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T O P S T O R I E S

## USC Sues To Dissolve Relationship With Tenet, Regain Control of USC University Hospital

Dispute revolves around alleged underinvestment in the hospital

LOS ANGELES— **Tenet Healthcare Corp.**, is taking a conciliatory tone over a lawsuit filed by the **University of Southern California** that threatens to wrest control of **USC University Hospital** from the Dallas-based organization that owns the buildings and equipment and runs hospital operations.

"Our intention is to successfully resolve this dispute through directly addressing the issues with the university," says Tenet spokesman **Steven Campanini**. "The USC hospital is a valuable core asset of the company." Campanini says the lawsuit came as a surprise to Tenet, which had balked at a request to allocate up to \$20 million a year for five years in unrestricted funds to USC during recent talks over future investments for the hospital.

"We asked for assurance the money would be used for research and patient care and USC refused," says Campanini. "The lawsuit was an unfortunate negotiating tactic to use while discussing the future of the hospital."

Under a long-term pact, Tenet's California subsidiary owns and operates the 259-bed research and teaching hospital on land leased from the university until 2063. USC provides physicians and manages the clinical programs.

**Jonathan Gluck**, an attorney representing USC, says the underlying issue is Tenet's ability to manage the hospital in light of its regulatory and legal problems over the past three years. "USC filed the lawsuit to regain control over the hospital," says Gluck, adding that USC officials haven't yet been contacted by Tenet attorneys, so it's too soon to determine whether a compromise can be hammered out over financing the hospital's future.

The lawsuit claims that Tenet is about \$100 million behind in its obligations to fund hospital improvements. Tenet's woes have led the company "to substantially alter and vary its funding and capital investment" for USC University Hospital, according to the lawsuit, which seeks to terminate Tenet's lease and operating agreement.

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## IN BRIEF

■ **Gov. Arnold Schwarzenegger** announced last week that he had reached an agreement with state legislators to introduce a punitive measure into California's discount drug program for the state's 5 million uninsured, low-income residents—a move the governor resisted when the program was initially created. "Under the agreement we are working on, drug companies will have three years to negotiate discounts with the state," Schwarzenegger says. "If they wouldn't not participate in the program then they would not be allowed to do business with the Medi-Cal program." The state's discount program, which is open to residents earning up to \$60,000 for a family of four, could save residents between 40 and 60 percent or more on their prescriptions. The news of a compromise drew a mix of responses. **The AIDS Healthcare Foundation** applauded the effort, while the **Western Center on Law and Poverty** and other groups expressed concerns that using Medi-Cal as the hammer could reduce access to medications for many of the state's poorest residents.

■ Closing the chapter on the government's long-running prosecution of an alleged kickback scheme at **Alvarado Hospital Medical Center**, **U.S. Judge M. James Lorenz** last week handed down a sentence of three years supervised probation to **Mina Nazaryan**, a former hospital executive who had pled guilty in the case. The sentence also included

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Campanini refutes the allegations, saying that Tenet's investments of \$229 million over the past five years has bolstered the hospital's reputation and includes \$150 million for a new 10-story in-patient tower. Tenet also invested in new robotic and minimum invasive surgery equipment, advanced mammography, cardiac laser technology and an advanced linear accelerator to be installed in 2007 at the affiliated **Norris Cancer Hospital**, he maintains. — JOHN LEIGHTY

### DMHC Opens Rulemaking On Balance Billing Ban

Public hearings will be held in Burbank, Sacramento beginning next month

SACRAMENTO— California physicians and health plans are locked in a bitter dispute over proposed regulations that would prohibit balance billing insured patients for emergency care that their insurers won't pay for.

While health plan officials applaud the measure, physicians say they will fight the regulations, drawn up by the **Department of Managed Health Care** in response to an executive order from **Gov. Arnold Schwarzenegger**.

"We will challenge the regulations and they will not be enacted," says **Peter Warren**, a spokesman for the **California Medical Association**. Warren, however, declined to say whether the association would to pursue legal action to block enactment.

The proposed regulations include a new section that would explicitly ban the practice of non-contracted physicians billing patients directly for portions of a bill not paid by their health plan. DMHC says they are merely trying to keep patients from being caught in the middle of a billing dispute. The proposal also includes a call for a new voluntary dispute resolution process that would be binding on both parties.

