



**HEALTH CENTER
PARTNERS**
of Southern California

A Family of Companies



JOB DESCRIPTION

JOB TITLE: Director of Managed Care Operations
Integrated Health Partners
STATUS: Exempt Full-Time

REPORTS TO: Executive Vice President, Integrated Health Partners

DIRECT REPORTS: None

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 Director of Managed Care Operations is responsible for directing day to day operations and informing the EVP regarding business decisions and their impact on operational efficiencies and performance. The Director will be instrumental in developing and refining the operations of Integrated Health Partners, as the organization matures. Tasks include developing consistent means of interfacing with the MSO regarding health center needs and health plan issues. The Director will also work closely with the MSO to implement a variety of contracts including general business, provider and managed care contracting strategies as well as monitoring and evaluating contract performance. Identification of opportunities for contract improvement is a key responsibility. In conjunction with the EVP, the CMO and VP, Clinical Transformation and Informatics, the Director will support the development and operations of the clinically integrated network (CIN), including but not limited to credentialing, network development, physician contracting, member services, payer relations and informatics whether provided centrally or through an MSO. The Director will also support the overall growth strategy which includes supporting the existing network, and identification of future participants and markets, as part of the CIN’s Medi-Cal, Medicare and Commercial payer strategy. In addition, the Director will support the transition of the CIN into a financially integrated network assuming value-based agreements with downside risk. The Director will serve as the inhouse expert and resource to Integrated Health Partners and member health centers on federal, state, and local managed care reimbursement methodologies for government insured health access programs.

ESSENTIAL JOB FUNCTIONS

Strategic Leadership

- Work closely with the IHP Leadership Team to develop and implement strategic/business plans for Integrated Health Partners.
- Support the overall strategic direction of IHP in working with member health centers and the MSO.
- Maintain key contacts and develop strategic links with integrated delivery systems, health plans, governmental entities, public/private payors, and other federal, state and local medical managed care organizations.

Operational Leadership

- Contribute to achieving organizational and member health center goals by researching industry standards, identifying benchmark measures and using effective decision support analysis techniques to identify and work with IHP staff to resolve process and performance gaps, evaluate options, resolve process conflicts, ensure implementation of new business processes, and prepare cost/benefit and risk analysis to meet the needs of the business customer.
- Development of operational policies, workflows and protocols for the efficient operation of IHP and the CIN.
- Coordinate development of IHP annual work plan and the supporting annual IHP budget.
- Review all contract language for operational issues.
- Manage the support services agreements that may be entered into with other organizations.
- Work closely with the member health centers and their providers on provider enrollment, member enrollment and assignments, contracting, operations, utilization, referral patterns/leakage and quality goals and objectives.
- Identify opportunities for how IHP can deliver value-added centralized services to member health centers and plan, budget and implement new programs.

Board and Committee Participation.

- Working with the chair, staff the IHP Operations Committee meeting and inform other IHP Committees on operational issues.
- Prepare and support the Operations Committee Chair in making reports to the IHP Board of Managers.
- Oversee with all MSO reporting for the IHP Committees and Board of Managers, including timeliness.

MSO Relationship/Contract Oversight

- Serve as a key liaison with the MSO to provide satisfactory service levels from the MSO to IHP and member health centers. Identify opportunities to improve performance, as applicable.
- Take lead in MSO contract negotiations and ensure compliance with contract terms.
- Ensure member health centers and the MSO are compliant with NCQA/JCAHO credentialing policy and procedures and related delegation functions to include annual and monthly oversight responsibilities.
- Responsible for reports development with the MSO and benchmarking to ensure targets and goals are being met, including satisfactory completion of patient satisfaction surveys and access audits.
- Take lead in annual MSO performance evaluation process, as well as providing useful adhoc feedback.

Market Research, Policy, and Education

- Responsible for monitoring health care policy and its impact on health center operations. Participate in debate, dialogue and advocacy efforts, as appropriate.
- Continuously assess the impact of emerging trends on IHP, and proactively initiate strategies to effectively position Integrated Health Partners.
- Participate in managed care education sessions and reach out to other organizations to learn best practices, lessons learned. Apply lessons learned to CIN program development. Follow trade journals and other sources of information about clinically and financially integrated Federally Qualified Health Center (FQHCs)/Community Health Center networks.
- Maintain knowledge of market intelligence supporting effective payor/provider partnerships that will enable HCP and IHP to best serve our member health centers.
- Track CIN competition in the state and nationally, benchmark financial and quality performance.

Clinical Informatics and Technology

- Participate in the review and approval of decision support system and health center dashboards.

- Lead effort to develop and implement a database for market intelligence data, market/payor/provider contacts, contract management, and a CRM for provider network management capable of tracking trends, problem resolution, meeting performance standards and establishing contract value.

