Solari
CRISIS & HUMAN SERVICES

B5: RESUMES/ JOB DESCRIPTIONS

Andrew Erwin

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Experience

Solari Crisis & Human Services *Phoenix, Arizona*
President *2023 – Present*

Responsible for overseeing all day-to-day business operations of Solari's Community Support Network and Crisis Response Network services in Arizona and Oklahoma, including 24/7 crisis call centers in both states. Oversees more than 500 employees across two states and an operating budget of more than $60M.

Solari Crisis & Human Services *Phoenix, Arizona*
Chief Operating Officer *2016 - 2023*

Responsible for overseeing all day-to-day operations of Solari's Crisis Response Network including one of the largest behavioral health crisis line call centers in the United States. In addition to offering crisis line services, CRN operates 2-1-1 Arizona, a 24/7 information and referral resource program, the Homeless Management Information System (HMIS) for Maricopa County and the Arizona Balance of State and administers the SMI evaluation program for state of Arizona.

Solari Crisis & Human Services *Phoenix, Arizona*
Vice President of Eligibility & Care Services and *2013 - 2016*
Chief Compliance Officer

Oversaw the administration of the Serious Mental Illness evaluation program for the entire State of Arizona. Managed a department of 32 employees in three offices with an annual budget of $5.3 million. Developed processes to evaluate 10,000 applicants for SMI benefits per year.

DeConcini McDonald Yetwin & Lacy *Phoenix, Arizona*
Associate Attorney *2009 – 2013*

Represented clients in all aspects of contested proceedings. Personally tried over 60 bench trials. Conducted and defended depositions prepared petitions, briefs and motions. Regularly appeared before the Maricopa County Superior Court to attend hearings and argue motions. Provided legal advice to general counsel for several local hospitals regarding guardianship matters. Directly supervised the administration of court ordered psychiatric treatment for 120 individuals on behalf of several Arizona Long Term Care Services providers.

Memberships and Affiliations

State Bar of Arizona License #026547
American Bar Association
Maricopa County Bar Association

Education

Syracuse University College of Law, Syracuse, New York
Juris Doctor, May 2008
Honors: Chancellor's Award for Public Engagement & Scholarship, Gray Weil Gotshal & Manges LLP Scholarship, Devorsetz Scholarship, Joseph O. Lampe Bar Award

University of California Los Angeles, Los Angeles, California
Bachelor of Arts (*cum laude)*, American Literature, May 2005
Honors: A & R Miller Scholarship, Dean's List: Fall 2003-Spring 2005

JULIE SHOCKLEY

julie.m.shockley@gmail.com (602) 820-2378

Dedicated and organized Chief Operating Officer and Project Management Professional with 16 years of experience in healthcare leadership, project and product management. A passion for working with dynamic teams to turn a concept into a reality through creative problem-solving and strategic thinking.

CORE COMPETENCIES:

- Non-profit health care administration
- Team leadership
- Strategic Thinking
- Problem solving
- Communication
- Business Analysis
- Project Management
- System Administration

PROFESSIONAL EXPERIENCE:

Solari Crisis & Human Services **Tempe, AZ**

Chief Operating Officer ***2023 – Present***

- Responsible for two healthcare contact center business units operating 40 lines of business, with revenues of more than $55 million
- Designing and implementing major programs and projects in behavioral healthcare
- Overseeing five departments with a combined staff of more than 375 employees

Senior Director, Project Management ***2015 – 2023***

- Developed the Project Management Office for the organization, including creating policies, procedures, documentation templates, best practices
- Implemented a company-wide project and work management system: Jira Cloud (Atlassian)
- Oversaw the project management team, which was responsible for large-scale healthcare and IT projects with internal and external stakeholders
- Managed projects through all phases of development and implementation, across all departments but with an emphasis on IT and business intelligence projects/products

Other titles: Director, Project Management; Executive Project Manager

Project Lead ***2013 – 2015***

- Oversaw product management for electronic health record and telephony technical systems
- Selected vendor, designed, built and implemented electronic health record system and telephony system for clinical operations teams for five program implementations

Other titles: Clinical Practice Reviewer, EHR Administrator

EDUCATION:

Arizona State University **Tempe, AZ**

Bachelor of Arts: Psychology *2006 - 2008*

Northern Arizona University **Flagstaff, AZ**

2004 - 2006

QUALIFICATIONS:

- Project Management Professional Certification

TYLER ROSENSTEEL, MBA

480-334-0226 | trosensteel@gmail.com | Tempe, AZ | LinkedIn

Software Director - Social and Human Services

Systems Implementation | Regulatory Compliance | Data Analytics | Program Development

A data-driven and mission-oriented leader in social services technology and social determinants of health with an expertise in homelessness. MBA graduate with 15+ years of proven experience managing teams, projects, and processes in the government and non-profit sectors.

PROFESSIONAL EXPERIENCE

SOLARI, INC (Formerly Crisis Response Network) | Tempe, AZ 2017 – Present

Senior Director, Community Support Network (2021 – Present)
Director, HMIS & Database Resources (2019-2021)
Director, HMIS (2017-2019)

Oversee the implementation of multiple departments. Responsible for implementation of statewide Homeless Information System, DWEL Statewide HMIS Data Warehouse, Virtual Case Management Program, 211 Arizona and Statewide SDOH Resource Database. Maintain support for 1200+ users across the state of Arizona and 100+ separate agencies. Accountable for managing and growing the $1.5M HMIS and $25 M 211 annual budgets. Managed teams with up to 150 direct reports. Implemented several automated processes and streamlined tasks to provide better information for SDOH governance/leadership of the community.

CENTRAL ARIZONA SHELTER SERVICES (CASS) | Phoenix, AZ 2015 – 2017 & 2007 – 2011

Program Evaluation Manager (2015 – 2017)
Project Manager & Data Analyst (2009 – 2011)
Shelter Manager (2007-2009)

Led organization data collection and reporting on performance outcomes. Provided research and program implementation assistance to ensure fulfillment of agency short- and long-term goals. Led a team of 14 direct reports supporting operations in the family shelter and case management program. Identified and implemented several process improvements and programs to achieve the agency's mission.

DUPAGE COUNTY | Wheaton, IL 2011 – 2015

Information Systems Coordinator (2011 – 2015)

Managed a team of 6, accountable for completing the implementation of the Homeless Management Information System (HMIS) – Service Point. Served as a liaison to the DuPage County and Continuum of Care to successfully merge the two systems. Trained new users and agency administrators, assisted with system-wide report generation, ran and designed data quality reports, and developed/maintained a resource database.

CONSULTING EXPERIENCE

Homeless Data Integration System, 2019-Present, serve as homeless data subject matter expert on the HDIS technology solution that allows the State of California to access and compile standardized homelessness data collected by individual Continuums of Care (CoCs) in order to make data-driven policy decisions aimed at preventing and ending homelessness in California.

EDUCATION

UNIVERSITY OF ARIZONA
Master of Business Administration (MBA)
Concentration in Healthcare Management

ARIZONA STATE UNIVERSITY
Bachelor of Arts (BA) in Philosophy

Randy D. Hade

Randy.Hade@Solari-Inc.org
480-788-9183

RELEVANT JOB EXPERIENCE

Homeless Initiatives, Solari, Inc., Crisis and Human Services, Tempe, AZ

-Director of Homeless Initiatives, 2023 – Present

- Oversee the Homeless Management Information System (HMIS) program, Data Warehouse Enterprise for Linkage Arizona (DWEL-AZ) program, and other homeless initiatives.
- Liaison with the homeless provider community to improve the homeless systems by making high quality data and insights available and supporting the development of data-informed services.

Evaluation & Impact, UMOM New Day Centers, Phoenix, AZ

-Director of Evaluation & Impact, 2019 – 2023

-Data & Evaluation Analyst and Manager, 2017 – 2019

- Collaborate with other program leaders to create a data-driven and outcomes-focused culture. Implement a program evaluation and improvement process that leads to positive and measurable impact towards achieving the mission.
- Develop outcome measurement procedures, key program indicators, and quarterly data dashboards for all UMOM's programs. Develop diagnostic and descriptive program analysis and program logic model fidelity and evaluation tools.
- Designed and oversaw UMOM's enterprise build-out of the comprehensive outcomes and case management software for over 10 different program types.
- Directed and managed the operations of the Data & Evaluation Dept. including training and support for 120 users, over 300 grant data report submissions annually, and internal program management compliance and reporting.

Program Management and Coordinated Entry, UMOM New Day Centers, Phoenix, AZ

-Family Housing Hub Program Manager, 2015 – 2017

-Supportive Services for Veteran Families Case Manager, Program Manager, 2011 – 2015

- Increased efficiency of programmatic processes through use of automation and aligning technology with user experience to enable the FHH to scale-up with increased client volume and increased partner-agency onboarding. Streamlined client referral process, saving an estimated 15 staff hours per week.
- Provide strategic leadership over the implementation and improvement of the Family Housing Hub, Maricopa County's coordinated entry for families with minor children. Support the community collaboration by contributing to Continuum of Care initiatives and developing partnerships with homeless and community service providers.
- Developed new tools to track temporary financial assistance, file quality, client re-certifications, performance quality indicators, grant spend down, data requests, and program outcomes.

Street Outreach and Case Management, Urban Outreach: Tempe First UMC, Tempe, AZ

-AmeriCorps Member: Public Allies, AZ, 2010 – 2011

- Supported operations of day-use drop-in service center. Conducted street outreach in Tempe area. Developed goals and case plans with individuals experiencing homelessness.

EDUCATION

Bachelor of Arts: Magna Cum Laude, Sociology and Justice & Peace Studies

University of St. Thomas, St. Paul, MN – 2010

KRISTINE HANSEN
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KRISTI.HANSEN712@GMAIL.COM

CAREER PROFILE

Solari, Inc
December 2013-Presently Employed

Quality & Compliance Department
Director, Quality & Compliance July 2022-Present
Manager, Quality & Compliance June 2020-July 2022

As the Directo of Quality & Compliance, I function as the Compliance and Privacy Officer for Solari. Responsibilities, day to day management and achievements include:

- Serves as the administrator of the Compliance Department and responds timely and accordingly to reported issues/concerns.
- Development, coordination, and participation in multifaceted educational and training programs for organizational compliance.
- Functions as key company representative/liaison in meetings with funders, potential business partners, other federal/state agencies and industry organizations regarding privacy, compliance, and/or regulatory issues:
- Plan, develop, organize, and assist in the implementation as needed of a quality program by rules, regulations, and guidelines that govern non-profit entities.
- In collaboration with administrative and operational leadership, develop systematic processes for Quality Assessment and Process Improvement Work to develop Key Performance Indicators (KPIs) that are meaningful and measurable for all departments.
- Contribute to the development, maintenance and improvement of data tracking and reporting systems, conduct monthly data cleaning and analysis to detect trends, gaps, and recommendations in addition to overseeing accuracy and integrity of data collection and entry.
- Evaluate the organization for potential risks and propose solutions for minimizing and mitigating the risks.
- Assist in planning, creating, organizing, leading, and coordinating audits, risk assessments, and audit systems that identify issues and challenges related to the quality-of-service provision.
- Collaborates with the Security Officer to ensure standards related to privacy are met.

