



RISK ADJUSTMENT DIRECTOR

Position Status: Exempt
Reports To: Chief Financial Officer
Effective Date: 07/10/23
Revised Date: 04/22/26
Job Level: M3

POSITION SUMMARY

Under policy direction, this position:

1. Provides strategic management oversight in designing, implementing, directing, and monitoring the Alliance's Risk Adjustment Department functions
2. Directs the Risk Adjustment Department, acts as a subject matter expert, and provides executive-level advice and guidance on coding and risk adjustment methodologies and overall business operations
3. Directs, manages, and supervises Risk Adjustment Department staff
4. Performs other duties as assigned

RESPONSIBILITIES

1. Provides strategic management oversight in designing, implementing, directing, and monitoring the Alliance's Risk Adjustment Department functions, with duties including but not limited to:
 - Setting the goals and roadmap for the Alliance's risk adjustment strategy to improve the acquisition, collection, reporting, and audit of data related to risk adjustments
 - Conducting complex research and analysis related to Medi-Cal and Medicare risk adjustment strategies. Reporting and tracking both risk scores and their financial impacts
 - Providing operational leadership related to risk adjustment activities, including compliance, vendor management, prospective and retrospective chart review, comprehensive physician visit optimization, and physician engagement to include creation, enhancement, documentation, validation, and dissemination of policies, procedures, trainings, staffing, and other resource infrastructure
 - Engaging with other functional areas to optimize identification of members with CDPS+RX and HCC conditions, facilitating efficient and effective interventions to ensure accurate and complete medical record coding, and ensuring at-risk members are referred to or engaged in care management programs
 - Selecting vendors as necessary to facilitate the Risk Adjustment Factor (RAF) improvement efforts
 - Ensuring the accuracy and completeness of data submissions and risk scores for the health plan. Spearheading troubleshooting and resolution through multi-department or external vendor collaboration
 - Tracking risk adjustment performance and demonstrating status to leadership via executive-level presentations
 - Comparing results to established benchmarks, highlighting achievements, and developing and implementing improvement opportunities
 - Developing and implementing risk adjustment-related policies such as data reconciliation, coding, and prospective review

- Leveraging technology and other resources to effectively manage risk adjustment and provide timely and accurate information to providers
 - Building and monitoring the risk adjustment data validation (RADV) process to mitigate the financial risk and ensure compliance
 - Working with the Financial Planning and Analysis (FPA) Director on revenue reconciliation for each payment adjustment period
 - Working with actuaries and the FPA Director on risk score BID and ensuring appropriate tracking against budget to address any variances
 - Working with the Payment Strategy Director to design a payment strategy that encourages accurately and completely capturing member conditions
Staying current on regulatory requirements and industry trends
2. Directs the Risk Adjustment Department, acts as a subject matter expert, and provides executive-level advice and guidance on coding and risk adjustment methodologies and overall business operations, with duties including but not limited to:
- Serving as a process expert and providing training and support to the clinical and operations staff
 - Providing provider-level risk adjustments report cards such as member diagnosis trend and risk score trend
 - Developing coding and training policies to promote accurate and complete medical records among providers and provide the best care for members
 - Partnering with the Provider Relations Director to provide training and other supports to providers on how best to achieve the desired and compliant outcomes
 - Participating in the general administration of the Alliance as a member of the executive management team by providing input into the problem-solving and decision-making process
 - Participating in strategic planning and implementation of the Department's operational goals related to the growth and development of Alliance business operations
 - Ensuring that the Department goals and activities are in alignment with the Alliance strategic plan
 - Assisting in formulating strategic plans and goal setting in support of Alliance programs
 - Modeling and promoting effective interdepartmental communication
 - Preparing narrative and statistical reports and making presentations
 - Developing performance measures related to strategic goals and new projects and presenting to staff and the Board of Commissioners, as directed by the Chief Financial Officer (CFO)
 - Preparing reports for the Board of Commissioners package for review by the CFO
 - Drafting, recommending, and implementing administrative policies, processes, and procedures related to the Department's operations
 - Maintaining current knowledge of relevant Federal and State laws, policies and directives, and organizational policies and procedures
 - Monitoring legislative and legal changes related to Alliance functions and ensuring appropriate communication of the same
 - Overseeing the preparation and maintenance of records, reports, and related documents, and the annual record retention process
 - Developing and managing the Department operations and budget
 - Attending and participating in internal and external meetings related to Alliance business operations
 - Providing support to the CFO and acting for the CFO in the CFO's absence

3. Directs, manages, and supervises Risk Adjustment Department staff, with duties including but not limited to:
 - Participating in the hiring, selection, and salary administration of Department employees
 - Ensuring that Risk Adjustment Department staff maintains up-to-date knowledge, skills, and abilities related to the administration of assigned departmental responsibilities and functions
 - Building a cohesive, motivated team through clear direction, high expectations, delegation of responsibility, and accountability
 - Mentoring staff in analytic approaches, time management, and presentation of results.
 - Identifying, overseeing, and assisting with objectives, priorities, assignments, and work-related tasks and reviewing work products as needed
 - Providing mentoring, coaching and development, and growth opportunities for staff and subordinate supervisors
 - Evaluating employee performance, providing feedback to staff, and counseling or disciplining staff when performance issues arise
 - Overseeing staff in multiple office locations and/or telecommute settings
4. Performs other duties as assigned

