California Forging Ahead with Federal Healthcare Reform
Analysts say GOP Congress could still hinder efforts

The re-election of President Barrack Obama has essentially cleared the way for the state to implement provisions of federal healthcare reform in 2013 and prepare for its arrival in 2014, though Republican opponents in Congress could still attempt to withhold funding.

Heading into the presidential election, there were concerns that a defeat of Obama would open the door to a repeal of the Patient Protection and Affordable Care Act (PPACA) or a watering down some of its provisions, something GOP challenger Mitt Romney told supporters he would attempt to do if elected. But with the president's re-election official and Democrats still in control of the Senate, those concerns have receded.

"The election removes what was really the last distraction from focusing on the job, which is to get millions of Californians enrolled in health coverage," said Peter Lee, executive director of Covered California, the state's health benefit exchange. "This marks a new starting line to implement the Affordable Care Act."

Earlier this year, state legislators delayed approval of some key bills due to concerns about a potential effort to repeal the PPACA. Those bills are expected to be reconsidered at a special legislative session tentatively scheduled for Dec. 3, the day newly elected legislators are due to be sworn in.

They include Senate Bill 961 authored by Sen. Ed Hernandez (D-West Covina). SB 961 and its companion bill Assembly Bill 1461 call for a number of changes in the individual health insurance market, including a ban on denying coverage to consumers based on pre-existing conditions and limiting the factors insurers can use to establish premiums to "age, geographic region, and family size."

Both bills were approved by the state legislature but vetoed by Gov. Jerry Brown. In his veto message, Brown said he supported the goal of the bills but that they "failed to adequately link our state reforms to federal law." The veto

« CONTINUED ON PAGE 2 »
Gold Coast Health Plan (GCHP) appointed Michelle Raleigh as its new chief financial officer effective Nov. 13. Raleigh replaced Sonia De Marta, who was serving as interim CFO and is now GCHP’s controller. "We are pleased to have Michelle join our executive management team," said Michael Engelhard, CEO of GCHP. "Her actuarial experience and knowledge of the Medi-Cal program will be invaluable as we pursue Gold Coast Health Plan’s strategic objectives.” Prior to joining GCHP, Raleigh served as senior manager at Deloitte Consulting, LLP. Prior to joining Deloitte, she worked for the Centers for Medicare & Medicaid Services and the California Department of Health Care Services.

Anthem Blue Cross and the University of California announced plans to form an accountable-care initiative called the California Health Alliance. The initial focus of the initiative will be management of patients with chronic health conditions and the expansion of alternative delivery systems—such as telemedicine—to improve access to care. “As two of the state’s leading organizations, this new affiliation has the ability to revolutionize California’s healthcare delivery system,” said John Stobo, MD, senior vice president for UC Health. “By coming together, we know we can develop meaningful research, policy, and best practices that can be leveraged on a broader scale to help improve the state’s healthcare system and the health of the population at large.”

State providers have received $413 million in payments

California physicians continue to make progress in adopting electronic health records (EHRs) even though smaller practices are still having problems making the transition.

As of June 1, nearly 4,300 healthcare providers in the state had received incentive payments totaling $413.5 million according to data from the Centers for Medicare & Medicaid Services.

Get research-based insights into what physicians want

Based on an in-depth survey of nearly 200 physicians

www.healthleadersmedia.com/HealthLeaders-Books
hospitals and five academic health centers based in Los Angeles, San Diego, San Francisco, Davis, and Irvine.

» St. John’s Health Center has teamed with Toumaz Limited to test a new technology that can wirelessly monitor a patient’s vital signs. The SensiumVitals system uses thin, disposable wireless strips to monitor a patient’s heart rate, temperature, and other vital signs. "This pilot is a major milestone for Toumaz as we start to commercialize our low-cost, low-power wireless technologies for use in the medical markets," said Toumaz CEO Anthony Sethill. "Early feedback from patients and hospital staff at St. John’s has been very positive with the device detecting deterioration in patient’s conditions instantaneously, enabling intervention much sooner than normal." St. John’s is an acute care hospital located in Santa Monica.

