

OFFICE OF FINANCIAL AND INSURANCE REGULATION JOB VACANCY NOTICE

CLASS/LEVEL: Executive Secretary E10
DIVISION/SECTION: Health Plans Division
DEADLINE TO RESPOND: 10-13-08

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 INTERESTED APPLICANTS SHOULD SUBMIT A RESUME, COVER LETTER AND CIVIL SERVICE ADMINISTRATIVE SUPPORT APPLICATION (5030) TO DLEG, OFFICE OF FINANCIAL AND INSURANCE REGULATION, HUMAN RESOURCES/BUDGET DIVISION/OFIR 08-59, P.O. BOX 30220, LANSING, MICHIGAN 48909 OR FAX TO (517) 335-1450 BY THE DEADLINE DATE.

|                         |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| COUNTY/LOCATION         | Ingham/Lansing                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |
| PAY RANGE               | \$17.14-\$23.00/hour                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                 |
| DESCRIPTION OF POSITION | Provide executive secretarial support to the deputy commissioner and other staff members of the Health Plans Division, who are responsible for administering analysis of and action on filings of benefit documents, premium rates, provider contracts and licensure applications from various managed care plans, Benefit Inquiry, PRIRA, Timely Claims, Blue Cross and health and life insurance companies. |                                                                                                                                 |
| EDUCATION               | High school graduate or equivalent knowledge and skills.                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 |
| EXPERIENCE              | Two years of office experience involving secretarial experience practices equivalent to the Secretary E8 or one year equivalent to the Secretary 9.                                                                                                                                                                                                                                                           |                                                                                                                                 |
| SPECIAL REQUIREMENTS    |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 |
| RESPOND TO              | Posting No.:                                                                                                                                                                                                                                                                                                                                                                                                  | OFIR 08-59                                                                                                                      |
|                         | Address:                                                                                                                                                                                                                                                                                                                                                                                                      | DLEG, Office of Financial & Insurance Regulation, Human Resources/Budget Division/OFIR08-59, P. O. Box 30220, Lansing, MI 48909 |
|                         | E-Mail Address:                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 |
|                         | Fax:                                                                                                                                                                                                                                                                                                                                                                                                          | (517) 335-1450                                                                                                                  |

The State of Michigan is an Equal Opportunity Employer  
 Civil Service Rule 1-7 states: All persons offered employment in the classified service are required to submit to and pass a pre-employment drug test as a condition of employment

**This is an announcement of a position vacancy and does not constitute an offer of employment.**

|                                        |
|----------------------------------------|
| <b>1. Position Code</b><br>EXCSECED08N |
|----------------------------------------|

**State of Michigan**  
**Department of Civil Service**  
 Capitol Commons Center, P.O. Box 30002  
 Lansing, MI 48909

Federal privacy laws and/or state confidentiality requirements protect a portion of this information.

**POSITION DESCRIPTION**

This form is to be completed by the person that occupies the position being described and reviewed by the supervisor and appointing authority to ensure its accuracy. It is important that each of the parties sign and date the form. If the position is vacant, the supervisor and appointing authority should complete the form.

This form will serve as the official classification document of record for this position. Please take the time to complete this form as accurately as you can since the information in this form is used to determine the proper classification of the position. **THE SUPERVISOR AND/OR APPOINTING AUTHORITY SHOULD COMPLETE THIS PAGE.**

|                                                                                                                  |                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Employee's Name (Last, First, M.I.)</b>                                                                    | <b>8. Department/Agency</b><br>LABOR & ECONOMIC GROWTH                                                                        |
| <b>3. Employee Identification Number</b>                                                                         | <b>9. Bureau (Institution, Board, or Commission)</b><br>OFFICE OF FINANCIAL AND INSURANCE REGULATION                          |
| <b>4. Civil Service Classification of Position</b><br><br>EXECUTIVE SECRETARY E10                                | <b>10. Division</b><br>HEALTH PLANS DIVISION                                                                                  |
| <b>5. Working Title of Position (What the agency titles the position)</b><br><br>EXECUTIVE SECRETARY             | <b>11. Section</b>                                                                                                            |
| <b>6. Name and Classification of Direct Supervisor</b><br>JOAN MOILES, STATE DIVISION ADMINISTRATOR 17           | <b>12. Unit</b>                                                                                                               |
| <b>7. Name and Classification of Next Higher Level Supervisor</b><br>STEVE HILKER, STATE BUREAU ADMINISTRATOR 18 | <b>13. Work Location (City and Address)/Hours of Work</b><br>611 W. OTTAWA, LANSING<br>8:00 A.M. - 5:00 P.M., MONDAY - FRIDAY |

**14. General Summary of Function/Purpose of Position**

Provide executive secretarial support to the deputy commissioner and other staff members of the Health Plans Division, who are responsible for administering analysis of and action on filings of benefit documents, premium rates, provider contracts and licensure applications from various managed care plans, Benefit Inquiry, PRIRA, Timely Claims, Blue Cross and health and life insurance companies.

**For Civil Service Use Only**



Duty 3

**General Summary of Duty 3**

**% of Time** 20

Administrative Support for Commercial Insurance Carriers

**Individual tasks related to the duty.**

- Log mail in the OFIS database system, and distribute to analyst.
- Stamp all filings that are exempt from filing and return to company.
- Stamp long-term care advertising and stop loss filings as "deemed without review" and return to company.
- Designated as recipient for Life and Health filings received via State Electronic Rate Form Filing (SERFF) system.
- Maintain all company files as well as files for various reports required by statute.

