POSITION SUMMARY

Under the general supervision of the Data and Compliance Section Chief in the Office of Strategic Health Policy (OSHP), the Employee Benefits Compliance Specialist is the primary position responsible for monitoring, analyzing, and enforcing compliance with applicable laws, regulations, and contractual requirements relating to the State of Wisconsin Group Health Insurance Program (GHIP) for state and local employees. This includes providing technical expertise and making recommendations to support program operations and policy decisions in accordance with applicable legal and contractual requirements; participating in the annual contract and benefits revision process for the GHIP; researching and interpreting statutory and regulatory changes; developing and implementing compliance related initiatives; overseeing data security requirements in coordination with enterprise security standards, and collaborating with program managers and vendors to resolve compliance matters, implement corrective actions, and ensure vendor accountability and mitigate risks; and providing information to aid management and the GIB in making program and policy decisions. This position affects the design and operation of the health policy for over 240,000 participants, including both state and local employees and their dependents.

ETF is a medium sized, non-shared services agency administering the Wisconsin Retirement System and related benefit programs to over 630,000 members receiving \$5.6 billion in retirement benefits and \$1.6 billion in health benefits annually. This position directly supports achieving the department's mission to develop and deliver quality benefits and services to our members while safeguarding the integrity of the Trust. As an employee of ETF, the incumbent will support and create a diverse and inclusive work force.

GOALS AND WORKER ACTIVITIES

- 40% GOAL A: Research, development, and recommendation of compliance-related program and policy changes relating to the Group Health Insurance Program.
 - A1. Oversight of the project team assigned to the policy initiative's design and implementation, specifically in identifying and addressing compliance-related requirements.
 - A2. Collection, analysis and reporting on data involving the initiative's results, with attention to compliance related measures or obligations
 - A.3 Research and review trends to incorporate within the Group Health Insurance Program, including emerging compliance issues or regulatory developments. Research techniques could include, but are not limited to, formative research, literature review, survey analysis, focus group interviews, and user experience interviews.
 - A.4 Follow a policy development process framework (i.e., problem identification, identification of the magnitude of the problem, indentation of key determinants, development of a conceptual framework, identification of key stakeholders, identification of interventions and/or prevention strategies) by identifying compliance considerations throughout the process. Include a full analysis of the Healthcare Triple Aim.
 - A.5 Work with OSHP's Data Analytics team to develop and refine data requests, as needed, to identify the magnitude and potential impact of the policy change, including related compliance impacts, and to evaluate the outcomes of policy interventions.
 - A.6 Prepare and present board materials for policy change recommendations. with attention to applicable compliance considerations.
 - A.7 Act as a project leader in the development and implementation stages of the policy change, specifically related to compliance requirements and obligations.

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- A.8 Work with the Office of Communications to develop a complete strategy on how the policy change implementation will be communicated to all stakeholders involved, including compliance-related messaging, if applicable.
- A.9 Evaluate the outcomes of the policy intervention utilizing appropriate data and pre-determined measures of success. Adapt the intervention as needed to correct for identified shortcomings. Analyze and report back to the GIB on intervention results from a compliance perspective.
- 40% GOAL B: Performance of on-going research, review, and monitoring of state and federal statutes, rules, and regulations, insurance benefit contracts, and publicly available policy analysis to ensure that all health plan designs, and other contract provisions meet state and federal requirements.
 - B1. Research, analyze, and recommend health plan changes; make recommendations to program managers and the Director. Provide input related to compliance considerations that may affect plan design, administration, or contracts.
 - B.2 Respond to verbal and written inquiries about health programs and benefits, including those related to regulatory or compliance questions, in coordination with program managers.
 - B.3 Perform ongoing monitoring of literature regarding health plans, including summarizing and organizing articles and reports. Identify emerging legal, regulatory, and compliance issues that may impact benefit programs.
 - B.4 Research statutory requirements and make recommendations to the Director for new or revised statutory language and administrative rules which impact benefit program compliance.
 - B.5 Identify, research, and analyze compliance related health plan policy issues for biennial budget and other policy needs as directed; develop language for specific Office requests and make recommendations to the Director regarding applicable regulatory and statutory requirements.
 - B.7 Monitor the status of the health insurance programs and work with program managers to resolve coverage and benefit problems and make recommendations for policy or operational changes from a compliance standpoint.
 - B.8 Research, analyze, and make recommendations on contract language to incorporate health policy and compliance requirements and changes.
 - B.9 Participate in meetings with colleagues and management to discuss health policy research, development, and implementation.
 - B.10 Review draft and final rules from the Department of Health and Human Services, Centers for Medicare and Medicaid Services, legislation, and changes in the benefit and insurance industries. Summarize key compliance implications and collaborate with program managers to determine impact on plan administration or design.
 - B.11 In coordination with the Director, develop fiscal notes for proposed legislation or administrative rules which affect health insurance programs, including evaluation of compliance costs or operational impact.
- 10% Goal C: Development, review, and updating of benefit compliance related information (print, online, and e-learning) for members, employers, beneficiaries, and vendors

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- C.1 Make presentations before members, ETF staff, and/or employer groups, such as ETF Update meetings, on matters of benefit plan compliance and operations.
- C.2 Develop employer bulletins, mass communication (red envelopes, gov delivery, etc.) and internal materials related to compliance matters; assist in the preparation of manuals and newsletters to ensure ETF staff, members and employers are informed of changes that affect plan administration or regulatory responsibilities.
- C.3 Work collaboratively with Department's communications and employer services work units to ensure that compliance related benefit changes are clearly communicated, and appropriate training materials are developed.

10% Goal D: Development and presentation of information and recommendations to the GIB.

- D.1 Attend GIB meetings as a staff resource, including appropriate subcommittee meetings.
- D.2 Prepare and present material to the GIB as assigned.
- D.3 Develop and implement GIB directed policy and procedural changes when those changes involve compliance with applicable laws, regulations, or contractual requirements.
- D.4 Serve as a liaison to various parties, governing Boards, etc. as appropriate and as assigned.

KNOWLEDGE, SKILLS, AND ABILITIES

1. Knowledge of policy development principles.

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- 2. Extensive knowledge of state and federal laws, rules and regulations governing health insurance programs, including compliance and reporting requirements.
- 3. Extensive knowledge of philosophy, principles, and practices of health insurance benefit programs.
- 4. Knowledge of state and federal programs, policies, and procedures that impact health insurance benefit programs.
- 5. Knowledge of research methods and analysis techniques.
- 6. Knowledge of information systems and data processing.
- 7. Skill in oral and written communication.
- 8. Skill in establishing and maintaining effective contact and communication with various interest groups.
- 9. Knowledge of contract development, administration and performance evaluation methods and techniques.
- 10. Knowledge of budget and fiscal note preparation, and administrative rule promulgation procedures and techniques.
- 11. Knowledge of and ability to interpret and analyze statistical data and information.
- 12. Ability to prepare quantitative reports, including creating and constructing graphs, charts, and tables.
- 13. Knowledge of methods to effectively display data for use by others in making management decisions.
- 14. Ability to use personal computer-based software systems (e.g., Microsoft Windows applications such as Word, Excel, Access, etc.).
- 15. Ability to understand and comply with all ETF and enterprise security standards, policies, processes, and procedures.
- 16. Ability to interpret and apply federal and state compliance requirements related to health benefit administration, including MHPAEA, transparency laws, and IRS cafeteria plan rules, and future regulatory developments.
- 17. Ability to coordinate with internal and external partners to monitor and support vendor compliance, reporting obligations, and corrective actions.