Report Shows Hospital Infection Rates on the Decline
Increase seen at long-term care facilities

California hospitals reduced the incidence of some healthcare-acquired infections (HAIs) in 2011 but long-term care facilities did not fare as well, according to an annual state report.

The report compiled by the California Department of Public Health (CDPH) uses data collected from 364 hospitals and 22 long-term care facilities in the state. The report tracked the incidence of central line-associated bloodstream infections (CLABSI), Methicillin-resistant Staphylococcus aureus (MRSA), Vancomycin-resistant Enterococcus (VRE), and surgical site infections. The most dramatic improvement was reported in central line infections, which declined 10% from 3,519 cases in 2010 to 3,163 cases in 2011.

Debby Rogers, deputy director of the CDPH’s Center for Healthcare Quality, said the 10% reduction was “consistent with declines reported nationally and by other states” and was due in part to hospitals adopting a “central-line insertion checklist” that includes simple measures like hand-washing and wearing a protective gown while inserting a line. Rogers added that the decline in infections could be related to other incentives such as “public reporting, initiated in California in 2009, and the Centers for Medicare & Medicaid Services’ policy of not reimbursing hospitals for the costs of these infections for Medicare patients that started in 2009.”

On average, the incidence of MRSA and VRE infections among reporting facilities remained about the same in 2011, with major teaching hospitals reporting a slight decline. The 20 teaching hospitals in the study reported an average rate of 0.80 MRSA cases per 10,000 patient days compared to 0.96 cases per 10,000 patient days in 2010.

David Perrott, MD, senior vice president and chief medical officer for the California Hospital Association (CHA), said the decline at teaching hospitals is likely due to enhanced preventive measures that include screening patients for MRSA infections when they enter the hospital. “When you have the right processes in place, you hope to see results and those declines are great news,”

CONTINUED ON PAGE 2
Hospital Infection Rates cont.

said Perrott, who cautioned that “a one-time report is not a trend.” The one area where HAIs increased during the past year was in long-term care facilities. The MRSA rate increased from 1.08 cases per 10,000 patient days in 2010 to 1.64 cases in 2011. The rate of VRE jumped from 1.17 cases per 10,000 patient days in 2010 to 1.94 cases in 2011.

"Many of these patients have vascular and/or urinary catheters and other indwelling medical devices,” said Rogers. “Preventing infections in these patients is particularly challenging and CDPH has been engaged with a number of facilities to develop a collaborative approach to infection prevention.”

The California Association of Health Facilities (CAHF) said it could not determine a reason for the increased rate of HAIs at long-term care facilities and that it's been working with the CDPH to enhance its infection control program. “We have a robust and closely regulated regime for infection control at our facilities,” said Jocelyn Montgomery, director of clinical affairs for the CAHF.

Since 2005, several hospitals and hospital networks have launched in-house programs to reduce the incidence of HAIs with an emphasis on CLABSI cases. Cedars-Sinai Medical Center in Los Angeles reports that it has "virtually eliminated" central-line infections through a program that includes more stringent central line insertion practices, new procedures to ensure proper maintenance of central lines, and bathing high-risk patients daily with antimicrobial soap. As a result, central line infections dropped from 4.69 cases per 1,000 central-line days in 2005 to 0.69 cases per central-line days in 2010.—Doug DesJardins

Audit Finds Level of Charity Care at Nonprofit Hospitals Varies

organizations’ policies on charity care also mixed

A new state audit found the amount of charity care provided by nonprofit hospitals in the state varies greatly by facility, with local demographics playing a key role.

The report from the California State Auditor looked at the amount of charity care provided by four nonprofit hospital groups: Mission Hospital Regional Medical Center, El Camino Hospital, Eden Medical Center, and Sutter West Bay Hospitals. The report found that, in addition to differences in the amount of charity care provided by the hospitals, each hospital had its own standards for determining who qualified for charity care.

"Communities across California are served by nonprofit hospitals and we need to make sure they are honoring their commitment to serve the public that
IN BRIEF

Continued from page 2

psychiatric hospitals in California, were prompted by an incident in 2010 in which a Napa State employee was murdered by a patient on the grounds of the hospital.