The president of the California Chapter of the **American College of Emergency Physicians** maintains that the regulations could jeopardize access to emergency care. "This could undermine a very shaky emergency care system," warns **Myles Rimer, M.D.** "This is an attempt to manipulate the marketplace to benefit health plans."

Health plan officials, however, assert the regulations would protect consumers. They are "a significant step toward taking consumers out of the middle of payment disputes between providers and health plans," says **Chris Ohman**, president of the **California Association of Health Plans**. "There is much work to do still, but for the process to truly advance, it is crucial that simultaneously we develop a fair dispute resolution process and ban balance billing."

The **California Association of Physicians Groups** also supports the regulations, says **William Barcelona**, its vice president for government affairs. "We think the regulations establish a way to resolve fee disputes in a cost-effective manner," he maintains.

The DMHC has scheduled two public hearings on the matter. The first hear-

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**IN BRIEF** Continued from page 2

conditions that she serve 400 hours of community service, pay a fine of \$27,000 and abstain from working in the medical field, the U.S. Attorney's office for the Southern District of California said last week. Nazaryan had pled guilty and agreed to be a government witness in a case that accused the hospital and its parent, **Tenet Healthcare Corp.**, of using physician relocation agreement as a means of paying for referrals. The government's case twice ended with a hung jury before finally being settled out of court earlier this year. As part of that settlement, Tenet is now working to sell the hospital.

■ South San Francisco-based **LifeMasters Supported Self Care** announced last week that it's planned merger with Nashville-based **Healthways Inc.** is on hold. The companies disclosed that a data and reporting error made by a third party affects one of LifeMasters' contracts. The companies say they are still focused on bringing the merger to fruition, but warned that it would not close on September 1 as had been expected.

■ The federal **Department of Justice** announced a \$20 million settlement with **Beverly Enterprises Inc.**, as part of an agreement to put to rest allegations that a wholly owned subsidiary had violated the False Claims Act. The subsidiary, **MK Medical**, allegedly billed the Medicare and Medi-Cal programs for durable medical equipment that was provided to beneficiaries without

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**TOP STORIES (CONTINUED FROM PAGE 2)**

ing will be held on September 15 in Burbank, while a second is scheduled for October 2 in Sacramento — the final day to submit comments on the proposal. Additional details on the hearings and copies of the proposed regulations are available on the department's web site at [www.dmhc.ca.gov](http://www.dmhc.ca.gov). — DEBRA BEACHY

## Many Medi-Cal Beneficiaries, Uninsured Have Few Options For Specialist Care, Study Finds

Ratio of specialists in the Central Valley is half the statewide average

FRESNO— Low reimbursement rates and recruiting difficulties have contributed to fewer specialty care physicians in the San Joaquin Valley, severely limiting communities' access to healthcare, according to a recent study.

All of the eight Federally Qualified Health Clinics surveyed for the study, which was published by the **Central Valley Health Policy Institute** at **Fresno State**, reported that access to specialists is particularly difficult for Medi-Cal beneficiaries and the uninsured. In many cases, these patients are forced to wait several months to see specialists.

"There is an acute need for medical care, and not enough specialty physicians in the area to fill that need," says **Dale Bishop, M.D.**, medical director at **Health Plan of San Joaquin**. Bishop also noted that the area ranks behind 50 of the 58 counties in the state for cardiovascular problems, stroke, and prenatal care.

San Joaquin Valley had 43 specialists per 100,000 residents in 2005, compared to a statewide average of 87 per 100,000, according to the report's analysis of data from the **American Medical Association**.

"We see the problem getting worse before it gets better due to the population explosion in the area. But, we are exploring long-term solutions," says **Deborah Riordan**, co-author of the study and a health policy analyst and epidemiologist at the Institute. Riordan called the study a first step. "We need to give legislators the ammunition they need to allocate resources to the area, and then we need to be prudent about where the resources go," she says, noting that **Assemblyman Juan Arambula** (D-Fresno) recently agreed to study how state funding is allocated to the area.

Some of the strategies suggested by the clinics themselves for solving the physician shortage included modifying or increasing government reimbursements and expanding funding opportunities to attract more specialty physicians. But the solution is not as simple as economics, says Bishop.

