TOP STORIES

California Medical Association
Issues Aid-in-Dying Guidelines
CMA guide to help physicians ‘navigate new landscape’

The California Medical Association (CMA) has issued guidelines for physicians on how to help terminally ill patients who choose to end their own lives as part of the state’s End of Life Option Act.

The 15-page guide released January 20 is designed to help physicians with the new aid-in-dying law that will go into effect later this year. The guidelines explain the legal and medical steps physicians must take before they prescribe medications for patients to end their own lives along with options for opting out of providing aid-in-dying for moral or religious reasons.

"CMA was fielding calls from not only our members, but the general public about what the End-of-Life Option Act means and how it will impact care moving forward," said CMA General Counsel Francisco Silva. "This is a complicated issue and both physicians and patients should have access to answers that help further the patient-physician relationship."

The guide is written in a question-and-answer format and provides detailed information about the new law for physicians and patients. The End of Life Option Act was approved during a special legislative session on healthcare convened in September 2015 and will go into effect 90 days after the special session ends. There is currently no termination date for the special session but it’s likely to end during the first half of 2016.

The guidelines note that "an adult with the capacity to make medical decisions and with a terminal disease may make a request to receive an aid-in-dying drug." The guidelines note that terminally ill patients must be diagnosed by their attending physician and a consulting physician as having a terminal illness with less than six months to live. Patients must then make two verbal requests to their physician at least 15 days apart and one written request for medication to end their lives.

The guidelines also explain that the request for medication cannot be made on behalf of a patient through an agent using a power of attorney, advanced care
**TOP STORIES CONTINUED FROM PAGE 1**

**California Medical Association cont.**

Sutter Medical Center Sacramento CEO Carrie Owen Plietz will leave her position on February 22 to accept a new post at a Georgia health system. Sutter Health said that Owen Plietz has accepted a job as executive vice president and chief operating officer for Wellstar Health System in Marietta, Georgia. Owen Plietz started her career with Sutter Health in 1999. She was named chief operating officer of Sutter Medical Center in 2010 and promoted to CEO in 2011. A Sutter Health representative said in a statement that the center is “working on a transition and interim leadership plan now, as well as the CEO search process.”

The El Camino Hospital board of directors voted to purchase a 16-acre parcel of land in San Jose that will eventually be the site of a new hospital. According to a January 14 report in the Mountain View Voice, El Camino will purchase the parcel of land near San Ignacio Avenue and Great Oaks Boulevard for $24.1 million. Ken King, chief administrative services officer for El Camino Hospital, said the region will need a new hospital to serve a growing population that’s expected to increase 41% by 2040. “With the growth that’s projected in the county, which is largely going to increase in the South Bay, there’s opportunities in the future where we can provide services in the broader region,” said King.

Covered California estimates that approximately 400,000 California residents could face a federal penalty for

---

**CONTINUED ON PAGE 3**

---

77% of healthcare leaders say that ambulatory and outpatient care offer a financial opportunity.

**2015 HealthLeaders Media Industry Survey**

Succeeding in the Risk Era: How to Accelerate Progress Toward a Value-Based Future
not having health insurance in 2016. With less than a week remaining before the January 31 deadline for purchasing insurance during the current open enrollment period, Covered California Executive Director Peter Lee said part of the enrollment process this year is to get the message out about tax penalties. The minimum penalty for 2016 is $325 for individuals without insurance but the penalty increases based on annual income. Covered California estimates that an individual making $40,000 per year will face a penalty of $594 this year. “We want to make sure everyone understands the connection between healthcare and taxes,” said Lee.

Corona Regional Medical Center on January 15 launched a $35 million expansion of its emergency department. According to a January 16 report in the Riverside Press-Enterprise, the expansion will quadruple the existing ED to 20,000-square-feet and increase the number of patient beds from 16 to 30. The new ED will also have a separate entrance for walk-in patients and a rapid medical-evaluation center to triage patients and reduce wait times.

Mark Uffer, CEO of 238-bed Corona Regional Medical Center, said parent company Universal Health Services (UHS) is committed to expanding and improving the hospital. “UHS has made a huge financial commitment to improving this hospital,” Uffer said. “It’s our job to take those resources and make the patient experience such that [Corona Regional] is a hospital of first choice.”

