

## PROVIDER SERVICES PROGRAM SPECIALIST

The Health Plan of San Mateo (HPSM), a managed care health plan, seeks a full time Provider Services Program Specialist. This position provides training, education, and technical assistance to our primary care partners to support their efforts to deliver improved health outcomes for HPSM members. The position will spend extensive time with participating primary care clinics to implement the statewide Health Homes program, a payment and care coordination program targeting high-cost, high-risk members. The position will also explore alternative settings for the Health Homes program, such as behavioral health and Community-Based Adult Services (CBAS). This position will facilitate payment to provider partners, coordinate data and information exchange, provide reporting to regulatory agencies, and disseminate best practices among HPSM providers and partners for care coordination. This position will also support other Provider Network Manager and Provider Services departmental programs and initiatives.

The essential duties and responsibilities will include the following:

- Serve as a main point of contact internally and externally for the HPSM Health Homes program, including production, distribution, and interpretation of payment and program reporting, recommendations to improve HPSM's health outcomes for high-cost high-risk members, and coordination among multiple clinical settings that deliver care for HPSM members.
- Programmatically support and serve as a resource for other HPSM collaborative programs with providers, such as the SNF learning collaborative, Health Homes training activities, Home Advantage Program, Community Care Settings Program (CCSP), and Whole Person Care (WPC).
- Lead primary care clinics through the process to implement and manage the ongoing requirements of the Health Homes program.
- Coordinate timely payments to partners and ensure coordination with other payments made to participating providers.
- Analyze data for members who qualify for this program to meet regulatory requirements and also identify opportunities to improve administration of the Health Homes program to improve population health outcomes.
- Research industry best practices for care coordination within primary care and other provider settings while keeping internal HPSM departments and providers informed of these findings.
- Make recommendations to HPSM leadership regarding payment and care coordination activities.
- Work collaboratively in teams/work groups with Provider Services, Health Services, Finance, Claims, Informatics, Member Services, Quality Improvement and other HPSM departments to support strategic initiatives
- Serve as a resource for Health Homes participating providers regarding other HPSM programs and resources, including the primary care value-based payment model and pay for performance programs
- Participate in collaboration and training activities with internal and external stakeholders, including other health plans, research and advocacy groups, and state regulators.
- Support audit activities for DMHC, DHCS, and CMS as needed.
- Participate in, design, and lead process improvement initiatives, using lean management process improvement concepts, to support Health Plan initiatives and provider relationships.
- Design and implement workflows as needed.
- Work with Provider Network Manager to coordinate and facilitate data and reporting needs for the Provider Services Department.
- Analyze data to support and improve value-based payment initiatives as assigned.
- Other duties as assigned.

### Requirements

**Education and Experience:** Bachelor's degree (required) in public health, health science, social sciences, nursing, business administration, economics or related field (preferred). Two (2) years of experience in a clinical, research or health plan setting that required extensive collaboration with internal and external stakeholders preferred. Proven experience working well in teams and utilizing process improvement concepts.

**Knowledge of:** Health care quality data, including HEDIS metrics, electronic health records, and clinic billing systems. Managed care principles, including medical costs, utilization measures, quality process and outcome measures. Provider clinic operations, including scheduling, patient work flow, clinical data, billing data, and electronic health records. Personal computers and proficiency in Microsoft Office Suite applications, including Outlook, Word, Excel, Access and PowerPoint.

**Ability to:** Work cooperatively with others. Work as part of a team and support team decisions. Communicate effectively, both verbally and in writing. Analytical problem solving. Self-starter. Strong attention to detail. Curiosity and ability to learn new things quickly. Adaptable to changes in requirements/priorities for daily and specialized tasks.

## Compensation and Benefits

**Starting Compensation Range:** - Depending on Experience

**Benefits Information:** Excellent benefits package offered, including HPSM paid premiums for employee's Medical, Dental and Vision coverage. Employee pays a small portion of the dependent premiums (5%) for medical and dental benefits. Additional HPSM benefits include fully paid life, AD&D, and LTD insurance; retirement plan (HPSM contributes equivalent of 10% of annual compensation); holiday and vacation pay; tuition reimbursement plan; onsite fitness center and more.

## How to Apply

**Application Process:** To apply, submit a resume and cover letter with salary expectations to: Health Plan of San Mateo, Human Resources Department, 801 Gateway Blvd., Suite 100, South San Francisco, CA 94080 or via email: [careers@hpsm.org](mailto:careers@hpsm.org) or via fax: (650) 616-8039. **File by: Continuous until filled.** The Health Plan of San Mateo is proud to be an Equal Opportunity Employer and encourages minority candidates of all backgrounds to apply.

***Submissions without a Cover Letter and Salary Expectations may not be considered.***