SMI Eligibility & Care Services Department
Manager, SMI Eligibility and Care Services Dept April 2016-June 2020
Supervisor, SMI Eligibility and Care Services Dept May 2015-April 2016
Eligibility Specialist, SMI Eligibility and Care Services Dept Dec 2013-May 2015
As the department manager, day to day management and achievements included:

- Management of daily operations for a department of 31 people in Tempe and Tucson.
- Developing and implementing schedules and ensuring staffing levels coincide with the demands of the workload.
- Developed and fostered a teamwork driven environment to increase productivity and employee job satisfaction.
- In 2019 oversaw the buildout and implementation of new electronic health record (EHR) system for entire department.
- Created knowledge base documents for on-going employee use and accreditation.

ACADEMIC CREDENTIALS

Bachelor of Science, Family and Human Development, Arizona State University-Tempe, AZ; 2013
Minor: ***Sociology***
Master of Healthcare Administration, Colorado State University-Global Campus; Degree received – September 2020

Ryan Bauerle

IT LEADER

760.716.9945
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linkedin.com/in/ryanbauerle
Gilbert, AZ 85234

Skilled IT leader with 20 years of extensive technology industry experience, offering unique leadership that bridges the gap between business needs and technical execution. Brings a proven ability to adapt both technically and culturally, driving performance and results.

Work Experience

Solari, Inc

-IT Director | 03/2022 - Current | Phoenix, AZ

- Responsible for IT budget and strategic direction of IT technology
- Responsible for IT infrastructure, end user services, and cybersecurity for all Solari systems and staff
- Develop and implement IT Infrastructure strategies for efficient and stable operations
- Develop relationships and collaborate with cross functional internal teams and external vendors
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Switchthink Solutions (Desert Financial)

-Director IT Infrastructure | 03/2021 - 11/2021 | Phoenix, AZ

- Responsible for IT Infrastructure operations for Desert Financial and dozens of other Credit Unions nationally
    - Dell Servers/Storage, Cisco/Meraki networking, Palo Alto Firewalls, Avamar/Zerto Disaster Recovery, Telephony, Microsoft Licensing and all other aspects of server and network administration
- Lead team of 7 Network Engineers and 6 Server Engineers
- Develop and implement IT Infrastructure strategies for efficient and stable operations
- Develop relationships and collaborate with cross functional teams across the Switchthink organization and our Credit Union clients
- Implement cybersecurity controls to meet PCI requirements and other best practices
    - Network segmentation, infrastructure hardening policies and guides, Zero day vulnerability response for Microsoft, VMware, Citrix, and other platforms, etc.

Fluidra S.A. (Previously Zodiac Pool Systems Inc.)

-Sr Manager Global IT Infrastructure | 07/2005 - 09/2020 | Carlsbad, CA

- Responsible for all infrastructure platforms used by 5000+ users globally
    - Servers, storage, WAN/LAN, Cloud, Microsoft licensing, Telephony, Firewalls, Endpoint protection, Disaster recovery, etc.
- Manage team of Network Engineers and Server Administrators in Spain and US
- Manage IT function of PLM software platform and team
- Develop and implement global IT Infrastructure strategies
- Develop relationships and communicate with other global and regional IT leaders in order to find synergies and standardize platforms and practices
- Manage infrastructure and help desk service team, systems, and budget for North American region

Education & Certifications

2007-2010, National University | BS, IT Management
2004-2007, Palomar College | AS, Computer Network Administration
2021, AXELOS: Global Best Practice Solutions | ITIL 4 Foundation Certification
2012, Center for Creative leadership | CCL Leadership Development Program

G. Katrell Redhouse, MSW

4502 North 36th Street, #202, Phoenix, AZ 85018 (480) 370-5445 gkredhouse@yahoo.com

Utilization Care Management / Treatment Planning & Evaluation / Cognitive Behavioral Therapy
Anxiety/Depression/Grief Issues / Child Welfare / Substance Abuse /
Correctional Health / Family Violence & Crisis Stabilization / Customer Service

Professional Experience

June 2015 – Present **Solari** Tempe, Arizona
Tribal Liaison

- Serve as the primary point of contact regarding the coordination of the SMI determination process concerning all Native Americans seeking serious mental illness (SMI) services. Assist applicants with coordination of care to community mental health providers.
- Perform duties in compliance with the SMI eligibility and care services unit policies and procedures to ensure compliance with Arizona Department of Health Services/Department of Behavioral Health Services requirements.

August 2014 – June 2015 **Maricopa County Correctional Health Services** Phoenix, Arizona
Mental Health Professional

- Provide oversight and coordination of release planning for inmates returning to community integration. Assist with coordinating the inmates to community mental health providers.
- Completed assessments on inmates and provided follow-up services to the SMI population. Provide crisis services. Completed court order evaluation pre-petitions for adults who present with who persistently or acutely disabled.

October 2013 – April 2014 **Magellan Health Services** Phoenix, Arizona
Projects and Quality Initiatives Coordinator

- Provide oversight and coordination of service development activities including provider initiatives with the regional behavioral health authority (RBHA) provider network organizations (PNO), out-of-home providers and stakeholder entities including Child Protective Services and Juvenile Probation. Partners with the RBHA organizations UM department, liaison team and the broader child and youth services team to provide technical assistance and subject matter expertise. Coordinates Quality Improvement activities under the direction of RBHA clinical leadership.
- Provide training to providers and stakeholders that help to achieve specific goals in line with the system of care.
- Coordinates and partners with RBHA UM department to monitor and manage inpatient, outpatient and intermediate levels of care related to mental health and substance abuse treatment for children, youth and their families.
- Serve as a RBHA liaison for Individual Education Plan (IEP) residential treatment center (RTC) requests for all Maricopa County school districts and provide technical assistance during IEP meetings.

October 2007 – October 2013 **Magellan Health Services** Phoenix, Arizona
Child/Adolescent Treatment Coordinator

- Provided case management and utilization review services to enrollee child/adolescent population in the Maricopa county regional behavioral health authority (RBHA) system. Activities include mental health service coordination and interface with community providers and community based service delivery systems for the RBHA utilization management (UM) department.
- Reviewed out-of-home requests for therapeutic group homes (TGH), therapeutic foster care (HCTC) and residential treatment center (RTC) for medical necessity criteria.
- Worked directly with Physician Advisor(s) and Utilization Management Medical Director for admission criteria in all levels of care.
- Provided clinical consultation to utilization management, provider network organization (PNO) case managers.
- Wrote notices of action (NOA).
- Performed the writing of measurable and concrete targeted treatment goals for all levels of children's out-of-home interventions.
- Participated as needed in Child Family Team (CFT) meetings as a liaison from the UM department.

Education

April 1999: Brigham Young University - Hawaii
Bachelor of Social Work

April 2001: Brigham Young University - Utah
Master of Social Work

AUDRA KINCHELOE

602-301-0133 | audra.kincheloe@gmail.com | Phoenix, AZ

EXPERIENCE

Manager, EHR and Telephony Applications
Solari Dec 2018-Present

- Spearheaded end-to-end project management, successfully planning, and executing initiatives across all programs, from initial discovery to implementation, ensuring alignment with organizational goals and objectives.
- Established and nurtured robust relationships across multi-disciplinary departments, fostering strong communication channels and promoting a unified approach to program objectives.
- Collaborated with teams to analyze business requirements, leading the implementation of strategic system changes that effectively addressed ever evolving program objectives and goals.
- Fostered relationships between teams to help build relationships and communications that strengthened teamwork.
- System Admin for the Electronic Health Record system using Microsoft Dynamics 365, tailoring it to align with program needs and objectives, including overseeing the construction of workflows, data relationships, forms, and collaborating with Software and Business Intelligence teams to ensure continue to optimize performance and end user experience.
- Conducted comprehensive change control processes and coordinated user acceptance testing to guarantee the reliability and functionality of system updates and enhancements.
- Acted as primary contact for relationship with EHR vendor and external EHR clients.
- Effectively communicated and managed change within program teams, ensuring a smooth transition during system updates and improvements, and addressing any concerns or challenges that arose.
- Provided dedicated support to both IT and end users, promptly addressing Electronic Health Record issues.

Director of Quality
Recovery Empowerment Network Sep 2008-Dec 2018

- Led various cross-functional teams, totaling 7 individuals, across Billing/Quality, Peer and Family Referral Center, and Learning Departments, ensuring efficient workflow and collaboration.
- Spearheaded quality and compliance procedures, ensuring the organization's adherence to CMS standards, resulting in an improvement in audit ratings. Directed comprehensive staff training on HIPAA, documentation standards, billing, and compliance requirements.
- Managed proper CPT & HCPCS coding of services, minimizing billing errors and optimizing revenue streams.
- Oversaw the administration of the EHR system, including backend claims and rates, streamlining data management processes.
- Built and updated forms within the EHR system, enhancing data capture and reporting efficiency.
- Produced leadership reports, including encounter validation, staff productivity, and program impact assessments, providing critical insights for decision-making.
- Successfully managed documentation, quality, and system implementation projects, including Electronic Health Record, Payroll, Mercer Quality Service Review partnership, Weekend Programming, and Performance Review projects.
- Acted as the primary contact for health plan liaisons, fostering strong relationships and ensuring timely resolution of issues.
- Demonstrated continuous career advancement from Receptionist/Data Entry to Billing Manager and ultimately to the Director of Quality, showcasing dedication and leadership.

EDUCATION

MS Healthcare Informatics
Grand Canyon University 2018

BS Business, Accounting
University of Phoenix 2014

Alyssa Bellantoni

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Summary

Responsible for network development, contracting strategy and health system and provider relationships in support of health plan enrollees. Provides strategic leadership and day-to-day responsibility in decisions for Managed Care programs and products. Partners with key stakeholders to advance execution of the Company's growth strategy in improving performance and provider engagement for better quality and financial outcomes.

