

## Manager of Integrated Programs

<b>Only open to candidates residing in California</b>	<b>Opportunity to make a difference in your community</b>	<b>Position not eligible for sponsorship</b>
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The Manager of Integrated Programs is responsible for development, implementation, relationship management, oversight and evaluation of key HPSM partnerships targeted to improving health outcomes and member experience in alignment with HPSM’s model of care and strategic initiatives.

### Position overview

- Develops and leads strategic external partnership program, including development of goals, metrics, and evaluation criteria and plans for the program.
- In collaboration with the ICM leadership staff, supports successful integrated care management delivery with the development of criteria for evaluating partner success; ensuring performance of partner evaluations to include quality of care monitoring; oversight of partner selection; development and negotiation of vendor contracts, and coordinates with other departments in vendor relationships.
- Manage the project coordination, including planning and sequencing work, setting milestones and deadlines, assigning responsibilities, facilitating workgroups, monitoring progress, and reporting project status.
- Oversee the contracting, coordination, onboarding and management of CalAIM ECM and CS network and programs.
- In collaboration with Provider Services, support with network onboarding and network management of key HPSM partnerships.
- Leads evaluation of selected Health Services vendor partner performance, including development of build/buy decision-making criteria as appropriate.
- Leads a team of program managers who support the full life-cycle of vendor relationships, programs and partnerships.
- Helps business owners in supporting decision-making related to vendor partners to drive programmatic results.
- Oversees selection of vendors in partnership with business owners and BSI, as appropriate.
- Drives negotiation and contract development.
- Acts as relationship leader for certain vendor relationships and manages staff responsible for other specific vendor relationships.
- Supports the achievement of stated contracted goals and outcomes.
- Leads cross-functional teams in issues related to vendor strategy and performance.
- Coordinate and collaborate with other governmental agencies and community health organizations to promote coordinated care.
- Promotes continuous process and performance improvement with Health Services Department per regular collaboration to identify member experience trends providing and contributing to problem-solving process and solutioning.
- Support in development of appropriate best practices for integrated care management services and promote integration of CalAIM ECM/CS and MLTSS services into care continuum.
- In collaboration with Compliance, ensure HPSM key partners are adhering to regulations, policies and procedures as set forth by federal, state and other regulatory bodies.
- Serves as a liaison to key external county and community partners as well as provides oversight of CalAIM Enhanced Care Management and Community Supports and Managed Long-Term Services and Supports (MLTSS) which include Community Based Adult Services (CBAS), In-Home Support Services (IHSS) and social determinants of health programs.
- Leverages health plan’s spectrum of data, reporting and analytics to inform vendor evaluations.
- Provides comprehensive updates to senior leadership and other stakeholders; develop, implement, and maintain tracking dashboard to be shared within the team and across the organization.
- Accomplish staff results by communicating job expectations; planning, monitoring, and appraising job results; coaching, counseling, and implementing corrective action steps when necessary; developing,

coordinating, and enforcing systems, policies, procedures, and productivity standards. Complete performance evaluations in a timely manner.

## Requirements

These are the qualifications typically needed to succeed in this position. However, you don't need to meet every requirement to apply.

### Education and experience

- Bachelor's Degree in Business Administration, Health Care Management, or Public Policy required. Master's degree in applicable field (e.g. MBA, MPH, MPP preferred).
- Minimum three (3) years of managed care experience, preferably with Medicare/Medi-Cal experience.
- Minimum 3 years' experience in a management role.
- Demonstrated success with previous project/program management.
- Demonstrated success with vendor/partner management.
- Experience with direct operational management or with leading and managing project launch and implementation in direct care delivery or matrixed environments.

### Knowledge of:

- Quantitative and qualitative analysis, including basic financial analysis and program evaluation methodology.
- Program evaluation and statistical methods
- Change management, process improvement and redesign tools.
- Microsoft Office Suite applications, including Outlook, Word, Excel, Access, Visio, and PowerPoint.
- Managed healthcare regulatory requirements.
- Supervisory principles and practices as well as techniques and methods to organize and manage direct reports.

### Ability to:

- Demonstrated ability to digest and synthesize regulatory requirements for diverse audiences.
- Understand and able to differentiate and leverage opportunities for direct authority vs influence.
- Work as part of a team and ability to drive vs support team decisions.
- Creatively problem-solve with strong results orientation.
- Adapt to changes in requirements/priorities for daily and specialized tasks.
- Data literacy, reporting proficiency and analytical ability.

### Skills:

- Relationship-building and interpersonal skills.
- Project management and program evaluation skills.
- Organizational behavior and development skills.
- Effective communication, both verbally and in writing.
- Demonstrated skill working in a fast-paced environment with a high degree of independence.

## Salary and benefits

**The starting salary range** depends on the candidate's work experience.

**Excellent benefits package** includes:

- HPSM-paid premiums for employee's medical, dental and vision coverage (employee pays 10% of each dependent's premiums)
- Fully paid life, AD&D and LTD insurance
- Retirement plan (HPSM contributes equivalent of 10% of annual compensation)
- 12 paid holidays a year, 12 paid sick days a year and paid vacation starting at 16 days a year
- Tuition reimbursement plan
- Employee wellness program

**To apply, submit a resume to [careers@hpsm.org](mailto:careers@hpsm.org).**

*Health Plan of San Mateo (HPSM) is a local County-funded nonprofit manages the health care for over 140,000 low-income people San Mateo County, including all its Medi-Cal eligible residents. HPSM is proud to be an Equal Opportunity Employer and an affirmative action employer. We are committed to equal employment opportunity regardless of race, color, ancestry, religion, sex, national origin, sexual orientation, age, citizenship, marital status, disability, gender identity or Veteran status.*