"There isn't just one issue facing this community. It's a cumulative effect. The cost of doing business here isn't low anymore. Medicare repayment hasn't gone up in conjunction with the cost of living," he says. Still, Bishop concedes that at least some of the recruitment issues could be addressed by increasing medical reimbursements.

The survey, *Health Professional Shortages in the San Joaquin: The Impact on*

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**IN BRIEF** Continued from page 3

obtaining the proper claims or medical documentation. To settle the case, Beverly agreed to pay \$14,487,278 to the federal government and \$5,512,722 to California. No action was ever filed in court and Beverly did not admit to any wrong doing as part of the settlement.

■ Emeryville-based **California Emergency Physicians** announced last week that it had won a contract to provide physician-staffing services at the **Santa Clara Valley Medical Center's** Emergency Department and its Urgent Care Center. The hospital's emergency department sees 40,000 patients a year, while the urgent care center treats another 25,000. The contract award was approved by the **Santa Clara County Board of Supervisors**.

■ Federal anti-trust officials have cleared the way for two different healthcare deals to go forward. The **Federal Trade Commission** granted early termination of its review of **Primedex Health Systems Inc.** planned acquisition of **Radiologix Inc.**, a Dallas-based operator of diagnostic imaging centers. The deal will boost Los Angeles-based Primedex's network to 132 locations nationwide and would make it the nation's largest owner and operator of fixed site diagnostic imaging centers. The FTC also cleared the proposed acquisition of **HCA Inc.** by a group of private equity firms and company executives. The \$33 billion deal to take Nashville-based HCA private includes investments by **Bain**

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**TOP STORIES (CONTINUED FROM PAGE 3)**

*Federally Qualified Health Clinics*, included clinics in Fresno, Kern, Madera, Merced, San Joaquin, Stanislaus and Tulare counties, and was funded by a grant from **The California Endowment**. — KATHRYN MACKENZIE

**Blue Shield Assembles Bariatric Surgery Network**

Narrow network covers Southern California PPO beneficiaries

SAN FRANCISCO— In light of the growing use of bariatric surgery to treat morbidly obese patients, **Blue Shield of California** last week unveiled plans to steer its PPO members in Southern California who need the procedure to a new network of 16 centers and 32 surgeons in nine counties across the region.

Following the lead of other health plans in creating a narrow network for the high-cost procedure, Blue Shield says it compiled the list of approved centers after evaluating candidates on the basis of volume, outcomes and cost metrics.

"We worked through the hospitals, but we let them know very clearly that we expected it to be a dual submission with both hospital and surgeon data," says **Michael-Anne Brown, M.D.**, a regional medical director for the plan. "So it's not possible for a new surgeon to come in town or for a surgeon to switch their hospital affiliation and to suddenly be grandfathered in."

Brown says the criteria used to select the centers included mortality rates of less than one percent and a complication rate of less than 10 percent. Noting the difficulty of comparing complication rates among facilities due to a lack of a standardized method for risk-adjustments, Brown says it settled on a combined readmission/reoperation rate of less than 10 percent of a center's cases.

Currently, the narrow network is only for Blue Shield's PPO members in Southern California, but Brown says it will likely be expanded statewide. Blue Shield's HMO network is unaffected by the move, but Brown says it will work with its capitated medical groups to steer patients to the recognized facilities. The program takes effect January 1, 2007. — BRAD CAIN

**Aetna Expands Member Access To Quality, Pricing Data On Its Network Physicians**

Data is available in select markets, but may be expanded to California

HARTFORD— **Aetna** members in over a dozen markets will now be able to get price and clinical quality and efficiency information about specific doctors on the company's Web site— a movement that could be coming to California.

"This is something we think all consumers should have access to," says **Aetna** spokeswoman **Elizabeth Sell**. The company began making price information on physicians available a year ago in Cincinnati, Ohio. Now it is making available clinical quality and efficiency information in Cincinnati as well as a dozen

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**IN BRIEF** Continued from  
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**Capital; Kohlber, Kravis Roberts & Co; Merrill Lynch** and HCA found **Dr. Thomas Frist Jr.**

■ A California Appellate Court last week upheld a lower court's finding that **Kaiser Foundation Health Plan** was acting within the law when it transferred members' medical information to its attorneys when the patients were making a medical malpractice claim. The **California Consumer Health Care Counsel** had alleged that the practice violated California's Unfair Competition Law by transferring the information without the patient's consent. The superior court found that the practice was authorized by the state's Confidentiality of Medical Information Act and the Appellate Court upheld the dismissal of the case.