Professional History

Banner University Health Plans **2020-Current**

Senior Director of Network Development

- Develop and support network strategy for ACC, ALTCS and DSNP plans
- Monitor regulatory deliverables
- Develop and monitor process to ensure compliance with all regulations
- Partner with internal departments to meet regulatory deliverables, maintain and enhance provider network
- Support value base partnerships and strategy development
- Develop and nurture provider relationships for quality care and outcomes

Magellan Complete Care of Arizona **2018-2020**

Director of Network Development

Accomplishments

- Key provider relationship contracting and management for Network development, provider accessibility, alternative payment reimbursement strategies and increase in quality and cost-of-care initiatives
- Spearheaded the network development of Medicare (MA, MAPD, DSNP) for successful State reporting, HSD preparation, HPMS submission, exception reports, gap analysis and related patterns of care management
- Implemented a 5,600 medical and behavioral health provider network for state adequacy, member accessibility and value-based contracting initiatives
- Advised Plan's leadership to create competitive, cost avoidance reimbursement price initiatives utilizing alternative payment models

Responsibilities

- Orchestrated the network development strategy of a new Managed Care Health Plan
- Managed and directed the network and provider relation team's day to day operations and complete administrative and network compliance to state and enterprise requirements
- Exceeded Network contracting requirements for new and existing provider agreements
- Developed policies and procedures and educational tools for providers including new provider orientation to the health plan as well as ongoing provider education and forums
- Advised and consults on complex matters related to development, implementation, and policy oversight of the Managed Care systems and programs
- Partnered with both internal and external medical professionals to promote an understanding of clinical healthcare service activities and objectives to prioritize projects per company goals
- Established a process to proactively research and resolve escalated provider complaints
- Tracked provider issues to identify potential trends and create/update processes for better outcomes

- Ensured provider network satisfaction by implementing a provider improvement and customer satisfaction program, including training, education and monitoring of practitioners
- Implemented value-based arrangements to right-size MLR, enhanced medical management, ER diversion, reduction in average length of stay and HEDIS based initiatives to manage cost

Health Choice Management Co. **2015-2018**

Sr. Manager of Operations, Prior Authorizations
Medical Benefits Operations Manager
Marketing Manager

Key Accomplishments

- Lead regulatory audit preparation spanning 7 different regulatory audits (CMS, AHCCCS and UDOH) and successfully pass all audits
- Developed annual PA Grids in coordination with Medicaid and CMS benefits to manage benefits and save over $4M annually in over utilization
- Implemented in depth training program for all department staff to include monthly, quarterly and annual training and educational opportunities

Responsibilities

- Responsible for day-to-day operations of clinical and non-clinical staff managing care to 620,000 members
- Resolved business challenges with innovative solutions, systems and process improvements that increase efficiency in meeting production goals to process approximately 14,000 requests a month
- Managed delegated vendor relationships and ensure both met regulatory compliance and production expectations
- Oversaw and maintained regulatory compliance for three different regulatory agencies (CMS, AHCCCS & UDOH) and four different health plans, including the develop and streamline of processes and procedures to meet compliance requirements
- Directed operations/performance management by monitoring key performance indicators and metrics to impact of data management, reporting and fiscal accountability
- Collaborated with IT Leadership to troubleshoot and repair high risk business system issues
- Managed administrative and financial Accountable Care Organization (ACO) and 200+ TINs network
- Advised providers in meetings and maintained value-based contract requirements such as Annual Wellness Visits for each attributed member
- Advocated for provider to health plans under ACO regarding multiple issues including but not limited to claims, prior authorization, and benefits.

Education

George Washington University May 2021

- Healthcare Master of Business Administration

San Diego State University Graduated 2012

- Bachelor of Science in Marketing
- Bachelor of Arts in Art History

EuroMed Management, Marseille, France, Study Abroad January-June 2011

- International Business & Marketing

Oxford University, Oxford, England, Study Abroad Winter 2010

- International Relations and Foreign Policy

References upon request

RYAN J THOMSEN, JD

520.780.8310 | ryan.thomsen@bannerhealth.com

www.linkedin.com/in/ryan-thomsen-09815920

Education

Juris Doctor, 2011
University of Arizona
James E. Rogers College of Law
Honors: cum laude
Tucson, AZ

BA in Political Science, 2005
University of Michigan
Ann Arbor, MI

Bar Association

State Bar of Arizona, 2011
Member in good standing

Professional Affiliations

Social Venture Partners, 2023
Tucson Coach

Association of Community Affiliated Health Plans (ACAP)
Medicaid Policy Subcommittee Member

Professional Summary

Pragmatic health plan senior leader with ten years of experience in managed care operations. Skilled problem solver, communicator, and relationship builder. Strategic thinker with experience in Grievance and Appeals, operations, and resolving complex member and provider challenges.

Work Experience

***Sr. Director, Government Programs*, Banner – University Family Care**
December 2020 – present | Banner Health Plans, Tucson, AZ

- Serve as member of Senior Leadership Team and key leader managing complex operational challenges for overall performance of Government Programs, Marketing, Grievance and Appeals, and Member Retention Departments.
- Oversight of Medicaid and Medicare regulatory policy implementation, contract deliverables, and relationship with state and federal program leadership.
- Provide technical assistance and support to health plan departments with respect to regulatory requirements.
- Oversee Medicaid Operational Reviews and serve as key contributor to Medicaid growth strategies.
- Support and inform strategies to improve brand image and perception in the community through community engagement and marketing strategies including social media, member, and provider materials.

Medicaid Administrative Director, Banner – University Family Care
April 2019 – December 2020 | Banner Health Plan, Tucson, AZ

- Serve as Contract Compliance Officer and primary liaison between AHCCCS and the plan to ensure timely submission of deliverables and responses to ad hoc requests or complaints.
- Oversee contract bid and implementation efforts in conjunction with health plan senior leaders.
- Ensure policy updates and information related to the AHCCCS program is communicated to plan leadership and acted upon appropriately.
- Report key risks, priorities, and compliance concerns to various internal committees and leadership.

Sr. Manager, Grievance and Appeals, Arizona Complete Health
June 2017 – April 2019 | Cenpatico Integrated Care, Tucson, AZ

- Oversee Grievance and Appeals of all Medicaid Lines of Business in Arizona.
- Report to Arizona plan leadership as a member of various internal committees including Medical Management, Quality of Care Committee, and Policy Committee.
- Advisor to executive leadership on various legal and regulatory issues presented in day-to-day operations, including drafting, and interpreting contracts.

Manager, Grievance and Appeals, Arizona Complete Health
September 2015 – June 2017 | Cenpatico Integrated Care, Tucson, AZ

- Managed Cenpatico IC Grievance and Appeals Department, maintaining high level of compliance as evidenced by AHCCCS audits, URAC audits, and Centene Corporation Audits.
- Utilized Grievance and Appeal system data to formulate and implement performance improvement initiatives.
- Contributed to policy and procedure and provider manual development sections for many departments within Cenpatico IC.
- Prepared and submitted high-quality deliverables to ADHS/DBHS and AHCCCS.

Director, Grievance and Appeals, Title 36 Administration
April 2013 – September 2015 | Community Partnership of Southern Arizona/Regional Behavioral Health Authority, Tucson, AZ

- Managed Grievance and Appeals Department of Regional Behavioral Health Authority (RBHA).
- Represented CPSA and providers in administrative hearings and providers in Title 36 court-ordered treatment hearings.
- Provided legal advice to providers to ensure compliance with Arizona Revised Statutes and Arizona Administrative Code.
- Reported to CPSA executive management and to ADHS/DBHS regarding activities of Grievance and Appeals and Title 36 Administration Department.

Law Clerk to the Honorable Garye L. Vasquez
August 2011 – April 2013 | Arizona Court of Appeals, DIV 2, Tucson, Arizona

- Assisted appellate court judge with all matters pending before the court, including matters of statewide importance.
- Drafted court rulings in criminal, civil, industrial commission, and special cases, in addition to memoranda for consideration by panel of judges.
- Supervised law-student interns and checked the legal and factual accuracy of all court documents.

Law Clerk, Douglas J. Newman, P.C.
August 2009 – June 2011 | Tucson, Arizona

- Prepared legal documents for business entities and individuals such as contracts, leases, and promissory notes.
- Worked with clients and prepared and filed probate court documents in post-death estate proceedings.
- Prepared estate and disability planning documents.

Legal Intern Civil Rights Division
July 2010 – August 2010 | Arizona Attorney General's Office, Tucson, Arizona

- Aided Assistant Attorneys General in enforcing the Arizona Civil Rights Act.
- Reviewed investigative findings for legal sufficiency.
- Drafted pleadings in federal class-action lawsuits, interviewed plaintiffs, and observed depositions.

Arizona Center for Disability Law
Legal Intern (June 2009 – August 2009) | Tucson, Arizona

- Aided attorneys in nonprofit public interest organization on various disability-related cases.
- Researched and edited briefs submitted to the 9th Circuit Court of Appeals.
- Interviewed named plaintiffs and drafted declarations for use in federal Medicaid class action lawsuit.
- Researched and advised attorneys on litigation strategies.

Lori A. Petre
(602) 291-6014
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QUALIFICATIONS SUMMARY

Motivated, solutions and results oriented professional with 35+ years' Operational and Technical experience in Health Care, Medicaid, Managed Care, IT Systems, Project and Resource Management, Innovation and Claims/Encounters processing. An enthusiastic leader and willing mentor, as well as a quick and eager learner, who is committed to collaboration and making meaningful contributions as a team leader, a team member, or individual contributor.

Skills and Aptitudes: Project Management; Process Improvement, Policy/Rules and Regulations development and interpretation; Team Formation, Integration, Development and Leadership; Operational and Technical analysis; Issues/Opportunities Identification, and Formulation of options and solutions; and Strong interpersonal and communication skills, both written and verbal with team members, peers, management, customers and regulators.

PROFESSIONAL Experience

Banner Health Network – Insurance Division
2/2022 – Present
Senior Director, Claims
Responsible for driving and supporting the insurance division programs and processes, with focus on quality of outcomes and superior service. Promoting a collaborative, open, and inclusive work environment within a highly matrixed organization. Serving as the primary advisor to the organization's senior management on matters related to claims functions. Monitors and oversees compliance, customer service, stakeholder relations, workforce, and financial goals and objectives as developed by the Board of Directors and senior executive management. Guides the development and implementation of short and long-range goals and objectives for the insurance division's claims operations. Provides leadership and expertise in the development, implementation, oversight, and evaluation of claims programs and associated workflows for the system. Incorporates best practices and responds to emerging trends to enhance operations, programs, and/or services. Implements and evaluates strategic programs, develops effective tools to measure performance, analyzes related data, prepares reports, and makes recommendations to senior leadership based on findings.

Banner Health Network – Insurance Division
7/2021 – 2/2022
Senior IT Business Consultant
Provides recognized expertise and serves as a strategic contributor to support business planning, tactical execution, and business integration of all digital initiatives; Provides knowledge, guidance, research and fact finding expertise to define, design and modify specifications and processes; Responsible for formulating system scope and objectives relative to the customer requirements and policy as well as establishing system documentation standards and quality assurance methodologies for systems and applications as necessary; Establishes and manages effective communications of objectives of initiatives and the progress towards specific related objectives and goals; Maintains a significant role in the creation of strategic technology plans; Reviews and consults on design and content of projects to ensure consistency, efficiency and lack of redundancy, appropriateness, and relevance to business and strategic objectives; Educates and influences business leaders on the most effective use of available options and priorities from both a short-term and long-term perspective; Provide leadership and mentorship to team members in the areas of strategy, external research and benchmarking, best-practice analysis, business analysis, and ultimately implementation of solutions to our customers; Provides high level expertise and guidance to the user community and mentors junior members of the

teams and workgroups; Participates and may lead workgroups to plan, implement, and coordinate initiatives to maximize service quality, effectiveness and efficiency; Ensures that department and company standards are implemented and consistently adhered to; Maintains current professional and technical knowledge relating to the healthcare and the Banner Health Network.