Contract Implementation and Management

- Develop/manage workplans to ensure smooth implementation of new or expanded health plan contracts and new or expanded provider partnerships.
- Develop and maintain effective operational systems to file, track, and monitor contracts and associated regulatory requirements and submissions.
- Assist in evaluating potential contracts for financial viability and strategic importance while working to enhance membership/patient volume and optimize payor mix for member health centers.
- Develop management dashboard reports and/or programs to optimize the opportunities to enhance system performance under the risk based contracts.
- Monitor performance under existing contracts and risk sharing arrangements to identify opportunities for improvement in financial and clinical performance. Work with IHP staff, member health centers, MSO leadership and provider partners to implement improvements.

Payor/Provider Partnerships and Network Development

- Work with HCP CEO, IHP EVP/staff and clinic leadership to identify, develop and implement strategic partnerships and affiliations with integrated delivery systems, hospitals, health plans, the County of San Diego Health and Human Services Agency and other health care stakeholders as appropriate.
- Support negotiation of service, affiliation or participation agreements with provider partners.
- Ensure development of appropriate agreements and collection of executed agreements, in some cases working with MSO.
- Support the negotiation, evaluation and documentation of contractual arrangements with the payer community.
- Support IHP expansion into Inland Empire and other counties, as applicable. Attend meetings as necessary.

Communications

- Maintain strong working relationships with Health Center Partners leadership and peers to foster the achievement of the overall Health Center Partners business goals.
- Employ appropriate and effective group process skills to facilitate consensus building to maximize Network decision-making as needed to move IHP initiatives forward.
- Prepare monthly and other ad-hoc presentations to senior leadership and constituents in support of strategic goals and initiatives (e.g., management, committee and board reports/presentations)
- Develop general IHP orientation and training materials and updates for IHP employees, IHP Board of Managers, member health centers, and other future IHP participants (i.e., specialty and hospital providers).
- Re-design, develop and continuously utilize the IHP website as an effective communication tool for internal and external audiences; develop meaningful content for CIN member health centers and other participants.
- Study and understand Medi-Cal, MSSP and Medicare rules and regulations; track new proposed regulations and prepare comments as requested; communicate new and proposed regulations internally to IHP staff, IHP Board of Managers, IHP Committees and IHP member health centers and other participants

Community Partnerships

- Participate in initiatives and programs with the National Association of Community Health Centers, California Primary Care Association and other local/state healthcare associations. Educate policy makers and elected officials regarding managed care in the health center environment.

Personnel Leadership

- Provide a supportive and empowered work environment where all IHP work teams can continue to work independently on problem solutions and enhance their visibility in the health community.
- Act as effective team leader and team member.

Other Duties.

- Participate in and support other cross-functional initiatives as required.
- Other duties, as assigned.

QUALIFICATIONS

Skills

Demonstrated professionalism in a senior leadership position, as well as strong written and oral communication skills, with demonstrated negotiation and collaboration skills. Must be able to interact professionally and confidently with others both internal and external to the organization. Must work effectively under pressure, meet deadlines, and handle many tasks concurrently. Must have excellent organizational, leadership and administrative skills. Attention to detail, as well as an ability to think strategically is critical. Working knowledge of relevant software and computer systems is required. Advanced analytical skills and financial skills in order to organize, plan and coordinate operational activities and participate in development of long-range plans for the network. Must be able to think creatively to solve problems, providing leadership and oversight on financial and contracting issues. Possess creative thinking skills to develop timely solutions in a medical community. Exceptional interpersonal and relationship management skills in order to influence results and manage relationships with leadership, clinicians and staff of constituents and partners. Must be comfortable in role as a change agent. Have a working understanding of the vision and strategies of Population Health under clinical and financial integration with a passion for creative efforts to partner and become more accountable for better care, better patient/provider experiences and lower health care costs for the populations the CIN services – the Quadruple Aim. Understand NCQA/JCAHO credentialing policy and the components and responsibilities related to credentialing delegation. Understand managed care contracts and federal, state and local managed care reimbursement methodologies for Medi-Cal and Medicare populations to provider networks and member health centers. Must also be prepared to travel, mostly within the state of California.

Education/Experience

Bachelor’s degree required, graduate degree in Business, Finance, or Healthcare Administration preferred. At least 10 years’ health care operational and analytical experience, preferably in provider network management, managed care contract management, or health plan/provider network operations management. Must be able to comprehend managed care requirements and processes and translate it into the health center environment. Must have in-depth knowledge of database, spreadsheet and word processing software. Must have a working knowledge of health center operations and health care delivery, particularly for Medi-Cal. Experience with Federally Qualified Health Centers a plus. Ability to perform advanced level of problem-solving and communicate findings effectively across organizations. Experience with and understanding of health care reimbursement methods, health care payment reform both locally and nationally. Knowledge of the various stakeholders in the service area or state health care landscape preferred.

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 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 Health Center Partners.

Signature

Date

Employee Name (please print)