

HFMA - MICHIGAN GREAT LAKES CHAPTER
PLACEMENT COMMITTEE NEWS

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Contract Administrator

McLaren Physician Partners
Auburn Hills, MI

POSITION PURPOSE

Responsible for assisting the Director of Contracting in all aspects of Third-Party Payor contracting activities within all market segments for McLaren Physician Partners (MPP), McLaren Health Care Corporation (MHCC), McLaren High Performance Network (MHPN) and its subsidiaries. Conducts contract modeling and analysis with an understanding of population health and value-based contracting. Professionally and effectively communicates the advantages of contracting with McLaren, provides ongoing expertise throughout the contracting process and administration of payor agreements. Key team resource to the contract management team.

EDUCATION/EXPERIENCE

Required Qualifications

- Bachelor's Degree in business, health care or related field.
- Five (5) years' experience in complex provider contracting and servicing in a managed care organization, Health Plan, PHO, PO or similar organization.

Preferred Qualifications

- Experience with standard and innovative contract and reimbursement methodologies, including but not limited to fee for service, value-based payments, risk contracting, capitation and bundled payments.
- Master's Degree in Health Care Management, Finance or related field.
- Ten (10) years' experience in provider contracting and servicing.
- Established relationships with Health Plans, other Industry Professionals.

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Program Manager, Payer Initiatives

McLaren Physician Partners
Auburn Hills, MI

POSITION PURPOSE

This position is responsible for the daily management of payer operations and initiatives within McLaren Physician Partners. Under the supervision of the Vice President of Operations, the Program Manager of Payer Initiatives will develop and support a sound infrastructure and policies and procedures consistent with payer initiatives, guidelines and

regulations. The Program Manager of Payer Initiatives will be responsible for managing activities, such as membership, compliance, education, provider communications, and reporting. The Program Manager of Payer Initiatives will also be responsible for identifying opportunities with payers on clinical outcomes, increase revenue, and reduce expenses, thus maximizing the bottom line. This position works heavily with the Director of Quality and Director of Analytics in payer related management deliverables for managed care success.

EDUCATION/EXPERIENCE

Required Qualifications

- Bachelor's Degree in Healthcare, Business, or related field.
- 5 years of progressive responsibility in quality, compliance or an equivalent field, or in a position of direct responsibility for operations within a healthcare setting.
- 2 years' experience working in the managed care industry.
- Proven involvement in managing transformation efforts from design to implementation.
- Familiarity with operational workflows.

Preferred Qualifications

- Master's Degree in Healthcare, Public Health, Business, or related field.
- Experience in supervisory role within managed care industry.

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Manager, Quality

McLaren Physician Partners
Auburn Hills, MI

POSITION PURPOSE

Responsible for the management of Quality Programs and the Quality departments. Responsible for the development and implementation of policies and procedures that support all aspects of the Quality Improvement Performance Plan (QPIP). Responsible for developing programs and working with Quality staff and physician practices to implement PCMH and PCMH-N activities, coordinating and monitoring pay-for-performance programs, monitoring quality reporting activities to physician practices, and assisting physician practices in achieving improved utilization and adherence to evidence-based medicine in targeted areas to achieve top decile clinical performance and care delivery creating a high performing physician network. Responsible for annual quality reporting for MHPN's Accountable Care Organization.

EDUCATION/EXPERIENCE

Required Qualifications

- Bachelor's degree in business or healthcare related field.
- Eight (8) years' experience in ambulatory medicine including direct contact with patients, physicians, office staff and health plans including clinical patient care, patient education, coding and office workflow with at least three (3) years' experience in a supervisory role leading a professional staff of five or more members in all phases of effective

- supervision
- (i.e. Recruitment, performance management, training)

Preferred Qualifications

- Valid RN license
- Two (2) years' experience and knowledge of HMO, PPO, TPA, and Managed Care functions.

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Director, Quality

McLaren Physician Partners
Auburn Hills, MI

POSITION PURPOSE

The Director of Quality is responsible for the overall direction and coordination of the Quality programs to include planning, directing, organizing, controlling, and evaluating the implementation of MPP quality programs and outcomes. Responsibilities include the development and implementation of all aspects of the Quality Improvement Performance Plan (QPIP) and oversight of all PCMH and PCMH-N activities, pay-for-performance programs, population health reporting and other clinical operations. Develops policies, procedures and programs to achieve top decile clinical performance and care delivery creating a high performing physician network. Responsible for the leadership of quality performance in all MHPN contracts (Accountable Care Organization, Bundle Payments, etc.)

EDUCATION/EXPERIENCE

Required Qualifications

- Bachelor's degree in Nursing, Business or Healthcare administration.
- Ten (10) years' experience in health care with progressively more responsible roles in the areas of ambulatory care, health plan Utilization Management, case management, disease management and/or population health to include three (3) years in a leadership role leading a professional staff of five or more members in all phases of effective supervision
- (i.e. Recruitment, performance management, training)

Preferred Qualifications

- Valid RN license
- Master's degree in Nursing, Business or Health Care Administration
- Fifteen (15) years in leadership roles in healthcare to include the areas of ambulatory care, health plan Utilization Management, case Management, or Disease Management and Population Health.

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VP, Strategic Business Operations

McLaren Health Plan
Flint, MI

POSITION PURPOSE

The Vice President will assist the President/CEO in the development of business plans and identification of strategic initiatives to achieve operational efficiencies and grow business through market expansion and product diversification. Responsible for business case development for new products, market growth for all lines of business, and operational improvements/service enhancements. Provides direction and management of strategic and operational business initiatives to enhance operational performance and advance growth opportunities. Assists where necessary or through project management those business ventures undertaken by the Company to ensure its profitable future.