» Registered nurses at eight Sutter Health hospitals in the San Francisco Bay Area and two HCA-affiliated hospitals in San Jose are planning a two-day strike Nov. 20-21. Nurses at both health systems said the strike is in response to stalled contract negotiations and proposed changes to healthcare and pension benefits. Sutter hospitals that are expected to be impacted by the strike include Alta Bates Summit Berkeley, Alta Bates Summit Herrick, Alta Bates Summit Oakland, Eden Medical Center in Castro Valley, Novato Community Hospital, San Leandro Hospital, Sutter Delta in Antioch, and Sutter Solano in Vallejo. Nurses at

TOP STORIES CONTINUED FROM PAGE 2

EHR Adoption Rates cont.

for Medicare & Medicaid Services (CMS). That total represents about 8% of the $5.7 billion in payments received by U.S. providers and the payments have helped spur some fence-sitters to adopt EHR systems.

"The incentive payments have been helpful," said Mary Franz, executive director of the Health Information Technology Extension Center for Los Angeles (HITEC-LA). "What seems to be driving physicians who were hesitant at first is a combination of peer pressure from seeing other physicians adopt EHRs and the fact they’re seeing many physicians being paid for their investment."

And it helps that the first payments physicians receive are a significant sum. Federal incentive payments for meeting meaningful use standards can total up to $64,000 for Medi-Cal and up to $44,000 for Medicare. "The first payment for Medi-Cal is $21,000 and for Medicare there’s an $18,000 first payment," said Franz.

HITEC-LA and other regional extension centers in the state help providers find qualified EHR vendors who can help them meet meaningful use standards and provide technical assistance to launch their EHR systems. To date, HITEC-LA has enrolled 3,600 providers in its program to help physicians adopt EHRs and Franz said 92% already have EHR systems in place or are in the process of ramping them up.

CalHIPSO, the largest regional extension center in California, has enrolled 8,365 providers in its program and 65% of its enrollees have adopted an EHR system. "For the small and solo providers who have yet to implement an EHR system, cost is still a major barrier to entry," said Dorian Seamster, chief quality officer for CalHIPSO. "More than just the start-up expense of an EHR, providers are concerned that unknown and ongoing EHR maintenance expense could put a serious strain on the viability of their practice, which already operates on a very small margin."

Those difficulties were reflected in a study conducted by the CMS in 2011, when the percentage of physicians in the U.S. using EHRs was 55%. At the time, the EHR adoption rate among solo practices was 29% compared to an 86% adoption rate among physician groups with 11 or more members. Franz said many solo practices in California have been joining larger medical groups to gain access to the resources they need to adopt EHRs.

A survey released in October by research firm CapSite estimates that 69% of physicians in the U.S. are now using EHRs. While adoption rates in California have not been compiled for 2012, a 2011 study conducted by the California Healthcare Foundation estimated that 48% of physicians in California were using EHRs. The study noted the adoption rate among solo practices was only 20% but was 80% among physician groups with 51 or more members. —Doug DesJardins
In Brief

Continued from page 3

two HCA hospitals—Good Samaritan Hospital and Regional Medical Center in San Jose—are also expected to take part in the strike for one day.

» WellCare Health Plans announced the completion of its acquisition of the Easy Choice Health Plan. Long Beach–based Easy Choice currently serves approximately 36,000 Medicare Advantage plan members in Los Angeles, Orange, Riverside, and San Bernardino counties in Southern California and plans to add six additional service areas in 2013 including San Diego County and five counties in Northern California. According to a press release from WellCare, Easy Choice members will experience no change to their benefits. Based in Tampa, WellCare currently serves nearly 2.6 million Medicaid and Medicare beneficiaries in the United States.

» The University of California Board of Regents this month is scheduled to consider a proposal that the UC Davis Medical Center form a partnership with Dameron Hospital. According to a report in the Sacramento Business Journal, Dameron has been in talks with UC Davis since 2011. The plan is to create a limited liability company with Dameron, a 202-bed acute care hospital located in Stockton. “As we look at the way the market is consolidating—not just in California but nationwide—we need more affiliations for economies of scale,” said UC Davis Medical Center CEO Ann Madden Rice. “Our vision is not to operate a lot of community hospitals but to engage the local community hospitals in a coordinated effort.”

