



**Position Title:** Manager, Quality Management and Performance Improvement  
**Reports To:** Senior Director, Clinical Quality Improvement  
**Division:** QPoint  
**Department:** Quality Management  
**Classification:** Exempt  
**Revision Date:** July 31, 2019

### **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 struggled with integrating into the tradition one-size-fits-all U.S. healthcare system.

The Manager, Quality Management & Performance Improvement assists leading our quality program for our QPoint division – developing short-term quality strategies and implementing quality improvement initiatives, (e.g., PIPs, QIPs) to meet contractual targets and key performance indicators (KPIs). This individual will evaluate quality and utilization data including tracking, monitoring, and addressing progress toward quality and utilization targets. This individual will serve as a key project management role for quality improvement projects and campaigns.

### **Responsibilities:**

- Maintain an up-to-date knowledge of all quality programs that Equality Health administers and the quality metrics in which the company participates in with health plans and other payer incentive programs that may develop over time
- Collect, analyze and report on quality performance measurement data, including quality measures within CareEmpower™
- Maintain accurate and current documentation of all active quality programs
- Review data to identify trends and opportunities for improvement
- Work directly with the Senior Director regarding the development of quality programs and to improve the capture of clinical quality measures to meet quality goals
- Assist in the identification and facilitation of quality improvement programs designed to achieve quality, utilization, population health, health disparities and contractual metric goals
- Collaborate with the Practice Performance team to inform and educate and meet quality goals of the organization (e.g., AHCCCS MPS, HEDIS, and STAR)
- Stay abreast of primary health care practice standards – STARS, HEDIS, and RAF
- Seek information to ensure current knowledge on federal programs, reporting requirements and upcoming healthcare initiatives
- Collaborate with HealthBI to ensure CareEmpower™ is continuously updated to meet the needs of the quality program

- Ensure adherence to department and organizational standards, policies and procedures
- May be required to work outside of regular business hours as necessary

**Required Education & Experience:**

- Bachelor's degree in Nursing, Social Sciences, Healthcare Administration or a related field of study
- Minimum of three (3) years of healthcare industry experience with responsibility for quality improvement, quality data analysis, HEDIS and/or STARS and CAHPS or other nationally recognized healthcare outcomes measures
- Demonstrated understanding of quality, risk and value-based contracting
- Successful record of managing multiple projects with demonstrated ability to work independently in matrixed and rapidly-changing environments
- Proficiency with Microsoft Office applications with expertise in Excel, and using web-based technologies

**Highly Preferred Skills & Qualifications:**

- Demonstrated leadership abilities and skill in critical thinking, strategic planning, analysis and systems thinking
- Strong health quality background with a deep understanding of quality improvement strategies, health organization quality management operational standards
- Behavioral health experience
- Demonstrated experience in a quality program that meets industry accreditation standards and supports organizational goal of delegation
- Broad experience in the healthcare industry, regulatory requirements and value-based payment arrangements
- Experience with Medicaid, Medicare Advantage and/or Marketplace
- Experience with clinical documentation and risk adjustment documentation review
- Excellent verbal, written and interpersonal communication skills; highly collaborative team approach to work
- Bilingual; able to read, write and speak Spanish and English