Arizona Health Care Cost Containment System (AHCCCS) **1/2020 – 7/2021**

AHCCCS Office of Data Analytics Administrator

Oversite and coordination of 5 teams (30 team members) charged with evaluation and documentation of all AHCCCS program related data, as well as with understanding/using this and other available data to provide a clear picture of where the agency has been, where the agency is today, where we need to strategically go in the future, and to help define a path and detailed plan to get there. Responsible for the Oversight of data informed projects and work products; Providing Project Management for Agency Technical/Data related projects and initiatives; Facilitating IT Interfaces from customer areas for AZ as well as HI business partners to IT and vice versa; Providing AHCCCS processing systems and policy expertise related to Enrollment/Eligibility, Provider, Reference, Claims/Encounters, Rates, EDI, etc.; Issues/Opportunities identification and development of documentation defining options for resolution; and Providing Agency Technical/Data interfaces direction and oversight to AHCCCS contracted MCO's. Key Accomplishments included: Formation of the Data Analytics Office from the ground up including identification and hiring of staff and defining all related processes. Including roll-out and communication planning, integration of multiple existing work teams and processes, development and tracking of strategic objectives, branding, and quality standards development.

4/2005 – 1/2020 Data Analysis and Research Manager

Oversight and coordination of 5 teams (24 team members) charged with the provision and facilitation of all Encounter Processing; Project Management; IT Interface; Medical Coding; Data Analysis and Reporting. Responsible for Encounters receipt and processing oversight; MCO/RBHA Technical Assistance; Encounter and Enrollment/Eligibility Training; Encounters, Data Validation, and Technical Interface
Guideline Manual development and maintenance; User acceptance testing; Medical Coding guidance and oversight; Data Validation Audits; Processing table maintenance; Operational, Grant, and Adhoc Reporting; Performance Measure Technical Support; Provision of AHCCCS processing systems and policy expertise related to Enrollment/Eligibility, Provider, Reference, Claims/Encounters, Rates, EDI, etc.;
Issues/Opportunities identification and development of documentation outlining options for resolution; and Provision of Agency Technical/Data interfaces to AHCCCS contracted MCO's related to Enrollment/Eligibility, Provider, Reference, Claims/Encounters, Rates, EDI, etc. Key Accomplishments included: Technical and operational project management of the ACC and ALTCS RFP Implementations; Development and Design, development, implementation and execution of the MCO contracting IT Demonstration process and tools as a component of the ACC and ALTCS RFP Readiness; Integration of staff and processes as part of the ADHS/AHCCCS Administrative Simplification project; and Technical and operational project management of DRG implementation.

EPP Consulting

2/2004 – 4/2005 Health Care Consultant

Project based professional consulting for various health care entities including ADHS Contracted RBHA's, State Agencies (DDD, AHCCCS, and AzEIP) and providers. Providing evaluation and documentation of procedures, data, and processing systems to provide for the identification of issue/opportunities and the documentation and presentation of suggested resolutions; participated in rates development; conducted training and focus groups; prepared response to requests for proposal and requests for interest; conducted user acceptance testing and provided testing oversight of contractor prescribed testing and monitoring of outcomes.

Arizona Health Care Cost Containment System (AHCCCS) – Details Provided Up Request

3/2000 – 2/2004 Information Services Division

- Applications Manager
- Project Manager – HAPA (Hawaii/Arizona PMMIS Alliance) Project – Focused on documentation of HI Claims processing policy and operational needs assessments, documentation and ultimate design and implementation of a full Claims system solution for the State of HI Medicare program**.**
- IT Testing Manager

11/1995 – 3/2000 Claims Administrator – Oversaw full life Claims lifecycle for AHCCCS Fee For Service populations including ACC, LTC, Emergency Service and QMB Only populations, as well as multiple TPA lines of business (processing 10-12 million claims annually); Overseeing a team of 70+ staff addressing all aspects for Claims processing from receipt, imaging, data entry, adjudication functions, medical review and audit, as well as provider training, policy development and maintenance and IT interfaces support claims processing

9/1985 – 11/1995 Claims Operations Manager; IT Systems Testing Unit Manager; IT Acceptance Tester; Reinsurance Analyst; Provider Registration Analyst

Other Key Accomplishments: Agency Project Management of ICD10 including all CMS communications, monitoring of systems changes and ensuring Operational modifications and communications occurred; IT Project Manager for the Hawaii/Arizona PMMIS Phase 2-Claim Implementation facilitating systems configuration and documentation of operational needs across two diverse Medicaid systems; Operational oversight of the development and implementation of a in-house developed Medicaid claims processing system.

EDUCATION / CERTIFICATIONS

Bachelor of Arts in Management – University of Phoenix 1996

Arizona Leadership Academy

Selena McDonald

Sahuarita, AZ 85629
E: selmcd13@gmail.com P: 520-440-9159

SUMMARY

Passionate professional and servant leader with over 15 years of exceptional performance in healthcare. Dedicated to advancing the healthcare system to ensure optimal outcomes for members, providers, and the community through high-quality customer service and commitment to improvement.

COMPETENCIES & SKILLS

- Active Listening
- Adaptability
- Attention to Detail
- Collaboration and Teamwork
- Communication Skills
- Critical Thinking and Problem Solving
- Computer, Software, and Technical Skills (e.g., MS Office 365, EHR, Case Management and Database systems)
- Customer Service
- Data Analytics
- Human Resource Management
- Leadership, Management, and Supervision
- Organizational and Time Management Skills
- People Skills
- Presentation Skills
- Program/Project Management
- Public Speaking
- Research and Proposals
- Training, Coaching, and Mentoring (including Curriculum Development)
- Transferrable Skills
- Typing (~70wpm)
- Writing and Editing

PROFESSIONAL EXPERIENCE

June 2018-Present

Banner Health Plans, Tucson, AZ

Workforce Development Administrator/Sr. Program Manager**,** 40+ hours/week

- Coordination and oversight of contractually required workforce development activities, including training, strategies to address workforce shortages, and competency-based initiatives.
- Established and maintains a Workforce Development Operation (WFDO) in collaboration with Banner—University Family Care (B-UFC) internal departments as necessary to ensure the provider workforce has the capacity needed to provide services and the capability required to competently meet contractual requirements within Arizona's Health Care Cost Containment System (AHCCCS).
- Authors the annual Network Workforce Development Plan (N-WFDP) deliverable for B-UFC and contributes to other deliverables as needed.
- Participation in a multi-agency collaborative to coordinate a streamlined approach to workforce development across the state of Arizona, among multiple lines of business, and among the B-UFC provider network, to include: the AZ Workforce Development Alliances, the AHCCCS Workforce Development Alliance, and the AHCCCS Workforce Development Coalition.
- Creates and articulates a business case for impactful workforce development program opportunities and develops recommendations for senior leaders based on businesses and partner priorities, competitive analysis, best practices, and valuable opportunities.
- Program development for workforce and healthcare initiatives from conception through implementation, developed through a shared vision of the integrated healthcare process.
- Project Management duties, acting as a project lead, co-lead, and/or team member, to develop and implement statewide strategic goals to increase the capacity, competency, commitment, culture, capability, and connectivity of the behavioral/integrated health care and long-term care provider networks. Participation includes AHCCCS ARP initiatives budgeted at over $26M: Project lead of the ALTCS In-service Curriculum and the statewide DCW In-service Curriculum; Project lead of the Career Pathways/Healthcare Hub; Project team member for the build and implementation of a statewide workforce database; Project team member of workforce development best practices; and more.
- Forecasting and planning conducted through data collection and trend analysis to mobilize the human, educational and community resources needed to attract and prepare qualified workers, serving as the lead and co-lead of multiple projects for the build and implementation of data collection and analysis processes. Participation includes provider submission requirements for data collection: Project team member for the implementation of, and lead for data analysis, of the Provider Workforce Development

Plan (P-WFDP); Project co-lead for data analysis of the Arizona Healthcare Workforce Goals and Metrics Survey (AHWGMA), Project lead for implementation and data analysis of the Healthcare Network Employee Questionnaire (HNEQ); and more.

- Design, implementation, direction, and coordination of workforce development trainings, to include serving as Site Administrator for the single Learning Management System, curriculum creation and updates, and reporting of training compliance/completion.
- Fosters collaboration and partnerships with other community organizations and industries to implement creative and innovative strategies that aim at advancing the industry workforce opportunities through new training programs, registered apprenticeship and pre-apprenticeship models, educational programs for young students, and more.

November 2017-April 2018
Sante of Tucson
Community Liaison, 40+ hours/week

- Developed, implemented, evaluated, and refined territory sales plans based upon data, trends, market, and facility needs.
- Coordinated marketing and public relations activities, including conferences and vendor exhibits, seminars/in-services, open houses and spotlights, and facility tours.
- Developed and maintained professional relationships with surrounding medical professionals to ensure implementation of appropriate policies and procedures.
- Evaluated patients to determine medical necessity and admission criteria.
- Provided a patient-centered approach to outreach and customer service.

August 2016-October 2017
MHC Healthcare, Marana, AZ
Population Health Management Administrator, 40 hours/week

- Served as the liaison between MHC Healthcare and the local Regional Behavioral Health Authority (RBHA), representing the organization in multiple meetings and workgroups and maintaining communication with Executive Leadership.
- Implemented the Plan-Do-Study-Act (PDSA) process and the Triple Aim framework to improve member care and outcomes, resolve issues, identify training needs, and measure effectiveness of processes through data collection and analysis aimed at developing, implementing, and monitoring practice improvement processes.
- Partnered with Contractors in Value-Based discussions, including participating in JOC's, to ensure monitoring of metrics and outcomes, as well as meeting contractual requirements, leading to increased reimbursement rates for MHC Healthcare.
- Authored multiple healthcare deliverables to report on outcomes and process improvement projects.
- Collaborated with various MHC Healthcare departments via team meetings and workgroups.

June 2014-August 2016
Aetna/Mercy Care, Tucson, AZ
Case Management Coordinator, 40 hours/week

- Administered case management services to approximately 75 Long Term Care members and numerous contracted Assisted Living and Skilled Nursing facilities, to include in-home services, provider contracting, authorizations, billing, and claims.
- Facilitated healthcare outcomes for members by providing care coordination, intervention, support, and education for members using care management resources while demonstrating critical thinking and judgement to collaborate and coordinate the care management process.
- Coordinated admissions and discharge plans for members through collaboration with hospitals, healthcare facilities, physicians, service providers, families, and representatives.
- Exercised effective independent decision-making regarding member safety through completion of quarterly assessments and ongoing medical and behavioral health consultations.
- Oversaw documentation processes through the development and maintenance of client service plans, updated member financial agreements, collection of health metrics, and created and maintained case files, databases, and spreadsheets.
- Collaborated with a diverse population and caseload, working closely with the behavioral health team and other care coordination team members.
- Authorized appropriate comprehensive home/community based/institutional healthcare services.

- Promoted cost effective outcomes and improved program and operational efficiency involving critical issues.
- Onboarded, coached, mentored, and trained new hires in case management, documentation, and organizational processes.

June 2010-May 2014
State of Arizona
Human Services Specialist II, 40hrs/week

- Provided case management services for an average caseload of 45 individuals with intellectual disabilities, including oversight of approximately 22 client financial accounts.
- Coordinated and facilitated teams and meetings, developed, and maintained client service plans and behavioral health treatment plans, conducted risk assessments, provided health education, authorized program services, collaborated with medical and behavioral health professionals on treatment services, assisted with documentation/applications for guardianship, citizenship, and advanced directives.

