New Managed Care Organization Tax Still a Work in Progress
Lawmakers face June deadline to create revamped tax

Legislators are making progress on crafting a new managed care organization (MCO) tax but have already missed an informal, end-of-January deadline requested by Gov. Jerry Brown.

State legislators have until June to create a new plan to replace the existing MCO tax or risk losing more than $1.1 billion per year in matching federal funds for Medi-Cal and programs like In-Home Supportive Services, which is slated to receive a 7% budget increase next year through MCO tax revenue. Crafting the new tax was a key reason Gov. Brown convened a special legislative session on healthcare in September 2015 and he cited the tax as a key funding mechanism for healthcare in his proposed 2016-2017 state budget.

"We need the [MCO] tax now, this month," Brown said on January 7. "We've got to get it." But after five months, legislators are still negotiating with health plans and other stakeholders with no clear end in sight.

"Negotiations are still active but legislators have not pulled together a plan just yet," said Anthony Wright, executive director for advocacy group Health Access California. "The key is getting enough Republicans on board to reach the two-thirds threshold that's needed for this to pass."

The Centers for Medicare & Medicaid Services (CMS) informed state regulators in 2015 that the current MCO tax would need to be revamped and expanded. Under the current system, the state imposes a tax on revenue generated by Medi-Cal managed care providers and the federal government provides matching funds for MCO tax revenues. But now, the state must make all health plans subject to the tax.

"The current tax is only assessed on Medi-Cal managed care plans based on their number of enrollees," said Dylan Roby, a faculty associate with the UCLA Center for Health Policy Research. "The federal government has deemed that it conflicts with federal regulations and is requiring California to move away from that model to a broad-based tax on all health insurers regardless of whether they participate in Medi-Cal managed care plans."
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**New Managed Care cont.**

"The idea being that all insurers should contribute rather than it just being a pass-through where Medi-Cal managed care plans pay the tax and then get the money back in higher payments from the [state] Department of Health Care Services once the states draw down the federal matching funds,” said Roby. “The feds have a say in this because the tax is generating part of the 'state share' of Medi-Cal spending.”

The issue for lawmakers and health plans has been how to rework the existing plan to tax non-managed care providers but compensate those providers in other ways. “What it comes down to is a tax swap,” said Wright. “So legislators are trying to fine-tune the plan so that non-managed care plans will be taxed but will receive tax breaks in other areas.”

The California Association of Health Plans (CAHP) said creating a new tax is a daunting task. “Creating an entirely new MCO tax is a very complex undertaking,” said CAHP vice president of communications Nicole Kasabian Evans. “We have been working over the past year to find a solution that fills the hole in the Medi-Cal program while protecting affordability.”

While some Senate and assembly Republicans are in favor of doing away with the tax entirely, Wright said that’s unlikely to happen. “The MCO tax has had bipartisan support over the years and that hasn’t changed,” said Wright. “While some Republicans have a general anti-tax attitude, even the anti-tax Republicans tend to support programs where taxes allow the state to draw down matching federal dollars as this tax does.”—DOUG DESJARDINS

**Ballot Measure Seeks to Lower Prescription Drug Prices**

**Hospital executive salary cap measure also proposed**

State voters this November will vote on a ballot measure designed to reduce prescription drug prices and may also consider a measure that would cap salaries for executives at not-for-profit hospitals.

While the proposed California Charitable Hospital Executive Compensation Act of 2016 ballot measure is still in its formative stages, the California Drug Price Relief Act has already qualified for the November ballot.

The Drug Relief Act would attempt to reduce the price of prescription drugs purchased directly or indirectly by the state by requiring California officials to negotiate prices that are equal to or lower than those paid by the U.S. Department of Veterans Affairs. Mike Roth, a spokesperson for the California

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**Ballot Measure cont.**

Drug Price Relief Act, said the ballot measure will allow the state to “use its massive bargaining power to negotiate lower drug prices for taxpayers.”

According to the AIDS Healthcare Foundation, which sponsored the California Drug Price Relief Act, the price controls would benefit more than 2.7 Medi-Cal beneficiaries, 2.2 million members of the California Public Employees’ Retirement System (CalPERS), inmates in California’s prison system, and state residents who receive prescription drugs under state-coordinated AIDS assistance programs.

The ballot measure will likely face a massive opposition campaign from drug manufacturers. The Pharmaceutical Research and Manufacturers of America (PhRMA) said the proposed measure is “flawed and misleading” and will not reduce drug prices for most state residents.

“The initiative is a misleading and flawed proposal that is full of exclusions that exempt the vast majority of Californians,” said Kathy Fairbanks, a spokesperson for the PhRMA campaign against the measure. “Our coalition plans to wage a fact-based campaign to educate Californians about the many flaws in this poorly-written measure and we’re confident a broad coalition will come together in opposition.”

