

JOB DESCRIPTION

POSITION TITLE: Quality Improvement Manager

REPORTS TO (TITLE): Chief Medical Officer

Job Summary: The Quality Improvement Manager works across all Agency sites cooperating with Medical and Operations staff to balance organizational needs and resources to establish an organizational standard of practice for quality assurance, risk management, and audit readiness. S/he is accountable and responsible for planning, evaluating, and making corrective activities for ongoing quality assurance, spread of projects, and sustaining on-going projects. Additionally, the Manager will develop, maintain, and update policies and procedures related to quality assurance, risk management, and clinical safety. S/he will assure that appropriate staff are trained and signed off on required safety and risk management policies. In collaboration with the site personnel, the Manager will establish standards of practice consistent with health plans and safety net standards or other standards set by the Board of Directors, monitor performance across sites, and organize educational training that supports quality management.

Specific Tasks/Duties Include:

QUALITY ASSURANCE

- Lead the organization-wide Quality Assurance Committee, including accountability for progress on QA projects.
- Lead PCMH readiness team; accountable for achieving PCMH designation, completing reporting requirements and implementing any corrective action plans.
- Responsible for successfully passing external audits and regulatory requirements such as health plan audits, CHDP, clinic licensure requirements, CLIA waiver, immunization audits, etc. in conjunction with Clinic Manager.
- Responsible for clinical policies and procedures related to quality assurance: maintain, update, implementation, ongoing training, and verification of competency, as needed for support staff.
- Lead the collaborative effort to meet all Quality Improvement Performance measures established by Health Plans and the achievement of Meaningful Use targets.
- Responsible for accurate and on time submittal of UDS Performance Data.
- Work with individual health centers to assure they are conducting and documenting high-value quality assurance and activities that are aligned with organizational goals.
- Other tasks as assigned to support UMMA's quality goals.

QUALITY IMPROVEMENT

- Lead the organization-wide Quality Improvement Committee, including accountability for progress on QI projects.
- Assist sites in the management of quality improvement projects.
- Work with individual health centers to assure that they are conducting and documenting high-value quality improvement meetings and activities that are aligned with organizational goals.
- Support pilot projects at clinic sites and evaluate for best practices.
- Promote and support spread of best practices for cross-organizational development and sustainability.

- Assist with development of Board Quality Improvement Plan on a periodic basis and support CMO and Site Leaders to implement the plan at the clinic level.
- Interaction and coordination with health plans to meet quality goals and initiatives.

Revenue Assurance

- Monitors the performance of managed care contracts to ensure accurate claims processing; including level of underpayments and overpayments by providers.
- Builds relationships with internal (CBO, admissions, medical management, physicians etc.) and external (contracted payors, physician practices) customers by promoting open dialogue to create "win-win" solutions and outcomes to operational challenges.
- Helps facilities resolve claims issues
- Work with Senior Leadership on special projects, as assigned.

Communications:

- Managed Care Assist - Building and maintaining a resource for information sharing and continuous education between facilities and Health Plan.
- Educate – Work closely with UMMA facilities to provide insight on using the contract and payor resources to avoid claim denials.
- Provide facilities with updates to payor policies that may have a meaningful impact on their operations.
- Work closely with counterparts to help identify payment trends and communicate those to the department/facilities

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

Minimum Qualifications:

Education:

- Degree in Nursing, Masters in Public Health, or Health Care Administration or equivalent experience.
- Graduate degree highly preferred.

Experience:

- Experience with eClinical Works (our practice electronic medical record system)
- Minimum of three years' experience in an administrative or leadership role.
- Minimum of three years' experience in a Community Health Center setting or equivalent experience in ambulatory care quality preferred.
- Experience managing or assisting certification processes preferred.
- Experience in LEAN (system process)
- Experience with Medi-Cal and Medi-Care Programs
- Experience with Managed Care Contracts

Knowledge and Skills:

- Expertise in running reports and gathering data in eClinical Works
- In depth knowledge of community health center/ambulatory care regulatory requirements.

- Commitment to health care for underserved populations.
- Strong interpersonal and ability to lead through influence.
- Excellent verbal and written communication skills.
- Ability to work with people with a variety of backgrounds and educational levels.
- Ability to work in a highly dynamic, mission-driven environment.
- Positive attitude.
- Skillful in change management processes.
- Excellent work ethic.
- Ability to transform vision to reality.
- Excellent computer skills.

Physical Requirements:

While performing the duties of this job, this position is frequently required to do the following:

- Use standard office equipment and access, input, and retrieve information from a computer. Use computer keyboard with manual and finger dexterity and wrist-finger speed sufficient to perform repetitive actions efficiently for extended periods of time.
- Communicate effectively in person or via telephone in a manner which can be understood by those with whom the person is speaking, including a diverse population.
- Give and follow verbal and written instructions with attention to detail and accuracy.
- Perform complex mental functions and basic arithmetic functions; interpret complex laws, regulations, and policies; collect, interpret, and/or analyze complex data and information.
- Vision: see details of objects at close range.
- Coordinate multiple tasks simultaneously.
- Reach forward, up, down, and to the side.
- Sit or stand for minimum periods of one hour at a time and come and go from the work area repeatedly throughout the day.
- Lift up to 20 pounds.
- Travel to other office and community locations.