Report Says California Hospitals Could Save $10 Billion a Year
Study says key is reducing ‘avoidable’ inpatient days

A new study suggests California hospitals could cut up to $10 billion a year in healthcare spending by reducing the length of patient stays and other related measures.

The study from actuarial firm Axene Health Partners, LLC titled 2016 California Hospital Risk Outlook used 2014 patient discharge data from 275 hospitals from the Office of Statewide Health Planning and Development. Axene compared the discharge data to national averages in its own proprietary database and concluded that hospital inpatient costs "can be reduced by about 25% through continued efficiency improvements" and generate $10 billion in savings.

"For many years, our firm's consulting projects have demonstrated that approximately two-thirds of what can be saved in today's healthcare system directly relates to reductions in hospital inpatient costs," the study stated. "This report shows that hospital inpatient opportunity exists." The study estimates that avoiding extra inpatient days and making hospitals more efficient would save an estimated $3.7 billion a year among commercial insurance patients, $3.6 billion among Medi-Cal patients, and $2.7 billion among Medicare patients.

The study also found that smaller hospitals tend to be more efficient than larger hospitals and that hospitals in the Bay Area and Los Angeles generate more spending than those in other parts of the state. The report stated that "Los Angeles and San Francisco counties tend to be the least efficient regions in the state."

The report also included a list of what it considered the 20 least efficient and 20 most efficient hospitals in the state. For the most part, the list of most efficient hospitals included community hospitals with fewer than 150 beds while the list of least efficient hospitals was a mix of large county hospitals, children's hospitals, and teaching hospitals. The study noted that "with only a few exceptions, the smaller hospitals tend to be most efficient" in avoiding longer-than-average lengths of stays.

« CONTINUED ON PAGE 2 »
IN BRIEF

- San Joaquin County officials approved a $37.3 million contract with Cerner Corporation to install a new health information system at San Joaquin General Hospital.

  According to a November 4 report in the Stockton Record, work on the system is scheduled to begin in February 2016 and should be complete by summer of 2017. “The current system has been put together in patchwork over the course of 10 or 20 years,” said San Joaquin General Hospital CEO David Culberson. “At the time, this was a very innovative solution but the system has met the end of its life cycle here.” Culberson said hospital staff has been constantly updating the current system to keep it operational.

- The California Department of Public Health (CDPH) announced that an initiative to increase breast-feeding among new mothers in hospitals is gaining traction. The CDPH said the rate of any type of breast-feeding among new mothers increased from 90.8% in 2010 to 93.5% in 2014 and that the rate of mothers using breast-feeding exclusively for their newborns increased from 56.6% to 66.6% during that time. The CDPH credits the increase to promoting the benefits of breast-feeding to new mothers in hospitals and designating hospitals that take part in those programs as ‘Baby-Friendly.’

TOP STORIES

CONTINUED FROM PAGE 1

Report Says cont.

The California Hospital Association (CHA) agreed that hospitals have room to cut costs but disagreed with several points in the study, including the way hospitals were ranked in terms of efficiency. “The term ‘least efficient’ is kind of offensive to begin and if you look at the list, which includes children’s hospitals, cancer hospitals, and hospitals with trauma centers. These are hospitals that treat the sickest of the sick,” said Anne McLeod, senior vice president of health policy and innovation for the CHA.

In contrast, McLeod said smaller hospitals tend to treat lower-acuity patients who are not severely ill or in need of specialized services that often require long hospital stays. “Community hospitals typically are not research hospitals and don’t have trauma centers, burn centers, or transplant programs that treat patients with complex needs,” said McLeod.

Josh Axene, an actuary and consultant with Axene Health Partners, said the study took into account the fact that county hospitals and teaching hospitals tend to treat higher-acuity patients and factored that into the equation. “The study tried to account for higher-acuity patients and to give larger hospitals as much credit as possible,” said Axene. “But we still feel the data is reliable.”

McLeod said that among all U.S. states, California has the seventh-lowest percentage of patient days in the hospital per 1,000 residents. She added that hospitals have limited control over when patients are discharged and that the study seemed to suggest that hospitals have a greater role in dictating the length of patient stays.