Dignity Healht cont.

the American Civil Liberties Union (ACLU) that requested a preliminary injunction against the hospital and its decision to not perform the tubal ligation.

“We are pleased by the court’s decision to deny the ACLU’s request for a preliminary injunction, which will allow Dignity Health to continue to operate consistent with the Ethical and Religious Directives (ERDs) for Catholic Health Care Services," Dignity Health said in a statement. In keeping with its ERDs, Dignity Health said that “tubal ligations are not performed in Catholic hospitals.”

The ACLU said it disagreed with the court’s decision and that it constituted denial of care. “When you’re discriminating against pregnant women, you’re discriminating against women,” said Elizabeth Gill, senior staff attorney for the ACLU Northern California. “The refusal of hospitals to allow doctors to perform basic health procedures based solely on religious doctrine presents a real threat to a woman’s ability to access healthcare.”

The controversy stems from patient Rebecca Chamorro’s request to have a tubal ligation performed in conjunction with her Cesarean section delivery scheduled for January 28. Chamorro made the request in September 2015 but was sent a denial letter from Mercy Medical Center that said tubal ligations were not performed at the hospital. A Dignity Health representative later said Catholic healthcare tenets allow sterilization procedures to be performed only in cases “where the direct effect is the cure or alleviation of a present and serious pathology.”

The ACLU said it doesn’t plan to take any further legal action on behalf of Chamorro before January 28. “The lawsuit will move forward but won’t include her (Chamorro),” said an ACLU spokesperson. The amended lawsuit will represent Physicians for Reproductive Health, an advocacy group that was a co-plaintiff with Chamorro in the original lawsuit filed in December.

The ruling was the second this month to uphold the right of Dignity Health to refuse to perform sterilization procedures. On January 6, a San Francisco Superior Court judge denied an emergency motion request from the ACLU that would have forced Mercy Medical Center and Dignity Health to reverse their decision and perform the tubal ligation for Chamorro.

In August, the ACLU sent a demand letter to Dignity Health on behalf of patient Rachel Miller after Mercy Medical refused to allow her to undergo a tubal ligation, a decision the hospital eventually reversed based on additional information provided by her physician. The ACLU sent a similar demand letter to Mercy Medical on December 2 on behalf of Chamorro but Dignity Health and Mercy Medical Center have stood by their original decision.—DOUG DESJARDINS
Oceanside Hospital to Pay $3.2 Million Settlement
Tri-City Medical Center reaches agreement with DOJ

Tri-City Medical Center agreed to a $3.2 million settlement regarding allegations that it violated the Stark Law in accepting referrals from physicians that had a financial relationship with the hospital.

The U.S. Department of Justice (DOJ) announced the settlement with Tri-City on January 15 to resolve allegations that the 397-bed hospital in Oceanside repeatedly violated the Stark Law from 2008 to 2011. The DOJ outlined dozens of incidents in its investigation where Tri-City Medical Center failed to comply with the Stark Law.

"Patient referrals should be based on a physician's medical judgment and a patient's medical needs, not on a physician's financial interests or a hospital's business goals," said U.S. Attorney Laura E. Duffy of the Southern District of California. "This settlement reinforces that hospitals will face consequences when they enter into financial arrangements with physicians that do not comply with the law."

In a statement, Tri-City Medical Center said the incidents cited in the DOJ complaint were "self-disclosed" in a letter to the Office of Inspector General in July 2011 and again in a report submitted in April 2012. Hospital officials also said the incidents involved executives that are no longer employed by the hospital.

"It is unfortunate to have inherited this long-standing legal issue but we are pleased to have brought it to a successful conclusion," said Tri-City Medical Center CEO Tim Moran. "This is a clear indication that we must strictly adhere to the guidelines set forth by all healthcare governing agencies." In a statement, a Tri-City representative said the settlement agreement "brings to resolution multiple technical violations and a civil claim involving physician contracts where-in certain arrangements exceeded fair market value and were not considered commercially reasonable."

