



Job Code: 8140
Grade: 24
HCWR: N

Job Title

Chief Financial Officer, Health Plan Services

Department

Health Plan Services

This position is exempt from Career Service under the CCH Personnel Rules.

Job Summary

The Chief Financial Officer, Health Plan Services is responsible for the overall operational financial performance and viability of all health plan services for Medicaid Managed Care Plan product lines, Medicare Advantage Plan Services product lines and other lines of business. The Chief Financial Officer, Health Plan Services provides management of all financial functions, and has overall accountability for providing leadership, direction and administration of financial activities, financial systems and controls, financial analysis, budgeting, medical economics, medical cost action plans and revenue management. This position coordinates overall financial decision-making with the Cook County Health (CCH) Chief Financial Officer.

General Administrative Responsibilities

Collective Bargaining

- Review applicable Collective Bargaining Agreements and consult with Labor Relations to generate management proposals
- Participate in collective bargaining negotiations, caucus discussions and working meetings

Discipline

- Document, recommend and effectuate discipline at all levels
- Work closely with labor relations and/or labor counsel to effectuate and enforce applicable Collective Bargaining Agreements
- Initiate, authorize and complete disciplinary action pursuant to CCH system rules, policies, procedures and provision of applicable collective bargaining agreements

Supervision

- Direct and effectuate CCH management policies and practices
- Access and proficiently navigate CCH records system to obtain and review information necessary to execute provisions of applicable collective bargaining agreements



General Administrative Responsibilities

Management

- Contribute to the management of CCH staff and CCH' systemic development and success
- Discuss and develop CCH system policies and procedures
- Consistently use independent judgment to identify operational staffing issues and needs and perform the following functions as necessary; hire, transfer, suspend, layoff, recall, promote, discharge, assign, direct or discipline employees pursuant to applicable Collective Bargaining Agreements
- Work with Labor Relations to discern past practice when necessary

Typical Duties

- Develops overall financial strategy and budgets for Medicaid Managed Care Plan (CountyCare), Medicare Advantage Plan Services product lines and other LOBs.
- Develops a culture of financial awareness and accountability while ensuring the efficient utilization of resources and appropriate decision making for strategic growth
- Ensures the realization of quality and economical health care services within system guidelines and philosophies
- Drives, supports and models a service-oriented culture focused on employee engagement, quality, patient safety, service excellence, fiscal responsibility and the overall patient experience
- Functions as an integral member of health plan services leadership teams, building and supporting effective collegial relationships with applicable internal and external constituents and stakeholders and ensuring optimal operating effectiveness.
- In collaboration with Health Plan Services leadership team members, directs and provides oversight regarding the strategic development, implementation and maintenance of strong, comprehensive clinical and/or operational services and programs that meet Health Plan Services organizational growth initiatives and the needs of patient populations in the community
- Provides leadership and health plan expertise in the achievement of financial and operational performance objectives and expectations including revenue growth, operational margin targets, effective expense management and overall efficiency performance improvement opportunities in the areas of operational performance, clinical excellence, and patient satisfaction.
- Establishes revenue projections and develops the annual budget accordingly
- Develops annual budget and monitor budget variances throughout the year. Responsible for action plans to address any variances.
- Leads actuarial rate development and encounter submission process with HFS.
- Participates in contract negotiations as needed focusing on strategic pricing and contract rate structures
- Collaborates with Revenue Cycle leadership to ensure claims are paid accurately and assist in accounts receivables projects
- Provides leadership, supervision, guidance and development for staff, articulating and



Typical Duties

demonstrating an expectation for continuous quality improvement, as well as continually supporting and exhibiting Health Plan Services values and service standards. Identifies and provides growth opportunities for staff

- Strategizes and drives process improvements focused on innovative care delivery and/or operational models designed to improve clinical services and outcomes. Promotes the use and implementation of technology in the workplace in order to streamline operations, facilitate communications and optimize work processes
- Ensures and fosters a high level of collaboration in order to coordinate activities, review work, exchange information and resolve problems
- Performs all functions according to established policies, procedures, regulatory and accreditation requirements, as well as applicable professional standards

Reporting Relationship

Reports to the Chief Administrative Officer, Health Plan Services

Minimum Qualifications

- Bachelor's degree from an accredited college or university
- Five (5) years relevant and progressive finance related experience in a complex healthcare or health plan environment, or with a government entity
- Three (3) years of financial leadership experience in a managed care organization
- Demonstrated ability to achieve results on both strategic and operational level.
- Prior experience working with large data sets
- Working knowledge of health plan regulatory and licensing processes including federal and state laws and regulations

Preferred Qualifications

- Master's degree in business administration, healthcare administration, public administration or related field
- Prior experience in a leadership role with a Medicaid health plan
- Prior experience in a leadership role with an urban, publicly supported health system
- Prior experience in a leadership role with a health plan

Knowledge, Skills, Abilities and Other Characteristics

- Knowledge of financial management, claims reimbursement, rate setting & risk adjustment processes
- Knowledge of quality assurance, resources management, health plan, regulatory and licensing processes including federal and state laws and regulations
- Strong strategic thought leadership to develop overall health plan financial strategy
- Strong problem-solving skills used to anticipate and identify issues and to develop and implement appropriate solutions related to complex administrative processes.
- Strong interpersonal skills are critical as this position works closely with the third party administrator, other external customers, and internal members of the Managed care leadership team, and other members of CCHHS leadership



Knowledge, Skills, Abilities and Other Characteristics

- Strong verbal and written communication skills as this position will frequently present data, trends and performance results to members of upper management and CCHHS leadership.
- Strong project management skills.
- Demonstrated ability to achieve results on both strategic and operational level
- Demonstrated ability to lead and manage change through the use of interpersonal skills such as negotiating, collaborating, and influencing.

Physical and Environmental Demands

This position is functioning within a healthcare environment. The incumbent is responsible for adherence to all hospital and department specific safety requirements. This includes but is not limited to the following policies and procedures: complying with Personal Protective Equipment requirements, hand washing and sanitizing practices, complying with department specific engineering and work practice controls and any other work area safety precautions as specified by hospital wide policy and departmental procedures.

The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of the personnel so classified.

For purposes of the American with Disabilities Act, “Typical Duties” are essential job functions.