*Kaiser Permanente* is scheduled to open a new hospital in Anaheim on Sept. 12. The 263-bed *Kaiser Medical Center of Anaheim* cost $425 million to build and will replace the Kaiser Medical Center a few miles away. The hospital will feature an emergency department with 36 beds and a neonatal intensive care unit with 20 beds. When the new hospital opens, the existing hospital will be used to house medical offices and other facilities.

*Molina Healthcare* has established a new program with *California State University, Long Beach* (CSULB) that will offer students internships in the healthcare field. The **Professional Development Program** will offer post-graduate students and those in their junior or senior year a 12-week, paid internship in healthcare human resources, information technology, marketing, project management, business development, or finance and accounting. "My brother, sister, and I all graduated from CSULB and we’ve remained connected with the university over the years," said Molina Healthcare CEO J. Mario Molina. "This program is a great opportunity not only for students to gain hands-on experience but also for employers like Molina Healthcare to train and invest in potential employees.”

Based in Long Beach, Molina Healthcare operates Medicaid health plans in California and 14 other states.

Charity Care cont.

comes with their special, tax-exempt status,” said state Sen. Ellen Corbett (D-San Leandro), who requested the audit. Among the hospitals audited, charity care as a percentage of total revenue ranged from 0.36% at *El Camino Hospital Las Gatos* to 17.33% at Sutter Health’s St. Luke’s Hospital in San Francisco. In between that range were El Camino Hospital (2.51%), California Pacific Medical Center in San Francisco (4.24%), Mission Hospital Laguna Beach (4.86%), Mission Hospital Regional Medical Center (6.16%), San Leandro Hospital (9.99%), and Eden Medical Center (12.47%).

The report noted that “although each of the hospital’s charity care policies provides at least partial charity care to patients with incomes at or below 350% of the federal poverty level, each uses different income levels when determining which patients qualify for charity” adding that “the same family that receives free medical care at one hospital may have to pay a portion of its medical bill at another.” It also noted those variations exist because the state doesn’t have a standard method for providing charity care or a minimum level that nonprofit hospitals must provide.

But the report noted that hospitals with almost identical policies provided different levels of charity care “because the financial demographics of the hospitals’ communities are different.” Mission Hospital Laguna Beach, which is located in an affluent beachside community, provided charity care at a rate of 4.86% of total revenue, similar to the 4.24% rate at California Pacific Medical Center in a fairly affluent section of San Francisco. In comparison, St. Luke’s Hospital, which is located in a low-income section of San Francisco, had the highest level of charity care at 17.33%.

The **California Hospital Association** noted that, under existing state law, nonprofit hospitals are required to conduct a Community-Needs Assessment every three years and make annual reports to the **Office of Statewide Health Planning and Development** to show that those needs—including the needs of the uninsured—are being addressed.

The report does not make any specific recommendations to change existing laws regarding nonprofit hospitals but noted that “if the state legislature intends for nonprofit hospitals’ tax-exempt status under state law to depend on the amount of community benefits they provide, it should consider amending state law to include such requirements.” It added that if legislators “expect each nonprofit hospital to follow a standard methodology for calculating the community benefits it delivers, the legislature should either define a methodology in state law or direct Health Planning to develop regulations that define such a methodology.” —Doug Desjardins

How well do your hospital’s departments communicate?

*Start the conversation with our Free Toolkit*
IN BRIEF Continued from page 3

» The state Senate has approved a measure that would require local healthcare districts to enter into written contracts with hospital executives. Assembly Bill 2115 authored by Luis Alejo (D-Watsonville), was approved in a 36-0 vote in the Senate after receiving unanimous approval in the state Assembly and will now go to Gov. Jerry Brown for consideration. The bill was drafted following an audit of the Salinas Valley Memorial Healthcare System that found that former Salinas Valley Memorial Hospital CEO Sam Downing had been working without a written contract for 26 years and retired with a retirement package worth $4.9 million. The audit showed that members of the healthcare system’s board of directors were not aware of the size of Downing’s retirement package because there was no written contract.

