Prime Healthcare to Purchase Daughters of Charity System

SEIU to urge attorney general to reject agreement

The Daughters of Charity Health System (DCHS) signed an acquisition agreement with Prime Healthcare Services for the entire six-hospital health system. The agreement still needs to be approved by the state attorney general and the Vatican, because Daughters of Charity is a Catholic health system. Daughters of Charity president and CEO Robert Issai said Prime’s offer was “superior” to those of the four final bids it considered.

“Prime Healthcare’s bid was superior to all others and we are excited by today’s announcement,” said Issai. Prime Healthcare CEO Prem Reddy, MD, said Prime is “truly honored to be chosen by the DCHS board of directors to extend their mission of care.” Financial terms of the deal were not disclosed.

In a statement, Daughters of Charity said Prime’s bid was accepted in part because it offered to purchase the entire network of hospitals. “No combination of offers for individual hospitals and other assets equaled the strength of full-system offers. Prime Healthcare’s bid was superior in all categories, meeting or exceeding more of the criteria set by the DCHS board of directors than any other bidder.”

DCHS was accepting bids for individual hospitals or the entire chain. As part of the agreement, Prime said that it would spend “at least $150 million in capital improvements at DCHS hospitals over the next three years” and that it is “committed to maintaining each of the DCHS hospitals in the communities they serve, including emergency rooms and trauma centers.” It also committed to maintaining all charity care provided by DCHS hospitals and honoring all union contracts.

The Service Employees International Union (SEIU) criticized the proposed sale and said it will air television ads in Sacramento and San Francisco urging California attorney general Kamala Harris to reject the agreement. “It’s disappointing and hard to understand how Daughters of Charity’s current owners could turn their back on 100 years of serving the poor by selling to a company with Prime’s history,” said Dave Regan, president of SEIU-United Healthcare Workers West. The SEIU suggests Prime has a history of buying hospitals in distress and cutting services.
IN BRIEF

Prime Healthcare cont.

Prime said SEIU’s allegations are baseless and suggested the union has been running a “corporate campaign” against the healthcare chain for years. In July, Prime filed a RICO Act lawsuit against the SEIU that alleged the union was waging “a campaign of extortion” against Prime that included “malicious and false statements.” The lawsuit also suggested the SEIU was attempting to undermine Prime’s efforts to acquire Daughters of Charity.

The California Hospital Association (CHA) issued a statement about the purchase agreement, stating that “the CHA does not take a position on proposed transactions involving hospitals,” but that it supports the right of hospitals and hospital systems to “determine if a sale is necessary for financial or other reasons.”

In 2011, Harris rejected Prime’s bid to buy Victor Valley Community Hospital in Victorville, suggesting it would not be in the best interests of the community. After that failed attempt, Prime focused its efforts on purchasing hospitals outside of California and now owns 29 hospitals in California and six other states. In May, Prime acquired its first California hospital in three years when the attorney general approved its purchase of 128-bed East Valley Hospital Medical Center in Glendora.

DCHS put itself up for sale in February after a merger attempt with Ascension Health was not successful. Its hospitals range in size from 92-bed Saint Louise General Hospital in Gilroy to 478-bed Seton Medical Center in Daly City and also include St. Vincent Medical Center in Los Angeles, St. Francis Medical Center in Lynnwood, O’Conner Hospital in San Jose, and Seton Coastside in Moss Beach. —DOUG DESJARDINS

Fallbrook Hospital Set to Close, Plans Shift to Outpatient Services

Temecula Valley Hospital hopes to fill void

The Fallbrook Healthcare District announced that it will close Fallbrook Hospital in November and partner with two nearby healthcare districts to provide outpatient services at the hospital after it shuts down.

The 47-bed hospital located in northern San Diego County has been struggling financially for several years due to declining patient volume. The healthcare district board of directors voted unanimously to shut down the ED and stop patient admissions on Nov. 17. Fallbrook Hospital closed its labor and delivery department in September and filed a 90-day notice of intent with state health
The California Department of Public Health (CDPH) has now confirmed 32 cases of Enterovirus D-68 in the state, up from 14 cases in the prior two-week reporting period. San Diego County has the largest number of cases with eight followed by Alameda County with five cases. CDPH director Ron Chapman, MD, said the presence of EV-D68 in California “is not surprising” given that the virus has been reported in nearly 20 states. EV-D68 typically affects children and sometimes produces severe respiratory problems. As of Oct. 15, one person in the United States had died this year due to complications from EV-D68.