“Physicians are at their practice with patients most of the day and then they make their rounds at the hospital at some point,” said McLeod. “So hospitals have limited control over when patients are discharged.” —DOUG DESJARDINS

Study: 51% of Undocumented Would Qualify for Medi-Cal

More than one-third would be eligible for federal subsidies

A new study estimates that more than half of the state’s undocumented immigrant population would be eligible for Medi-Cal if the state pursued a federal waiver to make them eligible for coverage.

The study from the Public Policy Institute of California (PPIC) estimates that of the 2.7 million undocumented immigrants living in California, approximately 51% (1.4 million) have incomes below 138% of the federal poverty level and would be eligible for Medi-Cal coverage. It also estimates that more than one-third of undocumented immigrants would be eligible for federal subsidies to purchase plans on Covered California.
"Exclusive breastfeeding during the first six months of life is the most important nutrition practice a mother can embrace to improve the immediate and long-term health of her infant," said CDPH director Karen Smith, MD. "Hospital maternity programs play an important role in ensuring new mothers can meet their personal goals for breastfeeding."

A coalition of healthcare groups and unions is working on initiatives to extend Proposition 30 tax increases approved in 2012 that are due to expire in 2016 and 2018. According to a November 4 report from the Sacramento Bee, a network of groups that includes the California Hospital Association, California Medical Association, and the Service Employees International Union are working on two measures. One would extend and make permanent a graduated tax increase for state residents with annual incomes of $250,000-or-more that is due to expire in 2016. The second measure would extend until 2030 a 0.25% sales tax increase for all state residents that expires in 2018. Both measures would have to be introduced as ballot measures and would need to be approved by state voters.

Chinese Community Health Plan is contracting with hundreds of physicians from Hill Physicians Medical Group to augment its Covered California health plans. According to a November 4 report from the San Francisco Business Times, the San Francisco Business Times, the San Francisco Business Times.

Study: 51% of State’s cont.

"Providing affordable insurance coverage for undocumented immigrants is a key component of any strategy to continue reducing the number of California's uninsured residents," said Shannon McConville, a research associate with the PPIC and a coauthor of the study.

The study found that about 30% of the state's undocumented population already have some type of private insurance coverage and that 3% of the population makes too much money (above 400% of the federal poverty level) to qualify for any type of federal assistance. It also estimates that 36% of undocumented immigrants earn between 138% and 250% of the federal poverty level and would qualify for premium subsidies on Covered California if subsidies were made available to undocumented immigrants, something the ACA does not currently allow.

McConville said the PPIC study is different from previous studies because it broke down the percentage of undocumented immigrants in different regions of the state and their estimated annual incomes, information that could allow state legislators to create cost estimates for local healthcare coverage programs. For example, the study estimates that 64% of undocumented immigrants in Imperial County have annual incomes below 138% of the federal poverty level - making the eligible for Medi-Cal - compared to just 36% of immigrants in Santa Clara County.

"This study is different in that it provides regional information on the undocumented population," said McConville. "And that will give state policymakers more information when they consider regional coverage initiatives."

The study estimates that in Los Angeles County, "nearly half a million undocumented immigrants could benefit from potential expansion of Medi-Cal." It also estimates that Orange County and the Inland Empire are each home to more than 100,000 undocumented immigrants with incomes low enough to make them eligible for Medi-Cal.

The study was prompted by recent legislation that sought to provide healthcare coverage for all state residents regardless of their immigration status. Senate Bill 4, a 2015 bill authored by Sen. Ricardo Lara (D-Bell Gardens) and dubbed the Health for All Act, failed to make it through the state legislature this year but lawmakers approved part of the bill that will make approximately 170,000 children of undocumented immigrants eligible for Medi-Cal coverage starting in May 2016.