» St. Joseph Health announced that Mission Internal Medicine Group (MIMG) will become part of its healthcare system through a partnership with St. Joseph Heritage Healthcare, the health system’s statewide physician group. Based in Orange, MIMG is a 71-member internal medicine group with 11 specialties including cardiology and endocrinology. MIMG will partner with St. Joseph’s Mission Hospital, which has hospital campuses in nearby Laguna Beach and Mission Viejo. “This affiliation is a catalyst to extend our mission and enhance widespread, quality-driven community healthcare,” said Kenn McFarland, CEO of Mission

TOP STORIES CONTINUED FROM PAGE 3

Study Recommends Medicare Cuts for Hospitals in State
Reimbursement cuts recommended for 26 metro areas

A new study from the Institute of Medicine is recommending federal lawmakers reduce Medicare reimbursement to hospitals statewide by nearly 4% to adjust for variations in the cost of living and average wages paid in different regions of the state.

The study titled, Geographic Adjustment for Medicare Payments, recommends that Medicare payments to hospitals and physicians be adjusted by region based on a number of variables, including the cost of living and the average wage of employees in each area. According to the report, the intent is to “equitably compensate providers for differences in the cost of doing business” with payments in high-cost areas increased and payments in low-cost areas reduced relative to the national average.

Nationwide, the report states that its recommendations “would result in less than a 5% change—increase or decrease—in Medicare payments to 88% of hospitals.” Statewide, the report recommends reducing payments in 26 of the state’s 28 metropolitan areas. The largest cut would be a 12.3% reduction in payments in the Santa Cruz-Watsonville area in Central California followed by a cut of 11.95% in the desert city of El Centro. On the positive side, the Visalia-Porterville area would receive a 6.68% increase in payments. Twelve metropolitan areas would receive reductions of 3% or less.

While the report makes recommendations that federal lawmakers are not obliged to act on, the prospect of any decline in Medicare reimbursements is a concern to hospitals that are already losing money treating Medicare patients. “We [California hospitals] already lose $3.5 billion a year treating Medicare patients because Medicare does not fully reimburse hospitals for the cost of care,” said Jan Emerson-Shea, vice president of external affairs for the California Hospital Association (CHA). She added that, on average, Medicare reimburses hospitals only 84 cents for every dollar in spending, a level slightly higher than Medicaid at 78 cents on every dollar.

The CHA also questions the Institute of Medicine’s use of wage data from the U.S. Bureau of Labor Statistics, which uses the average wage paid to healthcare workers in various regions of the state to calculate reimbursements. Emerson-Shea said that methodology doesn’t consider the difference between hospitals that are unionized or not unionized or the impact of a state law that mandates minimum nurse-to-patient staffing ratios, which are unique to California and result in higher nurse staffing for hospitals. —Doug Desjardins
A new report shows the number of patients visiting retail-based medical clinics increased four-fold from 2007 to 2009. The study from Santa Monica-based Rand Corporation estimates there were 597 million patient visits to retail-based clinics in the United States in 2009 compared to just 148 million in 2007. The study published in the medical journal Health Affairs found that 44% of patient visits occurred on weekends or evenings, suggesting that the clinics are meeting a need for convenient care among consumers. The study also found that 47% of patient visits were made for preventive care purposes, such as vaccinations, and that 60% of patients visiting clinics did not have a primary care physician. “Retail medical clinics continue to grow rapidly and attract new segments of users,” said Ateev Mehrotra, MD, the study’s lead author and a researcher for Rand. “They remain just a small part of outpatient medical care but appear to have tapped into patients’ needs.”

State health officials have reached the halfway point on construction of a $900 million prison health facility in Stockton. The California Health Care Facility will eventually provide long-term medical and mental health care for inmates in the state’s 33 prisons. The 1.2-million-square-foot facility, which is scheduled to open in May 2013, will house 750 mental health beds and 750 long-term care beds for patients who need round-the-clock care but don’t require hospitalization.

Anthem Blue Cross and Natividad Medical Center have reached an agreement that will make the hospital a preferred provider for Anthem members. The agreement is retroactive to Aug. 1 and will provide lower out-of-pocket costs for Anthem members treated at Natividad due to the hospital’s Tier 1 preferred provider status. “This new agreement reflects Natividad Medical Center’s goal to continually improve the health status of people in our community through access to affordable, high quality healthcare services,” said Harry Weis, CEO of the 172-bed acute care hospital located in Salinas.