SCAN Health Plan and Scripps Health have launched an exclusive partnership to provide new Medicare Advantage plans to San Diego County Medicare members. The three plans now available to members are the Scripps Classic HMO, Scripps Signature HMO, and Scripps Heart First HMO. The latter plan is tailored for people with congestive heart failure or other cardiovascular diseases. "Our partnership with SCAN in these new plans means patients will have a wider range of options to choose from, all of which provide access to Scripps-affiliated programs," said Marc Reynolds, president of Scripps’ health plan services. SCAN currently has nearly 12,000 members in San Diego County. Scripps Health operates four hospitals and multiple outpatient clinics in the San Diego area.

HealthCare Partners has signed a provider agreement with Care1st Health Plan to care for patients in California.

Fallbrook Hospital cont.

officials to shut down its emergency department. The hospital had been steadily losing money and did not have a plausible alternative to remain open. It reported a loss of $5.8 million during its last fiscal year.

The Fallbrook Healthcare District board received a proposal from Riverside-based Strategic Global Management to take over management of the hospital but rejected it due to provisions that would have required the healthcare district to pay management fees and assume what it considered excessive financial responsibility for hospital operations. Board member Gordon Tinker said the proposal would have required “transferring all the financial risk” to the healthcare district.

Instead, the board chose to pursue a plan to convert the hospital to an outpatient facility under an agreement with Tri-City Medical Center in neighboring Oceanside and Palomar Health in Escondido. The proposal, which must still be approved by the Tri-City and Palomar board of directors, would form a joint powers authority to offer services such as urgent care and skilled nursing but not inpatient or emergency care.

Fallbrook Hospital has been experiencing financial problems for several years. During a March 2013 community forum in Fallbrook, Fallbrook CEO Kapua Conley said the hospital’s patient volume declined after its contract with Graybill Medical Group expired in 2012 and physicians began directing patients to other hospitals. At the time, Conley said the hospital had “experienced a serious reduction in revenue” and that “if an increase in patient volume is not seen in one or two years, Fallbrook Hospital will likely be forced to close.”

Nearby Temecula Valley Hospital is already positioning itself to fill the void left by the closing of Fallbrook Hospital. Hospital officials purchased a billboard in downtown Fallbrook promoting Temecula Valley as an alternative for healthcare and plans other marketing measures for the hospital, which is located about 13 miles from Fallbrook Hospital. “We certainly want the Fallbrook community to be aware that we are the nearest hospital and about the services we provide,” said Temecula Valley director of business development Marcia Jackson.

Fallbrook Hospital will become the second hospital in Southern California to close this year. In September, 130-bed Temple Community Hospital in Los Angeles shut down due to financial problems and a costly seismic retrofit project that it couldn’t afford. In Northern California, Doctors Medical Center in San Pablo is planning to shutter its 170-bed hospital and convert to a stand-alone emergency department or urgent care center unless it can acquire a new source of funding to offset $20 million in annual losses. —DOUG DESJARDINS
Watchdog Group Seeks Inquiry into Covered California Contracts

Peter Lee defends use of no-bid contracts

A consumer group has asked California state officials to investigate approximately $184 million in no-bid contracts awarded by Covered California since 2010, noting that at least one contract was awarded to a former associate of the exchange’s executive director.

Consumer advocacy group Consumer Watchdog requested the state attorney general’s office to conduct an investigation into the no-bid contracts. Consumer Watchdog focused on a $4.2 million contract awarded to consulting firm The Tori Group, a healthcare consulting firm that it said has ties to Covered California executive director Peter Lee.

When it was formed in 2010, Covered California was given authority to grant no-bid contracts as a way to meet deadlines mandated by federal healthcare reform to get the state health exchange up and running for an October 2013 launch. But Consumer Watchdog president Jamie Court suggested that time constraints weren’t the basis for all of the no-bid contracts.