Voters Approve Salary Limit for El Camino Hospital Executives

Ballot measure could draw legal challenge

Officials from El Camino Hospital and the El Camino Healthcare District are considering options that could include legal action following voter approval of a ballot measure that will cap salaries of hospital executives.

Earlier this month, voters in Santa Clara County approved Measure M, which will limit salaries for executives at El Camino Hospital in Mountain View to no more than twice the annual salary of Gov. Jerry Brown, which is currently $165,000. The measure, which passed by a 51.2% to 48.8% vote, was sponsored by the Service Employees International Union - Healthcare Workers West (SEIU), which said it would “hold the hospital accountable for lack of transparency with public tax dollars.”

El Camino Hospital spokesperson Chris Ernst said the board of directors discussed a response to Measure M at its November board meeting. “The board decided to pursue a legal exploration of its options regarding Measure M and will take further action at its meeting in December,” said Ernst. “From the beginning, we’ve felt Measure M had no legal merit.” Ernst said the hospital will continue to pay hospital executives their existing salaries.

An impartial analysis of the bill provided by San Clara County legal advisors noted that, “there is a legal question whether a hospital district is subject to a voter approved initiative.” Measure M has its roots in a contract dispute between hospital officials and the SEIU, which gathered enough signatures in April to place it on the ballot. The SEIU and El Camino Hospital eventually settled their contract dispute in September.

El Camino executives suggest that salary caps will make it difficult for the hospital to hire and maintain good executives. According to an analysis of the measure, seven executives at the hospital have salaries ranging from $400,000 to $700,000 and would be impacted by the measure. Topping that list is CEO Tomi Ryba, who reportedly receives a base salary of $695,000.

Salary and compensation packages for executives at hospitals run by healthcare districts become an issue in 2011 when former Salinas Valley Memorial Healthcare System CEO Sam Downing received a $4.9 million retirement package. The controversy led state Assembly member Luis Alejo (D-Salinas) to draft Assembly Bill 2115, which would require healthcare districts to have written, transparent compensation contracts with their CEOs. The bill was approved by legislators but vetoed by Brown, who said most healthcare districts already have transparent policies in place for hospital executive contracts. —DOUG DESJARDINS
community, while bringing expertise, training, and resources they might not have access to.” The board of regents is due to consider the proposal by the end of November.

» A new report from the March of Dimes estimates that preterm births in California accounted for 9.8% of all births in 2011, a decline from 10.3% in 2010. California’s rate was well below the national average of 11.7% and the fifth-lowest in the United States behind Vermont, Oregon, New Hampshire, and Maine. The rate of preterm births has steadily declined from a high of 10.9% in 2006. “We will continue to work with the state of California to improve access to healthcare, help women quit smoking, and encourage women and healthcare providers to avoid scheduling a delivery before 39 weeks of pregnancy unless medically necessary,” said Leslie Kowalewski, associate director of the March of Dimes California Chapter. The March of Dimes attributes the decline in the rate of preterm births in California to several factors, including smoking cessation programs and increased access to care for pregnant women. Preterm births—which are defined as births before 37 weeks of gestation—are a leading cause of death among newborns and can lead to the development of chronic health conditions later in life.

» Adults who reported ever having a head injury or exposure to the herbicide paraquat were nearly three-times as likely to develop Parkinson’s disease later in life, according to a study conducted at the UCLA Fielding School of Public Health. The study involving more than 1,000 adults living in Central California found that those with Parkinson’s disease were twice as likely to have suffered a head injury in which they lost consciousness for more than five minutes and more likely to have lived within 500 meters of an area where paraquat was used. “While each of these two factors is associated with an increased risk of Parkinson’s on their own, the combination is associated with a greater risk than just adding the two factors together,” said Beate Ritz, lead author of the study published in the medical journal Neurology.

