

**POSITION DESCRIPTION**

DER-PERS-10 (Rev. 07/97)

State of Wisconsin  
Department of Employment Relations

1. Position No.  005752	2. Cert/Reclass Request No.	3. Agency No.  435
5. DEPARTMENT, UNIT, WORK ADDRESS Department of Health and Family Services Office of Family Care Expansion Managed Care Section		
6. CLASSIFICATION TITLE OF POSITION Contract Specialist-Advanced		
10. NAME AND CLASS OF EMPLOYEES PERFORMING SIMILAR DUTIES		
12. FROM APPROXIMATELY WHAT DATE HAS THE EMPLOYEE PERFORMED THE WORK DESCRIBED BELOW?		

4. NAME OF EMPLOYEE

6. CLASSIFICATION TITLE OF POSITION  
Contract Specialist-Advanced

7. CLASS TITLE OPTION (to be filled out by Personnel Office)

9. AGENCY WORKING TITLE OF POSITION  
Family Care Contract Coordinator

11. NAME AND CLASS OF FIRST-LINE SUPERVISOR  
Monica Deignan  
Human Services Supervisor

13. DOES THE POSITION SUPERVISE SUBORDINATE EMPLOYEES IN PERMANENT POSITIONS?  Yes  No  
IF YES, COMPLETE AND ATTACH A SUPERVISORY POSITION ANALYSIS FORM (DER-PERS-84).

14. POSITION SUMMARY- PLEASE DESCRIBE BELOW THE MAJOR GOALS OF THIS POSITION:

(See Attached)

15. DESCRIBE THE GOALS AND WORKER ACTIVITIES OF THIS POSITION (Please see sample format and instructions)

\_\_\_\_ GOALS: Describe the major achievements, outputs, or results. List them in descending order of importance.  
\_\_\_\_ WORKER ACTIVITIES: Under each goal, list the work activities performed to meet that goal.  
\_\_\_\_ TIME %: Include for goals and major work activities.

TIME % | GOALS AND WORKER ACTIVITIES

(See Attached)

16. SUPERVISORY SECTION - TO BE COMPLETED BY THE FIRST LINE SUPERVISOR OF THIS POSITION. (See Instructions)

a. The supervision, direction and review given to the work of this position is  close  limited  general.  
b. The statements and time estimates above and on attachments accurately describe the work assigned to the position.  
(Please initial and data attachments.)

Signature of first-line supervisor

Date

17. EMPLOYEE SECTION - TO BE COMPLETED BY THE INCUMBENT OF THIS POSITION.

I have read and understand that the statements and time estimates above and on attachments are a description of the functions assigned my position. (Please initial and date attachments.)

Signature of employee

Date

18. Signature of Personnel Manager

Date

P-File      Department of Employment Relations      Employee      Department File      Cert Request Copy

**POSITION SUMMARY**

Under the general direction of the assigned supervisory Program Manager, the primary objective of this position is to provide state oversight of programs that demonstrate consumer-responsive ways of reforming the health and long-term care systems. Incumbents will serve as primary point of contact between assigned managed care organization(s) (MCOs) and DHFS, with primary responsibility for assuring MCO is meeting contract requirements and continually improving its performance in meeting the outcomes of its members. Incumbents must be knowledgeable about all facets of the MCO's operations, including business systems developed to support the MCO's core activity of care management and service provision. Incumbents must be expert in all areas of Family Care and Medicaid managed care requirements, understand the philosophy of person-centered care and personal outcomes, and work closely with assigned Member Care Quality Specialists. The incumbent will work closely with assigned Member Care Quality Specialist and other content experts, but retains overall responsibility for assuring the assigned MCO(s) is meeting program requirements and striving to continually improve quality for all enrollees.

*(Rated PD  
Only)*

**TR1    TR2    TIME %    GOALS AND WORKER ACTIVITIES**

20%

**A. Manage the Initial MCO Certification and Annual Recertification Processes, and Facilitate Re-Contracting**

- A1. Inform assigned MCOs about certification/recertification requirements, and manage the flow of information and documentation between DHFS, EQRO and MCO.
- A2. Serve as the main contact between the MCO and DHFS in matters related to the recertification process.
- A3. Inform the EQRO and other staff who are involved in recertification about any current issues involving the MCO.
- A4. Track the progress of document requests, submissions, review, revision and approval to ensure that the certification processes are productive and timely.
- A5. In collaboration with assigned Member Care Quality Specialist, and involving other content experts facilitate process to ensure submitted materials are reviewed and meet criteria/requirements.
- A6. Based on results of certification process, make recommendation about whether or not to enter into contract with the MCO.
- A7. Prepare communication to MCO about results of the certification/recertification process, including additional materials or activities required, associated timelines, and plan for DHFS follow up. Monitor MCO progress in meeting follow-up requirements.
- A8. Collaborate with Contract Administrator on negotiations with MCOs to revise contract language.
- A9. Facilitate getting new contracts signed by appropriate MCO leadership or governing board.

15% **B. Facilitate and participate in communications between/among the MCO and the ADRC and local economic support offices in its service area to assure consumer access to benefits.**

B1. Facilitate resolution, as needed, of all issues that relate to coordination of eligibility, enrollment / disenrollment coordination and collection of cost share among the assigned MCO, ADRC, ES and central office.

B2. For initial start-up, collaborate with staff of the assigned MCO and county staff including ADRC and ES, to transition waiver, wait list and new enrollees into the managed care delivery system.

B3. Facilitate communications as appropriate to effectively resolve issues and ensure that all participants have the information they need.

