



Decisions made by the Office of Ohio Health Plans impact the health and well being of more than 2 million Ohioans.

### OHIO HEALTH PLANS offers

rewarding positions in a challenging environment. Issues, policies and the needs of the people we serve are continually changing. This makes it necessary for Medicaid to evolve and adapt to serve the needs of Ohio's low-income families, children, elderly, and people with disabilities.

### OHIO HEALTH PLANS benefits

OHP provides not only a competitive starting salary, but also an excellent benefit package which includes:

- ◆ A choice of health care plans
- ◆ Public Employees Retirement System
- ◆ Deferred Compensation Plan
- ◆ Two weeks vacation, ten sick days, and Four personal days after one year of service -plus ten paid holidays per year!
- ◆ Optional cash conversion of sick and personal leave at the end of each year

### OHIO HEALTH PLANS seeks

individuals with skills and experience in the following areas:

- ◆ Health finance and economics
- ◆ Health policy analysis
- ◆ Health care program development
- ◆ Quality assurance
- ◆ Nursing (RNs)

In addition, we also search for individuals interested in services administration in the areas of:

- ◆ Home Care for persons with chronic or disabling conditions
- ◆ Long-Term Care
- ◆ Managed Care
- ◆ Health Services outcomes and evaluation research
- ◆ Social Marketing
- ◆ Provider Network Management
- ◆ Claims Payment Processing

### HOW TO APPLY

For current opportunities, and recruiting information, please visit:

<http://jfs.ohio.gov/OHP/recruit.stm>

A separate application is required for each position for which you wish to apply. While not considered an application, you may also direct a resume referencing the position you are interested in to the attention of:

Tom Joswick  
50 West Town St.  
Suite 400  
P.O. Box 182709  
Columbus, OH 43218-2709  
[JOSWIT@odjfs.state.oh.us](mailto:JOSWIT@odjfs.state.oh.us)

For more information, call  
(614) 752-3773.

The State of Ohio is an equal opportunity employer.

**OFFICE OF OHIO  
HEALTH PLANS**  
The Medicaid Program  
for the State of Ohio.



**Employment  
Opportunities**



ohio medicaid

## MISSION

To support the quality of life of Ohioans through coverage of high quality, cost effective, accessible health care and related services.

## VISION

As a leading public health plan, OHP will demonstrate excellence throughout the organization and leadership in health system reform.



Become a  
valuable asset to  
Ohio Medicaid.

The Office of Ohio Health Plans is structured to provide the flexibility needed to operate in an environment that is continually evolving. The Office conducts much of its program development and reform activities through teams consisting of staff from eight different bureaus with varying responsibilities including:

# OHIO HEALTH PLANS BUREAUS

**Bureau of Long-Term Care Facilities (BLTCF)** is responsible for reimbursement, contracting and policy formulation for all Medicaid nursing facilities (NFs), and Intermediate Care Facilities for the Mentally Retarded (ICFs-MR). BLTCF also develops the basic structure for Medicaid payments to long-term care facilities.

**Bureau of Community Access (BCA)** is Medicaid's primary liaison with sister agencies that administer Medicaid programs. BCA provides technical assistance and collaborates with sister agencies to create new programs and monitors compliance with federal Medicaid regulations and conducts on-site reviews to further ensure compliance.

**Bureau of Clinical Management (BCM)** is responsible for authorizing reimbursement for selected medical services, determining disability status, and enrolling eligible women in the Breast and Cervical Cancer Project (BCCP) and the Primary Alternative Care and Treatment (PACT) Program.

**Bureau of Home & Community Services (BHCS)** BHCS operates the Ohio Home Care Program, whose medical and support services help people with disabilities live in their homes. BHCS develops new waivers, recruits and trains providers, conducts provider background checks and works with the Attorney General's office to maintain the quality and integrity of community support programs.

**Bureau of Plan Operations (BPO)** is responsible for accurate and timely claims payment and a sufficient, qualified provider network. BPO adjudicates claims, implements payment policy revisions and certifies and enrolls qualified providers who apply to serve Medicaid consumers. BPO also monitors Medicaid's trading partners.

**Bureau of Consumer & Program Support (BCPS)** Develops and maintains Medicaid eligibility rules administered by local county offices, provides technical assistance to counties and monitors county compliance. BCPS administers federally mandated programs for children and pregnant women and manages the toll-free Medicaid Consumer Hotline. The bureau also ensures timely response to general and legislative inquiries across the Medicaid Office and produces consumer educational materials.

**Bureau of Health Plan Policy (BHPP)** (BHPP) coordinates initiatives to improve the quality of health care provided to Medicaid consumers. BHPP is responsible for benefit design, pricing and rules development. BHPP manages OHP's Hospital Care Assurance Program which reimburses hospitals for a portion of their uncompensated care provided to uninsured, low-income individuals. BHPP also provides health care research services and project management for certain health initiatives. BHPP maintains the Medicaid State plan as well.

**Bureau of Managed Health Care (BMHC)** develops, administers and assesses all aspects of the Medicaid managed health care delivery system. BMHC designs managed care plan (MCP) purchasing specifications, selects qualified MCPs, monitors MCP contracts, conducts MCP compliance reviews and develops managed care enrollment policies and procedures.