EDUCATION AND EXPERIENCE

- Bachelor's degree in Finance, Business, Healthcare Administration, Mathematics, Statistics, or a closely related field and a minimum of ten years of experience in healthcare finance or analytics, which included a minimum of five years of experience with Medicare risk adjustment processes, a minimum of two years of experience related to Medicare Managed Care Programs, and a minimum of three years of supervisory experience (a Master's degree may substitute for two years of general healthcare finance or analytics experience); or an equivalent combination of education and experience may be qualifying

KNOWLEDGE, SKILLS, AND ABILITIES

- Thorough knowledge of the managed care industry
- Thorough knowledge of and proficiency in research, analysis, and reporting methods
- Thorough knowledge of Medicare (Hierarchical Condition Categories) risk adjustment models
- Thorough knowledge of the application and utilization of data and analytics to drive critical financial decisions
- Thorough knowledge of and proficiency in promoting and applying change management principles
- Thorough knowledge of the methods and techniques of developing and delivering data management strategies that support contract analysis, trend management, budgeting, forecasting, strategic planning, and healthcare operations
- Thorough knowledge of provider or payer risk adjustment, including presenting risk adjustment models to healthcare providers
- Working knowledge of the principles and practices of provider reimbursement methodologies, pricing, and fee schedules for all provider types, including hospital, physician, and ancillary providers
- Working knowledge of Medicare health insurance payment methodologies
- Working knowledge of healthcare regulatory processes

- Working knowledge of healthcare industry specific terms and healthcare related data types and structures, including member, claims, clinical, and provider types
- Working knowledge of the national standards for fee-for-service and value-based provider reimbursement methodologies, including risk-sharing models
- Working knowledge Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS), and International Classification of Diseases (ICD) 9/10
- Working knowledge of and ability to utilize standard negotiating and marketing techniques
- Working knowledge of the principles and practices of organizational management
- Working knowledge of financial analytical and complex abstract reasoning concepts
- Working knowledge of the principles and practices of supervision and training
- Working knowledge of the principles and practices of program development and project management
- Working knowledge of the principles and practices of customer service
- Working knowledge of and proficiency with Windows-based PC systems and Microsoft Word, Excel, Outlook, and PowerPoint
- Some knowledge of Medicaid, entitlement programs, and related regulations
- Some knowledge of the methods and techniques of valuating for physician and inpatient and outpatient hospital costs
- Some knowledge of Medicaid and commercial risk adjustment models
- Some knowledge of various types of health insurance payers, such as Medicaid and/or commercial plans.
- Some knowledge of healthcare financial statements and accounting principles
- Some knowledge of State and Federal legislative processes
- Some knowledge of data modeling techniques and business analytical and data mining tools, including SQL, and data visualization tools, such as Tableau
- Some knowledge of data warehouse, data mart, and dimensional data modeling technologies
- Some knowledge of Enterprise Data Warehouse (EDW) and data dictionary, including an understanding of the methods of searching for tables and fields
- Ability to demonstrate strong analytical skills, accurately collect, manage, and analyze data, identify issues, offer recommendations and potential consequences, and mitigate risk
- Ability to perform complex analysis related to rate negotiations, health care cost reports, and determination of rates for hospitals, clinics, long-term care facilities, allied health services, professional services, and specialist services
- Ability to exercise sound financial management in making decisions
- Ability to direct, manage, supervise, mentor, train, and evaluate the work of staff
- Ability to develop, plan, organize, and direct finance programs and activities that are complex in nature and regional in scope
- Ability to provide leadership, facilitate meetings, and partner with and guide managers and employees in the resolution of issues
- Ability to plan and monitor goals, objectives, deadlines, and priorities
- Ability to identify new processes and systems to improve productivity and results
- Ability to act as a technical resource and explain complex laws, rules, regulations, processes, and programs related to area of responsibility
- Ability to identify and resolve problems in a timely manner
- Ability to manage multiple projects simultaneously, organize work, and achieve goals and timelines

- Ability to demonstrate a collaborative management style, build rapport, demonstrate excellent public relations skills, and effectively manage internal and external business relationships
- Ability to foster effective working relationships, influence others, and build consensus with individuals at all levels in the organization
- Ability to make presentations and adjust communication style to facilitate collaboration and understanding
- Ability to prepare narrative and statistical written reports, oral reports, correspondence, and other program documents
- Ability to develop and monitor department, program, and project budgets
- Ability to develop recordkeeping systems and maintain organized and accurate records

DESIRABLE QUALIFICATIONS

- Master's degree in Finance, Business, Healthcare Administration, Mathematics, Statistics, or a closely related field
- Working knowledge of Medicaid, entitlement programs, and related regulations
- Working knowledge of Medicaid (Chronic Illness and Disability Payment System) risk adjustment models
- Working knowledge of provider payment models in a managed care environment
- Working knowledge of claims payment and healthcare operations

WORK ENVIRONMENT

- Ability to sit in front of and operate a video display terminal for extended periods
- Ability to bend, lift, and carry objects of varying sizes weighing up to 10 pounds
- Ability to work effectively in a remote work environment
- Ability to travel to different locations in the course of work

This position description, and all content, is representative only and not exhaustive of the tasks that an employee may be required to perform. Employees are additionally held responsible to the Employee Handbook, the Alliance Standard Knowledge, Skills and Abilities and the Alliance Code of Conduct. The Alliance reserves the right to revise this position description at any time.