September 2009-May 2010; **City of Tucson/Tucson Police Department;** Public Safety Dispatcher, 40hrs/week

June 2009-August 2009; **The University of Arizona/Her Story to Health;** Research Technician, 40hrs/week

November 2007-June 2009; **The Primavera Foundation/Her Story to Health;** Health Educator, 40hrs/week

September 2001-December 2007; **Teletech;** Assistant Supervisor, 40hrs/week

January 2007-August 2007; **Wellness Council of Arizona;** Intern/Office Assistant, 16-20hrs/week

January 2007-August 2007; **Pima County Health Department;** Public Health Intern, 11hrs/week

VOLUNTEER EXPERIENCE

Kaleo Board Member, Hands of Hope Tucson, 2021-Present
Advisory Board Member, Pacific Southwest Mental Health Technology Transfer Center (PS MHTTC), January 2019 to May 2021.
Former Licensed Foster Parent, March 2017-March 2018
Aetna Volunteer Committee Member, Aetna/Mercy Care, December 2014-August 2016
Member of the Board of Directors, Caregiver Consortium, April 2016-August 2016.

TRAININGS/CERTIFICATIONS

- Business Acumen Training, June 2015
- PsychArmor Veteran Training for Healthcare Providers/Caregivers, 2018 and ongoing
- QPR Suicide Prevention Gatekeeper Program Certification, May 2020
- Human Trafficking Trainer Certification, May 2021
- Relias LMS, Level III Certification, September 2020
- PMP Certification, February 2023-2026
- Fellow of the Southern Arizona Workforce Development Leadership Academy, March 2023-Present
- Mentee in the Banner Health Plans Mentor Program June 2023-Present

EDUCATION

Grand Canyon University, Graduated: February 12th, 2014
Master of Public Administration, with an emphasis on Health Care Management
The University of Arizona, Graduated: August 9th, 2007
Bachelor of Science in Health Sciences; Major: Health Education, with a focus on Community Health

AFFILIATIONS

Lifetime Member of Alpha Chi National Honor Society, 2014-Present

REFERENCES

Upon Request

TERRI DORAZIO

267 E. CALLE ZAFIRO • TUCSON, AZ•85704

520-548-7862(CELL) 520-874-2847(OFFICE)

THERESA.DORAZIO@BANNERHEALTH.COM

PROFESSIONAL BACKGROUND

Served as a Managed Care Corporate Compliance Officer for 17+ years. Extensive knowledge of compliance, privacy and medical coding. Administered and monitored the company corporate compliance program. Member of the leadership team. Supervised the compliance department staff including the Special Investigations Unit, auditing and monitoring, training and program staff. Facilitated company risk assessments and chaired the compliance committee and FWA Committee. Member of the Policy and Procedure Committee.

ACCOMPLISHMENTS

Conducted specialized trainings on fraud, waste and abuse and privacy. Served as the Medicare and Medicaid Compliance Officer representing the Health Plan at the AHCCCS Compliance Officer Network Group. Developed compliance training for the Board of Directors. Implemented the compliance program. Maintained awareness of compliance-related laws and regulations, keeping abreast of current changes.

EXPERIENCE

2021 – Present Banner Plans and Networks Tucson, AZ

Senior Director, Compliance

- Project Management of AHCCCS ORs for both ACC and ALTCS
- Served as the Lead on the Culture and Identity Strategic Work Plan
- Implemented the Risk Assessment Process
- Oversaw the Special Investigations Unit/FWA Specialists
- Monitored the Compliance Program
- Supervised the Training Staff
- Acted as the Custodian of Records and HIPAA Liaison
- Served as the Corporate Compliance Officer for ACC/ALTCS Plans
- Member of the Senior Leadership Team

2015-2018 Banner-University Health Plans Tucson, AZ

Compliance Director

- Participated in a CMS Audit
- Participated in an AHCCCS OR
- Implemented the Risk Assessment process
- Monitored the Compliance Program
- Served as the Corporate Compliance Officer and currently the Medicaid Compliance Officer for ALTCS and Acute. (The Medicare Compliance Officer moved to another individual in 2018 and forward).

2007-2015 Community Partnership of Southern AZ Tucson, AZ

Compliance Manager

- Reduced overall provider scores from 74% error rates to 25% error rates due to training on appropriate documentation standards
- Managed the compliance program and all deliverables
- Served as the Corporate Compliance Officer
- Facilitated compliance teams designed to work with subcontractors on non-compliance areas

2003-2007 VisionQuest Tucson, AZ

State Quality Assurance Manager

- Responsible for regulatory adherence and annual audits
- Conducted audits of facilities, medical records, HR records
- Responded to complaints, concerns, compliance issues

EDUCATION AND TRAINING

2005 Walden University

- Master of Science
- National Honor Society for Psychology

CERTIFICATIONS

Certified in Healthcare Compliance

Certified in Healthcare Privacy Compliance

Certified as a Professional Medical Coder

PROFESSIONAL AFFLILIATIONS

Member of the Healthcare Compliance Association

Member of the Association for Professional Coders (AAPC)

Solari
CRISIS & HUMAN SERVICES

Director, Housing Eligibility

Department	H2O
Division	Community Support Network
Reports To	Sr. Director of Community Support Network / COO
Directly Supervises	Direct Supervision of Employees *(Hires, Coaches, Disciplines, Writes/Delivers Performance Evaluations, etc.)* Approximate number of Employees: 2-6

POSITION SUMMARY

Responsible for the overall management, daily operations, and performance of H2O program. Conducts review of member assessment and evaluation and care coordination process to ensure H2O program is in accordance with AHCCCS criteria and requirements.

ESSENTIAL FUNCTIONS AND RESPONSIBILITIES

- Responsible for operations management and clinical integrity for the housing determination process
- Direct oversight of eligibility and appeal managers and provider onboarding
- Coordinate activities between internal departments and contractors
- Serve as the primary point of contact for AHCCCS on all H2O program matters representing the organization and contractors
- Ensure community education needs are met
- Ensure stakeholders, including providers, receive prompt resolution to their problems and inquiries
- Manage AHCCCS database system in accordance with AHCCCS Technical Interface Guidelines (TIG)
- Provides direction to other staff regarding statutory requirements. Development, implementation, oversight and updating of the eligibility procedures
- Identify system gaps and work to find solutions
- Manage department efficiency between the eligibility specialists and appeals staff
- Responsible for effectiveness of business continuity practices
- Implements quality and compliance improvement plans in partnership with the managers and senior director of housing eligibility
- Maintains collaborative business partnerships with AHCCCS and all stakeholders; coordinates with business partners to evaluate and resolve service issues.
- Attendance at all stakeholder meetings as needed/requested.

- Interview, hire, onboard and train new direct reports; provide ongoing training as required.
- Set employee goals and objectives; monitor performance and complete performance evaluations.
- Conduct 1:1 meeting with staff
- Other duties as assigned

DIVERSITY AND CULTURAL PROFICIENCY

- Is open to being an active learner, participating in discussions with others, trying new approaches and ideas, and being self-aware and self-reflective for continual personal, professional and leadership growth.
- Strategically plans for diversity initiatives as they relate to Human Resources, including talent acquisition, development, and retention.
- Actively promotes staff development by initiating and encouraging communication with employees about issues of diversity and discrimination
- Supports activities of CRN's Diversity and Inclusion TaskforceClick here to enter text.

PROFESSIONALISM AND WORK CONDUCT

- Consistently demonstrates Compassion, meets people with compassion; Effort, every interaction deserves my best effort; and Ownership, owes the success of the company.
- Acts in a professional manner always and maintains appropriate boundaries with clients and staff.
- Reports to work, meetings, training, and job-related activities prepared and as scheduled.Click here to enter text.

KNOWLEDGE, SKILLS, AND ABILITIES

Strong working knowledge of technology systems in a contact center environment; Ability to make quick and effective decisions; Flexible communication style with the ability to adapt verbal and written communications to the audience; Build and maintain collaborative working relationships; Effectively plan, lead, and communicate change; Effectively manage a team; Responsible for team outcomes and performance

Education	Minimum: Bachelor's Degree (NOTE: A comparable combination of education/experience and/or training will be considered equivalent to the education listed above.) **Specifications:** Behavioral Health, Social work, or related field

Experience	10-12 years **Specifications:** Behavioral health, housing or related industry plus a minimum of 4 years supervisory or management experience; prior grievance/appeals experience
License/Certification	**None**
Technology Skills	☒ Microsoft Office Suite ☒ SharePoint ☐ SQL ☐ Social Media ☒ Other: Strong supervisory skills
Travel	☐ None to rare ☒ Occasional ☐ Moderate ☐ Extensive
FLSA	☐ Non-Exempt ☒ Exempt
Work Environment	Reside in Arizona while performing the duties of the job, the employee is frequently required to stand, walk, sit, use hands; must occasionally lift and/or move up to 5 pounds. Specific vision abilities required by the job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus. Exposure to noise typical with office operations. Ability to hear and speak.
Salary Grade	**E10**
Date or Date Revised	**4/29/2024**

Print Full Name			
Signature		**Date**	

Solari
CRISIS & HUMAN SERVICES

Manager, Housing Dispute and Appeals

Department	H2O
Division	Community Support Network
Reports To	Director, Housing
Directly Supervises	6-10 direct reports

POSITION SUMMARY

Manage the housing Grievance and Appeal System process and the H2O Provider Onboarding process to ensure compliance with state regulations

ESSENTIAL FUNCTIONS AND RESPONSIBILITIES

- Plan, direct and oversee the operations of a team of Grievance and Appeals Specialists and Provider Support Specialists
- Ensure all requests for hearings are forwarded to AHCCCS/Office of the General Counsel with required information
- Ensure all providers receive prompt resolution to their problems and inquiries
- Ensure providers receive appropriate education about participation in the AHCCCS program
- Monitor control reports to carry out quality improvement and ensure timelines are met
- Assist in the completion of deliverables pursuant to the AHCCCS contract
- Manage data exchange according to the AHCCCS Technical Interface Guidelines (TIG)
- Create and implement procedures and training materials for appeals process
- Identify system gaps and work to find solutions
- Interface with external stakeholders
- Manage departmental efficiency
- Coordinate with other Solari departments to meet departmental needs. Work with Compliance for member grievances
- Provide information and education regarding eligibility for housing services to the provider community and to members interested in housing services
- Provide training to external stakeholders
- Oversee resource navigation for individuals when the decision is upheld in the appeal process
- Interview, hire, onboard and train new direct reports; provide ongoing training as required
- Set employee goals and objectives; monitor performance and complete annual performance evaluations; address performance, attendance and/or conduct deficiencies in collaboration with Human Resources

- Conduct 1:1 meeting with staff to discuss performance and opportunities for improvement; prepare for and facilitate team meetings
- Provide direction to other staff regarding statutory requirements

DIVERSITY AND CULTURAL PROFICIENCY

- Is open to being an active learner, participating in discussions with others, trying new approaches and ideas, and being self-aware and self-reflective for continual personal, professional and leadership growth.
- Strategically plans for diversity initiatives as they relate to Human Resources, including talent acquisition, development, and retention.
- Actively promotes staff development by initiating and encouraging communication with employees about issues of diversity and discrimination.
- Supports activities of Solari's Diversity and Inclusion Taskforce.