“This isn’t about speed. This is about being opaque,” said Court. “For $4.2 million to flow to a former associate is the antithesis of good government and open government.”

Covered California defended the no-bid contracts as a necessary part of doing business. In a statement, it said “legislation developed to establish Covered California exempts it from certain sections of the Public Contract Code. This exemption recognizes that Covered California is a start-up organization with regulatory driven deadlines and narrow time frames.” It added that exchange officials “drew on known entities of experience” that could generate results on time.

“Covered California needed experienced individuals who could go toe-to-toe with health plans and bring to our consumers the best possible insurance value,” said Lee. “Contractors like The Tori Group possess unique and deep healthcare experience to help make that happen and get the job done on a tight deadline.”

The CEO and founder of The Tori Group, Leesa Tori, worked for Lee when he was the chief executive of the Pacific Business Group on Health. Tori is also a former employee of Blue Shield of California and helped Covered California develop contracts with health plans as part of her work with the exchange.

In his letter to state attorney general Kamala Harris requesting an investigation, Court stated that “Californians need to know the truth about hundreds of millions of dollars in no-bid contracts” and that Covered California “does not operate with the transparency, accountability, and independence that voters expect from government agencies.”

—DOUG DESJARDINS
The Cedars-Sinai Hypertension Center at Cedars-Sinai Medical Center in Los Angeles has been designated a Comprehensive Hypertension Center by the American Society of Hypertension. The designation certifies Cedars-Sinai as a care center for people with difficult-to-treat forms of hypertension that don’t respond to traditional therapies. “The vast majority of patients with hypertension can control their high blood pressure with standard medications and lifestyle changes,” said Ronald Victor, MD, director of the Cedars-Sinai Hypertension Center. “We earned this designation because we have the multidisciplinary expertise to help doctors with the 20% of patients who have particularly difficult hypertension.” People with difficult forms of hypertension typically need to work with endocrinologists, cardiologists, and other experts to help find the root cause of the disease.

TeamHealth Holdings has acquired Primary Critical Care Medical Group (PCCMG), a hospitalist group based in Burbank. PCCMG currently provides clinical services for four hospitals and two outpatient clinics in Southern California. “TeamHealth’s strategy is to grow our business through partnerships with quality physician groups and PCCMG is an excellent example of that,” said Mike Snow, president and CEO of TeamHealth. “PCCMG’s clinicians and administrative leaders are committed to providing exceptional service to their hospital partners and delivering the highest quality care for patients and their families.” Based in Tennessee, TeamHealth has 19 regional locations in the United States and approximately 10,000 affiliated healthcare professionals.

The Richmond City Council approved a motion-of-intent to donate $15 million to Doctors Medical Center in San Pablo from a $90 million community investment fund from Chevron. According to a report in the East Bay Express, the city council also directed the city manager of Richmond to meet with officials from Contra Costa County and nearby cities about contributing funds to keep Doctors Medical Center open. “We cannot expect to do this alone,” said city council member Nat Bates. “We need cooperation from other cities.” The $90 million in funding from Chevron is part of an agreement allowing Chevron to build a new refinery. Doctors Medical Center CEO Dawn Gideon said the hospital currently has enough funding to remain open until February 2015.

Covered California signed a $14 million contract to open a peak-time call center in Sacramento that could employ up to 500 people. According to a report in the Sacramento Business Journal, the contract was awarded to Roseville-based InSync Consulting Services and Faneuil, a Virginia-based company that’s also working with the state of Washington’s health exchange on a similar project. “It’s a ramp-up center for peak demand times,” said Covered California spokesman James Scullary. “That’s one of the lessons we learned the first year so we are adding temporary staffing capacity to answer questions and enroll consumers.” The nine-month contract for the call center will expire on June 30, 2015.

