JOB DESCRIPTION

JOB TITLE:	Manager of Coding and Quality Measures	**STATUS:**	Exempt, Full Time
REPORTS TO:	Medical Director		
DIRECT REPORTS:	Quality Improvement Liaisons, Patient Navigators, Coding Coordinators		

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

Under the direction of the Executive Vice President and Medical Director, the position is responsible for leading the clinical quality improvement and coding and documentation efforts of the network to include the Quality Improvement team, Care Management/Patient Navigation team, and the Coding and Documentation Integrity team. The position is responsible for developing a vision and executable plan to attain high quality performance for the clinically integrated network through partnership with the FQHC members, health plans, and vendor partners. The successful candidate will hold credentials in the nursing field, have 5+ years of quality and/or coding experience, and possess a deep understanding of HEDIS, primary care, coding compliance, Hierarchical Condition Categories (HCCs), and value-based care methods.

ESSENTIAL JOB FUNCTIONS

Clinical Quality Performance Improvement

- Develop the Quality Improvement Liaison team to become health center focused performance improvement leads to actively work with health center quality and clinical teams to identify areas of improvement opportunities, implement clinical best practices, and educate clinicians or staff of performance improvement needs or expectations.
- Reviews payer and Arcadia quality performance reports to identify quality metrics not achieving performance thresholds and identifies clinical action plans to address gaps in care, access, or quality outcome issues.

- Works with clinicians and key stakeholders to develop, maintain and monitor the implementation of the ***Clinical Quality Performance Improvement Program*** and all day-to-day performance improvement activities related to Integrated Health Partners' programs and services. Identifies inadequacies in the delivery of care and works across all levels of the organization to implement corrective actions.

- Develop a Clinical Committee Annual Workplan with prioritized network quality and outcome metrics to align QPI efforts.

- Finalize the development of the IHP network clinical performance annual report to highlight performance, identify opportunities for future year improvements, and educate the community on network performance.

- Co-lead the Clinical Committee alongside the Chair, Vice Chair, and Vice President of Population Health Management.

- Apply and teach clinical techniques for quality improvement, outcomes measurement and statistical analysis to advance quality and improve health equity of communities.

- Provide project management and team facilitation support to operational, quality and/or performance improvement teams, as needed to implement key performance improvement projects.

- Serves as key liaison with IHP contracted health plans to review and disseminate HEDIS and Gap in Care information and manage the implementation of payer quality programs or incentive opportunities. Identifies discrepancies in plan reports and works to remediate identified discrepancies and works with IHP leadership to resolve issues. Develops reports based upon findings from occurrence monitoring and assists with staff education related to same.

- Partner with the Management Services Organization (MSO) to maximize quality improvement efforts and identify clinical variations in network performance in both risk and non-risk contract environments.

Utilization Management

- Partner with the Management Services Organization (MSO), as the primary owner of UM, to perform utilization management reviews for risk-based contract performance by health center and provider.

- Work with the health centers to review utilization patterns and identify improvement plans to improve areas of concern from the UM reviews.

- Partner with payers to design UM processes to improve facility-based events (ED/IP) to ensure proper utilization and outcomes.

Care Management / Patient Navigation

- Develop a Care Management / Patient Navigation program that strategically aligns with a hybrid network model to ensure success in risk-based contracts.

- Partner with the PHIT and IT vendor teams to develop innovative care management methods utilizing technology, tools, and teams.

- Build the Arcadia Care Management module to meet the needs of the FQHC based network.

- Become a clinical resource to member health centers for care management best practices.

Coding & Documentation Integrity

- Develop strategy for the Coding and Documentation Integrity team to focus on Health Center audits and provider feedback on coding and documentation accuracy and compliance.

- Develop and maintain a network coding education and outreach program for clinicians and coding staff to ensure compliance to industry standards of diagnosis codes including HCCs and procedure coding.

- Utilize network designated coding audit tools and technology to perform monthly audits and identify high risk providers and/or practices for outreach and education.

- Complete monthly analytical reports inclusive of reporting, compliance, and risk trends to provide to executive network leadership for progress tracking and risk mitigation planning.

- Provide clinical guidance on coding or documentation audits performed by the Coding & Documentation Integrity Team.

- Meet with clinicians, as needed, to address clinical variations or documentation/coding updates.

- Utilize CDI audit findings to educate teams on clinical and documentation performance and improvement efforts.

