Title: Practice Performance Representative
Reports To: Manager, Practice Performance
Department: Network Development
Division: Equality Health Network
Classification: Exempt

Position Summary:
Equality Health is an Arizona-based healthcare company focused on reducing and eliminating health disparities among the underserved, initially focused on the Hispanic population.

The Practice Performance Representative (PPR) will collaborate with participating practice groups to achieve Equality Health Network objectives through ongoing education, training, and support activities. The PPR conducts other functions including establishing and maintaining practice/provider relationships, presenting Culturally Clinically Integrated Alliance Model (CCIAM) payer offerings, Merit Incentive Payment System (MIPS) training and planning, contract performance monitoring with the ultimate goal of optimizing practice performance in a value-based and/or risk-based environment. This position collaborates with the network development team, credentialing team, care management team, and cultural care team.

Responsibilities:
- Reports to the Manager of Practice Performance and other EHN department leaders to accomplish workload requirements.
- Supports activities to achieve overall strategy and objectives of EHN department.
- Acts as the primary point of contact and conduit for all other Equality Health subject matter experts that need to interface with the practice and its staff.
- Responsible for developing and strengthening relationships with various provider groups, while serving as the primary contact for assigned provider(s).
- Participates in post recruitment phase of practice cycle and is responsible for presenting:
  - Onboarding
  - Training
  - Payer contract offerings
  - Strategic network communication
  - Performance reports and scorecards
  - Implementation of Equality Health technology
  - Introduction to Behavioral Health, Cultural Care, and Care Management teams
- Works closely with Practice Performance manager and executive team to identify provider problems/complaints and develops and implements a course of action to resolve concerns.
- Responsible for accurate documentation and maintenance of provider information within MS Dynamics.
- Ensures the collection of contracting, credentialing, and updated information from participating practices/providers.
- Provides oversight of practice contract implementation, identifies opportunities for process improvement, and facilitates problem resolution.
• Identifies and provides suggestions for provider participant’s quality and utilization improvement plans and assist practices in developing, implementing, monitoring, and tracking of improvement activities.
• Monitors the overall performance of the practice and its providers to ensure that there is compliance with participation agreement and are eligible for Equality Care Incentive Program (ECIP) funds.
• Delivers Monthly Operational Reports (scorecards) to the practice/providers and has one on one meaningful interactions about the current performance.
• Utilizes professional, clinical (if applicable) and quality improvement experience and expertise to guide practice.
• Performs other responsibilities as assigned for special projects and escalated issues.

Competencies and Qualifications:
• Demonstrated experience with value based contracting initiatives.
• Familiarity with payment alternatives including fee for service, capitation, global budget, performance compensation, and episode of care payment, as well as patient and practice risk adjustment mechanics, and premium based payment methodologies.
• Strong provider relation skills and experience; with the proven ability to gain acceptance and compliance from provider and staff and achieve a mutually beneficial outcome.
• Excellent problem solving skills, including the ability to systematically analyze problems, draw relevant conclusions and devise appropriate courses of action.
• Familiarity with patient and practice risk adjustment mechanics, APR; HCC/RAF.
• Familiarity with conventional payment methodologies (CMS-RBRVS).
• Strong computer skills with understanding of internet/intranet environment and experience in database management in a health care setting.
• Excellent verbal and written communication and relationship skills; ability to speak clearly and concisely, conveying complex or technical information in a manner that others can understand, as well as ability to understand and interpret complex information from others.

Education and/or Experience:
• Bachelor’s Degree preferred or HS diploma/GED with equivalent experience
• 5+ years’ experience in the health care industry or healthcare network operations