Louisiana Medicaid Quality Section Chief

Provides organizational leadership for the ongoing design and implementation of quality improvement efforts to achieve the triple aim of lowering health care costs while improving health outcomes and patient experience.

Key functions include:

1) Develop and maintain Managed Care Quality Strategy

Develop and implement federally-required strategy to service as a blueprint for the State and its contracted health plans to assess the quality of managed care services that Louisiana Medicaid beneficiaries receive, as well as for setting forth measurable goals and targets for improvement. Manage contract for the independent validation of HEDIS measure outcomes reported by health plans. Oversee development and implementation of MCO performance improvement projects. Coordinate quality monitoring plan submissions to CMS. Facilitate the Medicaid Quality Committee.

2) Direct and manage External Quality Review Organization contracts

Oversee federally-required External Quality Review Organization (EQRO) contracts for the analysis and evaluation of aggregated information on quality, timeliness, and access to the health care services that contracted Managed Care Organizations and Prepaid Inpatient Health Plan furnish to Medicaid recipients.

3) Administer Medicaid State Health Information Technology (HITECH) efforts

Manage Electronic Health Record Meaningful Use Incentives, Implementation Advance Planning Documents (IAPD) that govern federal financial participation in HIT projects, including the Louisiana Health Information Exchange (LaHIE) currently administered by the Louisiana Healthcare Quality Forum.

4) Direct Evidence-Based Clinical Policy Development

Directs, in partnership with the Medicaid Chief Medical Officer, a small team of clinicians charged with data-driven development of evidence-based policy for Medicaid-covered benefits and services as well as payment model (re)design. Utilizes data to support the development of clinical policy intervention strategies to improve population health outcomes, including but not limited to value based purchasing. Requires ability to formulate policy question, translate the question into Medicaid data queries; analyze iterative data results to refine queries to accurately respond to the policy question; organize analytic results into actionable findings for policy decision making purposes. Manages contract with Oregon State University's Center for Evidence-Based Policy.

Education/Experience

Bachelor's degree or equivalent experience in Business Administration, Healthcare Administration or related field. Experienced in clinical quality improvement, population health management, quality data management and HEDIS reporting, health plan claims data analysis to identify statistics, trends and opportunities for improvement, quantifying results of process improvement projects and ROI. Well-informed in current analytics methods, quality of care, P4P and managed care initiatives. Lean Six Sigma certification preferred.