B4. Facilitate consumer moves between FC and COP/CIP counties to assure continuity of services and care.

B5. Collaborate with appropriate content expert to determine enrollment/disenrollment date decisions when needed.

25% **C. Ongoing MCO Oversight Activities**

C1. Using available review tools, review and approve new MCO policy and revisions to policies, in collaboration with appropriate content experts. Share interpretation of policies with MCO team and content experts.

C2. Monitor MCO submission of required reports, assure timely review of those reports and provide any appropriate feedback to MCO.

C3. In collaboration with assigned Member Care Quality Specialist and appropriate content experts facilitate process (track, monitor, ensure issues are resolved in accordance with the contract, identify trends) for FC adverse decisions, complaints and appeals/grievances, incidence of critical incidents, identify any areas for follow-up and/or remediation, and track MCO response and resolution of issues.

C4. Collaborate with fiscal oversight content expert on review and response to fiscal reporting, provide ongoing fiscal oversight by monitoring for possible fraud and abuse.

C5. Respond to requests (following department procedures) for assistance or fact-finding from DHFS staff, legislative offices, and other stakeholders.

C6. Facilitate communications between MCO and external advocates or ombuds to bring resolution to issues or individual cases.

C7. Respond to MCO requests for information or technical assistance in meeting program requirements.

15% **D. Oversee, monitor and bring to resolution DHFS-required remediation activities of the MCO.**

D1. Work closely with the Member Care Quality Specialist or other appropriate Department staff to ensure that the need for corrective action plans is clearly and timely communicated to the MCO.

D2. In collaboration with the Member Care Quality Specialist or other content experts as appropriate, review and approve corrective action plans, monitor the MCOs progress and assess its success in achieving the desired correction.

D3. Assess the need and recommend sanctions that are appropriate to the need for correction. Work with program leadership on communicating the reason for and terms of those sanctions clearly and timely to the MCO and monitor their compliance and success in achieving the desired correction.

D.4. Provide advice or guidance to the MCO in the development of remediation plans

D.5. Identify areas where a policy interpretation is needed, maintain knowledge of current policy interpretations, and collaborate with the MCO Team to ensure monitoring and communication.

D.6. Help to create a shared understanding among responsible DHFS staff on issues affecting the quality of all aspects of the MCOs' operations.

D.7. Ensure that appropriate content-area experts (e.g., restraints, governance) and others with responsibility for the administration of the Family Care programs are aware of the developing issues in the MCOs.

15% **E. Communicate effectively with Department staff and management, other state agencies, county, tribal and municipal governments, MCO, advocates, and the general public.**

E1. Assure that program requirements are communicated accurately and timely to MCO and other external stakeholders, as appropriate.

E2. Respond to, or counsel division leadership in responding to information requests and inquiries from stakeholders relating to the MCO.

E3. Facilitate MOU's between counties and MCO, and resolution of issues related to overlapping areas of responsibility or interest.

E4. Prepare and present materials on a variety of program policy and systems development issues, in a variety of forums, including internal and external meetings, training sessions, conferences and seminars.

E5. Work to foster cooperation among and between internal and external entities in the design, development and implementation of the Family Care initiative.

E6. Assure that program documents are shared with the appropriate staff and providers in a timely manner.

10% **F. Other responsibilities**

F.1. Serve as a designated 'content-area' expert for the Managed Care Section, as needed. Contract Coordinators who are designated as content-area experts will maintain current skills and knowledge in the content area; provide guidance and leadership to the Department's policies in the area; will provide consultation on request to other department staff or to MCOs at the request of those MCO's contract administrator or member-care quality specialist; and will provide education and guidance in other forums, such as by developing training materials and presenting at conferences.

**KR1**    **KR2**    **KNOWLEDGE AND SKILLS**

1. Extensive knowledge of long-term care service delivery systems.
2. Considerable knowledge of acute and primary health care delivery systems.
3. Considerable knowledge of the federal Medical Assistance and Medicare programs.
4. Extensive knowledge of the state and federal statutes, regulations, policies and procedures governing the Medical Assistance program.
5. Considerable knowledge of the state and federal regulations, policies and procedures governing the Medicare program.
6. Extensive knowledge of Wisconsin's community based long term support programs and the philosophy and values they are based on.
7. Considerable knowledge of the principles and process of policy development and analysis.
8. Considerable knowledge of managed care concepts.
9. Considerable knowledge of the principles and values involved in community long term care for older and disabled people and the programs that serve them.
10. Considerable skill in translating the problems and needs of frail and disabled older persons and of the delivery system that serves them into useful program improvements.
11. Considerable knowledge of older people's needs, values and preferences as well as the functional impairments frequently experienced by older persons.
12. Working knowledge of research methods, fiscal analysis and budget preparation procedures.
13. Effective facilitation skills.
14. Extensive skills in written, verbal and interpersonal communication skills, with the ability to bring people with differing points of view to consensus.
15. Ability to work effectively with many different individuals and professions, since the process will involve interacting with not only human service professionals and administrators, but chief financial officers and IT professionals.
16. Knowledge of operational processes involved in managed care, and of the Family Care rate setting process.
17. an understanding of the systems and processes (ES, CARES, MMIS) supporting eligibility and enrollment.
18. Knowledge of the expansion cost model on the state level.
19. Ability to track and document a high volume of information both coming into the Department and going back to the MCO.
20. Understanding of the particular issues, including transition issues, being dealt with by both the MCOs, the counties they will be serving, and the Department, in order to facilitate reasonable and judicious solutions to issues that arise.
21. Knowledge of ADRC and ES (IM) practices on the local level.