Strategic business efforts are conducted within the scope of broad organizational objectives; requires broad conceptual analysis to define and analyze complex issues and affect optimal solutions. Individual performance is critical to MHP's success. Recommendations significantly impact MHP's mission and ability to attain goals.

EDUCATION/EXPERIENCE

Required Qualifications

- Bachelor's Degree in business, health care or related field.
- Five (5) years' experience in a senior leadership role in a health insurance operations role including product development.
- Five (5) years' experience in complex business strategic development with proven success in leading teams in strategic operations through planning and execution

Preferred Qualifications

- Ten (10) years' experience and knowledge of HMO, PPO, TPA, PHO and Managed Care functions (e.g. accounting/finance, reinsurance, administration, medical delivery, regulatory compliance, operations, contracting and risk arrangements and actuarial precepts).

APPLY ONLINE: www.mclaren.org/Careers

Provider Contracting Specialist

McLaren Health Plan
Flint, MI

POSITION PURPOSE

Responsible for generating new provider contracting activities within all market segments for McLaren Integrated HMO Group and its subsidiaries with a statewide focus on facilities, PHO and PO. Initiates, negotiates, and executes Value Based physician and/or other provider contracts and agreements for MIG and the Plans. Generates new contracting opportunities through telemarketing, written communications, and other distribution channels. Responsible for meeting established provider contracting targets.

EDUCATION/EXPERIENCE

Required Qualifications

- Bachelor's Degree in business, health care or related field. An equivalent combination of relevant education and experience may be substituted for the educational requirement.
- Three (3) years' experience in progressively more complex provider contracting and servicing role with hospitals, large physician groups and ancillary providers, including contract negotiation.
- Must have valid Driver's License and use of a personal vehicle for travel.

Preferred Qualifications

- Ten years' experience in provider contracting and servicing.
- Established relationships with providers in the Plan's service areas.

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VP, Customer & Provider Services

McLaren Health Plan
Flint, MI

POSITION PURPOSE

Assumes responsibility and authority for establishing, directing, evaluating and coordinating all of the Plan and its subsidiaries' Customer Service, Quality Management and Provider Relations activities. This includes all aspects of negotiating and implementing contractual arrangements with health care providers. Provides guidance and vision for maintaining a high performing provider network and achieving established goals for member and provider satisfaction. Directs activities related to developing and administering policy, short and long-range goals, strategic planning initiatives, internal and external reporting and regulatory communication.

Represents and acts on behalf of the Plan President and the MIG VP Customer & Provider Services in proposing actions, approving, advising, acting upon and coordinating efforts regarding all Customer Service, Provider Relations, and Quality matters of the Plan. Provides administrative direction for the operation of assigned departments and appraises the performance of respective department heads, including the authority to hire and fire subject to the veto of the President. Builds, develops and manages teams capable of carrying out needed initiatives. Communicates routinely with the President and Quality Improvement Committee concerning policy recommendations and suggested course of action pertinent to the operation of assigned departments. Establishes performance and productivity measures, quality improvement goals and cost controls to maximize resources available. Provides and communicates pertinent information throughout the Plan, MIG, and to the respective governing bodies.

Initiatives and processes are conducted within the scope of broad organizational objectives; requires broad conceptual analysis to define and analyze complex issues and affect optimal solutions. Individual performance is critical to the Plan's success.

Recommendations significantly impact the Plan's mission and ability to attain goals.

Responsible for the appropriate accreditation for the Plan. Implements the quality initiatives, including employer and regulatory required quality measures such as HEDIS, Consumer Assessment of Healthcare Providers and Systems (CAHPS), Consumer Report Card, etc. Reports to the Board of Directors all member grievances requiring action from the governing board and regulatory bodies.

EDUCATION/EXPERIENCE

Required Qualifications

- Bachelor's degree in business, health care or related field
- Five years' experience in a senior leadership role with an HMO or managed care organization with demonstrated managerial experience in establishing and overseeing customer service, provider network development and quality of care programs

Preferred Qualifications

- Master's degree in business administration or health-related field
- Ten years' experience in a senior HMO leadership position
- Experience and knowledge of HMO, PPO, TPA, PHO and Managed Care functions (e.g. accounting/finance, reinsurance, EDI, case management, marketing, medical delivery, regulatory compliance, claims processing, eligibility, contracting and risk arrangements and actuarial precepts)
- Direct interaction with health care providers and regulators

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Manager, Finance

McLaren Health Plan
Flint, MI

POSITION PURPOSE

Responsible for the accurate preparation of financial reports that summarize and forecast the financial position of McLaren Health Plan. Also responsible for financial analysis, assist in developing strategies and implementing the long-term goals of McLaren Health Plan.

EDUCATION/EXPERIENCE

Required Qualifications

- Bachelor's Degree in accounting, finance, business, or related field.
- Five (5) years' experience in a progressively more responsible complex finance or accounting roles.
- Five (5) years' experience in a supervisory role for a staff of five or more members leading or assisting in all phases of effective supervision (i.e. Recruitment, performance management, training)

Preferred Qualifications

- Master's Degree in accounting, finance or related field.
- Financial Auditing Experience
- Two (2) years' experience and knowledge of HMO, or PPO (e.g. accounting/finance, reinsurance, regulatory compliance, claims processing, membership/eligibility, and actuarial precepts).

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