■ Woodland Hills-based **Care Level Management**, which provides in-home physician visits to patients, announced last week that the federal **Centers for Medicare and Medicaid Services** have expanded the scope of the company's pilot program for chronically ill Medicare beneficiaries. The company was awarded a three-year pilot project last September to test the effectiveness of in-home physician visits at reducing costs. Currently, the program has approximately 5,500 enrollees from 15,000 qualified beneficiaries in three states—California and selected markets in Texas and Florida. Last week's action by CMS qualified an additional 13,600 beneficiaries for the program.

**TOP STORIES**  
(CONTINUED FROM PAGE 4)

other Midwest and East Coast markets. Price information only will be available in Kansas City, Kan., and Mo.; Las Vegas, Nev.; and Pittsburgh, Pa. Sell says she doesn't know when the data will be available in California.

Members seeking price information see the rates according to their health plan for up to 30 of the most widely used services. Those seeking clinical quality and efficiency see whether doctors in Aetna's Aexcel network meet the program's criteria for performance, efficiency and volume.

**California Medical Association** spokeswoman **Karen Nikos** says it's difficult to judge Aetna's program because it hasn't yet arrived here, but the association is always concerned about evaluations and the criteria used. For instance, patients of doctors who handle high-risk procedures naturally have more complications than those who undergo routine procedures. And volume, she adds, doesn't necessarily mean quality. A patient may be more likely to get good information from friends and their own interactions with doctors than from insurance companies, she maintains.

Meanwhile last week, **President Bush** signed an executive order requiring four federal agencies to collect more information about the quality and cost of healthcare and to share that data with each other and beneficiaries. The order also directs agencies to work with private companies and other government agencies to develop ways to measure quality of care.

— BARBARA MARQUAND

**EVENTS**

**September 17-19 Healthcare Grand Prix - Race for Reimbursement.** San Francisco. Sponsored by the Northern and Southern California HFMA Chapters. Info: [www.hfma-mgdcare.org](http://www.hfma-mgdcare.org).

**September 17 Leadership Conference.** San Francisco. Sponsored by The Governance Institute. Info: 877-712-8778.

**September 20 Diabetes Care in California: Are We Winning or Losing?** Universal City. Sponsored by the California Association of Health Plans. Info: [www.cal-healthplans.com](http://www.cal-healthplans.com).

**September 20-22 2006 Annual Health Care Summit.** San Francisco. Sponsored by the Hospital Council of Northern and Central California. Info: 925-838-2227.

**September 26-28 Disaster Planning for California Hospitals.** Sacramento. Sponsored by the California Hospital Association. Info: 916-552-7637.

**September 27-28 2006 HHRMAC Annual Conference.** Sacramento. Sponsored by the Healthcare Human Resources Management Association of California. Info: 213-538-0711.

**October 5 Next Generation of Pay for Performance Quality Measurement.** Los Angeles. Sponsored by the Integrated Healthcare Association. Info: 510-208-1740 or [www.ihc.org/conf.htm](http://www.ihc.org/conf.htm).

**October 11-13 2006 Hospital Services for Continuing Care Annual Conference.** San Jose. Sponsored by the California Hospital Association. Info: 916-552-7637.

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To apply for the position or enquire about job duties, please send resume to [maria.haroon@hhs.sccgov.org](mailto:maria.haroon@hhs.sccgov.org) or call (408) 885-4035.

## TEAMHealth

**ACCOUNTS RECEIVABLE MANAGER (Medical Billing)** - Position requires analytical and multi-tasking ability to oversee and manage a busy AR department for Emergency Services billing. Candidate must possess working knowledge and application of the insurance billing cycle for multiple payors and state agencies. Requires experience successful problem solving, trouble shooting and resolving accounts receivable.

Experience with staff management (10+) and current computer applications is required. Fax resume to 925.453.4508 or mail to 7535 Southfront Road, Livermore CA 94551. No phone calls please.