Oct. 30. IMQ 2014 Medical Staff Conference. Embassy Suites Waterfront Hotel, Burlingame. A one-day conference for medical professionals focused on successfully leading a medical staff. Sponsored by the Institute for Medical Quality. To register, please visit http://www.cmanet.org/events/detail?event=imq-2014-medical-staff-conference

Nov. 9-12. 2014 CAHF Convention & Expo. Palm Springs Convention Center. A three-day gathering of healthcare professionals focused on new technologies and trends in long-term care. Sponsored by the California Association of Health Facilities. To register, please visit http://www.cahfconvention.com


Nov. 17-19. CAADS Annual Meeting and Fall Conference. Westin Hotel, Long Beach. An educational conference for California adult day care service providers. Sponsored by the California Association of Adult Day Services. To register, please visit http://www.caads.org

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You can access the ICE 2014 Annual Conference Online Registration Site, which includes a current agenda, by clicking on the following link: https://www.iceforhealth.org/eventdetail2.asp?eid=63

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Gold Coast Health Plan is currently accepting applications for the following positions:

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HEALTHCARE INFORMATICS ANALYST II  Req. #14-1588
HEDIS ANALYST SR  Req. #14-1521
HEDIS SPECIALIST  Req. #14-1513
MANAGER, DIGITAL STRATEGY  Req. #14-1426
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Founded in 1987, AIDS Healthcare Foundation (AHF) is the largest specialized provider of HIV/AIDS medical care in the nation. Through our healthcare centers, pharmacies, health plan, research and other activities, AHF provides access to the latest HIV treatments for all who need them.

**Director, Mental Health (Psychiatrist)**

We are seeking a Director, Mental Health to join our healthcare team in Los Angeles, CA. This role will report to our Chief of Medicine; be a key contributor in our integrated HIV/AIDS healthcare system; manage clinical staff, social workers in three Los Angeles healthcare centers.

**Requirements:** Medical degree (M.D), minimum of 3 years related experience or equivalent education and experience with management experience. Must have clinical experience treating and diagnosing HIV clients and certified in Mental Health with independent psychotropic prescribing. Bilingual English/Spanish preferred. Valid California Medical license and DEA furnishings without restrictions.

If interested, please send your CV (word format) to: mivyoshi.lafourche@aidshealth.org

Apply Now
Children's Hospital Los Angeles Medical Group, a 500-physician academic practice affiliated with Children's Hospital of Los Angeles, is seeking the following positions:

**Billing Manager**

The Billing Manager is responsible for planning, organizing and supervising a billing department consisting of 20 employees. Ideal candidate must have Medi-Cal/CCS billing/management experience. Must have an understanding of insurance billing and collection requirements and be able to multi-task and take the initiative to see projects through to completion.

Bachelor's degree preferred with at least 5 years management and physician billing experience in a medical group, hospital or payor preferred. Strong knowledge of Word and Excel required.

**Operations Analyst III**

This position designs, maintains and controls database systems in support of all data collection and analysis activities for clinicians in pediatric specialties. The Analyst performs reimbursement, accounts receivable and financial analysis and prepares report summaries of financial and operations information. Responsibilities also include performing ongoing systems and applications support to end users, and providing analysis of and implementation support for new modules and functionality.

This position requires a bachelor's degree (master's degree preferred), proficiency in medical billing systems and DBMS queries, excellent analytical and communications skills, and competence with PC-based tools such as Access and Excel. Health care experience in reimbursement, accounts receivable and financial analysis required. Academic medical group experience a plus.

Salary commensurate with experience. We offer an excellent benefit package including medical, dental and vision insurance.

Please send your resume and salary history to pmghumanresource@chlusc.edu. EOE
The Health Plan of San Mateo (HPSM), a managed care health plan, seeks the following full time positions:

**PROVIDER SERVICES MANAGER**

The Health Plan of San Mateo (HPSM), a managed care health plan, seeks a full time Provider Services Manager to ensure that an adequate network of qualified providers are available to satisfy member needs, support providers with training and resources, and promote a positive attitude regarding HPSM participation. Key duties will involve the design and implementation of programs to build and nurture positive relationships between the health plan, providers (physician, hospital, ancillary, etc.), and community partners. This position will report to the Director of Provider Network Development & Services.

**RESPONSIBILITIES:** Maintain a leadership role in the management and expansion of a qualified provider network for HPSM members. Recruit new providers as necessary. Build and execute effective strategies to preserve and optimize existing network while aligning with HPSM’s strategic goals.

**Education and Experience:** Bachelor's Degree in a health or business related field. Five years related experience in a managed care environment or health services organization.