PROFESSIONALISM AND WORK CONDUCT

- Consistently demonstrates Compassion, meets people with compassion; Effort, every interaction deserves my best effort; and Ownership, owes the success of the company.
- Acts in a professional manner always and maintains appropriate boundaries with clients and staff.
- Reports to work, meetings, training, and job-related activities prepared and as scheduled.

KNOWLEDGE, SKILLS, AND ABILITIES

- Well organized and detailed; ability to multi-task and work in a fast-paced environment; excellent written and verbal communication skills; ability to summarize large amounts of information; strong understanding of AHCCCS requirements.

Education	**Minimum:** Bachelor's Degree **Specifications:** Behavioral Health, Social work, or related field
Experience	**Minimum:** 3-5 years **Specifications:** Behavioral Health, Housing or related industry plus a minimum of 2 years supervisory or management experience; prior grievance/appeals experience
License/Certification	None
Equivalency	A comparable combination of education and/or applicable experience and/or training will be considered if candidate does not meet minimum requirements

Technology Skills	☒ Microsoft Office Suite ☒ SharePoint ☐ SQL ☐ Social Media ☒ Other: Electronic Health Record (EHR)
Travel	☐ None to rare ☒ Occasional ☐ Moderate ☐ Extensive
FLSA	☐ Non-Exempt ☒ Exempt
Fingerprint Card	☐ Not Required ☒ Required
Work Environment	While performing the duties of the job, the employee is frequently required to stand, walk, sit, use hands; must occasionally lift and/or move up to 10 pounds. Specific vision abilities required by the job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus. Exposure to noise typical with office operations. Ability to hear and speak.
Salary Grade	**E7**
Work Location	**Must reside in Arizona, Remote**
Date or Date Revised	**4/29/2024**

Print Full Name			
Signature		**Date**	

Solari
CRISIS & HUMAN SERVICES

Manager, Housing Member Services

Department	H2O
Division	Community Support Network
Reports To	Director, Housing
Directly Supervises	2-5 direct reports

POSITION SUMMARY

A Behavioral Health Professional that manages the housing eligibility process to ensure compliance with state mandated regulations.

ESSENTIAL FUNCTIONS AND RESPONSIBILITIES

- Plan, direct and oversee the operations of a team of Housing Specialists
- Coordinate communications with members
- Coordinates directly with AHCCCS H2O QM Nurse for clinical resolution
- Resolves member inquiries/problems
- Meets standards for resolution, telephone abandonment rates, and telephone hold times
- Monitor control reports to carry out quality improvement and ensure timelines are met
- Oversee resource navigation for individuals applying for housing
- Assist in the completion of deliverables pursuant to the AHCCCS contract
- Manage data exchange according to the AHCCCS Technical Interface Guidelines (TIG)
- Create and implement procedures and training materials for housing eligibility process
- Identify system gaps and work to find solutions
- Interface with external stakeholders
- Manage department efficiency
- Coordinate with other Solari departments to meet department needs
- Provide information and education regarding eligibility for housing services to the provider community and applicants/recipients of housing services
- Interview, hire, onboard and train new direct reports; provide ongoing training as required
- Set employee goals and objectives; monitor performance and complete annual performance evaluations; address performance, attendance and/or conduct deficiencies in collaboration with Human Resources; conduct 1:1 meetings with staff to discuss performance and opportunities for improvement; prepare for and facilitate team meetings
- Provides direction to other staff regarding statutory requirements
- Manages caseloads for Housing Eligibility staff

DIVERSITY AND CULTURAL PROFICIENCY

- Open to being an active learner, participating in discussions with others, trying new approaches and ideas, and being self-aware and self-reflective for continual personal, professional and leadership growth
- Strategically plans for diversity initiatives as they relate to Human Resources, including talent acquisition, development, and retention
- Actively promotes staff development by initiating and encouraging communication with employees about issues of diversity and discrimination
- Supports activities of Solari's Diversity and Inclusion Taskforce

PROFESSIONALISM AND WORK CONDUCT

- Consistently demonstrates Compassion, meets people with compassion; Effort, every interaction deserves my best effort; and Ownership, owes the success of the company
- Acts in a professional manner always and maintains appropriate boundaries with clients and staff
- Reports to work, meetings, training, and job-related activities prepared and as scheduled

KNOWLEDGE, SKILLS, AND ABILITIES

Well-organized and detailed; ability to multi-task; work in a fast-paced environment; possesses excellent written and verbal communication skills; ability to summarize large amounts of information; strong understanding of AHCCCS requirements

Education	**Minimum:** Bachelor's Degree **Specifications:** Behavioral Health, Social Work, or related field
Experience	**Minimum:** 3-5 years **Specifications:** Behavioral Health, Housing or related industry plus a minimum of 2 years supervisory or management experience; prior grievance/appeals experience
License/Certification	Behavioral Health Professional (BHP) required
Equivalency	A comparable combination of education and/or applicable experience and/or training will be considered if candidate does not meet minimum requirements
Technology Skills	☒ Microsoft Office Suite ☒ SharePoint ☐ SQL ☐ Social Media ☒ Other: Electronic Health Record (EHR)

Travel	☐ None to rare ☒ Occasional ☐ Moderate ☐ Extensive
FLSA	☐ Non-Exempt ☒ Exempt
Fingerprint Card	☐ Not Required ☒ Required
Work Environment	While performing the duties of the job, the employee is frequently required to stand, walk, sit, use hands; must occasionally lift and/or move up to 10 pounds. Specific vision abilities required by the job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus. Exposure to noise typical with office operations. Ability to hear and speak.
Salary Grade	**E7**
Work Location	**Must Reside in Arizona, Remote**
Date or Date Revised	**4/29/2024**

Print Full Name			
Signature		**Date**	

Solari
CRISIS & HUMAN SERVICES

Housing Specialist

Department	H2O
Division	Community Support Network
Reports To	Manager, Housing Member Services
Directly Supervises	N/A

POSITION SUMMARY

Coordinates all aspects of housing eligibility and determination process including review of assessment and H2O evaluation documentation, requesting additional information from outside agencies and contacting referring party for clarifying information as needed. Prepares case files for review and ensures all determination timelines are met. Conducts care coordination for members with significant barriers to access housing.

ESSENTIAL FUNCTIONS AND RESPONSIBILITIES

- Manage caseload of applications for housing services. Upon referral, review and collect all available member assessment and evaluation documentation, request medical records and contact referring party for clarifying information as needed
- Monitor reports to track progress and update each step in the determination process as it progresses
- Coordinate care with treatment providers and H2O housing providers; determine whether information is sufficient for a decision to be rendered; contact clients and outside agencies for additional information as needed
- Respond to requests for information and direct inquiries to entities such as the RBHA, mental health providers, mental health court, SSI, DDD, GMHSA, etc.
- Assess applications to identify collateral information that will influence the determination process
- Track all aspects of the H2O eligibility determination process to ensure mandated timelines are met
- Maintain communication with other agencies on behalf of the organization and member
- Perform duties in compliance with AHCCCS requirements
- All other duties as assigned

DIVERSITY AND CULTURAL PROFICIENCY

- Is open to being an active learner, participating in discussions with others, trying new approaches and ideas, and being self-aware and self-reflective for continual personal, professional and leadership growth
- Strategically plans for diversity initiatives as they relate to Human Resources, including talent acquisition, development, and retention
- Actively promotes staff development by initiating and encouraging communication with employees about issues of diversity and discrimination
- Supports activities of Solari's Diversity and Inclusion Taskforce

PROFESSIONALISM AND WORK CONDUCT

- Consistently demonstrates Compassion, meets people with compassion; Effort, every interaction deserves my best effort; and Ownership, owes the success of the company.
- Acts in a professional manner always and maintains appropriate boundaries with clients and staff.
- Reports to work, meetings, training, and job-related activities prepared and as scheduled.

KNOWLEDGE, SKILLS, AND ABILITIES

Well organized and detailed; ability to multi-task; work in a fast-paced environment; possess excellent written and verbal communication skills; ability to summarize large amounts of information; familiarity with and understanding of AHCCCS requirements; familiar with the following standards and practices related to Permanent Supportive Housing: Federal fair housing, equal opportunity, non-discrimination, ARLTA, VI-SPDAT, LOCUS, Fundamentals of Housing First, SAMHSA PSH Program, Best Practices in PSH

Education	**Minimum:** GED/High School
Experience	**Minimum:** 0-1-year experience **Specifications:** Behavioral Health, Housing, Healthcare
License/Certification	Required: None
Equivalency	A comparable combination of education and/or applicable experience and/or training will be considered if candidate does not meet minimum requirements
Technology Skills	☒ Microsoft Office Suite ☒ SharePoint ☐ SQL ☐ Social Media ☒ Other: Electronic Health Record (EHR)
Travel	☒ None to rare ☐ Occasional ☐ Moderate ☐ Extensive

FLSA	☒ Non-Exempt ☐ Exempt
Work Environment	While performing the duties of the job, the employee is frequently required to stand, walk, sit, use hands; must occasionally lift and/or move up to 10 pounds. Specific vision abilities required by the job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus. Exposure to noise typical with office operations. Ability to hear and speak.
Salary Grade	**N3**
Work Location	**Must reside in Arizona, Flex**
Date or Date Revised	**4/29/2024**

Print Full Name			
Signature		**Date**	

Banner University Family Care

Job Profile Name: Contract Compliance Officer
Job Description

POSITION SUMMARY

This position is accountable for providing operational leadership, oversight and support across the Organization. A significant portion of this job will be assigned government program Bids, Audits and Government Relations. Also included, but is not limited to, operational implementation management, monitoring success levers, marketing, provider services and network practice support, compliance, project management, risk adjustment, quality metrics, prior authorization/utilization management, and brand strategy and communications. This position is responsible for the development and implementation of standards, systems, policies, and procedures designed to ensure compliance with the requirements of the Contract.

CORE FUNCTIONS

1. Directs personnel actions including recruiting, new hire actions, interviewing and selection of new staff, salary determinations, training, and personnel evaluations. This position also participates in the development of divisional goals and objectives in accordance with company standards.

2. Oversees and/or directs the development and implementation of company-wide infrastructure to support requirements outlined in contract. This includes overseeing the development of policies, procedures and programs in conjunction with related goals and objectives. Ensures compliance with federal and state regulations, as well as established organizational policies and procedures. Develops and implements compliance policies and programs integrated with system-wide compliance efforts and federal, state and local regulations. Partners with the organization's compliance and audit team to identify areas at risk for unlawful or unethical conduct and addresses concerns in a timely fashion. This includes developing and facilitating training programs to promote awareness and understanding of compliance requirements.

3. Is available to all employees, with designated and recognized authority to access records and make independent referrals to the AHCCCS Office of the Inspector General.

4. Establishes and oversees the development and implementation of programs to support the success of the Organization, short and long-range goals and objectives and determines the optimal progression to obtain these goals. Reviews analyses and reports of various activities to determine department progress toward stated goals and objectives.

5. Reviews, prepares, analyzes, and presents reports and recommendations to senior management regarding Medicaid and/or other applicable areas of interest in order to provide concise and accurate information that aids in decision-making. Develops, reviews, and monitors clinical, service and financial outcomes using performance metrics.

