



JOB DESCRIPTION

JOB TITLE: Executive Vice President
Primary Care Health Network
(PCHN) **STATUS:** Exempt Full-Time

REPORTS TO: Chief Executive Officer

DIRECT REPORTS: Medical Director, Quality staff, Data Analytics staff

This job description is intended to be a general statement about this job and is not to be considered a detailed assignment. It may be modified to meet the needs of the organization.

JOB SUMMARY

The Executive Vice President (EVP) of the Primary Care Health Network will serve as the visionary leader, strategic driver and principal communicator of the network and will play a key role in developing and implementing the network's business goals, strategies and tactics. He/she will be a strong leader capable of engaging strategically with key partners, building robust relationships with participating providers, managing day-to-day network operations and delivering operational excellence. He/she will work collaboratively with CCC leadership team to achieve enterprise-wide goals and objectives.

With the CEO, the Executive Vice President (EVP) will be responsible for working with the governing board and the nominating, clinical and finance committee chairs and members, and managing the development and implementation of policies, procedures, practices and operating standards. The EVP will provide consultation and oversight of the networks' managed care contracting business including utilization review of in-patient and out-patient services, compliance with the clinical aspects of the network's and the health plans' delegated activities, and maintenance of a robust specialty care network.

The EVP will provide oversight of MSO functions (insourced and outsourced) including: provider relations and credentialing, population health and disease management, utilization review and management, matrixed care management, quality improvement, managed care risk-based capitated contracting, claims processing, and customer service as members and regulatory agencies require and as health plan and payer contracts stipulate.

The EVP will be responsible for the network's HIT systems and data informatics requirements, including data aggregation, analysis, reporting, and decision support recommendations to governance and care management teams.

ESSENTIAL JOB FUNCTIONS

- Must possess exceptional leadership skills, including strategic planning, governance development, critical thinking, deductive reasoning and decision making to facilitate communication and change management initiatives and guarantee success.
- Experience in negotiations with health plans, provider networks and payers.
- Must possess excellent development and innovation skills including in the areas of new protocols, policies and procedures for the network's formation and successful development.
- Experience in monitoring and improving the cost effectiveness and quality of services to participants.
- Knowledge of the methodologies for distributing network gains to participating members.
- Exceptionally effective oral and written communication and customer service skills.
- Ability to work collaboratively with diverse individuals and situations, and the possession of strong problem solving and conflict resolution skills.
- Ability to effectively execute multiple priorities to achieve operational excellence.
- Ability to effectively supervise others, including evaluating, developing and mentoring teams and subordinates.
- Knowledge of federal, state and other applicable laws and regulatory standards for clinical practice.
- Experience dealing with underserved populations with cultural competency.
- Subject matter expert in HIT systems including data aggregation tools and MS Office suite.

QUALIFICATIONS

Skills

- In partnership with the board, committee chairs and members, oversees the adoption of quality improvement, clinical integration and performance excellence strategies.
- Manages the staff functions and informational requirements of the board and committees.
- Is responsible for the development of and adherence to budget and staffing plans and assuring the adequate allocation of resources.
- Ensures network adequacy by managing and negotiating all provider, health plan and payer contracts including oversight of the contract negotiation process.
- Develops and promotes the appropriate utilization of programs to promote positive health outcomes through population health and disease management interventions, and manages complex and/or catastrophic cases, when necessary.
- Is responsible and accountable for the development and implementation of the clinical integration, utilization review and management, quality improvement and HIT programs.
- Assesses utilization trends and the adequacy of information provided to committees and assists in the development of revised data metrics and dashboards, as indicated.
- Provides leadership and direction to the care management teams regarding quality improvement and population health management.
- Coordinates with legal counsel to define appropriate participation agreements and other legal contracts to bind participating providers to terms of the clinical integration plan.
- Optimizes provider network development and new market expansion as dictated by the strategic plan and emerging market conditions.
- Represent the network with external partners.

Education/Experience

A Master's Degree (MBA, MPH) is required. Previous IPA/PHO experience is preferred including experience with health care reform and the ACA, as well demonstrated success in capitated, value-driver contracting environments. Minimum of 10 years of progressive executive level leadership experience in a managed care environment. Experience with provider relations and credentialing, population health and disease management, utilization review and management, matrixed care management and quality improvement, managed care risk-based capitated contracting, claims processing, and customer service is highly desirable.

PHYSICAL REQUIREMENTS

- Ability to sit or stand for long periods of time
- Ability to reach, bend and stoop
- Physical ability to lift and carry up to 20 lbs.

HIPAA/COMPLIANCE

- Maintain privacy of all patient, employee and volunteer information and access such information only on as need to know basis for business purposes.
- Comply with all regulations regarding corporate integrity and security obligations. Report Unethical, fraudulent or unlawful behavior or activity.

I acknowledge that I have read and understand this job description. My signature below certifies that I am able to perform the essential duties and responsibilities of this position. I have also discussed any accommodations that I feel I might need to allow me to perform these essential functions. Additionally, I agree to abide by the policies and procedures established by the Council of Community Clinics.

Signature

Date

Employee Name (please print)