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## EMPLOYMENT OPPORTUNITIES



Molina Healthcare Inc. is among the most experienced managed healthcare companies serving patients who have traditionally faced barriers to quality healthcare-including individuals covered under Medicaid, the Healthy Families Program, the State Children's Health Insurance Program (SCHIP) and other government-sponsored health insurance programs. Molina has health plans in California, Indiana, Michigan, New Mexico, Utah and Washington as well as 21 primary care clinics located in Northern and Southern California with future plans in Ohio and Texas. The company's corporate headquarters are in Long Beach, California. We have the following opening in our Long Beach Office.

**CONTRACT SUPPORT PROJECT MANAGER** - Responsible for supporting the enterprise-wide interpretation and analysis of standard template provider agreement terms and provisions and project management of designated projects under the enterprise-wide strategic initiatives of Provider Services / Contract Support Services.

Supports the interpretation and analysis of provider agreement terms and provisions; References established industry provider contracting standards and interfaces with internal functional business partners and key stakeholders; Understands and supports integrity of standardized model template agreements, alternative language/clauses and fee schedules; Assists with the development and implementation of provider contract support initiatives including, but not limited to (1) contract flow lifecycle management solution, (2) formal contract flow process, (3) predictive contract financial modeling solution, (4) contract management policies and procedures, (5) contract support team, (6) contract e-filing database system, (7) pay for performance program, (8) contract template implementation, and (9) standardization of contract templates, alternative/clause language and fee schedule libraries; Assists with development and training of contracting staff on contract negotiations, systems, policy, and reimbursement methods; Develops and maintains collaborative relationships with internal functional business partners; Fosters a team environment; and works cooperatively and collaboratively with Provider Services / Contract Support Services co-workers.

### Requirements:

Bachelor's degree or commensurate provider contract negotiating and project management experience; five years experience in healthcare administration, preferably in managed care; minimum of five years of continuous contract negotiations in a managed care setting required with experience in negotiating different provider contract types; minimum 5 years in physician, provider group and hospital con-

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tracting; working knowledge of various payment methodologies; and must possess a valid driver's license, transportation and good driving record without any legal restrictions on traveling to current or prospective state plan markets.

Contact Information:  
 Human Resources Department  
 One Golden Shore  
 Long Beach, California 90802  
 Attention: Lauren Hornyak  
 Email: [Lauren.Hornyak@Molinahealthcare.com](mailto:Lauren.Hornyak@Molinahealthcare.com)  
 Fax: (562) 435-5769

**DIRECTOR, MANAGED CARE** (Glendale, California) - Directs all managed care activities for Glendale area operating units. Based out of Glendale Memorial Hospital & Health Center.

Responsibilities include the planning, direction and coordination of negotiation, re-negotiations, analysis, maintenance and implementation of all managed care agreements with current and prospective purchasers and providers of healthcare services.

We require a Bachelor's degree in Business, Hospital Administration, Public Health or related field. Successful candidate will have at least seven to ten years of experience with progressive responsibility in the healthcare environment, at least five of which should be in managed care contracting with demonstrated competencies or an equivalent combination of experience and education. A thorough understanding of the healthcare market, managed care, and knowledge of relevant federal and state regulations is mandatory.

Qualified candidates apply on-line at [www.chwcareers.org](http://www.chwcareers.org) REQ ID# 26429 or e-mail resume to [lkearney@chw.edu](mailto:lkearney@chw.edu).



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## EMPLOYMENT OPPORTUNITIES



Regal Medical Group, a rapidly expanding IPA located in LA, Orange, San Bernardino, Ventura and Riverside counties is recruiting:

**NURSE PRACTITIONERS in CHRONIC DISEASE and END OF LIFE CARE PROGRAM** - Nurse practitioners with a passion for innovation are needed to join our home based chronic disease and end of life care program, piloting new technology and modalities of care

Competitive salaries and benefits are offered. Submit your C.V. to [careers@regalmed.com](mailto:careers@regalmed.com) or fax to (818) 357-5029.

**INPATIENT CASE MANAGERS** (Northridge and San Bernardino) - Facilitate patient movement through the continuum of care; independently make decisions regarding utilization management and alternative treatment which reflect quality care. Communicates with physicians, medical service providers and patients. Reviews, authorizes and monitors Inpatient Hospital and SNF, Home Health and DME services.

Job Requirements: Current CA RN, or LVN License, CPR certification. Minimum 2 years clinical nursing experience. Minimum, of 1 year utilization review experience.

**PRIOR AUTHORIZATION CASE MANAGER** (LA/West Covina) - Monitors and manages the utilization of health-care resources for each member in the most cost-effective manner, and ensure optimum quality of care is provided.

