

JOB SUMMARY

The Vice President, Operations is responsible for the overall operational performance of the clinically integrated network. This position will oversee the Operations team led by the Director of Operations, Coding Manager, and the vended service agreements for the Management Service Organization (MSO). The VP, at the direction of the CMO and in partnership with the Operations Committee Chair and Vice Chair, is accountable for strategic planning and execution of network operations utilizing best practice methodologies in accordance with committee actions, payer policies, and network strategies progressing to a value-based environment. This position partners with the MSO to ensure accountability of contractual responsibilities and deliverables to the network and health centers. The VP will work closely with the MSO to develop process and work with IHP staff to implement provider and managed care contracting strategies including monitoring and evaluating contract performance. The VP will oversee the Director of Operations and Coding Manager and will develop staff and operational support strategies and implementation plans to further network development. The VP, Operations will be a 'working VP' and will work hand and hand with the entire network team, health center teams, and MSO teams to support operational activities. Examples of operational processes at the network level include but are not limited to:

- Network Governance & Business Operations
- Network Practice Liaison & Project Management
- Managed Care Contract Negotiation, Review, Implementation & Maximization
- Centralized Coding & Education
- Network Growth & APM Strategy

ESSENTIAL JOB FUNCTIONS

Strategic Leadership

- Lead the Operations team, at the direction of the CMO, as the network progresses to a risk-based payment environment.
- Work closely with the Director of Operations, Coding Manager, IHP Leadership Team, and MSO team to develop and implement strategic/business plans for Integrated Health Partners.
- Partner to develop and 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.
- Oversight/approval of operational policies, workflows and protocols for the efficient operation of the CIN as presented by the Director of Operations.

- Ensure accountability of the MSO operations on performance of all contracted functions inclusive of provider enrollment, member enrollment and assignments, contracting, operations, utilization, referral patterns/leakage and quality goals and objectives, etc.
- Identify opportunities to deliver value-added centralized services to member health centers and plan, budget and implement new programs.
- 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).

Board and Committee Participation

- Work with the Chairs and Vice Chairs of IHP Committees and Workgroups to ensure successful governance, ongoing process improvement & action recommendations, and strong communication channels among all governance bodies and health centers.
- Provide direction to the Director of Operations and Coding Manager pertaining to governance committee/workgroup expectations and performance to ensure effectiveness and action.
- Partner with the MSO to plan monthly presentations to all Committees and the Board of Managers.

MSO Relationship/Contract Oversight

- Partner with MSO executive leadership on continuous process improvement efforts.
- Ensure MSO is accountable to designated tasks and deliverables as outlined with specific metric performance and workflows.
- Partner with the Director of Operations and Coding Manager to 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.
- Develop analysis of MSO performance and report to executive leadership.

Market Research, Policy, and Education

- 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.
- 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
- Maintain knowledge of market intelligence supporting effective payor/provider partnerships that will enable HCP and IHP to best serve our member health centers.

Contract Implementation and Management

- Review all proposed managed care proposed contracts and amendments, presented by the MSO, to ensure network strategy alignment and financial sustainability of the terms. Provide feedback to the MSO for negotiations.
- Partner with MSO to develop/manage workplans to ensure smooth implementation of new or expanded health plan contracts and new or expanded provider partnerships.

- Work with CFO and MSO to evaluate potential contracts for financial viability and strategic importance while working to enhance membership/patient volume and optimize payor mix for member health centers.

Network Development

- Partner with the MSO to ensure a high-value specialty care network aligned with the vision of value-based payment reform.
- Work with the executive team to actively pursue network growth & development based on market changes or needs.

Communications

- Provide strategic and positive leadership to the Operations team and peer teams to educate and empower the IHP teams for successful operations.
- Maintain strong working relationships with Health Center Partners leadership and peers to foster the achievement of the overall 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).

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.

Personnel Leadership

- Provide supervision for the Director of Operations and the Coding Manager to ensure successful network operations.
- 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 successful experience and professionalism in a senior operations leadership position, preferably in a Network, ACO or IPA organization and 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. Must be able to think critically and strategically to contribute to strategy development, long -range planning and execution to

move the network into risk contracts. This position requires effective communication, both written and oral, and 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 able to interact professionally and confidently with others both internal and external to the organization and be able to move others to consensus. Must work effectively under pressure, meet deadlines, and handle many tasks concurrently. Advanced knowledge of Microsoft Office suite is required. Must have advanced analytical skills and financial skills in order to develop and implement operational activities and manage a budget. Must have demonstrated problem solving skills. Must be comfortable in role as a change agent. Must 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 and applicable credentialing policies, components, and responsibilities related to credentialing delegation. Understand. Must also be prepared to travel, mostly within the state of California.

Education/Experience

Master's degree in Business, Finance, Health Care Administration or another related field is required. 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. Experience with Federally Qualified Health Centers a plus.

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.