

## Helping Health Care Payers Improve Claim-Payment Accuracy

**By Paul Adams**  
*Director*  
*Moss Adams LLP*



**By Deanna Hodges**  
*Manager, Health Care Consulting Group*  
*Moss Adams LLP*



The American Medical Association's fourth annual National Health Insurer Report Card found that commercial health insurers average a 19.3 percent error rate in processing claims, up 2 percent from the previous year. This increase means there were 3.6 million more erroneous payments and \$1.5 billion worth of additional, unnecessary administrative costs in the health care system. The AMA estimates that

eliminating all errors would save more than \$17 billion overall.

Since the previous report, all examined health insurers but one failed to improve their accuracy rating; United Health Care was the only commercial insurer to demonstrate an improvement. Claim-payment accuracy is a major concern for large commercial insurers, self-insured employers, independent physician associations (IPAs),

and any organization that strives to accurately adjudicate health care claims. The big question, of course, is why these efficiency and accuracy levels are so troubling and potentially such a drag on the overall health care system.

The answer likely involves three factors: people, processes, and technology.

In terms of people, many health care payers are deploying inexperienced claim examiners that will often err at a significantly high rate. Unfortunately, their training often falls short of what is necessary to ensure accurate and ef-

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## **Publisher and Editor**

David Peel

## **Managing Director**

Elizabeth Peel

## **Contributing Editor**

Nora Haile

## **Advertising**

Jennifer Sharp

## **Contact Information**

Phone: 425-577-1334

Fax: 425-242-0452

E-mail: [dpeel@cahnews.com](mailto:dpeel@cahnews.com)

Web: [cahnews.com](http://cahnews.com)

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## **LETTERS TO THE EDITOR**

If you have questions or suggestions regarding the News and its contents, please reply to [dpeel@cahnews.com](mailto:dpeel@cahnews.com).

# Letter from the Publisher and Editor



Dear Reader,

We periodically update Healthcare News reader demographics on the advertising page of our web sites. Our May update showed 52,000 readers, 18,000 in California. Of the 52,000 Healthcare News readers, 27,000 are hospital employees. Other large categories include government and provider groups, with over 5,000 each. You can see our reader demographics at [www.cahnews.com](http://www.cahnews.com).

If you are hiring staff, and want to target the right people, consider using the California Healthcare News. All of our thirty day online job postings include a free 1/6th page hard copy advertisement (see pages 4 through 7 for examples) in this publication and the price is right at \$375 for one job posting and \$275 for each additional job posting. All jobs are announced via email once a month to our 52,000 readers. Jennifer Sharp can be reached at [jsharp@healthcarenewssite.com](mailto:jsharp@healthcarenewssite.com) or 425-457-4316 for more information on job postings.

If you are promoting your consulting business or law firm to your targeted demographic, consider display advertising on our web site. We have several prime locations to place your display advertisement and prices are as low as \$50 per month. Our advertisements “slide” to attract the readers eye and contain click through links to your Consultant Marketplace listing where they can learn more about your firm. I can help set this up with you and can be reached at 425-577-1334 or [dpeel@healthcarenewssite.com](mailto:dpeel@healthcarenewssite.com).

Until next month,

*David Peel, Publisher and Editor*

## **< Accuracy, from Page 1**

efficient payments, and many will continue making the same costly, repetitive payment errors once they become “experienced.”

In terms of processes, a random audit is too often performed instead of a root-cause analysis. That’s why a large number of errors aren’t communicated to claims personnel in a comprehensive manner. The net outcome is that there’s very little, if any, corrective action, so the same errors are repeated over and over again.

In terms of technology, payers continue to negotiate increasingly complex contracts and offer complicated benefit plans to members. Often, the contract terms and benefit provisions can’t be fully automated in the claim-payment system. This creates a heavy reliance on manual processes, which inevitably leads to payment inaccuracies. Furthermore, these problems are exacerbated when critical claim-system support files are configured and monitored by personnel with limited system or health care experience.

To address this problem, organizations will need to invest in staff and reengineer the processes that contribute to frequent payment errors. A six-point approach can help:

1. Upgrade training and audit programs. The training should focus on common mistakes, manual processes, and other key payment-error contributors.
2. Perform a root-cause analysis of common claim-payment errors. Communicate the results and collaborate with IT, contracting,

and other departments to identify the best approach to reduce occurrences of each error type.

