

**Position Title:** Practice Performance Manager – Tucson/Yuma  
**Reports To:** Vice President, Network Services  
**Division:** Equality Health Network  
**Department:** Network Development – EHN  
**Classification:** Exempt  
**Revision Date:** 01/03/2018

**Position Summary:**

Equality Health is an Arizona-based population healthcare company focused on improving care delivery for underserved populations through culturally-sensitive programs that improve access, quality, and patient trust.

The Practice Performance Manager (PPM) will collaborate with participating practice groups to achieve Equality Health Network objectives through ongoing education, training, and support activities. This individual establishes and maintains practice and provider relationships, presents Culturally Clinically Integrated Alliance Model (CCIAM) payer offerings, facilitates Merit Incentive Payment System (MIPS) training and planning, and monitors contract performance with the goal of optimizing practice performance in a value-based and/or risk-based environment. This individual will also collaborate with the network development team, credentialing team, care management team, and cultural care team.

**Responsibilities:**

- Collaborate with other EHN department leaders to accomplish workload requirements
- Support activities to achieve overall strategy and objectives of EHN department
- Serve 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)
- Responsible for the post-recruitment phase of the practice cycle to facilitate:
  - 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
- Work closely with Network Development and Executive teams to identify provider issues and complaints and to develop and implement a course of action for resolution
- Responsible for accurate documentation and maintenance of provider information within MS Dynamics
- Ensure the collection of contracting, credentialing, and updated information from participating practices/providers

- Provide oversight of practice contract implementation; identify opportunities for process improvement and facilitate issue resolution
- Identify and provide recommendations for provider participant's quality and utilization improvement plans, and assist practices in the development, implementation, monitoring and tracking of improvement activities
- Monitor the overall performance of the practice and its providers to ensure there is compliance with the participation agreement and they are eligible for Equality Care Incentive Program (ECIP) funds
- Deliver monthly operational reports (scorecards) to the practice/providers and initiate one-on-one meaningful interactions about the current performance
- Utilize professional, clinical and/or quality improvement experience and expertise to guide practice
- Perform other responsibilities as assigned for special projects and escalated issues
- Travel throughout southern Arizona up to 90% via personal automobile; occasional overnight stays

**Required Education & Experience:**

- Bachelor's degree in Business, Healthcare Administration or related field of study; or, an equivalent combination of education and/or experience
- Minimum 5 years of experience in the healthcare industry; preferably with healthcare network operations
- Demonstrated understanding of risk and value-based contracting
- Proficiency with Microsoft Office suite and Internet/Intranet resources
- Strong provider relations skills and experience

**Highly Preferred Skills & Qualifications:**

- Familiar with payment alternatives such as fee for service, capitation, global budget, performance compensation and episode of care payment
- Familiar with patient and practice risk adjustment mechanics and premium-based payment methodologies
- Familiar with patient and practice risk adjustment mechanics, APR; HCC/RAF
- Familiar with conventional payment methodologies (CMS-RBRVS)
- Experience with database management in a healthcare setting
- Demonstrated 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
- Excellent verbal, written and interpersonal communication skills
- Able to convey complex or technical information in a manner that others can understand, and able to understand and interpret complex information from others