**SENIOR HEALTHCARE FINANCIAL ANALYST**

Senior Healthcare Financial Analyst will perform health care economics reporting. This position will assist in analyzing and monitoring health care data to measure financial and clinical outcomes.

**RESPONSIBILITIES:** Calculating and analyzing medical cost utilization and metrics, using complex health care claims and clinical datasets. Determining the drivers and root causes of health care costs and revenue trends. Designing tools for early identification of unfavorable business developments. Assisting in the establishment of corrective action plans and then evaluating the long-term effectiveness of the action plans that were implemented. Monitoring claims payments for accuracy based on contract terms and Medicare and Medi-Cal guidelines.

**Education and Experience Equivalent to:** a Bachelor's degree in Economics, Finance, Health Care Administration or a related field. Minimum of five years of experience in financial or medical economics analysis in a health care environment.

**MEDICARE COMPLIANCE MANAGER**

Medicare Compliance Manager will ensure organizational compliance for HPSM’s programs for members with both Medicare and Medicaid insurance coverage (i.e., dual eligibles). These programs include a Medicare Advantage Special Needs Plan and a Duals Demonstration Medicare-Medicaid Plan (also known as the Medicare Financial Alignment Demonstration and as Cal MediConnect and the Coordinated Care Initiative in California). This position will report to the Compliance Officer/Director of Compliance and Regulatory Affairs.

**RESPONSIBILITIES:** Analyze legislative, regulatory, and contractual requirements for organizational impact and implementation; Help develop internal policies as they relate to the external regulatory and contractual environment. Help lead implementation of regulations, legislation, and contracts related to compliance with Medicare-Medicaid programs.

**Education and Experience Equivalent to:** a Bachelor’s Degree; advanced degree in public health, policy, or administration preferred. Minimum of five (5) or more years related experience in government programs, particularly Medicare and in managed care environment.

**COMPLIANCE OFFICER/DIRECTOR OF REGULATORY AFFAIRS**

Compliance Officer/Director of Regulatory Affairs will provide leadership to coordinate planning, development, implementation and monitoring of an effective compliance program for HPSM’s programs for members with both Medicare and Medicaid insurance (dual eligibles), Medicaid insurance, and other insurance coverage. The Compliance Officer/Director of Regulatory Affairs ensures that the organization is in compliance with State and Federal laws and regulations, that organization policies and procedures are being followed, and that behavior in the organization meets the Standards of Conduct. This position has a matrix reporting relationship to the CEO and Commissioners. Reporting to this position are the Medicare Compliance Manager, the Internal Auditors and the Compliance Business Analyst.

**RESPONSIBILITIES:** Oversee and implement organization-wide compliance programs, policies, procedures to ensure compliance with applicable federal, state laws and regulations. Oversee compliance investigations, participate in appropriate level of response, facilitate the development of corrective action plans.

**Education and Experience Equivalent To:** Bachelor’s degree in business, related area. eight (8) years of experience in auditing and/or formal training in accounting, auditing and regulatory compliance, including HIPAA Privacy and Security, including demonstrated leadership responsibility in managed care, Medicaid (Medi-Cal), and Medicare. Experience in Medi-Cal preferred.

**BENEFITS INFORMATION:** Excellent benefits package offered including HPSM paid premiums for employee’s coverage in the medical HMO plan and majority of PPO medical cost, tuition reimbursement plan; and more.

**APPLICATION PROCESS:** To apply, submit a resume and cover letter with salary expectations to: Health Plan of San Mateo, Human Resources Department, 701 Gateway Blvd, Suite 400, South San Francisco, CA 94080. Or via Email: careers@hpsm.org Or via Fax: (650) 616-8039 File by: Continuous until filled. EOE

Visit our web site to see additional opened positions: [http://www.hpsm.org/abouthpsm/employment-opportunities.aspx](http://www.hpsm.org/abouthpsm/employment-opportunities.aspx)
Inland Empire Health Plan (IEHP) is one of the largest not-for-profit health plans in California. We serve over 910,000 members in Riverside and San Bernardino counties in Medi-Cal, MediConnect Plan, Healthy Kids and a Medicare Special Needs Plan. Our success is attributable to our Team who share the IEHP mission to organize the delivery of quality healthcare services to our members. Join our dedicated Team!