3. Encourage collaboration between audit and training teams. These departments should share information to help avoid common errors and train new claim examiners (and retrain existing examiners when necessary).
4. Review key claim-payment support files. Use experienced resources in claims, contracting, and IT to audit the configuration of claim-payment support files. This will help address the system-related root causes contributing to common payment errors.
5. Monitor common error occurrences daily. Once your organization completes training and implements redesigned processes, it's important to monitor the effectiveness of your efforts. Develop custom reports, filters, and other tools to provide daily monitoring of the most common and costly errors.
6. Embrace health care reform. It's unclear exactly how the new law will be implemented, but your organization—like every other payer in the industry—will be judged on the accuracy and quality of outcomes and results; therefore, it's critical to make improvements in the coming years.

Whether your organization is a large commercial insurer, self-insured employer, IPA, or other type of health care claim payer, it's impossible to completely eliminate claim-payment errors. But the work

of reducing errors should prove hugely beneficial: It will decrease claim expenses, boost revenue, enrich profits, and enhance the industry's reputation during one of the most complex transformations in modern health care history.

*Paul Adams has more than 30 years of experience advising clients on revenue recovery, claim auditing, medical and hospital billing, managed care contracting, managed*

*care operations, and information systems. He can be reached at [Paul.Adams@mossadams.com](mailto:Paul.Adams@mossadams.com).*

*Deanna Hodges has 23 years of experience working with individual and multitiered payer and provider organizations and has expertise in revenue flow, contracting, market analysis, new technologies, feasibility studies, and operations. She can be reached at [Deanna.Hodges@mossadams.com](mailto:Deanna.Hodges@mossadams.com)*



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## Physician (San Francisco, CA and Oakland, CA)

AIDS Healthcare Foundation is searching for a Physician to join our Healthcare Center Team! This opportunity is to work on a Per Diem basis and it is based out of our healthcare centers in San Francisco and Oakland, California. We offer a competitive compensation and a great work environment.

### QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

### EDUCATION AND/OR EXPERIENCE

Doctorate degree (M.D., Ph.D., R.Ph.) or equivalent; or more than 10 years related experience and/or training; or equivalent combination of education and experience.

### OTHER SKILLS & ABILITIES/QUALIFICATIONS

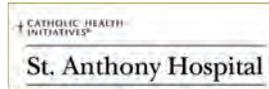
Sensitivity to issues surrounding HIV and AIDS. Demonstrates flexibility and willingness to provide coverage at other AHF sites upon request.

### CERTIFICATES, LICENSES AND REGISTRATIONS

Valid California Medical License. Board Certified in Internal Medicine or Family Practice. Valid DEA certificate.

### CONTACT INFORMATION

Miyoshi LaFourche, Talent Acquisition Manager  
AIDS Healthcare Foundation  
6255 W. Sunset Blvd., 21st Floor, Los Angeles, CA 90028  
FAX: 323-462-6869  
EMAIL: [Careers@aidshhealth.org](mailto:Careers@aidshhealth.org)



## Medical Surgical Manager (Pendleton, OR)

Responsible for the Clinical and Management of the Med/Surg department. Responsibilities include directing, supervising, and coordinating of the Department. Collaborates with staff, management and physicians to ensure quality and patient care is being provided with optimum patient outcomes. Provides leadership, motivation and vision necessary to ensure continued quality patient care. Maintains a high level of customer satisfaction.

**Essential Duties:** Establishes process to define qualifications, responsibilities, competencies and staffing needed to provide care and services that meet the mission, vision, and values of this facility. Develops teams that can focus on immediate issues, move quickly, and achieve specific results as planned. Continually defines, analyzes, and implements efficient workflow utilizing process improvement principles.

### Qualifications

**Education:** Graduate of an accredited Nursing program with current Oregon licensure.

**Experience:** Experience in acute care and program development required, with 3 - 5 years progressive management experience.

**License/Certifications:** Current State Registered Nurse License required. BLS certification required. BSN or Master's in a related field preferred.

To learn more and apply visit:

<http://www.sahpendleton.org/career-opportunities.html>

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## Business Analyst Operations (Coppell, TX)

The Business Analyst is responsible for analyzing and interpreting operations data. The Analyst will also be responsible for summarizing and reporting data to Operations management teams.