According to data from the California Secretary of State, a coalition led by PhRMA has raised more than $38.3 million from drug manufacturers for a campaign to defeat the Drug Price Relief Act while proponents have raised just over $3 million.

The California Charitable Hospital Executive Compensation Act of 2016 is an initiative being proposed by the Service Employees International Union (SEIU). The measure would limit salaries for CEOs and other high-level executives at nonprofit hospitals to $450,000 per year, a cap the SEIU said would help maintain costs at not-for-profit hospitals. The SEIU was given the green light on January 27 by the California Secretary of State to begin gathering the 365,880 signatures of registered state voters it needs to qualify as a ballot measure.

The measure is opposed by the California Hospital Association (CHA). The CHA said the proposed measure would make it difficult for nonprofit hospitals to recruit and maintain top executives. “Artificially imposing a cap on compensation will result in a loss of qualified executives and undermine the ability of hospitals to meet the challenges ahead,” said CHA president C. Duane Dauner.

Dauner added that the proposed ballot measure violates a 2014 agreement between the SEIU and CHA that precluded the union moving forward with a similar ballot initiative. In that agreement, SEIU and CHA committed to work cooperatively to address access-to-care problems and other issues facing healthcare providers and patients in California.—DOUG DESJARDINS
IN BRIEF

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cian. "Patients struggle with medication adherence for various reasons," said Clint Purvance, president and CEO of Barton Health. "This new product provides a data-driven communications channel between the medical provider and the patient that empowers the patient to take the appropriate dose of medication and better understand the importance of daily activity levels and other lifestyle changes." Barton said it plans to use the sensor for other types of chronic conditions if the hypertension pilot goes well.

The California Department of Public Health (CDPH) has confirmed six cases of the Zika virus in California as of January 29. CDPH director Karen Smith, MD, said all six cases of the disease, which is transmitted through mosquitoes, originated in other countries but that residents should still take precautions against being bitten by mosquitoes in California. "Although no one has contracted the Zika virus in California, mosquito bites can still be harmful and the public should take precautions to protect themselves," said Smith.

Alameda Health System on January 29 held a dedication ceremony for its new Highland Hospital patient tower. The nine-story, 169-bed tower will include medical and surgery units, an intensive care unit, and a birthing center. The new tower, which will open in April, is part of a $668 million modernization project at Highland Hospital that also includes the new Highland

TOP STORIES

San Clemente City Officials Push Rezoning Plan to Retain Hospital

New zoning would restrict property to acute-care hospital use

San Clemente city officials are pursuing an effort to rezone a parcel of land where Saddleback Memorial Medical Center is located in an effort to ensure a hospital is maintained at that site.

The San Clemente City Council voted 5-0 to move forward on rezoning the 6.6-acre hospital site so that it can be used only for an acute care hospital. Saddleback Memorial owner MemorialCare Health System is proposing to shut down the hospital and replace it with an outpatient care and urgent care center.

MemorialCare Health System attorney Jason Koors said the proposed rezoning would not allow the hospital to transition to an outpatient center and leave it with no viable options to remain open. "No amount of rezoning can require a private business to stay open and the decision of whether to keep the hospital open depends on the regional demand for healthcare," said Koors.

Koors said patient volume at 73-bed Saddleback Memorial has been declining for years and is near a tipping point. "Just yesterday, we had 10 inpatients at the San Clemente campus," said Koors. "You cannot maintain an acute care hospital with those numbers." Another MemorialCare attorney suggested that the rezoning plan constituted "spot zoning and spot zoning is illegal."

At one point in the discussion, San Clemente Mayor Bob Baker asked Saddleback Medical Center administrator Tony Struthers if MemorialCare would commit to keeping the hospital open for five years while the city "looks for a new buyer for the hospital." Struthers said the decision was up to the MemorialCare board and that he couldn't make that guarantee. Struthers later said that MemorialCare is "shocked and disappointed by the city's rezoning" and will "pursue all legal remedies to dispute it."

MemorialCare first proposed the idea of converting Saddleback Memorial to an ‘Ambulatory Health Care Campus of the Future’ in 2014. Local residents supported the plan so long as it included an emergency department but state law prohibits operating an emergency department without an acute care hospital to support it.

Since then, state legislators have been exploring options to allow the city to maintain an emergency department in the event Saddleback closes. Those efforts led to the introduction of two bills in 2015 that would have allowed San Clemente to open a stand-alone emergency department but Assembly Bill 911 and Senate Bill 787 both failed to advance out of legislative committees in January.—DOUG DESJARDINS

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IN BRIEF CONTINUED FROM PAGE 4

Care Pavilion that opened in 2013. The modernization project is scheduled for completion in 2017 when the existing patient tower is taken down and a new hospital entrance is opened.