According to the DOJ, five financial arrangements "that did not appear commercially reasonable or for fair market value" involved a physician who served as chief of staff at Tri-City from 2008 to 2011. There were also 92 other contracts with community-based physicians that failed to comply with the Stark Law for various reasons.

The Stark Law was approved by federal lawmakers in 1993 and prohibits physician referrals for designated health services for Medicare and Medicaid patients if the physician or a physician's family member has a relationship with the hospital where the patient is being referred. The physician self-referral provision refers to a physician referring a patient to a hospital or facility in which he or she has a financial interest.—DOUG DESJARDINS
the state and that many are currently qualified for coverage under Medi-Cal but are not enrolled. The Georgetown University report did not count the 170,000 children of undocumented Hispanic immigrants who will gain coverage in May 2016 through the 2015 approval of Senate Bill 4.

- A report commissioned by Santa Clara County estimates the stalled expansion of Santa Clara Valley Medical Center will take an additional 14 months and $126 million to complete. According to a January 13 report in the San Jose Mercury News, the report did not blame the county or contractor Turner Construction for the expansion delays or cost overruns and recommended that the county and its new contractor “establish a new project culture centered on collaboration and mutual success.” The original expansion project began in 2009 with a $290 million cost estimate and a completion date of March 2013. But Santa Clara County has spent $347 million since 2009 and the project was temporarily shut down in late 2015 when the county terminated its contract with Turner Construction due to delays and cost overruns. Turner contends the delays were caused by the county’s repeated requests for changes to the expansion project.

- Marin General Hospital entered a $90 million agreement with Royal Philips to purchase the majority of its medical equipment from the Netherlands-based manufacturer over the next 15 years. Mark Zielazinski, chief information and technology integration officer for 235-bed Marin General, said the deal will include about $30 million worth of equipment for the hospital’s new wings, which are currently under construction. Marin General also said the deal will allow it to purchase state-of-the-art equipment from Royal Philips to upgrade the hospital’s aging technology infrastructure, which has seen little investment since its management deal with Sutter Health ended in 2010. “We’ve suffered a bit and this is going to get us to state-of-the-art very, very quickly,” said Zielazinski.

- A new study estimates that smoking-related healthcare for California residents who smoke cigarettes will average more than $182,000 per person in their lifetime. According to a January 20 report in the Orlando Business Journal, the study conducted by research firm WalletHub calculated the potential cost to smokers during their lifetime in several areas including lost income, spending on cigarettes, and healthcare for smoking-related health problems. It estimates that California ranked 26th in spending among all states with an average lifetime spending of about $1.5 million per smoker that includes $182,119 on healthcare costs. In the study, smokers in New York had the highest average lifetime spending at $2.5 million per-person and Louisiana smokers had the lowest at $1.2 million.
Health Net, Inc. is a publicly traded managed care organization that delivers managed health care services through health plans and government-sponsored managed care plans. Its mission is to help people be healthy, secure and comfortable. Health Net, through its subsidiaries, provides and administers health benefits to approximately 5.4 million individuals across the country through group, individual, Medicare (including the Medicare prescription drug benefit commonly referred to as “Part D”), Medicaid, U.S. Department of Defense, including TRICARE, and Veterans Affairs programs. Health Net’s behavioral health services subsidiary, Managed Health Network, Inc., provides behavioral health, substance abuse and employee assistance programs to approximately 4.9 million individuals, including Health Net’s own health plan members. Health Net’s subsidiaries also offer managed health care products related to prescription drugs, and offer managed health care product coordination for multi-region employers and administrative services for medical groups and self-funded benefits programs.

For more information on Health Net, Inc., please visit the company’s website at: www.healthnet.com.

Medical Director, ACO and Employer Integration
Oakland, CA

Job Summary: The primary responsibility of the Medical Director, ACO and Employer Integration (‘ACO Medical Director’) is to serve as the medical director for Health Net’s health plan contracts with large academic health system. The ACO Medical Director reports to the Health Plan Chief Medical Officer but will work in collaboration on strategy with the VP, Major Accounts responsible for the overall relationship with the employer and also with the Regional Medical Directors to support the multiple Accountable Care Organizations Health Net has established with this academic health system.