Hoag Memorial Hospital Presbyterian announced plans to form a partnership with hospitals in the St. Joseph Health System in Southern California. The partnership would integrate care among Newport Beach-based Hoag Memorial’s two hospitals and five of the 10 hospitals that St. Joseph’s operates in the state. “Our goal in forming this affiliation is transformational,” said Richard Afable, MD, president and CEO of Hoag Memorial. “Current models of medical care are too complex, too expensive, and lack the integration needed to effectively and compassionately care for people in need.” Under the plan, the two hospital systems expect to form an “integrated regional health system” with an “expansive physician network and numerous outpatient and urgent care facilities.” The proposed partnership must be approved by the state attorney general before it can launch.
**FEATU RE D C A R E ER O P P O RT U N I T I E S**

**COAST HEALTHCARE MANAGEMENT**

**MEDICAL DIRECTOR**

Excellent opportunity for an experienced Medical Director with a strong UM and managed care background who can lead all aspects of clinical operations. The ideal candidate will have demonstrated successful implementation of process improvement; the ability to oversee patient care through Hospitalist and case management programs; the ability to manage ER utilization; and the knowledge and ability to manage global risk. We require superior interpersonal and conflict resolution skills with the ability to articulate the goals and objectives of the organization throughout the provider network; an understanding of financial systems, business strategies, and the development of an integrated healthcare delivery network founded in quality with a commitment towards service and excellence. Candidate should be a board certified physician with at least 5 years clinical practice experience along with 5 years experience in a managed care clinical position and documented leadership capabilities.

This position offers a competitive salary and incentive package.

**RISK ADJUSTMENT CODER**

Will assist with all HCC projects. Responsibilities include handling risk adjustment related activities to ensure that CMS coding and documentation guidelines are met and members risk scores are accurately reflected. This position will assist in developing strategies to improve risk score performance through collaborations with health plans and providers. In addition handle chart reviews to identify coding opportunities, lead training seminars, physician education, perform internal chart audits to ensure preparedness for potential RADV audits, and other projects as assigned. The position requires 3+ years of healthcare coding experience, understanding of managed care, strong knowledge of CMS risk adjustment guidelines, CPC license or equivalent, strong communication skills with the ability to perform group presentations, strong data analysis, computer proficiency, and valid CA driver’s license.

Qualified candidates should send their resumes per Title in confidence to: kathryn.hogan@coasthealthcare.net

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**Sutter Health East Bay Region**

**With You. For Life.**

Treating patients with quality care means moving beyond the bedside and starting as soon as they step through our doors. It’s a simple belief that stretches across the Sutter Health East Bay Region of Alameda and Contra Costa counties, and to everyone at Sutter Health. Within our environment of collaboration, you’ll find your ideas are put to work improving patient care along every step of their visit. You’ll be challenged to make a difference while receiving every opportunity to succeed and, most importantly, work to transform healthcare one patient at a time.

**DIRECTOR OF CLINICAL OPERATIONS - Licensed**

The Director of Clinical Operations directs, supervises and coordinates all Sutter East Bay Medical Foundation (SEBMF) operations and physician activities for the assigned region of responsibility. This involves either direct or indirect responsibility for staffing, budgeting, fiscal planning, telecommunications and equipment purchases and maintenance, and facility development. This is carried out through daily interaction with physicians, managers, supervisors, and senior administrative personnel. The Director supervises staff of supervisors, clinical coordinators, medical assistants, and other clinical support, to provide for the health care needs of clinic patients and their families. This position is also responsible for personnel management issues such as staff competency, training and adherence to SEBMF standards, as well as working collaboratively with medical staff on patient care issues and department direction. **Requirements:** Bachelor’s degree required, Master’s degree in Healthcare or Business Administration is preferred. CA RN License. Minimum five (5) years experience in a managerial role. Knowledge of hospital-based ambulatory services, managerial and administrative experience in a medical clinic or group practice setting with an emphasis on clinical operations, as well as general knowledge of the healthcare system, billing processes, clinical procedures, budget preparation, staffing models, employee regulations, and previous interaction with physicians in a management role. Ability to influence and manage change; and demonstrated ability to plan, coordinate, evaluate and direct the activities of clinical personnel and projects. Preferred prior experience in Ambulatory Care Redesign, LEAN techniques, and other methodologies to drive successful clinical transformation.