» The Hospital Council of Northern and Central California has recognized six hospitals as top performers in the state’s Patient Safety First program to reduce hospital-acquired infections (HAIs). The hospitals were recognized for reducing two or more types of HAIs to zero and maintaining that level from April 2011 through June 2012. Hospitals recognized include St. Mary’s Medical Center San Francisco, Colusa Regional Medical Center, Kaiser Permanente Fresno Medical Center, Sutter Tracy Community Hospital, Memorial Medical Center in Modesto, and St. Joseph’s Medical Center in Stockton. “Patient Safety First is an example of how hospitals can improve patient safety and quality of care while reducing costs on a larger scale when everyone works together,” said Art Sponseller, president of the Hospital Council of Northern and Central California.

FREE THREE-WEEK TRIAL!

Sign up a colleague for a FREE three-week e-mail trial to California Healthfax. Just fill out the form and fax this sheet to 800/639-8511.

HIRE POWER: HEALTHFAUL CLASSIFIED ADS WORK!

CALL 888/834-4678

IN BRIEF CONTINUED FROM PAGE 4

EVENTS

Dec. 3-4. Industry Collaboration Effort (ICE) Annual Conference. Hyatt Regency Hotel, San Francisco. Two-day event focused on healthcare industry trends and developments and opportunities for health plans, physician groups, and healthcare administrators. To register, please visit http://www.iceforhealth.org/eventdetail2.asp?id=57

Dec. 5. 5th Annual Southern California CIO Forum. Center for Healthy Communities at the California Endowment, Los Angeles. Annual gathering of information technology experts focused on best practices and trends in health information technology. Sponsored by the Health Information Management System Society, Southern California Chapter. To register, please visit http://www.weyond.com/himss/social/cioforum/2012/


Get your event listed in Healthfax! E-mail the details to: ddhealth@netzero.net.
FEATURed CAREER OPPORTUNITIES

SENIOR PRODUCT MANAGER
(Cerritos, CA)
The Senior Product Manager is accountable for leading the development and implementation of market strategies and competitive product/benefit offerings for CareMore. **Education and/or Experience:** Bachelor’s Degree (or equivalent experience), Masters preferred. **Certificates, Licenses, Registrations:** PMP desired. **Other Qualifications:** 10 years of managed care experience required, with a successful track record in two or more of the following areas: product development, product management, business development, strategic planning, or market management. Experience organizing, leading and successfully completing Health Plan related projects or implementations (5+ years experience preferred). Knowledge of CMS Part C and D requirements and Medicaid experience preferred.

PROGRAM DIRECTOR, CLINICAL EXPANSIONS
(Cerritos, CA)
This position will be responsible for managing the expansion of CareMore’s clinical model in new markets. This includes facilitation and oversight of expansion project plans, development and execution of initiatives to support replication and scalability, and partnering with the Senior Medical Officer to integrate the clinical model with new provider partners. **Education and/or Experience:** Bachelor’s degree required; Master’s degree preferred. 7-10 years in a program/project director and manager role, or: a Network Operations role directly responsible for execution of large scale change efforts. 5+ years health care experience.

CAREMORE TOUCH NURSE PRACTITIONER
(Phoenix, AZ / Mesa, AZ)
The Nurse Practitioner for our “Touch” program (institutional special needs plan), ensures effective and efficient treatment of our Touch members. This individual will be responsible for managing patient care at multiple facilities through the implementation of cohesive and efficient processes, with emphasis to include patient and family satisfaction and physician and facility support. This individual provides general medical care and treatment to members in institutionalized settings such as nursing homes, assisted livings, or board & care facilities, under the direction of the Physician. **Education and/or Experience:** Master’s degree in Nursing with emphasis in Family, Adult, or Gerontological practice. **Certificates, Licenses, Registrations:** Current registered nursing license and Nurse Practitioner license in good standing with the state in which you are applying.