As an integral part of this role, the ACO Medical Director focuses on innovative approaches for improving the quality, efficiency, and appropriateness of care delivered to Health Net members. She or he serves as a thought leader on population health management and the Integrated Health Model, with an eye toward system-wide value enhancements through the institution of best practices and technological solutions or other enhancements.

EDUCATION
• Graduate of an accredited medical school; Doctorate degree in Medicine
• Candidates with post-graduate degrees (e.g., MBA, MPH, MMM) preferred
• Certification/Licensure Required
• Board certification in an American Board of Medical Specialties (ABMS) recognized specialty
• Unrestricted active medical license in California
• Eligible for credentialing by Health Net of California

EXPERIENCE REQUIRED
• Minimum five years increasingly responsible assignments, including medical management administration and clinical practice experience
• Prior experience as a Plan medical director or senior management experience in a provider setting (e.g., physician practice setting or integrated hospital system)

We offer a competitive salary, attractive incentive plan and comprehensive benefits. Health Net, Inc. supports a drug-free work environment and requires pre-employment background and drug screening. Health Net and its subsidiaries are Equal Opportunity/Affirmative Action Employer - Minorities/Females/Veterans/Disability.

To view the complete job description and/or to apply please visit our website at www.careersathealthnet.com requisition # 11144
**Featured Career Opportunities**

**BUSINESS ANALYST – DATA WAREHOUSE**  
Req. #15-0175

**COMMUNITY HEALTH WORKER (STOCKTON, CA)**  
Req. #15-0202

**COMPLEX CARE MGR. RN (BILINGUAL SPANISH)**  
Req. #15-0183

**COMPLEX CARE MANAGER – SOCIAL WORKER**  
Req. #16-0001

**DATA WAREHOUSE DEVELOPER**  
Req. #15-0174

**DATA WAREHOUSE DEVELOPER, SR.**  
Req. #15-0173

**ENCOUNTER DATA SPECIALIST SR. – REPORTING**  
Req. #15-0097

**HEALTHCARE ANALYST SR.**  
Req. #15-0100

**INFORMATICS ANALYST II**  
Req. #15-0181

**NURSE PRACTITIONER (STOCKTON, CA)**  
Req. #15-0122

**OFFICE ADMINISTRATOR (STOCKTON, CA)**  
Req. #16-0010

**PHARMACY ANALYST**  
Req. #15-0105

**PROJECT MANAGER – PHARMACY**  
Req. #15-0158

**SECURITY ENGINEER**  
Req. #15-0209

**SUPERVISOR CARE COORDINATION – BILINGUAL**  
Req. #15-0178

**TABLEAU DEVELOPER**  
Req. #15-0172

**TABLEAU MANAGER**  
Req. #15-0171

To apply, please send a cover letter and resume to: jobs@pbgh.org

---

**California Quality Collaborative**

California Quality Collaborative is hiring to support 4-year CMS funded program to transform care at 4,800 clinician practices to accelerate measurable improvement in quality, patient experience and cost of care.

**DIRECTOR PRACTICE TRANSFORMATION (PTI)**

Provides overall strategic leadership, management and direction for Practice Transformation Initiative (PTI).

**SENIOR MANAGER, ANALYTICS**

Work extensively with provider organizations and Integrated Healthcare Association (IHA) to improve internal data systems and use data feedback to improve triple aim measures.

**SENIOR MANAGER, PRACTICE IMPROVEMENT**

Primary liaison, teacher and coach for practice coaches and improvement staff in enrolled provider organizations.

For a complete job description, please visit our web site at: http://www.scanhealthplan.com/careers/

---

**Providence Health & Services**

Providence is calling a Senior Contract Manager to Providence Health & Services in Burbank, CA.

**Senior Contract Manager**

We are seeking a Senior Contract Manager to be responsible for leading or participating as a team member in negotiations with Payors for acceptable reimbursement terms and contract language for all entities within the continuum of care (i.e. hospitals, physician organizations, home health and hospice services) within the applicable PH&S Region (the Region) for the payors assigned to them. Payors include the revenue primarily associated with Commercial, Medicare Advantage, and managed Medicaid products. This includes development of negotiation strategy and securing acceptable terms, problem resolution, and obtaining applicable support of leaders within the Service Area, Regional, System, and/or with strategic partners, such as ACO’s and Joint Ventures.