AUDIT MANAGER
Bachelor's degree required, Master’s preferred. Professional Credentials such as a Certified Internal Auditor (CIA) certification, Certification in Healthcare Compliance (CHC); Registered Nurse (RN); Certified Professional Healthcare Quality (CPHQ); Registered Health Information Administrator (RHIA) preferred. Two (2) years experience in healthcare; emphasis on auditing, compliance, and risk management and/or auditing preferred. Valid State of California driver's license and willingness to travel to audit and/or teaching sites.

Responsible for monitoring and reporting of IEHP’s internal clinical and non-clinical department compliance with designated operations processes and regulatory requirements. Experience with Microsoft Applications (Excel, Word, Power Point, Access, Adobe). Experience with healthcare auditing processes; and Medicare requirements preferred. Strong interpersonal skills to communicate and resolve compliance issues with internal and external contacts.

BEHAVIORAL HEALTH CARE MANAGER, LCSW
Master’s degree, LCSW required. Experience working within Psychiatric Hospitals and outpatient behavioral health treatment settings.

Ability to undertake and write up assessments (often with medical staff), which meet specified standards and timescales. Conduct interviews with Members and their families to assess and review their situation; assess crisis intervention needs. Skillful at offering information and counseling support to Members and their families. Knowledge of community resources and health plan benefits. Clinical assessment skills to review treatment plans. Valid California Driver License and valid auto insurance required. Bi-lingual Spanish/English preferred.

MEDI-CAL CLAIMS PROCESSING MANAGER
Bachelor’s degree preferred. For non-degree candidates, two (2) years of applicable experience may be substituted for each year of college required. Five (5) or more years of supervisory/managerial experience of a high volume medical claims department. In-depth knowledge of Medi-Cal claim payment regulation and policy formulation preferred, division of financial responsibility (DOFR), medical authorization and claim adjudication requirements, inventory management & reporting, claims processing systems-including system conversions, workflow development and quality improvement processes. Experience in an HMO or managed care environment administering Medi-Cal and/or Medicare programs strongly preferred.

The Claims Processing Manager oversees medical claim processing activities and personnel to ensure that hospital and professional claims are accurately administered within regulatory and contractual standards. Proven leadership skills with demonstrated ability to manage high volume claim processing activities to ensure prompt payment requirements and compliance are attained. Develops and implements operational policies, workflows and process improvement initiatives. Ability to develop cohesive working relationships and incorporate team building strategies. Ability to manage a BPO relationship. Strong personnel management, time management and skills to oversee multiple projects. Experience with Lean/Six Sigma fundamentals and tools preferred. Strong oral and written communication skills and knowledge of Microsoft applications required.

MEDICARE PART D ANALYST
Bachelor’s degree required. CPA license desired. Minimum one (1) - three (3) years experience in Medicare Part D and analyzing Pharmacy data. CMS Financial reconciliation experience is required.

Under the direction of the director of pharmaceutical services, the Medicare Part D analyst will be responsible for reviewing, understanding, and integrating processes related to Medicare Part D. The analyst will handle complex data projects, review regulations, and assist in project managing processes across departments. Duties related to this position include oversight of; support/resolution of PDE claims, accuracy of eligibility data, transaction data, cross department communication, and meeting all regulatory requirements. Proficient with Microsoft Applications with the emphasis on Excel and Access. Ability to interpret detailed data and develop accurate, meaningful and reliable reports for management while meeting ongoing deadlines. Excellent written, organizational, data entry and interpersonal skills required.

OPERATIONS REPORTING AND PERFORMANCE MANAGER
Bachelor’s degree required. Minimum of five (5) years experience in data analysis, reporting and verification with the demonstrated ability to define problems, collect data, and draw valid conclusions. Minimum of three (3) years experience in a management or supervisory role within an operational setting required. Project management experience with demonstrated ability to lead others to achieve specific goals and outcome preferred.

General knowledge of concepts, practices and procedures within managed care. Ability to research and analyze data and make sound recommendations. Advanced knowledge with database query tools and advanced knowledge of Microsoft Applications. Demonstrated analytical skills, proficiency in tools used to create actionable information from disparate data sources and detailed oriented.

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