A 2015 study from the UCLA Center for Health Policy Research predicts that between 2.7 million and 3.4 million state residents will remain uninsured as of 2019, a group that's expected to include, "between 1.4 million and 1.5 million undocumented immigrants in California...comprising up to half of all Californians remaining uninsured." —DOUG DESJARDINS
Francisco-based health plan has grown from 16,000 members in 2014 to 27,782 this year and is expected to grow significantly in 2016. "The number and diversity of people who now have coverage has grown tremendously and that's a great thing for the community," said Brenda Yee, CEO of Chinese Community Health Plan and Chinese Hospital in San Francisco. The new contracting deal will add 148 primary care doctors and 213 new specialists from Hill Physicians to Chinese Community Health Plan.

California health officials reported the first flu-related deaths of the 2015-2016 flu season. The California Department of Public Health (CDPH) reported on November 4 that an adult living in Santa Clara County died from complications related to influenza. And on November 6, the CDPH announced that an infant under six months of age from Stanislaus County died due to influenza complications. "As California’s public health officer, I am saddened when the flu turns into loss of life," said Karen Smith, MD, the state’s public health officer. "It is especially troubling when a baby, too young to be vaccinated, passes away." Smith is asking all California residents to be vaccinated for influenza before the peak of flu season begins in December.

GE Healthcare has purchased Los Angeles-based healthcare consulting firm The Camden Group. Under the acquisition deal, GE Healthcare Camden Group will be part of the GE Healthcare business unit.

TOP STORIES

Sebastopol Hospital Re-Opens 18 Months After Shutting Down

Palm Drive Hospital now Sonoma West Medical Center

The hospital formerly known as Palm Drive Hospital re-opened under the new name Sonoma West Medical Center more than 18 months after it shut down in 2014.

The 25-bed hospital in Sebastopol re-opened October 30 just one day after state health officials completed their final inspection. The 50,000-square-foot hospital has undergone an $8 million renovation since it closed in April 2014 and added several new services.

"We have worked very hard for this day," said Sonoma West Medical Center CEO Raymond Hino. "We want our community to know we plan to be here for the long-term to provide the public access to the highest quality care in the North Bay Area."

The new hospital is smaller than Palm Drive Hospital, which had 37 beds, and has a number of specialty services. The hospital features a telemedicine program that uses SkypeTM video consults between patients and physicians and round-the-clock food service for patients. The hospital provides traditional services such as cardiology, pathologists, medical imaging, and surgical services along with family and individual therapy and nutritional counseling.

Sonoma West is promoting its 24-hour emergency department as a "nearby no wait" facility that uses a triage system similar to one launched at St. Helena Adventist Health in 2014. "Our staff has streamlined the patient flow in our emergency department to immediately assess and room any patient presenting for care," said Sonoma West ED manager Lorna Kennedy-Klein.

In April 2014, the Palm Drive Health Care District board voted to shut down the 75-year-old hospital after years of financial problems that included two bankruptcies since 2007. Hospital officials at the time said Palm Drive suffered from a decline in patient volume and a patient mix comprised primarily of Medicare and Medi-Cal patients or people with no insurance at all. The hospital also had competition from three hospitals located in Santa Rosa about 10 miles away.

The Sonoma West Medical Foundation had opposed closing Palm Drive Hospital and began working on a plan to re-open the hospital shortly after it shut down. Renovations on the old hospital began in late 2014.

Sonoma West director of communications Jane Rogan said the hospital and emergency department were busy the first week after opening. "Palm Drive Hospital was a fixture in the community and people depended on it, particularly the emergency department," said Rogan. "The next closest hospital is located about 10 miles away in Santa Rosa so having an ED this close is important to people."—DOUG DESJARDINS

CONTINUED ON PAGE 5

71% of healthcare leaders are focused on care coordination to improve patient experience.

GET THE NEW INTELLIGENCE REPORT

Patient Experience Beyond HCAHPS: Care Coordination and Cultural Transformation
Healthcare Partners global advisory firm in the United States. The Camden Group currently acts as a consultant for more than 2,000 organizations. “By teaming with GE Healthcare Partners, the combined firm is one of the largest healthcare consulting firms in the U.S.,” said Daniel J. Marino, an executive vice president with GE Healthcare Camden Group. “We are positioned well to assist clients as they navigate through post-healthcare reform and transition into value-based care.” Terms of the acquisition were not disclosed.