**IN THIS POSITION YOU WILL:**

- Conduct negotiations for Providence with payors as assigned and complete contracting process in a timely manner in accordance with Providence contracting principles, organizational policies and procedures, and consistent with PH&S’s Mission.
- Maintain positive professional relationships with payor representatives. Responsible for asking and answering questions concerning contractual agreements and to resolve differences in understanding.
- Develop reimbursement strategies to maintain effective payor relationships, working closely with Contract Compliance/Reimbursement Auditing, Contract Analytics, Revenue Cycle, and applicable leadership.
- Be responsible for contract negotiations for Providence affiliated facilities as assigned, including acute and sub-acute facilities, Behavioral Health and Chemical Dependency facilities, Physician services, Ancillary services, Home Health Services, and Hospice.
- Communicate effectively with internal constituents on reimbursement strategies, mechanisms to improve payor compliance, and to communicate status and outcomes of negotiations.
- Demonstrate working knowledge of payor contracts and understanding of implications of contract changes.

**REQUIRED QUALIFICATIONS FOR THIS POSITION INCLUDE:**

- Bachelor’s degree, preferably in Business Administration, Healthcare Administration, Finance, Accounting, or equivalent combination of education and/or work experience.
- 8 years of related experience in contract negotiations, financial management, or related field.
- Demonstrated competency and working knowledge of the payor contracting environment, including the broader marketplace.
- Proficiency in computer skills and applications, including Word and Excel. EPIC, MS Access and PowerPoint.

**PREFERRED QUALIFICATIONS FOR THIS POSITION INCLUDE:**

- Master’s degree.

**To apply, please send a cover letter and resume to: jobs@pbgh.org**

---

**Providence Health & Services**

Providence Health & Services is an equal opportunity employer
FEATURED CAREER OPPORTUNITIES

Sutter Health
Sutter Physician Services
We Plus You

National Business Development Executive (East Coast)
This individual is primarily responsible for selling RCS, PAS, and ACS to large physician organizations and will have a proven history of technology and business solution sales with companies like GE Healthcare (IDX), McKesson, AllScripts, and/or SCA. Candidate will be responsible to meet and exceed the assigned quota for their territory. Candidate must be able to leverage existing and new high-level relationships with executives and key decision makers at customer accounts.

Experience managing a sales territory selling software and services to enterprise physician groups and seven (7+) years of experience in direct sales of Revenue Cycle Management (RCM) technology solutions and services to large Epic, GE, AllScripts, NextGen, and Athenahealth clients are required. Candidate should also have five (5+) years of provider relations / account management experience working with physician groups and payer or ACO experience along with experience with population health management.

For more information and to apply, please visit www.sutterphysicianservices.org/careers and search for job number 1517937.
Sutter Health Affiliates are Equal Opportunity Employers.

SUTTER HEALTH
Sutter Physician Services

Vice President/Chief Information Officer
The Chief Information Officer (CIO) will lead CenCal Health in planning, implementing and supporting enterprise-wide information systems to support health plan business operations (in-house, outsourced and shared services) by providing vision and leadership. Responsible for ensuring IT infrastructures are optimized and aligned to deliver strategic and tactical business objectives, this position will partner with our leadership team to align development and deployment of information technology.

Qualifications
- 10-15 years of progressive experience in the field of Information Technology (IT) and healthcare as a Sr. IT executive.
- Must have at least seven years’ experience in managing large /complex projects/programs, including Medicare and Medi-Cal.
- BS in Computer Science, Business Administration, or related field - or the equivalent in experience; MS preferred.
- Must have a successful track record in strategic planning and leadership in the application of information technology – with proven experience leading a vendor selection process and effectively managing and executing a conversion to a new platform with minimal business disruption.
- Must have strong and strategic leadership/management background.

For a detailed job description, and if you are interested in joining the team at CenCal Health, please submit your resume to https://home.eese.ucdavis.edu/recruit/?id=15010551.
We offer competitive salaries and a great benefits package. EOE
Please review all our open positions on our website at www.cencalhealth.org.