- Complete monthly analytical reports inclusive of reporting, compliance, and risk trends to provide to executive network leadership for progress tracking and risk mitigation planning.

Population Health IT

- Maintain a strong relationship with the PHIT team to ensure data integrity, data distribution, tool development, and network communications for the governance of quality performance data.

- Develop network clinical quality dashboards to provide a network performance view monthly.

- Partner with the PHIT and MSO team to collect and analyze health plan, Arcadia, and risk contract MSO data through the development of monthly dashboards, annual reports, and active reporting to drive change.

- Provide monthly clinical quality performance progress and report quality improvement activities to the IHP Clinical Committee.

- Serves as resource to providers for performance management matters and continuing education related to same.

Other

- Responsible for supervision of staff and adherence to organization policies related to such.

- Develop tools and team members to ensure strong teams and processes are in place for success.

- Meet annual goals outlined by leadership that align with the network strategic plan.

QUALIFICATIONS

Education/Experience

- Bachelor's degree in nursing.
- A minimum of five years of experience successfully implementing performance improvement, quality and compliance programs in a complex health care environment, FQHC preferred.
- Clinical experience preferred.
- CPHQ, or equivalent, certification preferred.
- Nationally recognized coding credentials (RHIA, RHIT, CCS, CPC, CRC, CDEO, CRIP, CPB, CPPM) or 7 years' experience in physician coding and documentation.
- Experience in management of clinical coding or healthcare experience required with extensive knowledge in retrospective audits, and CMS Hierarchical Condition Categories (HCC), preferably primary care/specialty care based or Federally Qualified Health Center experience. Candidate with experience working with community-based organizations and ethnically diverse communities and populations is preferred.
- Working knowledge of regional health disparities and social determinants of health.
- Working knowledge of Medi-Cal regulations and a variety of rigorous process improvement and quality outcome measurement methodologies, such as, Rapid Cycle Testing, PDSA, FMEA, Healthy People 2010/2020, HEDIS, P4P.
- Proven leadership, meeting facilitation, project management and time management skills.
- Effective advanced computer software skills including performance management-related applications, database management, and OFFICE suite.
- Excellent communication skills (oral and written).

- The incumbent must have strong interpersonal skills to work effectively internally and externally and across all levels in an organization.
- Working knowledge of relevant computer systems and software.
- Must possess valid driver's license, insurance, and own transportation for use in work, and be flexible with working some evenings and weekends within a 40-hour workweek.
- Must be willing to travel, as needed.

Other Required Skills/Abilities

- Leadership: Able to assume a role of authority as necessary; advocate new ideas, even when risk is involved; set an example for coworkers; delegate responsibility and empower associates to make decisions; provide constructive feedback to others. Must have excellent interpersonal, communication, written and presentation skills, and the ability to collaborate with leadership, providers, allied health and administrative staff and partner agency staff.

- Strategic Planning & Critical thinking: Able to strategically develop vision and action plans for new concepts within the network. Able to anticipate and manage current issues, exhibit critical thinking and sound judgment, use reason, even when dealing with emotional topics, take action to resolve conflicts and problems. Able to review primary and secondary data, determine facts, identify trends and patterns, weigh options, offer solutions, make recommendations, and report data clearly, succulently, and objectively.

- Flexibility: Able to remain open-minded and change opinions on the basis of data and/or new information; perform a wide variety of tasks and change focus quickly as demands change; manage transitions effectively from task to task; anticipate, plan for and adapt to varying patient / customer needs.

- Planning, prioritizing and goal setting: Able to prepare for emerging patient / customer needs; manage multiple projects; determine project urgency in a meaningful and practical way; use goals to guide actions and create detailed work plans and action plans; organize and schedule self, people and tasks. Lead the transition of assigned project results to the operational process owners at the time of project closure, including developing a feasible plan to spread and sustain improvements.

- Compliance: Deep understanding of HIPAA. Carries-out responsibilities in keeping with applicable laws, regulations, and industry standards; alert to potential for internal problems and reports concerns appropriately.

- Performance improvement: Serves as content expert on improvement methodologies and imparts knowledge of improvement processes to team leaders and interdisciplinary team members.

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.
- Office setting.
- Frequent, daily use of computer, telephone, copier and FAX machines.
- Regular periods of high stress and long days
- Must be responsive to multiple deadlines.

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 Health Center Partners of Southern California.

_____ _____

Signature Date

_____

Employee Name (please print)