Healthcare workers at Vibra Hospital of Sacramento have voted to join the Service Employees International Union-United Healthcare Workers West. According to a November 6 story in the Sacramento Business Journal, the National Labor Relations Board certified results of a union election held at Vibra Hospital in October. Employees who voted to join the union include licensed vocational nurses, certified nursing assistants, respiratory therapists, laboratory workers, and pharmacy technicians. “We will now have a stronger voice about how patient care is delivered each day,” said certified nursing assistant Josie Howard in a news release. Formerly known as Kindred Hospital Sacramento, the hospital was renamed Vibra Hospital when it was purchased by Pennsylvania-based company Vibra in 2013.

A decision on whether to allow an affiliation between the Daughters of Charity Health System (DCHS) and a New York investment firm is due this week. State Attorney General Kamala Harris has until November 19 to issue a decision on whether to allow DCHS to enter a management agreement with BlueMountain Capital Management that would transfer control of the six-hospital health system to a division of BlueMountain called Integrity Healthcare. Under the deal, BlueMountain would provide $250 million in capital for DCHS that would be invested in “physical plant improvements and operations.” The deal would also give BlueMountain the option to purchase DCHS after three years. The deal between DCHS and BlueMountain was announced in July after a proposed merger with Prime Healthcare Services fell through.

A lawsuit filed by a consumer watchdog group claims that some California nursing homes have been dumping patients with public insurance to make room for other patients with better insurance. According to a Nov. 10 report in the Sacramento Business Journal, the lawsuit filed by California Advocates for Nursing Home Reform alleges that some nursing homes send patients to hospitals for treatment and refuse to take them back again in order to admit patients with better insurance plans. “When a resident can no longer receive Medicare funds or requires ‘too much’ care, facilities will often look for a way to get rid of the resident to fill his or her bed with a more lucrative client,” the lawsuit states.

Dec. 1. Southern California CIO Executive Leadership Summit. Hyatt Regency Huntington Beach. An annual gathering of information technology experts with an emphasis on data security, interoperability, and other issues of interest to healthcare technology leaders. To register, please visit http://www.hmgstrategy.com/events/home.asp?eventID=100


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FEATURED OPPORTUNITIES

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, Provider Networks/Relations #323082
Bachelor’s degree required, 7-10 years of experience in Provider Relations, Customer Service, Credentialing or equivalent experience; Must have expertise in managed care provider portals and a minimum of 5 years management experience.

CLINICAL
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• RN Assistant Supervisor
• LVN, Case Manager (Seaside Health)
• FOA Supervisor
• Limited X-Ray/MA

OPERATIONS
• Manager, Accounting
• Manager, Material Services
• Managed Care Analyst
• Lead, Payroll
• Supervisor, Claims Production
• Medical Education (Marketing)

INFORMATION SERVICES
• Clinical Application Specialist (Radiant)
• And many more--------

• Practice Manager
• RN Team Lead
• Complex Nurse Specialist
• FOA Team Lead
• Sonographer
• Case Manager P/T & Per Diem
• Manager, Coding Compliance
• Insurance Billing Specialist
• Supervisor, Credentialing
• Medical Management Coord. (Seaside)
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For more information, please visit our website at: [http://www.scanhealthplan.com/careers/](http://www.scanhealthplan.com/careers/)

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**Chief Operating Officer (COO)**

CalOptima is a county organized health system that administers health insurance programs for low-income children, adults, seniors and people with disabilities in Orange County, California. Our mission is to provide members with access to quality health care services delivered in a cost-effective and compassionate manner.

CalOptima has an open position for Chief Operating Officer. The COO serves as a member of the executive team and contributes to strategic planning for the organization. This position has the authority and accountability to lead CalOptima according to the strategic plan, goals and objectives. The COO has direct responsibility for Information Services, Operations, New Program Implementation, and the Executive Directors who have oversight of these areas.