6. Oversees and directs the development and implementation marketing, outreach and communication strategies for the participating entities, through partnering with system teams

to ensure consistency with, and support of, the organization's branding and public relation strategies and goals.

7. Develops and oversees the operations budget in conjunction with corporate goals and objectives. This position is accountable for meeting annual budgetary goals.

8. The incumbent functions in a demanding healthcare environment with wide variety of healthcare programs, activities, and settings. This position is accountable for all resources within the areas of operational responsibility to ensure standards are exceeded for customer service, financial management and regulatory compliance. Internal customers include employees at all levels within the organization, including system leadership. External customers include vendors and providers.

9. Oversees contracts/subcontracts who H2O Service Providers and Enhanced Shelter providers.

Performs all functions according to established policies, procedures, regulatory and accreditation requirements, as well as applicable professional standards. Provides all customers of Banner Health with an excellent service experience by consistently demonstrating our core and leader behaviors each and every day.

NOTE: The core functions are intended to describe the general content of and requirements of this position and are not intended to be an exhaustive statement of duties. Specific tasks or responsibilities will be documented as outlined by the incumbent's immediate manager.

SUPERVISORY RESPONSIBILITIES

DIRECTLY REPORTING

Includes direct supervisor accountability for functions which support this business segment.

MATRIX OR INDIRECT REPORTING

Indirect supervisory accountability for professional and clerical staff.

TYPE OF SUPERVISORY RESPONSIBILITIES

This position has full managerial scope and authority for employment actions, including coaching, candidate selection, training and development, performance appraisals, work assignments, and disciplinary action. This position also has budgetary responsibility.
Banner Health Leadership will strive to uphold the mission, values and purpose of the organization. They will serve as role models for staff and act in a people-centered, service excellence-focused, and results-oriented manner.

PHYSICAL DEMANDS/ENVIRONMENT FACTORS

OE- Typical Office Environment (Accounting, Administrative Assistant, Consultant, Program Manager)
Requires extensive sitting with periodic standing and walking.
May be required to lift up to 20 pounds.
Requires significant use of personal computer, phone and general office equipment.
Needs adequate visual acuity, ability to grasp and handle objects.
Needs ability to communicate effectively through reading, writing, and speaking in person or on the telephone.

Must be willing to travel statewide and meet with providers, stakeholders and community partners. May include overnight travel.

MINIMUM QUALIFICATIONS

Expert-level working knowledge of principles, practices, and operations in assigned area of responsibility as normally obtained through the completion of a Bachelor's Degree in a relevant field and a minimum of five years of progressively responsible managerial experience in a business entity or area, including a minimum of two years management level experience within a major health care organization, health system setting, or large multi-operational corporate environment in complex industries similar to healthcare, with experience in Medicaid. Must reside in Arizona.

Depending upon assigned area of responsibility, position may require applicable certifications and/or licensures, including but not limited to: RN; MD or DO; Certified Healthcare Protection Administrator (CHPA); Certified Protection Professional (CPP); Chartered Property Casualty Underwriter (CPCU); Associate in Risk Management (ARM); CPA; SPHR; Registered Health Information Administrator (RHIA); Registered Health Information Technologist (RHIT); Certified Healthcare Facility Manager (CHFM); Certified Facility Manager (CFM); Certified Coding Specialist (CCS); Certified Professional Coder (CPC); JD from an American Bar Association accredited school; admission to a State Bar Association. Must demonstrate expert-level knowledge and awareness of area of expertise in designated business entity or area. Experience working in an integrated delivery system or managed care organization in a management level position in assigned area of responsibility. Proven track record of driving successful performance outcomes and accomplishing organizational goals.

Experience anticipating and responding to the needs of internal and external customers. Experience managing a budget. Strong financial and business acumen. Knowledge of budgeting and forecasting methodologies. Able to analyze and interpret data. Skilled in building partnerships with management, staff, and stakeholders to achieve department goals and objectives; managing problems and situations where uncertainty is inherent; developing strong, enduring, and trusting relationships; fostering the development of cohesive teams; persuading others to adopt a particular stance on an issue; developing and evaluating best practices and emerging trends for organizational applicability and appropriateness; constructing new and innovative solutions for complex and varying problems and situations while considering the larger perspective or context; mentoring and coaching staff by providing open and honest feedback to enhance performance; developing and implementing strategic goals and initiatives that support organizational success; effectively allocating available resources; utilizing data and information to make informed and appropriate decisions; negotiating win-win scenarios with internal customers and/or outside vendors/partners; developing collaborative relationships with internal and/or external strategic partners and/or other applicable parties.

Excellent human relations, organizational and communication skills are essential. Leadership style and characteristics necessary to effectively perform in this role include: strong work ethic; results-oriented; persuasive; motivational; able to make rational decisions in difficult situations; inspirational; honorable; confident; systems-thinker; innovative; life-long learner; courageous; high-energy; integrity; collaborator; ability to work with teams; good listening; nonvolatile; values multiple disciplines; and passionate about continuously improving and providing high quality care and service excellence to patients, families, employees and physicians.

PREFERRED QUALIFICATIONS

Master's degree preferred.
Additional related education and/or experience preferred.

Banner University Family Care

Job Profile Name: Corporate Compliance Officer
Job Description

POSITION SUMMARY
This position plans, designs, implements and maintains a compliance program including related policies, procedures and processes with an emphasis on overseeing the design, implementation and maintenance of system-wide compliance program activities, reports, databases, and applications. Serves as the organization's compliance program resource and liaison in the corporate and business support environment, also assisting the (a) provider groups or (b) ancillary services or business areas (collectively referred to herein as the Assigned Areas). They have designated and recognized authority to access records and make independent referrals to the AHCCCS/Office of the Inspector General (OIG). Serves as a role model for ethical management behavior and promotes an awareness and understanding of high ethical standards consistent with the organization's values and federal and state legal requirements. Serves as the compliance program resource and liaison, including HIPAA and privacy compliance.

CORE FUNCTIONS

1. Directs, implements, maintains, and enforces Banner's compliance program, including related policies, procedures and processes on a daily basis, as well as Banner's Corporate Integrity Agreement (CIA) and federal, state and local regulations, such as Medicare, Medicaid, and HIPAA. Ensures all programs and related efforts are consistent with the organization's compliance philosophy and strategies established by the Chief Compliance Officer.

2. Contributes to the system-wide compliance audit function by directing related activities or coordinating with the audit department. This includes directing investigations and monitoring compliance activities in accordance with compliance program standards, policies and procedures. Reviews and ensures compliance with federal and state regulations imposed by government agencies and others. Advises on corrective action plans, audit or other controls for internal processes ensuring appropriate measures are in place for accurate, complete and compliant programs throughout the system. Proactively identifies areas throughout Banner where there may be substantial risk of unlawful or unethical conduct and responds accordingly in a timely fashion, including encouraging local reporting of potential issues.

3. Contributes to development and implementation of system-wide compliance training programs. This includes participating in the preparation of presentation materials designed specifically to communicate and promote the understanding of compliance and privacy issues, laws, and consequences for noncompliance, as well as delivering the training programs throughout the system.

4. Oversees the thorough documentation of all compliance related activities to ensure compliance with the CIA and federally mandated reporting requirements. Ensures reporting requirements are maintained in a timely and accurate fashion for the system, including the resolution of each case/issue identified and closed. Reports on matters of business ethics, legal compliance and

operations of the program. Oversees the design, implementation, and maintenance of system-wide CIA and compliance program reports, databases, and applications.

5. Reviews highly complex and sensitive questions, concerns and complaints relative to compliance matters, and provides leadership and support to all entities and areas as appropriate, including as relevant, senior leadership of Assigned Area. Ensures that reasonable steps are taken to respond timely and appropriately to ethical or legal compliance violations, to prevent further violations and to advise regarding potential discipline of violators appropriately and consistently. Oversees investigations of ethical and legal violations to ensure consistency in the enforcement of the program.

6. Supports, through leadership and oversight, the corporate and Assigned Area leadership and management staff, including providing ongoing support in the development of compliance goals and objectives. This position also acts as a compliance resource to operations as needed or requested to address and resolve compliance related issues. Provides regular reports to leadership, governing entities and compliance committees. Chairs compliance committee meetings at appropriate levels based on the need and direction of the system and/or Assigned Area.

7. Maintains a current awareness of compliance-related laws and regulations, as well as the CIA, keeping abreast of current changes that may affect the Assigned Area, as well as overall health care systems as applicable, through personal initiative, seminars, training programs and peer contact.

8. This position may supervise professional staff. This includes directing personnel actions including recruiting, new hire actions, interviewing and selection of new staff, salary determinations, training and personnel evaluations.

9. Internal customers include system executive and senior management, physicians and all staff. External customers include state and federal agencies, specifically the Office of the Inspector General, as well as auditors, legal counsel and other consultants.

Performs all functions according to established policies, procedures, regulatory and accreditation requirements, as well as applicable professional standards. Provides all customers of Banner Health with an excellent service experience by consistently demonstrating our core and leader behaviors each and every day.

NOTE: The core functions are intended to describe the general content of and requirements of this position and are not intended to be an exhaustive statement of duties. Specific tasks or responsibilities will be documented as outlined by the incumbent's immediate manager.

SUPERVISORY RESPONSIBILITIES
DIRECTLY REPORTING
Supervises professional staff.

MATRIX OR INDIRECT REPORTING
May have

TYPE OF SUPERVISORY RESPONSIBILITIES

Assigned full authority for employment actions including selection, training, coaching and performance reviews.
Banner Health leadership will strive to uphold the mission, values, and purpose of the organization. They will serve as role models for staff and act in a people-centered, service excellence-focused and results-oriented manner.

PHYSICAL DEMANDS/ENVIRONMENT FACTORS
OE- Typical Office Environment (Accounting, Administrative Assistant, Consultant, Program Manager)
Requires extensive sitting with periodic standing and walking.
May be required to lift up to 20 pounds.
Requires significant use of personal computer, phone and general office equipment.
Needs adequate visual acuity, ability to grasp and handle objects.
Needs ability to communicate effectively through reading, writing, and speaking in person or on the telephone.
May require off-site travel.

MINIMUM QUALIFICATIONS
Must possess a strong knowledge of business and/or healthcare compliance as normally obtained through the completion of a bachelor's degree in business administration, accounting/finance, or health care related field and a minimum of three years of healthcare, academic or related management experience. Must reside in Arizona.

Requires knowledge of laws and regulations pertaining to healthcare, regulatory compliance, provider billing and information systems, Medicare/Medicaid and financial reimbursement systems, and HIPAA Privacy and Security issues. Must possess strong planning skills and problem-solving skills. Must possess strong oral and written communication skills to effectively interact with Banner's executives and senior management teams, physicians and federal and state governing bodies. Must also possess highly effective negotiating skills to communicate and interact with executives, senior management team and providers.

PREFERRED QUALIFICATIONS
Master's degree preferred; previous health care or academic compliance experience preferred.
Additional related education and/or experience preferred.

Banner University Family Care

Job Profile Name: H2O Network Administrator
Job Description

POSITION SUMMARY
This position is responsible for driving development and overall management of the provider H2O network to include network sufficiency and all H2O network reporting functions. This position is responsible for network development strategy, provider contracting, ongoing network management including regulatory monitoring of network adequacy, appointment access, and provider relationships to align with overall population health strategy. Develops H2O network resources to address identified unmet needs and ensures a network which allows members to have choice.