HOSPITALIST
(Corona, CA / Los Angeles, CA / High Desert, CA / Riverside, CA / Upland, CA / Las Vegas, NV)
The Hospitalist provides Internal Medicine Services to patients. **Responsibilities include:** Round in the hospital in the mornings and sees an average of 6 to 10 patients. Conference calls with Case Managers to review patients, and discuss the discharge needs and plans. Admit the patients from the ER in the afternoon (usually 2 to 4 patients), if they are assigned ‘float’ position for the given day. Work with Case Managers in transferring the patients from ‘out of area’ hospitals into network hospitals. See patients in the CareMore Care Center (CCC). All patients discharged from the hospital are seen by the Hospitalists in the clinic until they are stabilized. Patients with falls are assessed. Pre operative clearance is done on patients undergoing surgeries requiring general and spinal anesthesia. Assist Nurse Practitioners by reviewing the cases with them. See the ‘skilled’ patients in the SNFs. These patients are seen once a week until they remain skilled, which is normally from 1 to 2 weeks. Attend the SNF meetings once a week to review the cases. **Education and/or Experience:** Internal Medicine Residency, Medical Doctorate, and minimum of 2-3 years of Hospitalist experience preferred. Bilingual Spanish preferred. **Certificates, Licenses, Registrations:** Medical License in the state in which you are applying, DEA license. Must be board-certified or board eligible in specialty.

CLINICAL INSTRUCTIONAL DESIGNER
(Cerritos, CA)
The Clinical Instructional Designer is responsible for analyzing, designing, developing, implementing, evaluating,
and facilitating comprehensive learning solutions to develop training that supports the delivery of the CareMore model for diverse clinical teams within CareMore. Clinical teams include Physicians, Nurse Practitioners, Case Management, Medical Assistants, and Clinical Department Educators. Work independently as a part of the Clinical Operations Department, which also includes Program Managers. The role of the Clinical Operations Department is to assist CareMore’s Clinical Teams to: develop and implement new systems, clinical programs, and work processes; improve operating infrastructure where needed; and roll out market expansions. **Education and/or Experience:** Bachelor’s degree in related field or combination of education and experience. Master’s degree strongly preferred. Minimum of 2 years of training and development experience. ASTD certificates a plus. Minimum of 2 years of training and development experience. 2 years of experience working with Physicians, Nurse Practitioners, or other Health Care professionals.

**NURSE PRACTITIONER**
(Corona, CA / Modesto, CA / Downey, CA / San Bernardino, CA / San Jose, CA / Upland, CA)

CareMore’s Nurse Practitioners are the lead care managers for patients with chronic conditions. They provide exceptional care to our members in our Care Centers, and other care environments. **Education and/or Experience:** Masters Degree in Nursing required. **Certificates, Licenses, Registrations:** Current NP certification, RN license, Furnishing and DEA licensure in good standing as required in the state in which you are applying.


For more information about CareMore please visit [www.caremore.com](http://www.caremore.com)

As an Integrated Delivery System (IDS), PIH Health provides 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 and more. PIH Health’s services includes a 400-plus bed acute care, nonprofit hospital founded in 1959 and today serves over 1.5 million residents in Los Angeles, the greater San Gabriel Valley and Orange County areas.

**We are currently seeking an MD, Physician Advisor.**

The MD, Physician Advisor provides medical direction in the care management, clinical documentation improvement, coding, quality measurement and compliance process. This process partners with physician peers to accurately and compliantly describe the appropriate admission status for their patients in the hospital environment. The candidate will define and document diagnostic and therapeutic terminology that is clinically congruent with HIPAA transaction sets (e.g. ICD-9-CM, CPT, HCPCS). He/she will support the development of documentation infrastructure that eases the burden of capturing these elements. The Physician Advisor measures outcomes and cost efficiency using generally accepted methodologies and adheres to regulations established by government, the Joint Commission, and other accrediting agencies.

The MD, Physician Advisor will support the hospital’s quality, utilization management, clinical resource management, information technology (especially electronic medical record), clinical documentation improvement, coding and compliance efforts.

**Requirements include:**
- Graduate of an accredited medical school and completion of residency program.
- Current licensure as a physician in the state of California.
- Experience and training in medical necessity and acuity assessment on patients of all ages.
- Experience as a physician advisor and/or experience reviewing medical records for QIO’s, payers and regulatory compliance.

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 profession growth and development.

To apply or to find out more about this position, contact our recruiter at randi.katz@pihhealth.org or online at [www.pih.net](http://www.pih.net). EOE.
Featured Career Opportunities

Inland Empire Health Plan (IEHP) is one of the largest not-for-profit health plans in California. We serve over 500,000 members in Riverside and San Bernardino counties in Medi-Cal, Healthy Families, 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!