**Position Responsibilities:**
- Related to Operations, the COO oversees Claims, Customer Service, Project Management, Grievances & Appeals, Coding Initiatives, Business Integration, Process Excellence and Information Services. This position is accountable for managing cross-organizational collaboration for agency-wide projects and initiatives, ensuring that operations perform effectively and deliver results and metrics.
- Related to Information Services, the COO oversees Systems Development and Applications Management, including configuration, integration and ongoing operations.
- Related to New Program Development, the COO is responsible for the organization-wide implementation of major new programs and initiatives. This requires strong leadership skills with the ability to influence and manage, the capacity to quickly understand all major functions within the health plan, and the skill to prioritize competing demands.

**Experience & Education:**

- Relevant Bachelor’s degree; Master's degree desirable. At least 7 years of managed-care operations or IS experience at an executive level. Prior experience as a COO, CIO, or position of similar responsibility preferred.
- Background to include government programs. Prior responsibility for an Information Services department or significant experience partnering with IS on significant initiatives that were successfully implemented and delivered on time. Experience presenting to QAC, PAC and MAC highly preferred. Experience providing and presenting reports including COBARS to a Board of Directors and formulating and articulating short and long-term goals and strategies preferred. Experience in leading procurement/RFPs/contracts in a public agency environment.

**Knowledge of:**

- Health Plan regulations related to DHCS, DMHC, CMS audits and Knox Keene requirements. Quality and member satisfaction measures and assessments including NCQA, HEDIS, CAHPS and Medicare Stars. Public Agency operations and regulation such as Brown Act. Managed care and public sector health care, such as Medicaid. Principles and practices to promote communication and adequate information flow and to support overall management control systems. Principles and practices of managed health care, health care systems, and medical administration.

At Cedars-Sinai Health Associates (CSHA), an IPA within the Cedars-Sinai Medical Network, our medical professionals bring everything they have in order to provide the highest caliber of care to our patients. It’s because of their compassion, their expertise, and their dedication that Cedars-Sinai Medical Network is consistently recognized for its quality and service. We’re currently seeking a talented Medical Director who shares our same outlook to join the CSHA team.

As an invaluable part of the Cedars-Sinai Medical Network, our CSHA Medical Director is responsible for providing senior leadership to a large network of individual physicians with independent offices throughout Los Angeles. These physicians have come together to form an independent physician association (IPA) to serve the community’s managed care medical needs. This position works collaboratively with the CSHA Board of Directors and administrative leadership of Quality, Clinical Efficiency, Care Transitions and Medical Group Operations to achieve mutual goals for the organization.

Requires current CA medical license and Board certification in one of the following specialties: Internal Medicine (preferable), Family Practice (preferable), Pediatrics, Internal Medicine Sub-specialty.

Learn more and apply by visiting www.cedars-sinaimedicalcenter.apply2jobs.com and reference Req #M10378.

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MDS Consulting, a VHA-UHC business, is a rapidly growing healthcare advisory company that specializes in providing customized, affordable services to non-profit and for-profit hospitals and health systems, academic medical centers, medical groups, and other healthcare organizations. Some of our services include:

- Hospital & Physician Alignment
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- Patient Financial Services Manager Santa Rosa Req#14622BR
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RN, Executive Director Community Based Programs

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About Redlands Community Hospital: we are a 229-bed facility located in Southern California, mid-way between Los Angeles and Palm Springs. We’ve been providing quality healthcare to our neighbors in Redlands and surrounding communities since 1904. Now in our second century of service, we have grown to more than 270 board certified physicians, 100 health plans, 1400 employees, and 300 volunteers.

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Education and/or Experience:

Bachelor's Degree in related field. 5 years with health insurance, patient accounting and/or managed care including payer or provider contracting background. Experience negotiating managed care contracts with third party payers regarding physician professional service compensation issues; Experience with fee schedule, case rate, per diem, and capitation reimbursement; familiar with patient accounting tasks including billing, collections, and reimbursement analysis. Ability to prioritize jobs duties, meet deadlines and effectively work on many tasks at one time. Occasional travel.