Charles R. Drew University of Medicine and Science (CDU)
is a private, nonprofit, nonsectarian, medical and health sciences institution. The Physician Assistant Program is hiring for 2 FACULTY positions.

ASSISTANT PROFESSOR/CLINICAL COORDINATOR
Under the direction and supervision of both the Program Director and Medical Director, the Clinical Coordinator secures, develops and maintains clinical affiliations and oversees all clinical curricula. The position involves administrative and clinical responsibilities. The clinical coordinator coordinates all clinical instruction for 2nd year PA students and along with the Director and Medical Director supervises clinical faculty.

ASSISTANT PROFESSOR/Academic Coordinator
Under the general direction and supervision of the Program Director, Academic Coordinator oversees all academic curricula, which include courses in the basic and behavioral sciences and curricula associated with history and physical examination, as well as components of clinical medicine courses. Will assure documentation of curriculum delivery, and, together with the Curriculum Committee, oversees and facilitates the development, revision and evaluation of all program curricular content.

For further information and to apply please email the Program Director at katayounmoini@cdrewu.edu.
FEATURED CAREER OPPORTUNITIES

EXCEPTIONAL PEOPLE, EXTRAORDINARY CARE, EVERYTIME

At MemorialCare Health System, we believe in providing extraordinary healthcare to our communities and an exceptional working environment for our employees. MemorialCare stands for excellence in Healthcare. Across our family of medical centers and physician groups, we support each one of our bright, talented employees in reaching the highest levels of professional development, contribution, collaboration and accountability. Whatever your role and whatever expertise you bring, we are dedicated to helping you achieve your full potential in an environment of respect, innovation and teamwork.

VP, Cardiovascular Svc Line #325242
Masters or other advanced education both administrative and clinical with demonstrated ability to provide broad regional clinical service line program development and oversight.

Chief Medical Officer #325307 (Seaside Health Plan)
A medical degree, either a M.D. or D.O., board certified in a specialty and 5 years of experience in a health plan or quality management administrative position. 3 years of experience in developing and maintaining administrative claims data set for the purposes of outcomes analyst and management.

Executive Director Claims Administration #322301
Bachelor's degree or equivalent/relevant experience required, Master's degree preferred. Minimum 12 years of successful history in operations in a managed care environment, a minimum of 7 years directly with IPA or medical group in a claims payment environment.

Director, Clinical Operations #325191
Bachelor's degree in Business Management, Health Care Administration, Nursing or related field; Master's degree preferred; 10 years progressively complex management experience in an ambulatory setting; knowledge of medical practice and clinical management.

CLINICAL
- RN Supervisor
- RN Assistant Supervisor
- Sonographer
- Practice Manager
- RN & LVN Team Leaders
- Case Managers – Medical Group
- Phlebotomist
- Limited X-Ray/MA
- HBAT RN Care Manager

OPERATIONS
- Manager, Marketing
- Dir. Marketing & Sales
- Sr. Financial Analyst
- Provider Relations Supervisor
- Credentialing Supervisor
- Medical Education

INFORMATION SERVICES
- Epic Care Ambulatory Analyst
- Epic Security Coordinator
- Epic Clarity Report Writer
- Epic Tapestry Analyst
- EDI Analyst

Application Process: To learn more about these opportunities and more or to submit an application, please visit our website at http://www.memorialcare.org/careers
FEATURED CAREER OPPORTUNITIES

**COMMUNICATIONS STRATEGIST**

Must have excellent written and verbal communication skills, and must be comfortable speaking and presenting in public. Must possess strong corporate or internal communications skills, preferably in a health care setting. Ability to lead a project team with a strategic and results-oriented focus. Must have strong organizational and project management, copywriting, and communication skills. Must have a high degree of patience, excellent interpersonal/communication skills and sensitivity to a multi-cultural environment and community. Proficiency with Microsoft Office programs.

Bachelor’s degree required, Master’s preferred. Minimum of 5 years demonstrated experience in corporate or internal communications and public relations in a large and growing organization, with increasing responsibility. Experience in a highly collaborative environment, successfully building relationships and using multiple communications platforms to achieve goals. A strategic and results-oriented focus with the ability to effectively lead a project team as well as work as part of a management team. Knowledge of health plan operations preferred.