**DIRECTOR OF HEALTH ADMINISTRATION**

Under the direction of the Chief Medical Officer, the Director of Health Administration is responsible for direct support in managing the operation of the Medical Services Department. In this capacity, the Director will coordinate and/or manage activities that involve multiple divisions within Medical Services, be responsible for timely preparation of monthly Board reports, oversee department administration functions, represent IEHP at selected external local, regional and State Meetings, and perform other duties as assigned by the Chief Medical Officer. Bachelor’s degree required, Master’s preferred, in Business or health related field. 5 or more years experience managing health care operations, HMO or Medical Groups preferred. Valid CA Driver’s license and insurance.

**DIRECTOR OF UTILIZATION MANAGEMENT – INPATIENT, RN**

Thorough knowledge of state and federal requirements, including CMS, DHCS and DMHC. Knowledge of Medi-Cal managed care. Must have experience with inpatient/concurrent review and DRGs. Must have a high degree of patience; attention to detail; excellent writing, communication skills, and organizational skills; and sensitivity to a multi-cultural environment and community. CA RN license required. Bachelor’s degree required in related field, Master’s preferred. Significant experience (beyond required experience) may be substituted for education requirement. 5 or more years of management experience in Utilization Management/Case Management in a healthcare delivery setting. Experience in an HMO or managed care setting preferred, including Medicare Advantage health plan.

**ENCOUNTER DATA MANAGER**

Under the general direction of the Director of Healthcare Analytics, the Encounter Data Manager is responsible for monitoring all stages of encounter data processing to ensure that IEHP meets all state and federal encounter data reporting requirements and ensures complete data capture for effective quality reporting (e.g., HEDIS). Techniques of systems analysis, design, and implementation, including database management techniques, principles and practices of project control. Knowledge of and experience with encounter data requirements for health plan reporting to state and federal regulators. Bachelor’s degree preferred. For non-degree candidates, 10 years of experience in programming, analysis and design, systems development or system administration can be used in lieu of degree requirements. The following experience may be concurrent: 4 years in programming, analysis and design, systems development, or system administration. Minimum of 2 years experience working in a managed care or healthcare environment.

**MEDICARE DATA MANAGER**

Oversee the Medicare RAPS submission process to ensure timely, accurate and complete processing of all RAPS data to CMS. Oversight of all Medicare Part C and D data validation audits and ensure accurate and timely submission to CMS of all Medicare Part C and D reports generated by the Healthcare Analytics Department. Bachelor’s degree in a health related field required, Master’s preferred. Possession of a valid CA driver’s license. 2 or more years experience in Health Plan Reporting, Medicare part C and D reporting or HCC-informatics at a Health Plan level.

**REGISTERED DIETITIAN**

Provides nutritional assessment, education and counseling to Members, consults with staff to help develop the nutrition component in care plans, and assists with health education materials development. 3 years experience in a healthcare delivery setting. Must be able to lift, push or pull up to 50 lbs. Participate in community educations and outreach activities. Bachelor’s degree required. Possession of a valid RD license issued by the State of CA. Valid CA driver’s license and insurance required.

**UM OUTPATIENT NURSE SUPERVISOR, RN/LVN**

Self-starter and a team player, analytical, time management and problem solving skills. CA RN/LVN License required. Bachelor’s degree preferred. 3 or more years of experience with medical groups and an in-depth knowledge of all aspects of managed care operations with extensive knowledge of HMO and IPA operations with an emphasis on Utilization and Case Management. Must have a high degree of patience, excellent communication, interpersonal and organizational skills. Microsoft Applications for use in all aspects of an office environment.

IEHP offers a competitive compensation and benefits package. Please apply on-line or FAX your resume:

**INLAND EMPIRE HEALTH PLAN, San Bernardino, CA**

FAX (909) 890-2929, EOE

Visit our website at [www.iehp.org](http://www.iehp.org)
CalOptima is a public agency that administers health insurance programs for children, low-income families, seniors and people with disabilities in Orange County. With more than 413,000 members, CalOptima is Orange County’s second-largest health insurer overall, covering one in seven residents and one in three children. The agency serves members through three programs: Medi-Cal, the Healthy Families Program and OneCare (HMO SNP). In addition to focusing on the health of members, CalOptima is recognized locally and nationally for excellence as an employer. CalOptima has been honored repeatedly by OC Metro, the Orange County Business Journal and The Orange County Register as an outstanding place to work.