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Physician Network Development Manager

Encino & Beverly Hills, CA

This position will take on a lead role in building Cedars-Sinai’s HMO provider network in strategic markets poised to accept HMO, PPO and Medicare patients. Involves partnering with the Director of Network Development to build a high quality, integrated delivery network while focusing on developing relationships with and recruitment of PCPs, specialists and ancillary providers. The successful candidate will have the expertise required to research/maintain market intelligence on the managed care provider landscape, analyze complex business problems and identify optimal solutions. Requires a BA/BS degree with 5+ years of healthcare industry experience, preferably within a managed care setting. MS degree in Public Health or Health Services Administration preferred.

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FEATURED CAREER OPPORTUNITIES

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!

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 Public or Business Administration preferred. Certified Professional in Healthcare Quality preferred, Certified Lean Six Sigma Black Belt or Master Black Belt preferred. Minimum of ten (10) years performance management and quality improvement experience with an emphasis on Lean/Six Sigma methodologies required. Proven skills adapting and applying Lean Six Sigma methodologies, performance management and quality improvement in a public health setting. Demonstrated understanding of business principles, strategy, technology processes and operations with an inherent ability to apply technology in solving business problems. Strong leadership, communication, written and interpersonal skills to execute and manage activities in a fast paced environment. Ability to establish and maintain effective working relationships at all levels within the organization.

Ability to exercise discretion and independent judgment, make decisions and must possess strong analytical skills. Ability to influence management and create positive change, as well as gather data, perform analysis, recommend courses of action for greater productivity independently. Must have ability to perform research and analysis in support of company inquiries and modify and enhance the modeling effort to accommodate new processes, procedures, products and services. Position requires an individual who is extremely organized with excellent written and verbal communication skills and ability to establish and maintain effective working relationships. Must have the ability to model concepts and to access and manipulate data through self-system access and personal analysis.

QUALITY ASSURANCE NURSE RN/LVN – COMPLIANCE
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 business operations. Experience in a Lean strategy environment highly desired.

Solid understanding of Medi-Cal and Medicare rules and regulations governing claims adjudication practices and procedures preferred. Demonstrated business training principles and techniques. Analytical skills with emphasis on time management, quality statistics, and problem solving. Strong writing, organizational, project management, presentation and communication skills required. Must have a high degree of patience, excellent interpersonal/communication skills.

ACCOUNTING SUPERVISOR
Requires a Bachelor’s degree in Accounting/Finance. Five (5) years experience in accounting and financial reporting. Experience in supervising other staff members. Healthcare experience preferred. Must have the ability to use financial software, with knowledge of relational databases helpful. Supervise Accounting Coordinators and Accounts Payable. Perform cash management functions, reconcile GL accounts, prepare management reports, monitor functions for compliance to internal controls, resolve all hardware and software problems for supervised functions, analyze reports and accounts for variance analysis. Assist with year-end audits, identify and formulate process improvement projects.

FINANCIAL ANALYST
Bachelor’s degree required. Minimum three(3) years of Finance experience. Experience and knowledge of complicated budgets preparation and budget to actual analysis in Excel. Experience in Managed Care preferred. Strong knowledge and demonstrative proficiency utilizing Microsoft Applications (Word, Excel, Access & PowerPoint). Strong understanding of accounting and financial principles and methodologies and attention to detail. Experience with Oracle or Hyperion a plus. Principles and practices of health care industry and strategies, health care systems, and budget modeling and forecasting.

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.


INLAND EMPIRE HEALTH PLAN
Rancho Cucamonga, CA

Please visit our website at www.iehp.org
FEATURED CAREER OPPORTUNITIES

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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.

NURSING INFORMATICS MANAGER
Master’s Degree or PhD in Nursing or related clinical field, with experience in statistics and an emphasis on quantitative analysis required. Health informatics certificate preferred. 2+ years of clinical data analysis experience in the healthcare industry or medical research area.