Requirements: BSN preferred. Current CA RN, or LVN License, CPR certification. Valid CA Driver's license. 3 years acute care experience. 1 year utilization or HMO experience. Certified Case Manager preferred.

**NETWORK MANAGERS** (Inland Region) - Responsibilities will include PCP, specialist and ancillary contracting, problem resolution, and the financial performance of assigned networks, contractual compliance, marketing, development, provider relations and provider education.

Requirements: 3 to 5 years experience in physician and ancillary contracting and network management. Contract language and financial analysis knowledge, strong written and communication skills, proficiency in MS computer applications required.

**CREDENTIALING COORDINATOR** (Northridge) - responsible for processing of Credentialing and Recredentialing Applications to Credentialing Plan and NCOA requirements

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Requirements: Credentialing experience required. CPCS or CSMC certification a plus.

Please fax resume to (818) 357-5029  
 or E-mail: [careers@regalmed.com](mailto:careers@regalmed.com)

For more than 60 years, Great-West Healthcare has provided companies nationwide with a suite of employee benefit products and services including: health plans, COBRA, HIPAA and flexible spending account administration, dental and vision plans, life insurance benefits, and short-term and long-term disability coverage. We are currently seeking the following to join our team:

**MEDICAL COST DIRECTOR** (Glendale or Pleasant Hill, CA - #3841) - Responsible for supporting regional Medical Management and Network Development leaders by analyzing, trending and predicting medical expense data. Leads the department and performs financial model projects and contract rate analysis. Reviews provider agreements to assess financial impact of contracts, and analyzes stop loss data for consistency and accuracy. Creates databases to merge data, and automates reports such as Pharmacy/PMPM, and Age/Sex/Industry. Identifies utilization patterns, average costs per procedure and the impact of contracting efforts to determine if targets are appropriate. Performs special projects such as Neonate costs, par vs. non-par, claims payment TAT, etc. and supports RFP response as related to network.

Requires a bachelor's degree in a related field (Finance, Computer Science, Healthcare, etc.) plus 6 years experience in financial analysis, preferably in a healthcare setting. Knowledge of PC applications such as Access, PowerPoint, Excel is necessary with the ability to learn BRIO. Must have an understanding of industry coding (revenue codes, ICD9 classifications, CPT codes, etc.), and excellent analytical and communication skills. Must have demonstrated leadership, problem solving, and project management skills with contract negotiations experience. Travel required.

For Immediate Consideration: Great-West Healthcare offers excellent career opportunities and a comprehensive benefits package. Interested candidates can view a complete job description and apply online at [www.GreatWest.com](http://www.GreatWest.com), or email a resume to [RecruitingGWL@gwl.com](mailto:RecruitingGWL@gwl.com). Please reference job number. EOE.

You'll find good people at Great-West. Our good people make us a good company to do business with and a great place to grow your career!

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## EMPLOYMENT OPPORTUNITIES



Hospice of Presbyterian and Presbyterian Intercommunity Hospital have the following opportunities available:

**CLINICAL DIRECTOR OF MEDICARE CERTIFIED HOSPICE** - Hospice of Presbyterian is expanding its Hospice services to the San Gabriel Valley in October 2006. Hospice of Pasadena is seeking a dedicated, motivated, professional Registered Nurse or a Director with prior Hospice experience with excellent communication skills for the Clinical Director position. This position reports to the Director of Patient Services for Home Health and Hospice services.

Position requires a current CA Registered Nurse license and knowledge of Hospice rules and regulations. The successful candidate will have 5 years experience in a hospice or home health agency, including at least 1 year in a supervisory or administrative capacity. Must have current CPR card, current CA Driver's license and valid auto insurance. Familiarity with and ability to interpret Title XXII and the Medicare Hospice CoPs are essential. A Baccalaureate degree or higher in Nursing or a health-related field is preferred.

Hospice of Presbyterian is a division of Presbyterian Intercommunity Hospital.

**QUALITY MANAGEMENT COORDINATOR** (Full-and Part-time positions available Flexible scheduling possible) - This position will enact positive change to the quality management process. Key functions include assisting in the development of methods that will be used to assess and improve patient care services in a cost-effective manner. Utilizing extensive knowledge of healthcare clinical fundamentals and performance improvement standards, this position facilitates department-level Quality Improvement efforts. Responsibilities include holding staff meetings to communicate information regarding quality management matters, preparing/distributing results of quality management activities and performing chart reviews, along with coordinating physician case review prior to committee meetings.

