State of Michigan
Civil Service Commission

Capitol Commons Center, P.O. Box 30002
Lansing, MI 48909

Position Code
1. DEPSPL2

POSITION DESCRIPTION

This position description serves as the official classification document of record for this position. Please complete the information as accurately as you can as the position description is used to determine the proper classification of the position.

2. Employee's Name (Last, First, M.I.)	**8. Department/Agency** MDHHS-COM HEALTH CENTRAL OFF
3. Employee Identification Number	**9. Bureau (Institution, Board, or Commission)** Bureau of Aging, Community Living and Supports
4. Civil Service Position Code Description Departmental Specialist-2	**10. Division** INTEGRATED CARE DIVISION
5. Working Title (What the agency calls the position) MICH Enrollment, Systems & Payment (ESP) Compliance Specialist	**11. Section** ENROLLMENT AND PAYMENT INTEGRITY SECTION
6. Name and Position Code Description of Direct Supervisor DOUGLAS, WEYLIN B; STATE ADMINISTRATIVE MANAGER-1	**12. Unit**
7. Name and Position Code Description of Second Level Supervisor SEAGER, MATTHEW S; STATE DIVISION ADMINISTRATOR	**13. Work Location (City and Address)/Hours of Work** 400 SOUTH PINE STREET, LANSING MI 48909 / M - F 8-5

14. General Summary of Function/Purpose of Position

This position serves as the MI Coordinated Health Enrollment, Systems, and Payment (MICH ESP) Compliance Specialist within the Enrollment and Payment Integrity Section. The specialist is responsible for oversight and compliance activities related to Electronic Visit Verification (EVV) adoption and compliance monitoring, Exclusively Aligned Enrollment (EAE) compliance, and State Directed Payments (SDP) for Highly Integrated Dual Eligible Special Needs Plans (HIDE SNPs). The role is responsible for policy research, regulatory interpretation, and program analysis that inform operational decisions, compliance monitoring, and program integrity functions within the section.

The position is a subject matter expert in federal and state statutes and regulations governing integrated care models, D SNPs, Medicare Advantage, and Medicaid managed care. This position is responsible for reviewing statutory and regulatory requirements across integrated care models, D SNPs, Medicare Advantage, and Medicaid managed care and applying those rules to determine whether program operations are compliant. The specialist analyzes Medicaid Data Warehouse information, claims, encounter reporting, and payment adjudication outcomes to identify misalignments, flag non compliant activity, and initiate corrective actions. These responsibilities directly support accurate MICH enrollment processing and proper administration of State Directed Payments by ensuring issues are detected, evaluated, and resolved according to policy.

15. Please describe the assigned duties, percent of time spent performing each duty, and what is done to complete each duty.

List the duties from most important to least important. The total percentage of all duties performed must equal 100 percent.

Duty 1

General Summary: **Percentage:** **60**

Provides advanced, specialist-level oversight, analysis, and monitoring of MICH HIDE SNP compliance related to Exclusively Aligned Enrollment (EAE), State Directed Payments (SDPs), and Electronic Visit Verification (EVV). Ensures program operations are carried out in accordance with the State Medicaid Agreement Contract (SMAC), CMS federal regulations, and statewide policy standards.

Individual tasks related to the duty:

• Conducts program level EVV monitoring and analysis, evaluates adoption and compliance reporting, identifies noncompliance trends, and provides targeted technical assistance to plans. Coordinates with CMS and MDHHS partners on noncompliance expectations and policy enforcement, ensuring adherence to federal EVV regulations and key performance indicators. Participates in state EVV workgroups, contributes to policy updates to ensure program alignment with CMS guidance.
• Oversees compliance and monitoring of all State Directed Payment (SDP) requirements for the MICH program, ensuring accurate quality withhold and QAS payment calculations, validating plan submissions, and reconciling reported data. Identifies noncompliance issues, coordinates corrective actions, provides technical guidance to health plans, responds to inquiries, and maintains audited ready documentation to support federal and state oversight.
• Leads compliance on EAE for the section data by preparing formal non compliance notifications to health plans. Ensures consistency in EAE data integrity processes, oversees plan submissions, prepares summary reports and escalations, conducts risk assessments, and monitors plans' return to compliance activities with plan penalties remaining applicable.

