includes data analysis.**

**Thorough knowledge of the impacts of payment systems on the health care delivery system. Includes understanding of the relationships between Medicare, Medicaid and CHIP payment and access to care, quality of care, and cost of care for all populations. This also includes knowledge of the interrelationships between Medicare/Medicaid/CHIP and private reimbursement systems and health disparities.**

Skill in oral and written communication in order to effectively represent the Agency in the preparation of briefings and other written material and in meetings and conferences.

**Factor 2. Supervisory Controls**

**FL 2-4, 450 pts**

Works under the general direction of the manager. The incumbent is responsible for independently planning and carrying out projects and selecting approaches and methods to be used in solving problems. Considerable tact, personal initiative, resourcefulness, independence and professional judgment is used with respect to problem solving. Work is spot checked for general compliance with agency policy.

**Factor 3. Guidelines**

**FL 3-4, 450 pts**

Guidelines include the CMS laws other Federal regulations, new legislation, State laws and regulations, Agency policies and procedures, as well as general administrative issuances. Much of the work is performed without guides where only the incumbent's own understanding of administration policy and direction serves as a guide or limit.

**Factor 4. Complexity**

**FL 4-5, 325 pts**

Work involves evaluating and developing program operations and effectiveness of the Agency's program process and requires independence and resourcefulness in carrying out the planning, coordination and implementation required. Assignments involve a wide range of important, sensitive issues related to the smooth and effective operation of the Agency.

**Factor 5. Scope and Effect**

**FL 5-5, 325 pts**

The purpose of the position is to advise and assist the manager in carrying out program planning and operations responsibilities. The incumbent's work contributes to the efficient operation of CMS programs and has a direct effect on Central Office, Regional, State, and/or contractor relationships.

**Factor 6. Personal Contacts**

**FL 6-3**

Contacts are with a wide variety of people at all levels within CMS, as well as with congressional staff members, State officials, representatives of other government agencies, and managers of the health care industry.

**Factor 7. Purpose of Contacts**

**FL 3-c, 180 pts**

Contacts are made for the purpose of facilitating the exchange of ideas and information, negotiating and resolving differences and providing advice on a wide range of program and management issues for CMS. Represents CMS at external meetings and presents the agency perspective on any subject area.

**Factor 8. Physical Demands**

**FL 8-1, 5 pts**

No unusual physical effort is required; some travel may be necessary.

**Factor 9. Work Environment**

**FL 9-1, 5 pts**

The work is performed in a clean office setting with no environmental hazards.

**TOTAL POINTS 3290 = GS-13**