■ DaVita Healthcare Partners has appointed Jim Rechtin as president of HealthCare Partners California effective February 15. Rechtin, who currently serves as senior vice president of strategy for DaVita HealthCare Partners, will succeed Prati Patel, MD, who plans to retire at the end of 2016. Rechtin first joined DaVita in 2002. “Jim has a proven track record as a trusted advisor in the healthcare practice ... as well as a strategic thinker during his time at HealthCare Partners,” said Joe Mello, chief operating officer for HealthCare Partners.

■ An anonymous patient who has been lying unconscious in a California hospital for more than 16 years has been identified. According to a January 29 report in The San Diego Union-Tribune, the family of the severely brain damaged patient has been located in Mexico and has identified him. The patient arrived at a hospital in San Diego in 1999 following a car accident and has been in Sharp Coronado Hospital since then. A representative from Sharp HealthCare said the hospital could not release the identity of the patient or his family but said that his “Sharp caregivers can now address him by name, and we are all celebrating the dignity afforded a person who has an identity and a history, as well as the peace of mind afforded a family who for many years had not known the condition or fate of their loved one.”

■ The Fresno County Board of Supervisors approved an agreement to allow Valley Children’s Hospital to operate a Level II trauma center. According to a February 1 story in The Fresno Bee, the agreement with the Central California Emergency Medical Services Agency allows Valley Children’s Hospital to operate the Level II center from now until June 30, 2018. The designation allows Valley Children’s to accept seriously injured children directly by ambulance and helicopter and makes it the only pediatric Level II trauma center in the Central Valley region.

■ A report released Feb. 1 by the California Primary Care Association (CPCA) estimates California will need an additional 8,243 primary care physicians by 2030 to meet the projected healthcare needs of state residents. The study projects that the state will need to increase its current workforce by 32% over the next 14 years to meet that goal. “The findings of this report remind us that the primary care workforce shortage has reached a critical point and will continue to devolve if California doesn’t take immediate steps to address our unmet needs,” said CPCA President and CEO Carmela Castellano-Garcia. The report makes a number of suggestions that include creating new residency programs and making the existing primary care workforce more efficient.

EVENTS


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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:

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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.

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**Santa Clara Valley Health and Hospital System**

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The County of Santa Clara seeks a Deputy Public Health Officer to oversee the Infectious Disease and Response Branch and ensure effective delivery of services for the Public Health Department.

The Deputy Public Health Officer position requires a physician who is Board Certified in Internal Medicine and require a high degree of administrative experience that would provide strong management of the administrative and programmatic responsibility for the Infectious Disease and Response Branch. The Infectious Disease and Response Branch will include Communicable Disease Control and Prevention (including the Immunization Program), Tuberculosis Control and Prevention, STD/HIV Control and Prevention, Surveillance and Epidemiology, Public Health Disaster Preparedness and Response, Public Health Laboratory, and Public Health Pharmacy.

Qualifications: Must be a physician licensed in California and Board Certified in an appropriate medical specialty (e.g., Internal Medicine, Pediatrics, or Family Medicine) and have significant training and experience to perform the above tasks, at least 7 years of post-residency experience in disease control or public health, at least 3 of which involved significant administrative and managerial responsibilities. A Master in Public Health or completion of the CDC’s Epidemic Intelligence Service, and/or Board Certification in Infectious Disease is highly desirable.

This recruitment requires the submission of an online application. Completion of the Supplemental Questionnaire and a CV is required. For a complete job description and apply online, please go to: www.sccjobs.org.

If you have any questions regarding this position, contact Executive Services at (408) 299-5897.
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

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NOTE: As a condition of employment, a satisfactory drug test and background check are required. E.O.E
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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

CLAIMS QUALITY AUDITING & TRAINING MANAGER
Bachelor’s degree preferred. Education requirement may be waived if candidate has extensive supervisory and operational experience in a medical claims payer environment. Five (5) years of medical claim operations experience with at least three (3) years in a related supervisory capacity. Compliance audit experience preferred. Extensive experience writing policies & procedures and training documentation. Highly organized with the ability to balance multiple projects and meet deadlines. Strong presentation skills. Ability to transform concepts into 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.

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.

Demonstrated proficiency in Microsoft Office products (Word, Excel, PowerPoint, Outlook, etc.). Excellent interpersonal and communication skills, strong organization skills, 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.

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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.

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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.

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- RN & LVN Team Leaders
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- Phlebotomist
- Inpatient Care Manager

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- Medical Management Coord
- Manager, Ambulatory Care
- Sr. Financial Analyst
- Medical Education
- Mgr, Coding Compliance
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