CalOptima offers an excellent work environment that includes flexible scheduling plans, a highly competitive benefits package and an organizational mission that drives our employees to excel!

Please apply online at: www.caloptima.org

DIRECTOR, NETWORK MANAGEMENT

This position will develop and manage the Network Management department to establish and maintain an effective countywide delegated network of qualified, quality providers including physician groups, partner health plans and delegated and FFS hospitals. This job requires superb communication and negotiation skills. Organize and direct the development and maintenance of a provider network to serve those members served by CalOptima directly in its assorted product lines. Will direct the activities of the Network Management department that include contracting and compliance, Health Plan support services, provider information services and provider data management. Also direct all activity of the department that is the entry and exit point for all communications.

QUALIFICATIONS: 3-5 years experience in provider network development and/or management. 3 years of management experience. Medicaid and Medicare Managed Care experience required. HMO, Healthy Families/SCHIP, Medicare Risk-contract and/or commercial insurance experience; related government client or public sector experience preferred. Master’s degree in related health/management field preferred or relevant Bachelor’s degree with experience in Provider Network Management.
EMPLOYMENT OPPORTUNITIES

CLIENT SERVICES MANAGER

Cedars-Sinai Medical Network, a fully integrated healthcare delivery system, has an exciting career opportunity for a hands-on leader in its Physician Billing Services Division.

In this key role, you will serve as the main client interface between the centralized business office and the clients as you establish, grow and manage strong client relationships. Success involves coordinating and facilitating communications and services with clients. You will provide vital analyses on trends, recommendations on best practice opportunities as well as revenue cycle performance reporting to both management and clients in order to maximize efficiencies in the revenue cycle process. This will require a thorough understanding of the entire revenue cycle, charge capture, EMR integrated systems and denial management. You will also work closely with Coding/Compliance and other internal departments as needed.

The ideal candidate will be a proactive professional with a Bachelor's degree in Healthcare Management or a related field and three to five years of medical billing experience in all phases of revenue cycle management. You must have strong communication, financial and analytical skills with the ability to problem solve. A background in insurance billing and collection is also required. Knowledge of CPT/ICD-9 coding, healthcare organization procedures as well as State/Federal regulations preferred.

If you are looking for a rewarding career with a world-class organization, take a look at Cedars-Sinai. For more information on this position or to apply, visit us at:

https://www.cedars-sinaiMedicalcenter.apply2jobs.com

requisition #10192.

Cedars-Sinai is an Equal Opportunity Employer that welcomes and encourages diversity in the workplace.

CHIEF OPERATIONS OFFICER

Under direction from the Chief Executive Officer (CEO), the Chief Operations Officer provides overall management and oversight of Member Services, Claims Management, Provider Services and the management of outsourced services. This position has overall responsibility for policy development, program planning, fiscal management, administration and operation of assigned Plan functions, programs and activities. The position assists the CEO in implementing the organization’s strategic goals.

RESPONSIBILITIES: Manage outsourced vendor providing claims, customer service, IT and other related work, including contract negotiations and oversight of deliverables. Provider contracting and provider relations functions. Primary areas of responsibility include: claims, provider contracting and provider relations, and member services. Manages budgets of assigned departments and ensure compliance of each area with current state and federal laws and regulations. Initiate, implement and review activities to advance quality, improve member, provider and employee satisfaction, reduce expenses and increase staff productivity. Responsible for reporting and analysis in achievement of department goals. Collaborate with internal and external customers and stakeholders to resolve issues and enhance relationships. Ensures the organization and its mission, programs, products, and services are consistently presented in a strong, positive image to relevant stakeholders.

QUALIFICATIONS: Bachelor’s degree from a regionally accredited college or university in an appropriate discipline. A Master’s degree in Business, Healthcare or Public Administration is preferred. 10+ years of senior-level experience in the healthcare field.

Qualified candidates please apply on our website at http://goldcoasthealthplan.org/about-us/careers.aspx