This position reports to the Director of Medical Operations, knowledge of healthcare data (preferably managed care / health plan data) required, including but not limited to membership, eligibility, claims, encounters, pharmacy, provider, and financial data. Knowledge of CMS Star Rating methodology, HEDIS measures, and HCC risk adjustment methodology preferred. Advanced skills in Microsoft Office, SQL, and Access required. Strong analytical and critical thinking skills required. Excellent technical, interpersonal, written and oral communication skills required. Experience with data mining tools preferred.

RISK ADJUSTMENT INFORMATICS MANAGER
Bachelor’s degree in a health-related field required, Master’s preferred. Will accept five (5) years related work experience in lieu of education requirement. AHIMA or AAPC Certified Coder preferred. Possession of a valid California Drivers license and valid auto insurance. Four (4) or more years experience in Medicare Managed Care Plan Reporting, Medicare (RAPS/HCC Informatics at a Health Plan. Strong data analysis experience, specifically in the areas of risk adjustment.

AHIMA or AAPC Certified Coder with experience in managed care, program/project management, data analysis and interpretation. Working knowledge of Medicare RAPS/HCC programs and CMS HCC coding requirements for Medicare Advantage and Part D plans. Excellent written and verbal communication and interpersonal skills, ability to establish and maintain effective working relationships with others, strong critical thinking skills required, ability to demonstrate sound analytical reasoning.

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.

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 professing. Professional demeanor, excellent communication and interpersonal skills, strong organizational skills required.

Please apply on-line: https://www3.iehp.org/en/about-iehp/careers/

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**FINANCIAL REPORTING MANAGER**

Bachelor’s degree in Finance, Business Administration, Accounting, or other related field required. Master’s degree or CPA a plus. Minimum five (5) years financial and accounting experience in an HMO or insurance setting preferred. Five (5) years of supervisory experience. Position requires a strong understanding of accounting and financial principles and methodologies, recent working knowledge of Oracle ERP systems and Hyperion, strong knowledge and experience utilizing Microsoft Excel, and principles and practices of the managed health care industry, including capitation and Incurred But Not Reported (IBNR).

Responsible for the management of IEHP’s general accounting and financial reporting department. Manages the monthly financial statement close process and internal reporting in accordance with generally accepted accounting principles (GAAP), reviews the month-end work papers and journal entries prepared by the accounting team for accuracy and completeness, prepares financial reports and assists in presenting findings and recommendations to CFO.


**INLAND EMPIRE HEALTH PLAN**

Rancho Cucamonga, CA

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Kern Medical Center is excited to announce that we are seeking qualified applicant(s) for:

**ASSOCIATE HOSPITAL ADMINISTRATOR FOR OPERATIONS**

SALARY: DOQ

Kern Medical Center (KMC) operates 222-staffed beds, outpatient clinics and a 100 physician medical group. KMC is a County owned teaching hospital, operates a Level 2 Trauma Center, offers eight residencies with 118 residents and provides 118 medical student rotations. It is located in Bakersfield, a community of 600,000 located within 100 miles of Los Angeles, the Pacific Coast and the Sierra Mountains. Bakersfield offers the lowest cost of housing of any California metropolitan area. Kern Medical Center is excited to announce that we are seeking qualified applicant(s) for the following positions:

The Associate Hospital Administrator for Operations will oversee the Trauma Center Verification application process and oversee the trauma service line of the medical center. The incumbent will be responsible for the overall direction, coordination, implementation, execution, control and completion of operational projects as assigned. Assist with service line and business development activities in their assigned areas of responsibility. Develop and implement quality programs to meet community needs. Will achieve operational objectives by contributing information and recommendations for strategic and long term planning. Will implement productivity, quality, and customer-service standards, resolve problems, identify trends, determine system improvements and implement change. Will communicate and interprets organizational and departmental goals and objectives to all areas of responsibility; develops and assumes accountability for departmental budgets and provide leadership and direction in the planning, implementation, and evaluation activities of all areas of responsibility.

Qualified candidates may forward a cover letter and CV to the attention of Renita Nunn, Assistant Hospital Human Resources Assistant, 1700 Mt. Vernon Ave., Bakersfield, CA, 93306, (661) 326-2640, or email to nunnr@kernmedctr.com