Duty 2

General Summary: **Percentage:** **30**

Serves as the technical authority on MICH program payment operations, gross adjustments, federal coordination, and system enhancements. Provides advanced expertise in interpreting CMS guidance, resolving complex enrollment and payment discrepancies, and ensuring statewide adherence to SMAC and federal requirements.

Individual tasks related to the duty:

• Manages Gross Adjustment operations and ensures accurate, compliant, and timely communication with contracted health plans.
• Supports rate setting activities by collaborating with MDHHS leadership and Actuarial Services and distributing rate updates to health plans.
• Serves as the primary CMS liaison for enrollment and payment operations, analyzing complex transactions and resolving discrepancies.
• Oversees financial compliance functions, including quality based payments, accounts payable/receivable, and enrollment driven payment accuracy.
• Provides oversight for system enhancement requests and implementation to ensure alignment with program policy and contract requirements.
• Coordinates project timelines, implementation milestones, and cross unit work efforts.
• Communicates policy, system, and operational updates to internal and external stakeholders.
• Oversees payment related policies and procedures and reviews training materials for accuracy.
• Reviews and approves Data Use and Data Sharing Agreements in alignment with state data governance and privacy standards.

Duty 3

General Summary: **Percentage:** **10**

Responsible for high level data reconciliation, federal reporting, and program infrastructure. Ensures accuracy of all key operational data used for payment, compliance, and regulatory reporting.

Individual tasks related to the duty:

• Generates and maintains the section's Siebel, CRM Plan reference materials.
• Oversees annual MCPAR data validation activities to ensure accuracy, completeness, and audit readiness for ESP Section.
• Designs and updates the annual accrual methodology letter to support accurate financial reporting and statewide budgeting requirements.
• Supports CMS and Actuarial Services annually with annual Medical Loss Ratio (MLR) processes.
• Develops, updates, and maintains training materials, operational procedures, tools, and reference guides to ensure consistent contract implementation.
• Reviews and approves Data Sharing Agreement (DSA) requests in accordance with state data governance and privacy requirements.
• Maintains the MICH program section website and SharePoint content, ensuring materials are current, accessible, and compliant with regulatory guidance.
• Develops and communicates reporting guidance, documentation standards, and data instructions to health plans and internal partners for section materials.
• Tracks and documents ESP section action items for management.
• Perform other duties as assigned.

16. Describe the types of decisions made independently in this position and tell who or what is affected by those decisions.

Decisions made independently in this role include interpreting federal guidance, analyzing system-generated reports, and evaluating stakeholder feedback to resolve complex section discrepancies. The analyst determines appropriate actions for urgent and high-priority issues, including system corrections, communication strategies, and timeline management. This position also decides among the resources and tools available, the appropriate type of outreach and education necessary to communicate issues and opportunities both internally and externally.

These decisions influence multiple areas across the department, affecting policy execution, data accuracy, enrollment and capitation system performance, rates and gross adjustments and coordination with external partners such as CMS and contracted health plans. The analyst's judgment ensures continuity of services for beneficiaries and supports the department's commitment to operational excellence and regulatory compliance.

17. Describe the types of decisions that require the supervisor's review.

• Proposed policy changes or decisions with legal, statutory, or cross agency implications.
• System design changes or recommendations that affect statewide operations or external partners.
• Final approval of major reports, federal submissions, or documents representing the department's official position.
• Decisions with significant program, financial, or political impact, or those that could be misinterpreted.
• Prioritization of competing high stakes tasks when direction is needed from leadership.

18. What kind of physical effort is used to perform this job? What environmental conditions in this position physically exposed to on the job? Indicate the amount of time and intensity of each activity and condition. Refer to instructions.