**Accountabilities and Deliverables:** The following duties and responsibilities generally reflect the expectations of this position but are not intended to be all inclusive. Understand business activities and provide analyses for improving operational efficiency and productivity. Work across organizational functions to analyze, interpret, and summarize multiple and complex streams of data. Prepare presentations and reports on results of data synthesis. Organize, prioritize, and project manage requests from cross-functional teams.

**Qualities That Will Make You Successful In This Position:** Commitment to DaVita's core values of Service Excellence, Integrity, Team, Continuous Improvement, Accountability, Fulfillment and Fun with ability to demonstrate those positively and proactively to patients, teammates, management, physicians, and/or vendors (Village Service Providers) in everyday performance and interactions. Ability to build relationships and work collaboratively in a fast-paced, matrixed environment. Demonstrated skill in understanding business objective and client expectations. See web site for additional qualities.

### Qualifications

#### Requirements for Education and Experience:

Demonstrated ability to understand and analyze complex data sources. Advanced computer skills and proficiency in MS Word, Excel, Access, PowerPoint, Outlook, and Visio required. Bachelor's degree required.

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Go to <http://careers.davita.com> to learn more or apply

# Coalinga Regional Medical Center

Serving the Community since 1938

Coalinga Regional Medical Center is nestled in the coastal mountain range of California, just 70 miles from the Pacific Coast and 60 miles west of Fresno, California.

Coalinga Regional Medical Center is the single most important component of the health care delivery system in the City of Coalinga. Established in 1938, the hospital provides the following essential health care services to the community:

- Acute Care
- D.O.T. Exams
- Emergency Medicine
- Industrial Medicine
- California Licensed Laboratory
- Physical Therapy
- Radiographic and Fluoroscopy Studies
  - MRI - CT Scans
  - Mammography - Sonography
- Respiratory Therapy
- Skilled Nursing Facility

We are currently seeking the following key positions:

- **Clinical Lab Scientist (graveyard shift only)**
- **Director of Nursing - SNF**
- **LVN Coordinator - Rural Health Clinic**
- **RN-ER**
- **RN-Med Surg (per diem only)**
- **RN-SNF**
- **Speech Pathologist**

For job postings and applications, please visit:

[www.coalingamedicalcenter.com](http://www.coalingamedicalcenter.com)  
Email: [jobs@coalingahospital.com](mailto:jobs@coalingahospital.com)  
Phone: 559.935.6420  
Fax: 559.935.6512

# Career Opportunities

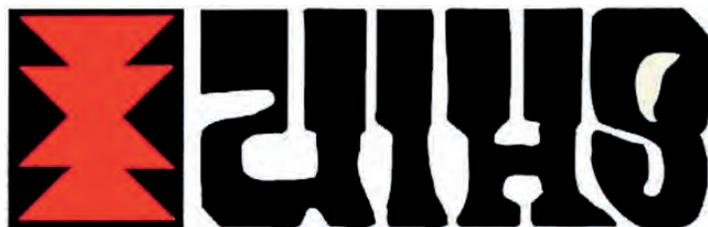
To advertise call 425-457-4316  
 Visit [cahcnnews.com](http://cahcnnews.com) to see all available jobs.

United Indian Health Services, Inc. (UIHS) is a premier health care organization located in beautiful northern California along the Pacific coast near the majestic redwoods. The organization is a unique nonprofit organization with a mission “To work together with our clients and community to achieve wellness through health services that reflect the traditional values of our American Indian Community.”

*We are currently seeking the following key positions:*

- Community Services Division Director (Arcata, CA)**
- Director of Nurses (Arcata, CA)**
- Health Information Management (HIM) Manager (Arcata, CA)**
- Regional Director (Del Norte County, CA)**

To apply please visit our website at [www.uihs.org](http://www.uihs.org) under employment opportunities. There will be a PDF application available. If you would like to talk to someone in person please call (707)825-5000 or e-mail [Trudy.adams@carih.net](mailto:Trudy.adams@carih.net)



### Quality and Compliance Officer (East Palo Alto CA)

Under the administrative direction of the CEO, and the **Quality and Compliance Officer** is responsible for overseeing and monitoring the compliance, quality and risk management activities and programs for the organization

- Function as the leader of the Total Quality Management Steering committee responsible for overseeing performance monitoring activities that are of a clinical, safety and quality nature.
- Develop, initiate, maintain, and revise compliance policies and procedures for the Compliance Program and its related activities to prevent illegal, unethical, and/or improper conduct.
- Investigate patient complaints and incidents and prepare written reports with recommendations for corrective action to the CEO and/or Exec and Management Teams.

