

Provider Services Program Specialist

Only open to candidates residing in California	Opportunity to make a difference in your community	Position not eligible for sponsorship
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This position provides analysis, reporting, and internal and external training to support health outcome improvement efforts for HPSM members. This includes supporting the HPSM Provider Network Manager and other Provider Services team members in the design and implementation of new and current provider services initiatives via analyzing member and provider data, facilitating provider meetings, and coordinating with HPSM providers to collect both data and input. It also includes supporting internal process improvement efforts through analysis, reporting, and interdepartmental problem-solving. This position will support other Provider Network Manager and Provider Services departmental programs and initiatives as needed.

Position overview

- Programmatically support and serve as a resource for HPSM collaborative programs with providers, including acute and long-term care providers, primary care providers, dental providers, behavioral health providers, allied services providers, and other specialties.
- Support HPSM’s current and new provider initiatives, including provider outreach/education, analytics/reporting, and process improvement.
- Analyze data related to network adequacy, including using geomapping tools, to identify network gaps in access and to support population health outcomes improvement for HPSM member.
- Make recommendations to HPSM leadership regarding provider quality improvement activities.
- Work collaboratively in teams/work groups with Provider Services, Health Services, Finance, Claims, Informatics, Member Services, Quality Improvement, Population Health and other HPSM departments to support strategic initiatives.
- 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 NCQA, DMHC, DHCS, and CMS as needed, including writing reports.
- Design, lead, and participate in process improvement initiatives, including a body of work to improve member assignments to primary care providers in the HPSM network.
- Design, document and implement new and existing workflows as needed, including those related to annual regulatory submissions for network adequacy and access to care for HPSM members.
- Support the annual DMHC Timely Access Filing, including appointment and provider satisfactions surveys, and data submission as needed.
- Facilitate and document meetings.

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

- Two (2) years of work/intern/volunteer experience in a clinical, research, academic or health plan setting that required extensive collaboration with internal and external stakeholders .
- Bachelor’s degree in a relevant field, e.g., public health, health science, social sciences, nursing, business administration, economics. Degree may be substituted by work experience on a year for year basis.
- Proven experience working well in teams and utilizing process improvement concepts.

Knowledge of:

- Health care quality data, e.g., 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 workflow, 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.

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.

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.