Majority of work is performed remotely from home or in an office setting with use of a personal computer. Occasional travel to meetings, forums, trainings and/or health plan offices.

19. List the names and position code descriptions of each classified employee whom this position immediately supervises or oversees on a full-time, on-going basis.

Additional Subordinates

20. This position's responsibilities for the above-listed employees includes the following (check as many as apply):

N	Complete and sign service ratings.	N	Assign work.
N	Provide formal written counseling.	N	Approve work.
N	Approve leave requests.	N	Review work.
N	Approve time and attendance.	N	Provide guidance on work methods.
N	Orally reprimand.	N	Train employees in the work.

22. Do you agree with the responses for items 1 through 20? If not, which items do you disagree with and why?

Yes

23. What are the essential functions of this position?

The essential function of this position is to provide comprehensive compliance oversight for the Enrollment and Payment Integrity Section within the Highly Integrated D SNP (HIDE SNPs) model. The position serves as a subject matter expert and provides advanced analytical support to guide policy development, operational implementation, and program integrity efforts for the MI Coordinated Health (MICH) program.

24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.

new establishment

25. What is the function of the work area and how does this position fit into that function?

The Enrollment and Payment Integrity Section ensures compliant, accurate, and timely enrollment and payment operations for the MI Coordinated Health program. This position serves as the Section's lead specialist for Electronic Visit Verification (EVV) adoption and compliance monitoring, Exclusively Aligned Enrollment (EAE) compliance, and State Directed Payments (SDP) for Highly Integrated Dual Eligible Special Needs Plans (HIDE SNPs).

The role interprets federal requirements, coordinates with CMS and health plans, and guides operational policy to ensure consistent implementation. Compliance responsibilities include developing formal correspondence to contracted plans, monitoring out-of-compliance metrics, and supporting the development of performance improvement options for plans. The position oversees key payment integrity functions, conducts advanced data analysis to identify and address risks, and supports operational decision-making. Additionally, it develops standardized procedures, training materials, and communications, and leads reporting and continuous improvement activities related to enrollment and payment integrity.

26. What are the minimum education and experience qualifications needed to perform the essential functions of this position.

EDUCATION:

Possession of a bachelor's degree in any major.

EXPERIENCE:

Departmental Specialist 13 - 15
Four years of professional experience, including two years equivalent to the experienced (P11) level or one year equivalent to the advanced (12) level.

KNOWLEDGE, SKILLS, AND ABILITIES:

The Specialist provides advanced compliance oversight and technical support for the HIDE SNP Managed Care program by independently managing complex assignments, analyzing multi layered program data, and resolving highly technical operational issues. The role requires interpreting and applying federal and state regulations, including Medicaid policy and MDHHS procedures, and preparing clear reports to support decision making and policy development. The Specialist communicates regularly with internal staff, contracted health plans, providers, and external partners to explain procedures, convey technical information, facilitate problem solving, and draft formal compliance letters to HIDE SNPs. This position relies on strong analytical skills, independent judgment, and the ability to evaluate diverse documents and identify operational risks. Technical proficiency across Medicaid and MDHHS systems—including CHAMPS, MARX, BI Query, SQL, CC360, BRIDGES, EVV tools, and related payment and encounter processes—is essential to ensuring accurate, consistent, and compliant program operations.
Additionally, as listed on the OCSC job specification.
The MDHHS mission is to provide opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient. We are committed to ensuring a diverse workforce and a work environment whereby all employees are treated with dignity, respect and fairness.

CERTIFICATES, LICENSES, REGISTRATIONS:

none

NOTE: Civil Service approval does not constitute agreement with or acceptance of the desired qualifications of this position.

I certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.

Supervisor **Date**

TO BE FILLED OUT BY APPOINTING AUTHORITY

Indicate any exceptions or additions to the statements of employee or supervisors.

none

I certify that the entries on these pages are accurate and complete.

WHITNEY HENGESBACH 8/10/2026

Appointing Authority	Date

I certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.

Employee	Date