**DIRECTOR OF CARE MANAGEMENT**

This position reports to the Sr. Director of Care Management. Current unrestricted California RN License; BSN required and Masters Degree in Nursing preferred or comparable experience. Possession of a valid California Drivers license and valid automobile insurance. CCM certification a plus. At least three to five years as a registered nurse in a clinical setting; and at least 5 years progressively responsible experience in Care Management in a managed care setting.

Operational knowledge of computer applications in an office environment. Knowledge of CMSA professional standards required. Valid State of California license and insurance. Skills. Proficiency in Microsoft Word, Excel, and other computer applications within deadlines. Excellent written, oral, and presentation skills. Ability to take general direction and manage complex projects and procedures. Strong presentation skills. Ability to transform concepts into practice. Part D plans is required. ICD-10 coding certification preferred. Insurance concepts as they relate to Medicare Advantage and Medicare Part D plans is required. ICD-10 coding certification preferred. Knowledge in HCC-Risk Adjustment process and health regulations governing claims adjudication practices and procedures required. Must have a high degree of patience, excellent interpersonal/communication skills.

**QUALITY ASSURANCE NURSE**

RN/LVN – COMPLIANCE

Possession of a bachelor’s degree at an accredited four (4) year institution preferred. Possession of a RN/LVN California License. Three (3) or more years of demonstrated experience in an office environment, at a professional level, preferably in a Compliance function. Two (2) years experience in a managed care environment.

Démonstrated proficiency in Microsoft Office products (Word, Excel, PowerPoint, Outlook, etc.). Excellent interpersonal and communication skills, strong organization ability to establish and maintain effective working relationships both within and outside of the organization. A wide degree of creativity and latitude is expected.

**REPORTING ANALYST – COMPLIANCE**

Possession of a high school diploma or equivalent. Bachelor’s degree preferred. Five (5) years experience required in an office environment. The Reporting Analyst will be responsible for providing support to the Compliance Department by developing, tracking, manipulating and monitoring reporting activities including working with the appropriate departments for regulatory reporting. Strong organizational skills and attention to detail. Proficient knowledge of Microsoft Access, Word and Excel required. Project Management experience preferred.

**HCC CODING SPECIALIST**

AHIMA or AAPC Certified Coder (CPC license). RN or LVN issued by the State of California required. Two (2) years experience in HCC Coding in an HMO setting is preferred. Must have strong chart audit experience in HCC Coding. Experience in managed care, program/project management, data analysis and interpretation. Working knowledge of Center for Medicare & Medicaid Services (CMS) HCC coding requirements, ICD-9 and CPT guidelines are required. Knowledge in HCC-Risk Adjustment process and health insurance concepts as they relate to Medicare Advantage and Part D plans is required. ICD-10 coding certification preferred. Ability to take general direction and manage complex projects within deadlines. Excellent written, oral, and presentation skills. Proficiency in Microsoft Word, Excel, and other computer applications. Valid State of California license and insurance.


INLAND EMPIRE HEALTH PLAN

Rancho Cucamonga, CA

Please visit our website at [www.iehp.org](http://www.iehp.org)
Inland Empire Health Plan (IEHP) is one of the largest not-for-profit health plans in California. We serve over 1,000,000 members in Riverside and San Bernardino counties in Medi-Cal, 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!

**PHARMACY PDE MANAGER**

Bachelor’s degree in accounting, finance or equivalent is preferred. Minimum one (1) - three (3) years experience in Medicare Part D and analyzing pharmacy data. CMS Financial reconciliation experience is preferred. PDE experience is required.

Proficient with Microsoft Office Products with the emphasis on MS Excel, SQL, and MS Access. Experience in MARx, pharmacy claims systems and accounting general ledgers is a plus. 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 is required. Able to handle multiple demanding tasks. Ability to work and make independent decisions, maintains confidentiality, be an effective communicator and work with other team members. Capable of working with minimal supervision. Ideal candidates must have strong problem solving abilities.