Requirements: MA/MS degree in public health, health administration, business administration, public policy or related field. Minimum 5 years experience in ambulatory health care services, strong computers skills in a Windows based environment; knowledge of NextGen a plus; current CA driver's license and personally owned, insured vehicle to drive on work related business.

Submit resumes and salary requirements to [resumes@ravenswoodfhc.org](mailto:resumes@ravenswoodfhc.org) or mail to: Human Resources, Ravenswood Family Health Center, 1798a Bay Road, East Palo Alto, CA 94303. Fax: 650.321.8576. EOE



### Manager of Surgery (Fresno, CA)

**Job Summary:** This position is accountable for the overall direction, coordination and evaluation of Surgical Services to include, Operating Room and Sterile Processing. Maintains performance improvement activities within the department and participates in performance improvement activities.

**Education and/or Experience:** Five (5) years of experience in surgical nursing. Graduate of an accredited school of nursing. BSN preferred. Must be familiar with healthcare industry concepts, practices, and procedures. Two (2) years of nursing management experience preferred.

**Certification and/or Licensure:** CNOR (Certified Nurse Operating Room) preferred. Current Advanced Cardiac Life Support (ACLS) Certification by the American Heart Association. Current California Registered Nurse (RN) License. Healthcare Provider Basic Life Support (BLS) Certification.

To learn more and apply visit our web site at:

[www.fresnosurgicalhospital.com](http://www.fresnosurgicalhospital.com)



### Coordinator of Risk Management, Quality Improvement and Utilization Review (Weaverville, CA)

The Coordinator of Risk Management, Quality Improvement and Utilization Review is responsible for the hospital-wide risk management program. The purpose of the hospital clinical risk management function is to coordinate and facilitate the activities to prevent claims of general and professional liability against the hospital. The loss prevention function focuses on and promotes patient safety. The clinical risk management activities also include those associated with automobile and property claims. Furthermore, is responsible for planning, coordinating and implementing quality improvement functions, including quality assurance and continuous quality improvement and to perform related duties as assigned.

**Requirements:** Current CA registered nurse license required, Bachelor's Degree in Nursing, preferred. Knowledge of medical terminology, anatomy, physiology and concepts of disease. Knowledge of conducting and reviewing medical record for medical necessity. Knowledge of state, federal and local regulations, insurance regulations and hospital policies and procedures. Preferably five years of clinical care or nursing experience. Equivalent of two years knowledge and experience in risk management and quality improvement.

For consideration, please complete a Trinity Hospital application, available at [mcmmedical.org](http://mcmmedical.org), and return with a resume and cover letter to the Human Resources Office either in person or by mail.

Trinity Hospital  
 Attn: Human Resources  
 PO Box 1229  
 Weaverville, CA 96093  
 Fax -- (530) 623-1192

# Career Opportunities

To advertise call 425-457-4316  
Visit [cahcnnews.com](http://cahcnnews.com) to see all available jobs.



## Physician (Downtown Los Angeles, CA)

AIDS Healthcare Foundation is searching for a Physician to join our Healthcare Center Team! This opportunity is to work on a Fulltime, Regular basis and it is based out of our healthcare center in Downtown Los Angeles, California. We offer a competitive compensation, great benefits and an amazing work environment.

### QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

### EDUCATION AND/OR EXPERIENCE

Doctorate degree (M.D., Ph.D., R.Ph.) or equivalent; or more than 10 years related experience and/or training; or equivalent combination of education and experience.

### OTHER SKILLS & ABILITIES/QUALIFICATIONS

Sensitivity to issues surrounding HIV and AIDS. Demonstrates flexibility and willingness to provide coverage at other AHF sites upon request.

### CERTIFICATES, LICENSES AND REGISTRATIONS

Valid California Medical License. Board Certified in Internal Medicine or Family Practice. Valid DEA certificate.

### CONTACT INFORMATION

Miyoshi LaFourche, Talent Acquisition Manager  
AIDS Healthcare Foundation  
6255 W. Sunset Blvd., 21st Floor, Los Angeles, CA 90028  
FAX: 323-462-6869  
EMAIL: [Careers@aidshhealth.org](mailto:Careers@aidshhealth.org)



## Revenue Recoveries Analyst (Ontario, CA)

North American Medical Management, a leader in the managed care industry has an immediate opening for the position of Revenue Recovery Analyst, in our Ontario, CA location.