As one of the nation’s leading, not-for-profit networks of community-based healthcare providers, Sutter Health East Bay Region offers all the benefits of a large network and the support you need to help you strengthen your career and the lives of your patients. To learn more and apply, please visit www.SHEBRCareers.com, or to inquire for more information, please contact Rebecca Lobough, Regional Director of Recruitment and Staffing, at lobaugr@sutterhealth.org. EOE.
Presbyterian Intercommunity Hospital
Bright Health Physicians of PIH

As an Integrated Delivery System (IDS), Presbyterian Intercommunity Hospital (PIH) and Bright Health Physicians provide a range of healthcare services to better serve its community. The IDS offers quality healthcare across multiple service lines, including utilization of primary care teams to provide general medicine and preventative care; access to emergency and urgent care, home health services and hospice; a network of over 180 specialists via Bright Health Physicians of PIH; and more. PIH is a 400-plus bed acute care, non-profit hospital which was founded in 1959 and today serves nearly 1.5 million residents in Los Angeles, the greater San Gabriel Valley and Orange County areas.

We are currently seeking a
DIRECTOR, PATHOLOGY & CLINICAL LABORATORY.

The Director is responsible for the department's continuous, effective operations and for the continuous improvement of its activities. A clear vision for the department working in concert with the strategic goals of the hospital is necessary. An unwavering focus on customer/patient, a constant emphasis on superior performance and value-added strategies, and a steadfast philosophy for the self-directed actions and staff ownership all characterize the qualities needed for this position.

Requirements include: Bachelor's degree in a clinical science; MBA is preferred. Six years of experience in a clinical science within a laboratory setting. Two years of experience in a supervisory role.

Beyond the benefits that come with working for the area's leading community health care provider – one that also recognizes the need to ensure patient safety and comfort – you’ll enjoy an extremely competitive compensation and benefits package. Plus, we use team concepts to encourage professional growth and development.

To apply or to find out more about this position, contact our recruiter at recruitment@pih.net, or online at www.pih.net. EOE.

SENIOR CONTRACT SPECIALIST – Los Angeles, CA

Children's Hospital Los Angeles, is seeking a Senior Contract Specialist to lead in negotiating, managing and evaluating payor contracts with health plans, medical groups, independent practice associations (IPA), hospitals/health care systems, government programs and other payors, as assigned. Analyzes cost and utilization data to develop rate proposals. Understands contractual provisions, related to both financial and operational issues, and has the ability to present contractual language recommendations to Administrator of Contracts. Strong analytical/deductive, mathematical analysis and problem solving skills. Proficient in data manipulation and spreadsheet development. Familiarity with various reimbursement methodologies, including per diems, case rates, and stoploss. Ability to work independently and effectively under pressure to meet deadlines.

Qualifications: A Bachelor’s degree in Business Administration or an equivalent combination of related work experience and education. Masters degree preferred. 4 years experience in healthcare contract negotiation. Must have prior hospital contracting experience.

Please send resumes to Claudia Mares cmares@chla.usc.edu or call 323-361-7693. www.CHLA.org/careers

PATIENT FINANCIAL SERVICES MANAGER
Mammoth Lakes, CA

Alpine resort hospital on the eastern slope of the Sierra Nevada seeking experienced Patient Financial Services Manager. Knowledge of health care billing and collection processes required. The successful candidate will have direct responsibility for all patient billing, collections, and revenue cycle functions. Reports directly to the CFO. Must have strong management, problem solving, and customer service skills. Proven success in motivating staff to achieve positive results. Outdoor recreation enthusiast will enjoy limitless skiing, hiking, mountain biking, and fishing.

For more information and to apply on-line, visit www.mammothhospital.com, or contact Human Resources at 760-924-4111.
L.A. Care
HAELTH PLAN

LA Care Health Plan is looking for a HEALTH INFORMATION TECHNOLOGY (HIT) PROGRAM MANAGER.