Duty 4

**General Summary of Duty 4**

**% of Time** 10

Provide back-up administrative support

**Individual tasks related to the duty.**

- Coordinates supply orders for division.
- Assist with the Benefit Inquiry process.
- Distribute e-mail inquiries received through the OFIS website.
- Other duties as assigned.

Duty 5

**General Summary of Duty 5**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

- 

Duty 6

**General Summary of Duty 6**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

-

Duty 1

**General Summary of Duty 1**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

- Organizes and schedules meetings and conferences.
- Assists in collecting materials for meetings, conferences, speeches, etc.
- Operates computer equipment/software.
- Sorts and distributes division mail and maintains log.
- Prepares time and attendance reports.
- Assists deputy commissioner on special projects as assigned.
- Prepares documents for permanent storage at records center.
- Assist with the PRIRA appeal process.
- Schedules and responds to FOIA requests and assures statutory timeframes are met.
- Maintain and disseminate lists, forms and statutes by fax, e-mail or mail, when requested..

Duty \_\_\_\_\_

**General Summary of Duty**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

-

16. Describe the types of decisions you make independently in your position and tell who and/or what is affected by those decisions. Use additional sheets, if necessary.

Decisions on priority of incoming correspondence, telephone calls/inquiries and adjustments to work flow to meet deadlines that affect meeting daily objectives.

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

Decisions not covered by the supervisor's directive and/or agency policies or guidelines. Examples would include changes to computer software/programs that may affect stored data and/or reports that are routinely generated or revisions to work processes or procedures.

18. What kind of physical effort do you use in your position? What environmental conditions are you physically exposed to in your position? Indicate the amount of time and intensity of each activity and condition. Refer to instructions on page 2.

Position duties and tasks are performed in a traditional office environment which includes considerable sitting, occasional standing, limited lifting, considerable microcomputer usage and normal office routines. Some travel may be involved.

19. List the names and classification titles of classified employees whom you immediately supervise or oversee on a full-time, on-going basis. (If more than 10, list only classification titles and the number of employees in each classification.)

| <u>NAME</u> | <u>CLASS TITLE</u> | <u>NAME</u> | <u>CLASS TITLE</u> |
|-------------|--------------------|-------------|--------------------|
|             |                    |             |                    |

20. My responsibility for the above-listed employees includes the following (check as many as apply):

- |                                                             |                                                            |
|-------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Complete and sign service ratings. | <input type="checkbox"/> Assign work.                      |
| <input type="checkbox"/> Provide formal written counseling. | <input type="checkbox"/> Approve work.                     |
| <input type="checkbox"/> Approve leave requests.            | <input type="checkbox"/> Review work.                      |
| <input type="checkbox"/> Approve time and attendance.       | <input type="checkbox"/> Provide guidance on work methods. |
| <input type="checkbox"/> Orally reprimand.                  | <input type="checkbox"/> Train employees in the work.      |

21. I certify that the above answers are my own and are accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: Make a copy of this form for your records.**

**TO BE COMPLETED BY DIRECT SUPERVISOR**

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

I agree.

**23. What are the essential duties of this position?**

To provide executive secretarial support and administrative assistance to the deputy commissioner and division staff of the Health Plans Division which requires considerable knowledge of the supervisor's viewpoint and agency operating policies/procedures in order to coordinate activities, communications and schedules on behalf of the supervisor. Employee in this position must be proficient in the agency's database system, telephone and written communications, maintain division files and serves as liaison between supervisor and staff.

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

Duties with regard to HMO form filings have been transferred to another division. However, this position now has administrative responsibilities with regards to filings for long-term care and Medicare Supplemental benefit plans as well as filings from life and health insurance companies.

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

This work area is responsible for reviewing and analyzing health benefit certificate filings, grievance procedures filings, rate system filings, provider contract filings, licensure applications and licensure applications made by various entities, including health and life insurance companies, nonprofit health care corporations (Blue Cross), nonprofit dental care corporations, health maintenance organizations, alternative financing and delivery systems and multiple employer welfare arrangements. This work area also responds to inquiries from the public and other agencies about the benefits, marketing materials, grievance procedures and premium rates filed by the entities and monitors the compliance of these entities with relevant statutes and administrative rules that relate to the pricing and marketing of health benefits. This position serves as executive secretary to the deputy commissioner of the Health Plans Division.

26. In your opinion, what are the minimum education and experience qualifications needed to perform the essential functions of this position.

**EDUCATION:**

High school graduate or equivalent knowledge and skills.

**EXPERIENCE:**

Two years of office experience involving secretarial experience practices equivalent to the Secretary E8 or one year equivalent to the Secretary 9.

**KNOWLEDGE, SKILLS, AND ABILITIES:**

- Ability to communicate information clearly and accurately either orally or in writing.
- Knowledge of agency operation objectives.
- Ability to work well with others.
- Employee functions with a high degree of independence and must be able to exercise considerable tact and diplomacy when dealing with financial services entities, attorneys, legislators, other state agencies and OFIS management.

**CERTIFICATES, LICENSES, REGISTRATIONS:**

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

27. 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's Signature

\_\_\_\_\_  
Date

**TO BE FILLED OUT BY APPOINTING AUTHORITY**

28. Indicate any exceptions or additions to the statements of the employee(s) or supervisor.

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

\_\_\_\_\_  
Appointing Authority's Signature

\_\_\_\_\_  
Date