



Position Title: Director, Managed Care Systems
Reports To: Chief Development Officer, CA Market
Division: Equality Health Network (LA)
Department: Network Development
Classification: Exempt
Revision Date: December 3, 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. Our mission is to ensure diverse populations receive quality healthcare that improves and enriches their lives. We have developed our product portfolio around centralized technology, services and network designs intended to organize a better healthcare delivery system for cultures that have struggle with integrating into the tradition one-size-fits-all U.S. healthcare system.

The Director, MSO Operations & Performance is primarily responsible for the day-to-day activities related all MSO functions. This individual will ensure that all MSO functions operate at its highest level. This individual serves as the point of contact and resource for staff, and provides oversight, direction, development, problem resolution and leadership for network, claims, quality management, and medical management teams. This individual ensures operational and department goals are achieved and strives to improve quality and business processes for assigned areas of responsibility. This position is located in Los Angeles County and will be key in the expansion of our California market operations.

Responsibilities:

- Responsible for overseeing day-to-day MSO operations to ensure Equality Health Network's growth, performance and excellence
- Develop and review policies and procedures for all aspects of the IPA and MSO operations including but not limited to claims, UM, QM, compliance, grievances and appeals, credentialing, eligibility, customer service and IT
- Plan, direct and coordinate administrative activities across departments and within EHN-CA, QPoint, external MSO and health plan partners
- Communicate and ensure periodic reporting of contract performance, claims performance, and utilization management, to senior leadership for EHN-CA, QPoint and Equality Health
- Accountable for executing on EHN-CA's strategic plan and business operations
- Accountable for passing routine and ad hoc auditing from health plans and the Department of Managed Healthcare
- Address corrective action plans should they arise
- Organize and prepare joint operations committees with health plan partners and MSO partners
- Develop and maintain effective working relationships across all levels for health plans, Equality Health and strategic business partners
- Streamline claims, UM, QM, and credentialing processes
- Lead multi-disciplinary work groups, including peer groups, outside of chain of command to effectively address managed care related issues and opportunities

- Participate in EHN-CA's operational reviews, strategic planning and budgeting processes
- Serve as one of the company's managed care experts and provide content, insight, counsel and recommendations on industry and market dynamics
- Provide strategic leadership and direction to each EHN-CA and QPoint departments to ensure safe, efficient, and ethical patient care and operations
- Monitor performance of IPA and MSO and work closely with senior leadership to develop and execute competitive strategies
- Ensure a minimum 4-star rating for EHN-CA by meeting quality and cost metrics
- Oversee any other issues that may arise in MSO operations and IPA performance
- Overnight travel to the Phoenix, AZ corporate offices quarterly

Required Knowledge, Education & Experience:

- Bachelor's degree in Business, Healthcare Administration or a related field of study; or, an equivalent combination of education and/or experience
- Minimum ten (10) years of experience in a directly related position within the healthcare industry
- Minimum five (5) years of leadership or management experience
- Experience leading company-wide initiatives, including the ability to bridge across divisions and between corporate office and remote/field teams
- Demonstrated understanding of claims, UM, QM, compliance, credentialing, eligibility, grievances and appeals
- Deep understanding and working knowledge of managed care industry, market trends, payer customer types, various reimbursement structures and associated dynamics (e.g., capitation, dual risk, shared risk and global risk)

Knowledge/Skills/Abilities:

- Previously established relationships with major insurers
- Able to work across strategic business units and strategic external business partners and vendors
- Strategic, action-oriented leader with strong communication skills
- Able to translate corporate and division level strategies into clear market level action plans with defined goals and objectives for MSO operations
- Experience in building sustainable partnerships between payers and providers