As the nation’s largest public health plan, we are dedicated to helping Los Angeles County residents obtain health care for their families from doctors and other health care providers. LA Care Health Plan is a community-accountable health plan that serves over 1,000,000 Los Angeles County residents through four free or low-cost health insurance programs: Medi-Cal, Healthy Families, L.A. Care’s Healthy Kids, and L.A. Care Health Plan Medicare Advantage HMO.

The Health Information Technology (Health IT) Program Manager will have responsibility for strategic planning and project management of technology enabled initiatives to improve clinical quality and operational outcomes for L.A. Care’s members in accordance with the Health IT strategic plan and federally supported project workplans. The Health IT Program Manager will lead in developing and overseeing project plans as well as the technical and analytical infrastructure necessary to maximize the use of health information technology and telehealth and effectively utilize the data to improve patient health outcomes and obtain available marketplace incentives. This position will have a key role in the development, project management and delivery of Health IT adoption and implementation support services to L.A. Care’s members and providers and will serve as liaison with HITEC-LA, working closely with their technology staff on statewide health IT issues and initiatives. The Health IT Program Manager will directly manage the collaboration across the Health Services department and other departments in coordinating Health IT programs.

QUALIFICATIONS: Bachelor’s degree in related field required, Master’s preferred. PMP certification preferred. Minimum of 7 years experience in health care information systems and project management. Primary Health Care services experience, Safety-Net and public health provider knowledge a plus. Knowledge of emerging Social media application in healthcare in all settings a plus. Knowledge of eHR systems and practice management. Knowledge of current healthcare landscape and awareness of existing and emerging state and national Health IT initiatives. Excellent communication (verbal and written) and presentation skills. Must possess excellent computer skills, particularly with all Microsoft Office applications, including Word, Excel, Access, PowerPoint and Outlook. Excellent client/customer service orientation. Ability to deal effectively with a variety of people and work in a team environment. Ability to multi-task, prioritize and work under deadlines. Must be detail oriented. Public Health and Safety-Net provider knowledge a plus.

Qualified candidates please apply to clefebvre@lacare.org.

MEDICAL DIRECTOR (Buena Park, CA)

The Medical Director is accountable for medical management oversight of AppleCare patient populations with emphasis on Dual Eligible and ACO beneficiaries and will report to the AppleCare Medical Management CMO. Responsibilities include the development and implementation of clinical programs that support CMS Triple Aim, as well as oversight of all clinical functions related to referral management, case management, quality improvement and population management activities. This is a key leadership role that will make significant contributions to AppleCare Medical Group, AppleCare Medical Management, and AppleCare ACO structure and processes.

QUALIFICATIONS: An active California MD license. Minimum 2 years of experience in a Medical Director capacity in a managed care environment. Knowledge of ACO, HMO, CMS, Medi-Cal benefits structures and regulations. Prefer board certification in Internal Medicine or related field.

For a detailed job description, please email Jennifer Schaible at Jennifer_Schaible@uhg.com. You may also email Jennifer with your MS Word resume for immediate consideration (please include “AppleCare Medical Director” in the subject line.)
### Central California Alliance For Health

