

Standard Job Description

Job Code: <u>8767</u>

Grade: 23 HCWR: N

Job Title

Data Manager, Health Plan Services

Department

Health Plan Services

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

Job Summary

The Data Manager, Health Plan Services supports the analytic needs of the department. Assists with complex data projects and reports for performance improvement initiatives, department reports, provider and provider group report cards and required reports needed for National Committee for Quality Assurance (NCQA) accreditation and Federal and State requirements.

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

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

Job Code: 8767 Grade: 23 ID: 1096



Typical Duties

- Utilizes a variety of data sources to obtain data for member eligibility and demographics, claims, utilization management, care management, pharmacy, provider and provider groups, surveys and Healthcare Effectiveness Data and Information Set (HEDIS).
- Produces data, reports and analysis for population assessments, Utilization, Care Management, Quality, Annual Report, Centers for Medicare and Medicaid Services' (CMS)
 Part C and D data validation reports, performance measures, performance improvement projects, medical cost action plans, research of programs and special tasks and projects.
- Collaborates with teams including Utilization Management, Quality, Care Management, Long- term services and supports (LTSS) and Behavioral Health to identify needed data for reports.
- Produces reports to determine trends and opportunities for improvement.
- Participates in and contributes data as needed for performance improvement and health plan governance committees.
- Provides reports for performance improvement projects and initiatives.
- Creates workflows, data collection tools and data presentation formats to standardize procedures and optimize best practices for department and projects.
- Provides deliverables for reports in compliance with federal, state and NCQA technical specifications and requirements.
- Produces scorecards for providers and groups for quality, utilization, care management, clinical outcome data, HEDIS data STARS data.
- Assists in the development of presentations for key stakeholders.
- Prepares and tracks invoices and payments of vendors utilized by the Clinical team.
- Performs other duties as assigned.

Minimum Qualifications

- Bachelor's Degree from an accredited college or university in Finance, Economics, or related quantitative field with two (2) years of full-time paid work experience as a Data Analyst or similar role in a hospital, healthcare, or managed care organization
- OR
- Bachelor's Degree from an accredited college with four (4) years of full-time paid work experience as a Data Analyst or similar role in a hospital, healthcare, or managed care organization

Preferred Qualifications

- Master's degree in finance, Economics or related quantitative field from an accredited college or university
- Knowledge of Medicaid and Medicare reporting
- Knowledge of Healthcare Effectiveness Data Information Set (HEDIS)
- Knowledge of Medicare STARS

Knowledge, Skills, Abilities and Other Characteristics

- Knowledge and proficiency with SQL
- Proficiency using Microsoft Office Suite including complex formulas in Microsoft Excel such as V-Lookups and Pivot Tables

Job Code: 8767 Grade: 23 ID: 1096





Knowledge, Skills, Abilities and Other Characteristics

- Excellent verbal and written communication skills necessary to communicate with all levels
 of staff and a patient population composed of diverse cultures and age groups
- Demonstrate attention to detail, accuracy, and precision
- Ability to analyze and reconcile large data sets
- Ability to quickly gain a thorough understanding of the Medicaid and Medicare Managed Care
- Ability to multi-task and meet deadlines in a fast paced and stressful environment
- Ability to adhere to department policies and standards utilizing best practices
- Ability to maintain a professional demeanor and composure when challenged
- Ability to function autonomously and as a team member in a multidisciplinary team

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.

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