**RESPONSIBILITIES:** Analyzes and/or reviews provider, health plan and hospital settlement reports for accuracy. Summarizes audit discrepancies based on above listed findings via Excel spreadsheets and Access databases. Handles large volumes of data for analysis of costs, financial settlements and claims within the scope of a DOFR and contractual obligations. Assists in the development and process flow of focus audits for providers, vendors and HMO's. Researches and documents re-disputes from health plans, providers and hospitals. Researches HMO, ancillary and provider contracts as necessary for applicable updates, changes and information. Communicates with Health Plans and providers on outstanding audit issues. Provides support in areas of payment audit processes, cap deductions, vendor and provider focused audits, stop loss auditing and miscellaneous HMO audits. Provides office support as needed (such as for creation and maintenance of HMO grids, rate grids, filing, data research, etc.)

**SKILLS REQUIRED:** BA preferred. AA or high school diploma acceptable with BA equivalent work experience. Five years of active claims examining/processing; Five to ten years of managed care (HMO/IPA preferred) experience. Experience in medical claims, health plan contracting or managed care finance may be substituted for active claims examining/processing. Additional appropriate education and job experience in managed care may also be substituted for active claims examining/processing. Additional appropriate education may also be substituted for minimum experience requirements.

Excellent benefits package. EOE

Please forward resumes to:

[hr@nammcal.com](mailto:hr@nammcal.com)

For additional information about this and other positions, please visit us at [NAMMCal.com](http://NAMMCal.com)

North American Medical Management



## Home Health RN Case Manager for Pediatrics and Adult Patients (Claremont, CA)

A professional field position giving direct patient care services to Pediatric and Adult patients. Position requires independent field assessment, development of care plans, clinical supervision of Home Health Aides and case coordination; reports to a Clinical Supervisor or Manager.

**POSITION QUALIFICATIONS:** A minimum of one year nursing experience prior to employment in a professional care and in an acute care pediatric setting. Current Registered Nursing license in the State of California. Must have at all times a satisfactory DMV driving record per VNA insurance company criteria. Current CA drivers license. Current CA auto liability insurance. CPR required.

**PHYSICAL REQUIREMENTS:** Visual/hearing ability sufficient to comprehend written/verbal communication. Ability to perform tasks involving physical activity, which may include extensive bending and standing. Ability to lift up to 50 lbs., to ensure patient safety in the home. Ability to deal effectively with stress.

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AA/EEO



## Workforce Management Analyst I (Coppell, TX)

The Workforce Management (WFM) Team is responsible for collecting call center data that is used for trend analysis, generating management reports and forecasting staffing. Proactive partnering with Management teams to ensure maximum utilization of resources in order to achieve service and financial objectives. Balance technology, processes and people to drive optimization of resources for DaVita Rx in both single and multi-site environments.

Our WFM Analysts also respond directly with various internal clients including the DaVita Rx management team. The DaVita Rx customer service call center is open Monday to Friday from 7:00 A.M. through 9:00 P.M. and on Saturdays from 7:00 A.M. through 4:00 P.M. (CST)

### Qualifications

The Ideal Candidate Should Have: Excellent oral and written communication skills as well as demonstrated call center experience in scheduling, reporting & real-time management strongly preferred. Demonstrated attention to detail and commitment to high quality including working with a sense of urgency required. Solid understanding of call center telephony, including Cisco routing methodology is strongly preferred. Must demonstrate a high level of professionalism and business acumen. Ability to persuade and/or gain acceptance of complex ideas to achieve goals and objectives. Demonstrated ability to craft communications unique to specific customer situations within prescribed guidelines. Ability to adopt and proficiently use multiple technical applications, to include Cisco Unified Contact Center reporting, IEX TotalView, Remedy. Demonstrated record of consistent strong performance.

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## Full-Time Clinical Director (Family Birth Center) (Sunnyside, WA)

Come join our dedicated team of professionals and enjoy a great working environment as well as a competitive compensation and benefit package. Requirements: current WA RN license along with 3-5 years successful leadership/management experience required. Bachelor's degree in Nursing preferred.

For consideration, please download an application from our website at: [www.sunnysidehospital.com](http://www.sunnysidehospital.com) and fax application, resume and cover letter to 509/837-1380. You may also scan/email documents to HR at: [lisa.garcia@sunnysidehospital.org](mailto:lisa.garcia@sunnysidehospital.org).