#### Scotts Valley Region

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<tr>
<th>Provider Services Network Manager</th>
<th>Utilization Management Manager - Concurrent Review</th>
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<tr>
<td><strong>Under the direction of the Provider Services Director, this position is responsible for all aspects of Network development and servicing, staff recruitment, training and supervision. The Network Manager will monitor and create access and availability within the provider network and will identify, develop and implement departmental objectives, policies and procedures.</strong></td>
<td><strong>Under the direction of the Utilization Management Director, manages and supervises the Concurrent Review Nurses and other staff as assigned. Ensures that inpatient concurrent review and retrospective review requests are performed using nationally recognized guidelines such as the Milliman Care Guidelines or other evidence based criteria and utilizing the Alliance Care Tracking system (ACT). The UM Manager will provide leadership in Health Services programs, operations, projects, policies and procedures to ensure high quality results.</strong></td>
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<td>The Network Manager will develop, implement and maintain provider recruitment and servicing standards, goals and objectives; will develop and maintain relationships with key providers; will administer provider contractual compliance and will monitor and evaluate network capacity. The Network Manager also develops recruitment strategy based on market analysis, monitoring of provider satisfaction with payment policies, provider capacity and accessibility.</td>
<td>The position requires a Bachelor’s degree in Nursing (BSN) OR an Associate’s degree in Nursing (ADN), Associates of Science degree in Nursing (ASN) with a Bachelor’s degree in a closely related field is required. Master’s degree preferred. Also requires a current, California license as a Registered Nurse, a minimum of five (5) years of utilization management experience, preferably in a managed care setting and a minimum of three (3) years of direct clinical nursing experience. A minimum of three (3) years of supervisory or team leadership experience is also required. Certification in Case Management or willingness to acquire within first year of employment.</td>
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<td>Conducts initial and ongoing staff training and development, including ensuring superior knowledge of Plan policies, procedures, contract terms and conditions and payment policies.</td>
<td>Must possess knowledge of Knox Keene, Medi-Cal and related policies and Title 22 regulations. Knowledge and understanding of the concepts pertaining to managed health care and the ability to effectively use MS Word, Excel and Outlook is required.</td>
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<td><strong>The ideal candidate will:</strong> 1.) Be a clear communicator both verbally and in writing 2.) Have a strong ability to develop effective relationships with internal and external customers 3.) Be an experienced, seasoned manager 4.) Have familiarity with regulatory requirements for Network development 5.) Have some experience with Medicare</td>
<td>For complete position descriptions and to apply on-line, please visit us at <a href="http://www.ccah-alliance.org/careers.html">www.ccah-alliance.org/careers.html</a>. This is an Exempt position.</td>
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<td><strong>The position requires a Bachelor’s degree in Health Administration or a closely related field and three (3) years of management level experience in managed care, which must have included experience with complaint/grievance resolution systems and activities, preferably in health services or government assistance programs; or any combination of education and experience which would provide the required knowledge and abilities. Experience in prepaid health system is preferred.</strong></td>
<td><strong>No telephone calls please.</strong></td>
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We are currently seeking motivated professionals to join our team:

**Monterey Park Office:**

**VICE PRESIDENT OF MEDICAL SERVICES – MEDICARE**

Responsible for the planning, organization, implementation and evaluation of the Company’s Medicare Utilization Management Plan. Responsible for staffing, directing and controlling administrative functions. Ensures effective interface and cooperation with other departments in order to achieve organizational goals. Requires current California RN License. Minimum 6-8 yrs mgmt experience in a managed care environment and 5 yrs utilization/case mgmt experience. Knowledge of applicable regulations, with a focus on Medicare. California driver’s license with ability to provide own transportation.

**VICE PRESIDENT OF MEDICAL SERVICES – MEDI-CAL**

Responsible for the planning, organization, implementation and evaluation of the Company’s Medi-Cal Utilization Management Plan. Responsible for staffing, directing and controlling administrative functions. Ensures effective interface and cooperation with other departments in order to achieve organizational goals. Requires current California RN License. Minimum 6-8 yrs mgmt experience in a managed care environment and 5 yrs utilization/case mgmt experience. Knowledge of applicable regulations, with a focus on Medi-Cal. California driver’s license with ability to provide own transportation.

**MANAGER OF COMPLEX CASE MANAGEMENT**

Responsible for daily operations of the Complex Case Mgmt Dept. Goal is to optimize member care in ambulatory care setting. Ensures case managers are working with members regarding identified condition(s). Develops and implements policies to enhance performance and maintain efficient workflow. Requires minimum 3 yrs mgmt experience responsible for case mgmt services. Minimum 3 yrs in high-risk/complex case mgmt; 3 yrs acute inpatient nursing, critical care preferred; 3 yrs working in managed care. Knowledge of Medicare, Medi-Cal, DHCS, DMHC, and NQQA standards preferred. Active California RN License. California driver’s license with ability to provide own transportation.

**San Diego Office:**

**DIRECTOR OF MEDICAL SERVICES**

Responsible for planning, organizing, implementing and evaluating the Case Management Program, as well as directing other department administrative functions. Requires current California RN License. Minimum 5 years management experience, preferably at a director level, and UM/Case Management experience, preferably at the HMO level. Knowledge of Medi-Cal, NQQA, COC, SDHS, and CMS regulations.