Although we'd prefer an experienced candidate with a strong clinical background, more important is a passion for personally enacting positive change to processes and the organization. Requires current California RN license and a BS degree in Nursing (or equivalent healthcare education).

We offer excellent salaries and benefits. For immediate consideration, please contact our Nurse Recruiter at (562) 698-0811 x2347 or toll-free (866) 206-4020. You may email or fax a resume to: [rkatz@pih.net](mailto:rkatz@pih.net) or (562) 945-5076. Presbyterian Intercommunity Hospital, 12401 Washington Blvd., Whittier, CA 90602. EOE.



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PHYSICIAN WEBLINK is a privately owned company that has corporate offices in Irvine. We are a Managed Services Organization that has been implementing integrated business solutions for healthcare organizations since 1997. We help physicians, hospitals and healthcare organizations take care of the business side of medicine, so they can focus on patient care.

Our company is growing and we are currently recruiting for a **DIRECTOR OF QUALITY IMPROVEMENT**.

Director of Quality Improvement provides direction to the Manager and staff of the Quality Improvement department and Credentialing and ensures that the appropriate resources are available to the staff. Responsibilities include: ensuring that Monarch HealthCare meets its regulatory compliance requirements including Health Plan and NCOA, that the department is meeting organizational as well as departmental goals and that the necessary meetings are held appropriately including QPRC, QIC and credentialing.

Candidates must have a RN license; 2 years of clinical experience and 10 years supervisory /management experience, prefer Director level experience in managed care. Familiarity with all delegated regulatory requirements for the QI department is also required.

For more information on this position please go to [pwlink.com](http://pwlink.com) or contact Julie Webb at [jwebb@pwlink.com](mailto:jwebb@pwlink.com).

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## EMPLOYMENT OPPORTUNITIES

### ANALYST STRATEGY & AMBULATORY DEVELOPMENT

(San Francisco, California) -Based from our head office, you will work with the overall Strategy and the Ambulatory Development team, including the Sr. Director, Ambulatory Development, in the forecasting, analysis and interpretation of data and healthcare trends. Information will be utilized in strategic/service line planning and ambulatory development.

Successful candidate will possess excellent project management skills and maintain a high level of responsiveness. Master's degree preferred, with one to two years of experience in a healthcare setting. Experience in ambulatory development/ventures preferred. Proficiency in Access, Word, Excel, Powerpoint, MapPoint required. Demonstrated database management skills, as well as presentation, interpersonal and writing skills required. Ability to meet tight deadlines and multi-task depending on specific need of projects. Knowledge of health care industry in general, as well as healthcare markets in California, Arizona, and Nevada preferred.

Qualified candidates apply on-line at [www.chwcareers.org](http://www.chwcareers.org) REQ ID# 23338 or e-mail resume to [lkearney@chw.edu](mailto:lkearney@chw.edu). EOE.



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**WELLPOINT**

**SR. NETWORK DEVELOPMENT MANAGER** (also known as: Sr. Contract Manager) - Responsible for serving as a contract negotiator and liaison between hospitals and "at risk" medical groups and the company for a specific health service area. Essential duties to include, but are not limited to: Negotiates contracts with hospitals for all networks including traditional, PPO, HMO, CHAMPUS, transplants, carveout networks, and hospital based ancillaries. Negotiates risk sharing contracts, monitor future activities of providers, keeping abreast of trends and changes within the group. Reviews and analyzes financial data, hospital utilization reports, NCQA and URAC standards and M&R benchmarks. Works closely with corporate contracting, legal and actuarial staffs. Performs other duties as assigned.

Requirements and Qualifications: BS/BA in business, health administration, or other clinical field required. MBA or CPA preferred. Extensive knowledge of provider reimbursement methodologies including DRG's, per diems, case rates, etc. preferred. 3 years of hospital contracting experience required. Excellent analytical skills, strong PC skills required. Strong planning and organizational skills required. Strong negotiation skills required.

Interested and qualified applicants, please apply by visiting [www.wellpoint.com](http://www.wellpoint.com) and search for job req # 19628AP.