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# Career Opportunities

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## Director - Therapy Services

**Department:** Physical Therapy  
**Schedule:** Full Time - Exempt  
**Shift:** Day Shift  
**Hours:** 8 hour shifts  
**Contact Information:** Contact: Mike Herber  
**Job Details:**

Master's in Physical, Occupational or Speech Therapy  
Current Washington State Licensure  
3+ yrs. hospital management experience or equivalent  
The Director is responsible for the daily operation, management, and direction of Physical Therapy, Speech Therapy and Cardiac Rehab. Provides supervisory oversight of staff. Consults with staff, physicians and Chief Nursing Officer on patient issues/concerns and interpretation of hospital policies to ensure the highest level of patient care and customer service. Maintains performance improvement activities within the department and participates in Quality Improvement activities. Prepares and monitors unit budgets. Reports to the Chief Nursing Officer. **Minimum Requirements: Master's degree in Physical Therapy, Occupational Therapy or Speech Therapy; Doctorate preferred, 3+ yrs. hospital management experience or equivalent, current WA state licensed.**

**Requisition Number:** 10448

Kennewick General Hospital  
Human Resources  
Kennewick, WA 99336  
509.586.5650  
Apply online at  
[www.kennewickgeneral.com](http://www.kennewickgeneral.com)



## Senior Program Manager, Clinical Services

(Oroville, CA)

Senior Program Manager, Clinical Services position, full time, available at Butte County Behavioral Health Department in beautiful Northern California. This position manages and designs clinical behavioral health treatment programs to meet the community's needs. Annual salary (plus a generous benefits package) is \$67,192.32-\$90,044.45.

Butte County is a HPSA/NHSC-designated county. For full job specifications and application, please visit our website at [www.buttecounty.net](http://www.buttecounty.net). Filing deadline is May 7, 5:00 p.m. PST. Butte County is an AA/EOE Employer.



## Director of Strategic Relationships, Innovation Center

(Palo Alto, CA)

PAMF and the David Druker Center for Health Systems Innovation (Innovation Center) is re-inventing health systems to be community health partners, and is looking for an experienced, dynamic and effective director to lead and manage our internal and external partnerships, working directly with Chief Innovation and Technology Officer.

In this position, you will be responsible for establishing, cultivating and coordinating strategic relationships with external and internal organizations relevant to Innovation Center programs and projects; managing external partnerships to meet project deliverables, timelines, and budget; and ensuring close communication and coordination on initiatives and activities with the wider Innovation Center team.

**Requirements:** Bachelor's degree in public administration, business or related field, Master's degree preferred. Minimum of 5-10 years related work experience in a non-profit, higher education or other public organization, healthcare experience is preferred. Must have a commitment to cultivating social responsibility, cultural awareness, and civic engagement and be able to work with diverse constituencies to achieve goals. Outstanding track record managing cross-organizational joint projects meeting deliverables on time and on budget. Substantial operations experience with attention to detail. Exceptional working relationships and ability to maintain effective collaborations with senior leadership of partnering organizations. Born communicator and networker with strong listening/presentation skills, and prior exposure to a multicultural business environment. Seasoned, result-driven negotiator with strong commercial acumen.

To learn more about Palo Alto Medical Foundation and to apply online visit our website at: [www.pamf.org](http://www.pamf.org) (Job Number: PAMF-1204875). EOE M/F/D/V

United Indian Health Services, Inc. (UIHS) is a premier health care organization located in beautiful northern California along the Pacific coast near the majestic redwoods. The organization is a unique nonprofit organization with a mission "To work together with our clients and community to achieve wellness through health services that reflect the traditional values of our American Indian Community."

*We are currently seeking the following key positions:*

- Behavioral Health Counselor (Arcata, CA)**
- Clinical Psychiatrist (Arcata, CA)**
- Dentist (Arcata, CA)**
- Medical Assistant (Smith River, CA)**
- Physician (Arcata, CA and Smith River, CA)**
- Physician Assistant or Family Nurse Practitioner (Smith River, CA)**

To apply please visit our website at [www.uihs.org](http://www.uihs.org) under employment opportunities. There will be a PDF application available. If you would like to talk to someone in person please call (707)825-5000 or e-mail [Trudy.adams@crihb.net](mailto:Trudy.adams@crihb.net)





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