

Quality Assurance & Improvement Manager

Position Title: Quality Assurance & Improvement Manager
Position Type: Full Time
Location: Arcadia, CA or Westminster, CA
Reports To: Vice President, Operations

About Clever Care Health Plan

Clever Care Health Plan is a newly founded Medicare Advantage health plan, will serve Medicare beneficiaries in Southern California. Our employees are passionate in providing best services to our members and healthcare providers. Two office locations are at Arcadia city of Los Angeles county and Westminster city of Orange county. To learn more, please visit CleverCareHealthPlan.com.

We are looking for a Quality Assurance & Improvement Manager to oversee the day-to-day operations of the Quality activities at Clever Care Health Plan including the Quality Assurance & Improvement (QI), Credentialing, and other related programs. This includes oversight of Healthcare Effectiveness Data and Information Set (HEDIS) reporting.

The Manager of Quality Assurance & Improvement works cross-functionally to support all projects to improve quality of care and quality of service at the plan and is responsible for leading and managing the staff who perform those activities. The positions supports the development and implementation of quality improvement interventions and audits and assists in resolving deficiencies that impact plan compliance to regulatory and accreditation standards. Drives key quality improvement projects requiring the ability to work effectively in a matrix environment to receive needed data that reflects the overall health of the plan.

Functions & Job Responsibilities

- Establishes and/or revises existing Clever Care policies and procedures necessary for successful implementation of the Quality Assurance and Improvement (QI) Program.
- Pursues methods to ensure receipt of relevant data, as required for accurate trending of various QI work plan metrics.
- Analyzes key plan metrics, such as top diagnoses, clinical procedures, and operational performance, to enable the development of sound and valid recommendations regarding and prioritization of clinical and service improvement initiatives.
- Works to convene various QI committees and work groups, set agenda to drive desired meeting outcomes (based on contract and accreditation requirements), and ensure proper recording of committee activities.
- Acts as knowledge expert for continuous quality improvement activities, educating staff of other functional areas regarding the QI process and accreditation requirements.

- Performs various quality department functions and processes, such as quality of care complaint/adverse event review and assessment of medical record review results and recommend actions to address any identified improvement opportunities.
- Manages and monitors clinical quality studies to include receipt and analysis of trended data, assessment of national benchmarks as available, development of improvement recommendations (to include ROI and best practice interventions as appropriate), presentation to senior leadership, implementation of plan, and evaluation for desired result.
- Recommends strategies to improve member compliance to QI program activities, addressing methods to change knowledge, attitudes and behaviors, such as handbook content, newsletter articles, member outreach interventions, and member focus groups.
- Recommends methods to improve network provider compliance to health plan QI Program policies and procedures, including profiles/scorecards and efforts to increase provider compliance to practice guidelines, such as through medical record review.
- Fields annual member and provider satisfaction surveys, working with vendor to clarify results and present findings and recommendations to senior leadership.
- Assists with efforts to secure successful NCQA accreditation.
- Performs activities to comply with annual HEDIS data collection and analysis, preparing recommendations to increase rates as appropriate.
- Participate in site visit preparation and execution by various regulatory and accreditation agencies (CMS, DMHC).
- Monitors and tracks all state and federal quality improvement and reporting requirements.
- Supports efforts to submit monthly, quarterly, semi-annual, and annual regulatory required performance reports.
- Assists in developing short range plans for overall area activities.
- Develops and oversees the implementation of programs and strategies .
- Acts in liaison capacity with other areas and business units.
- Makes recommendations on matters of policy in area of expertise.
- Supports the development and implementation of quality improvement initiatives within the specialized program or special population.
- Recommends strategies to improve specialized population's compliance to QI program activities.
- Performs activities to comply with annual HEDIS data collection and analysis, preparing recommendations to increase rates as appropriate for their specialized population
- Performs other duties as assigned.

Qualifications

- Education: Bachelor's Degree in nursing or a related health field or equivalent years of related experience.

- Experience:
 - 4 years of experience in a health care delivery organization, such as a managed care organization or a hospital environment
 - 3 years of experience in QI, performing a wide range of functions with strong focus on data analysis and initiation of improvement initiatives that resulted in desired outcome and experience in process improvement and project management
 - Knowledge of Medicaid and/or Medicare programs
 - Knowledgeable of current trends in quality improvement in managed health care
 - Knowledgeable of CMS regulatory requirements
 - Knowledgeable of NCQA, HEDIS and CAHPS requirements

- Skills: Ability to work in a fast paced environment with changing priorities and multi-task. Ability and confidence to make decisions based on scope of the job. Ability to work on multiple projects and tasks on a daily basis, remaining calm under pressure. Ability to be flexible in the face of changing priorities. Ability to work effectively across departmental lines.

Physical Demands and Working Environment

- Typical Physical Demands. Position requires a great amount of driving, sitting and standing. Some standing, stooping, bending or reaching is required. May require lifting up to 15 pounds. Requires manual dexterity sufficient to operate a computer, calculator and telephone. Requires normal range of hearing and vision. Requires the ability to type and file.

- Typical Working Conditions. Work is performed in an office environment and/or remotely. The job involves frequent contact with staff and public. Work may be stressful at times. Contact may involve dealing with angry or upset people. Position requires flexibility with work schedule to accommodate participation with contracted network client boards of directors and physician dinner meetings. May occasionally work some irregular hours.

What's in it for you?

1. A competitive compensation and benefits program.
2. Generous paid-time-off (PTO).
3. Ten paid holidays per year.
4. Excellent 401k saving plan, employer provides up to 4% match and employer contribution match is 100% immediately vested.
5. A work-life balance and much more!

Please email your resume directly to hr@ccmapd.com

Clever Care Health Plan Inc. is an equal opportunity employer and it is our policy to abide by all federal, state, and local laws prohibiting employment discrimination. All qualified applicants will receive consideration for employment.