**MEDICARE CLAIMS PROCESSOR**

Possession of a High School Diploma or equivalent. Three (3) years experience in adjudicating medical claims; professional and institutional preferably in an HMO or Managed Care setting; Medicare/Medi-Cal experience preferred.

Microcomputer skills, proficiency in Windows applications preferred. ICD-9 and CPT coding and general practices of claims proferring. Professional demeanor, excellent communication and interpersonal skills, strong organizational skills required.

**CLAIMS QUALITY AUDITING SPECIALIST**

Possession of a High School diploma or equivalent. Two (2) years experience in examining and processing medical claims; Medicare/Medi-Cal experience.

Responsible for ensuring the integrity of all data created and updated by the Claims Processing staff. The QA Specialist will utilize Cost Management tools, identify training needs, and define effective and efficient methods for accurate data entry and adjudication. Review and assess data reports and audit Claims Processor output to confirm payment accuracy and completeness of data entry. Experience with Microsoft applications preferred. ICD-9 and CPT coding and general practices of claims processing. Professional demeanor, excellent communication and interpersonal skills, strong organizational skills. Prefer knowledge of capitated managed care environment.

**CLAIMS APPEAL SPECIALIST**

Possession of high school diploma or equivalent. Four (4) years experience in a managed care environment in the area of claims processing and adjustments; customer service and call center experience preferred. A thorough understanding of claims industry and customer service standards. Prior Medi-Cal/ Medicare experience preferred.

Experience with Microsoft Applications. Knowledge of ICD-9, CPT, HCPC coding and general practices of claims processing. Professional demeanor, excellent communication and interpersonal skills, strong organizational skills, telephone courtesy, high degree of patience, and skilled in data entry required. Typing a minimum of 45 wpm.

**APPLICATION SUPPORT MANAGER**

Bachelor’s degree preferred. Four (4) years supervisory/management and project management experience with strong attention to detail. Three (3) years of managed care systems administrative experience with responsibility for systems installation, implementation, and configuration. Five (5) years experience working in a health care support environment, such as a health plan, IPA, or TPA. IEHP is looking for an Application Support Manager to manage daily operations of a team consisting of configuration and programming staff. This position will provide support for the main Core (Medical Management system, and Claim and Eligibility Processing system) and associated ancillary systems. Previous Managed Care experience in a Health Plan, IPA, or MSO setting a must. Strong SQL experience is highly recommended and knowledge of SCRUM is a plus.

Management techniques including personnel evaluations and project management. Principles and methods of systems analysis for data processing. A thorough understanding of managed care support processes (i.e.: eligibility, claims/encounter data processing, capitation, benefits and contracting rules). Principles and techniques of efficient, modular, on-line computer programming, system and/or process diagramming. Principles of sound testing methodologies. Principles of organization techniques of effective written and oral communications. Strong SQL knowledge. SSRS a plus.


**INLAND EMPIRE HEALTH PLAN**

Rancho Cucamonga, CA

Please visit our website at [www.iehp.org](http://www.iehp.org)
**FEATURED CAREER OPPORTUNITIES**

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

- Sr. Manager Delegation Oversight
- Executive Director, Gov’t Relations
- Manager, Claims Transaction
- Member Services Quality Auditor
- Clinical Operations Assistant
- Decision Support Analyst
- Case/Care Manager, RN
- Utilization Management, RN
- Clerk of the Board
- Health Educator

All qualified candidates must submit an online application. Online applications and full job descriptions can be found at: [http://www.goldcoasthealthplan.org/about-us/careers.aspx](http://www.goldcoasthealthplan.org/about-us/careers.aspx)

Kern Health Systems is currently accepting applications for the following positions:

- Disease Management Case Manager Registered Nurse
- Clinical Intake Coordinator Registered Nurse I
- Case Management Registered Nurse
- UM Registered Nurse Facility Based
- Database Administrator IV
- Medical Director

Compensation is based on experience, education and qualifications. For a complete position description on these exciting career opportunities, please visit our career center at [kernfamilyhealthcare.com](http://kernfamilyhealthcare.com) or email resume to: recruitment@khs-net.com. E.O.E.