Submit resume, including salary history, to Jobs@Care1st.com or by fax to (323) 889-6300. Reference job opportunity in submission. Care1st is an equal opportunity employer.

We’re not the biggest or the oldest. We’re just out to be the best.

**Featured Career Opportunities**

**Chief Operations Officer**

Under direction of the CEO, the Chief Operations Officer is responsible for day-to-day operation of the IPA, including Claims, IT, System Configuration, Data Management and Analysis, Compliance and Human Resources. Position is integral to the development and implementation of strategic goals for the organization, including integration of the IPA and hospital systems (THIPA is now a division of Torrance Memorial Medical Center). Ability to review and prioritize company operations and efficiency in relation to business needs, technology and staffing. Continuous evaluation of systems for efficiency, affordability, productivity and effectiveness, leading to recommendations for system changes, upgrades and staff training. Extensive background in claims payment, contract management, DOFR application and overall understanding of IPA functions.

Minimum of a Bachelor’s degree in a health related field. Masters in Business, Public Health or Healthcare Administration preferred. An IT background or excellent comprehension of IT systems including network maintenance, IPA claims systems and ancillary systems that support the operating system is required. Experience with EZ-CAP, Crystal reports and use of a data warehouse is a plus.

**Ambulatory Care Manager**

The Ambulatory Care Manager coordinates and monitors the health needs of members with complex medical and/or social needs. Performs a continuum of care process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to promote quality and cost-effective outcomes. Develops individualized care plans that enable the member to achieve maximum functional potential. Refers the patient to appropriate community resources, social services and programs that will assist the member in improving and maintaining health. Provides coordination of services among medical personnel and acts as a resource to the member to ensure seamless transitions of care.

Educational Requirements: Bachelors, Associates degree or diploma in Nursing, Behavioral Sciences, or Social Work is required.

THIPA was founded in 1987 and serves the South Bay area of Los Angeles, from El Segundo to San Pedro. Many of our staff have worked at THIPA for over 15 years, a testament to the company’s commitment to our employees.

Please submit resume and salary history to hr@thipa.com.
EMPLOYMENT OPPORTUNITIES

Gold Coast Health Plan

Health Plan in Ventura County is seeking qualified applicants for the following positions:

• QI PROJECT MANAGER (EMPHASIS)
  FACILITY SITE REVIEW RN – MASTER TRAINER
• CHIEF OPERATIONS OFFICER
• DIRECTOR, HEALTH SERVICES
• MANAGER CARE COORDINATION
• DIRECTOR OF IT
• HR DIRECTOR/MANAGER
• HR ANALYST II
• HR TECHNICIAN

Competitive Salary and Excellent Benefits Package.

Please see: www.calopps.org/member.cfm and click on Local/Regional Government Services for complete job description. Only applications/resumes submitted on CalOpps will be accepted.

Easy Choice Health Plan

MEDICAL CLAIMS EXAMINER – Part Time

Adventist Health is seeking a Part Time Claims Examiner located in its Ontario, CA office. Candidate will provide claims payment and other related activities for services provided to prepaid (capitated) managed care members on behalf of Adventist Health hospitals and will work closely with the Managed Care Department, as well as other departments. Candidate will also interact with health plans and other outside entities. The position requires an individual who is highly organized and able to handle multiple tasks. Must have analytical and problem solving skills, be detail oriented and have excellent written and oral communication skills. Successful candidate must have a minimum of 3 years experience in performing claims payment activities. Knowledge of EZ Cap is preferred.

Qualified candidates may email their resume to ibarram@ah.org, or mail it to:

Adventist Health, Attn: Personnel
3602 Inland Empire Blvd, Suite C-110
Ontario, CA 91764

MSO DIRECTOR

MSO located in San Gabriel Valley is filling a Director of Operations position. The MSO manages over 120K lives. Education and/or Experience Requirements: 3-5 years related managed care experience, working knowledge of EZ CAP, Claims Processing, Eligibility, IT, Finance, and Compliance. To apply, send resume to Kendra at LEN9659@aol.com.

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