



8. Identifies opportunities to expand access to cost effective healthcare options and reduce reliance on high-cost providers.
9. Ensures compliance with applicable federal, state, and local regulations.

### **Coordination**

10. Identifies and establishes partnerships to support strategies to reduce healthcare costs, including with local healthcare providers, third-party administrators, nonprofits, community-based organizations and other similar entities.
11. Coordinates access to community-based services such as mental health support, chronic disease management, and preventative care programs.
12. Promotes alternative options that reduce reliance on high-cost services, such as the utilization of urgent care instead of emergency room usage.
13. Serves as a liaison between employees, providers, and community resources.

### **Employee Engagement and Education**

14. Educates employees about benefits, cost saving options, and available community resources.
15. Conducts workshops, seminars, and outreach campaigns to encourage informed healthcare decisions.
16. Provides guidance to employees on navigating health care options including promoting use of high-value services.

### **Data and Reporting**

17. Analyzes data and develops reports. Tracks key performance indicators related to healthcare costs and outcomes.
18. Tracks and evaluate the effectiveness of cost-containment initiatives.
19. Ensures data integrity and confidentiality.
20. Tracks ROI of cost containment resulting from initiatives.
21. Develops models of the potential financial impact of proposed strategies.

### **ADDITIONAL WORK PERFORMED:**

1. Performs other related duties of a similar nature or level.

### **PERFORMANCE REQUIREMENTS (Knowledge, Skills, and Abilities):**

Knowledge of:

- Healthcare systems, insurance structures, and cost drivers.

- The roles of third-party administrators, pharmacy benefits managers, benefits consultants and other key roles in self-insured plan administration.
- General knowledge of community health resources and population health strategies.
- Health plan design, benefit structures, pharmacy benefit management and cost-containment strategies.
- Federal, state and local laws, regulations and compliance requirements governing benefits programs, including HIPAA, ACA, COBRA and related regulations.
- Program evaluation methodologies and performance measurement techniques.
- Community health resources, preventative care programs, behavioral health services and healthcare navigation resources.
- Research methods and statistical techniques used in program assessment and strategic planning.

Skill in:

- Strong analytical and problem-solving skills with the ability to interpret complex data.
- Excellent communication and engagement skills.
- Developing cost projections and business cases to support decision-making.
- Preparing clear, concise and comprehensive reports, presentations and recommendations for leadership.
- Conducting outreach, educational workshops and employee engagement activities.

Ability to:

- Manage multiple projects and work collaboratively.
- Develop and maintain productive working relationships with employees, vendors, healthcare providers and community organizations.
- Educate employees on available resources and cost-effective healthcare options.
- Conduct independent research, analyze findings and formulate sound recommendations.
- Exercise sound judgment, initiative, discretion and strategic thinking in addressing complex issues.
- Monitor program outcomes, measure performance and make data-driven recommendations for continuous improvement.
- Ability and willingness to demonstrate the Public Service Competencies of Service Orientation, Results Orientation, and Teamwork and Cooperation.
- Maintain consistent and punctual attendance.
- Physical ability to perform essential functions of the job including:
  - Operate a computer and other office equipment such as a keyboard, mouse, phone and fax machine;
  - Remain stationary for long periods of time;
  - Frequently communicate accurate information and ideas with others;
  - Move between work sites;
  - Occasionally transport items weighing up to 25 lbs.

**WORKING ENVIRONMENT:**

Work is primarily performed in a standard office setting subject to frequent interruptions and includes remaining stationary for extended periods of time. The work requires occasional off-site meetings. There will be occasional overnight travel to conferences and training sessions. This is a sedentary position with minimal physical exertion requirements.

**EXPERIENCE AND TRAINING REQUIREMENTS:**

- Bachelor's degree in public health, health administration, business administration or related field.
- Four years of work experience in healthcare analytics and employee benefits management.
- Demonstrated work experience in analysis of healthcare claims data and benefits design.
- Experience with municipal or public sector benefits administration preferred.
- Background in population health or wellness program design preferred.
- An equivalent combination of education and experience sufficient to provide the applicant with the knowledge, skills and abilities to successfully perform the essential functions of the position will be considered.

**NECESSARY SPECIAL REQUIREMENT:**

- Employment contingent on passing a criminal background check.
- Ability to work a flexible schedule with occasional evening or weekend work to attend meetings.
- Work is performed primarily in-person. This position may be eligible for a hybrid work arrangement of up to two days per week after satisfying an initial training and orientation period.

**PREPARED BY:** D. Danner  
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6/2026

**REVIEWED BY:** \_\_\_\_\_  
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