CORE FUNCTIONS

1. Guides the development and implementation of short and long-range goals and objectives in support contracting and network management activities. This includes driving and overseeing strategic and tactical plans to align with contract requirements.

2. Negotiates and oversees negotiation, implementation and management of provider contracts, participates in strategic planning, business development, service area expansion, and provider support services to ensure a competitive network is in place, and optimal terms and/or provisions are negotiated into assigned contracts and implemented as intended. Plays a key role in developing and monitoring financial and performance of the comprehensive provider network outcome to assure attainment of organizational objectives. Translates organizational plans, goals, and initiatives into assumptions for annual operating and/or capital budgets. Conducts ongoing financial analysis and implements performance improvement plans as needed to ensure optimal financial performance. Identifies changes in reimbursement methodologies and determines the financial impact to the various arrangements.

3. Ensures operational and financial goals are met by the Provider networks. Defines and leads high value network development and associated management strategies.

4. Engages system, state, and regional stakeholders in ensuring and fostering a high level of collaboration to develop partnerships, oversees activities, review work, exchange information, and/or resolve problems. Promotes and models positive relationships across the organization.

5. Develops and manages provider and ancillary networks to support the H2O program. Monitors, reports and ensures compliance with requirements related to network adequacy, availability and any other regulated standards or requirements. Develops strong partnerships with contracted providers ensuring regulatory compliant performance.

6. Serves as the single point of contact for the Contractor to address provider questions about the registration process and ensures providers meet qualifications.

7. Collaborates with government program leadership to ensure a strong compliance provider network to support the requirements of the government program structures. Ensures strong

interface between provider offices, network management team and government program teams for optimal network performance under the various regulatory requirements.

8. Directs and participates in the development, implementation, and consistent application of effective organizational policies, procedures, and practices. Develops and supports internal controls to ensure safeguards, policies and operating procedures are followed, necessary controls are effective and efficient, and compliance with current laws and regulations is achieved.

Performs all functions according to established policies, procedures, regulatory and accreditation requirements, as well as applicable professional standards. Provides all customers of Banner Health with an excellent service experience by consistently demonstrating our core and leader behaviors each and every day.

NOTE: The core functions are intended to describe the general content of and requirements of this position and are not intended to be an exhaustive statement of duties. Specific tasks or responsibilities will be documented as outlined by the incumbent's immediate manager.

SUPERVISORY RESPONSIBILITIES
DIRECTLY REPORTING
Includes direct supervision of management and/or professional staff.

MATRIX OR INDIRECT REPORTING
None

TYPE OF SUPERVISORY RESPONSIBILITIES
This position has full managerial scope and authority for employment actions, including coaching, candidate selection, training and development, performance appraisals, work assignments, and disciplinary action. This position also has budgetary responsibility.
Banner Health leadership will strive to uphold the mission, values, and purpose of the organization. They will serve as role models for staff and act in a people-centered, service excellence-focused and results-oriented manner.

PHYSICAL DEMANDS/ENVIRONMENT FACTORS
OE- Typical Office Environment (Accounting, Administrative Assistant, Consultant, Program Manager)
Requires extensive sitting with periodic standing and walking.
May be required to lift up to 20 pounds.
Requires significant use of personal computer, phone and general office equipment.
Needs adequate visual acuity, ability to grasp and handle objects.
Needs ability to communicate effectively through reading, writing, and speaking in person or on the telephone.
May require off-site travel.

MINIMUM QUALIFICATIONS
Bachelor’s Degree in a relevant field or equivalent level of education and experience and must reside in Arizona.

Depending upon assigned area of responsibility, position may require applicable certifications and/or licensures, including but not limited to: RN; MD or DO; Driver's License; Certified Healthcare Protection Administrator (CHPA); Certified Protection Professional (CPP); Chartered Property Casualty Underwriter (CPCU); Associate in Risk Management (ARM); CPA; SPHR; Registered Health Information Administrator (RHIA); Registered Health Information Technologist (RHIT); Certified Healthcare Facility Manager (CHFM); Certified Facility Manager (CFM); Certified Coding Specialist (CCS); Certified Professional Coder (CPC); JD from an American Bar Association accredited school; admission to a State Bar Association.

Expert-level working knowledge of principles, practices, and operations in assigned or related area of responsibility as normally obtained through a minimum of five years of progressively responsible managerial experience, including a minimum of two years management level experience within a healthcare system setting or large multi-operational, complex corporate environment.

Proven track record of driving successful performance outcomes and accomplishing organizational goals.

Must demonstrate skills and business acumen through direct leadership experiences such as: Anticipating and responding to the needs of internal and external customers; managing a budget and financial plans; building partnerships with management, staff, and stakeholders to achieve department goals and objectives; managing problems and situations where uncertainty is inherent; developing and evaluating best practices and emerging trends for organizational applicability and appropriateness; constructing new and innovative solutions for complex and varying problems and situations while considering the larger perspective or context; mentoring and coaching staff by providing open and honest feedback to enhance performance; developing and implementing strategic goals and initiatives that support organizational success; demonstrating excellent human relations, organizational and communication skills; demonstrating a passion about continuously improving and providing high quality care and service excellence to members, employees and/or providers.

PREFERRED QUALIFICATIONS

Additional related education and/or experience preferred.

Banner University Family Care

Job Profile Name: Dispute and Appeal Manager
Job Description

POSITION SUMMARY
This position is responsible for oversight of the full grievance and appeals process. This position further ensures compliance with civil rights and member rights including notices and decisions as required by Medicaid and Medicare Services (CMS) and Arizona Health Care Cost Containment System (AHCCCS) policy.

CORE FUNCTIONS

1. Manages, oversees, implements and administers all aspects of the grievance and appeals system processes consistent with CMS and AHCCCS requirements for members, subcontractors and providers.

2. Coordinates, investigates and processes grievances and appeals for members and provider in accordance with federal, state and AHCCCS guidelines in a timely, accurate manner consistent with law and contract requirements and terms.

3. Coordinates the preparation of legal memoranda regarding decisions and represents the Contractor at state fair hearings regarding decisions, Title XIX-XXI, and claims dispute appeals.

4. Reviews, analyzes, and compiles data, recommends, tracks and trends data and reports on individual and agency providers to the Chief Operating Officer , Chief Executive Officer, Chief Medical Officer, Quality Management Performance Improvement Committee, Provider Network Department, and AHCCCS as appropriate and as contractually required.

5. Reviews and revises policies and procedures to ensure accurate and consistent application of CMS and AHCCCS requirements.

6. Provides technical assistance and/or training to providers and internal staff regarding grievances, appeals, diffusing escalated communication and Notice of Action processes in accordance with CMS and AHCCCS requirements.

7. Provides on-going coaching, mentoring, and development of employees, fostering an atmosphere of teamwork; establishes performance goals and monitors progress regarding achievement of those goals.

8. Establishes department goals and objectives as they relate to productivity and compliance requirements.

9. Works independently under limited supervision. Manages all aspects of the function for the company. Has freedom to determine how to best accomplish functions within established procedures.

Performs all functions according to established policies, procedures, regulatory and accreditation requirements, as well as applicable professional standards. Provides all customers of Banner Health with an excellent service experience by consistently demonstrating our core and leader behaviors each and every day.

NOTE: The core functions are intended to describe the general content of and requirements of this position and are not intended to be an exhaustive statement of duties. Specific tasks or responsibilities will be documented as outlined by the incumbent's immediate manager.

SUPERVISORY RESPONSIBILITIES
DIRECTLY REPORTING
Grievance and Appeal department team members

MATRIX OR INDIRECT REPORTING
None

TYPE OF SUPERVISORY RESPONSIBILITIES
Assigned full authority for employment actions including selection, training, coaching, and performance reviews.
Banner Health leadership will strive to uphold the mission, values, and purpose of the organization. They will serve as role models for staff and act in a people-centered, service excellence-focused and results-oriented manner.

PHYSICAL DEMANDS/ENVIRONMENT FACTORS
OE- Typical Office Environment (Accounting, Administrative Assistant, Consultant, Program Manager)
Requires extensive sitting with periodic standing and walking.
May be required to lift up to 20 pounds.
Requires significant use of personal computer, phone and general office equipment.
Needs adequate visual acuity, ability to grasp and handle objects.
Needs ability to communicate effectively through reading, writing, and speaking in person or on the telephone.
May require off-site travel.

MINIMUM QUALIFICATIONS
A Master Level in Health Administration, Public Policy and/or Business Administration from an accredited institution is required. This position requires the employee to reside in Arizona.

Council on Licensure, Enforcement and Regulation (CLEAR) Certification upon hire or within 6 months of hire.

Experience in coordination of behavioral health investigations and alternative dispute resolution. Knowledge of Laws, rules, regulations, policies and legal practice related to health and behavioral health and experience in the managed care industry is preferred. Knowledge of maintenance of compliance with CMS and AHCCCS contract requirements. Ability to multi-task projects and issues on fixed timelines. Requires the ability to work effectively with common office software, including spreadsheets and word processing. Must have the ability to organize, prioritize and multi-task workload in a fast-paced environment and maintain a professional manner.

PREFERRED QUALIFICATIONS

3-5 years in a Managed Care Industry, Experience with Medicaid Claims and Grievance/Appeals processing.

Additional related education and/or experience preferred.

Banner University Family Care

Job Profile Name: Invoice and Claims Manager
Job Description

POSITION SUMMARY
The primary purpose of the position is to manage the operations of the Claims Department to ensure accurate and timely claims and invoice payments. This position will support the encounters and reinsurance teams as needed. This position performs in a manner that is consistent with and in support of the organization's mission, vision, values and goals.

CORE FUNCTIONS

1. Manages claims operations and staff to ensure quality service, accurate and timely processing and submission of invoice and claim data and reports to AHCCCS and consistently maintained.

2. Monitors inventory/backlog, performance management, production standards and quality of results in aspects of claims adjudication, reprocessing, reconciliations and audits.

3. Attends provider joint operation committees. Participates in all appropriate team and task forces meetings and workgroups.

4. Problem solves difficult claims/invoice issues, creating solid resolutions including dealing with sensitive subjects.

5. Works with Compliance, Clinical Services, IT, Network Development, as necessary, to ensure accurate, timely payment of claims and processing of invoices.

6. Hires, develops, mentors' staff in all aspects of claim and invoice processing, and orients staff to overall health plan operations. Establishes standards, develops incentive plans and manages performance of Claims Department staff.

7. Maintains personal continuing education as appropriate to keep current on all aspects of claims and invoice processing. Education through AHCCCS correspondence, meetings, internet sites, as well as other professional publications and education meetings as necessary.

8. Prepares and monitors annual operating budget for Claims Operations Department. Responsible for operating within projected annual budget. Make recommendations for staffing levels, salaries, promotions, as well as operating and capital needs to ensure a fully functioning department.

9. Works independently under limited supervision. Manages all aspects of the function for the company. Has freedom to determine how to best accomplish functions within established procedures.

Performs all functions according to established policies, procedures, regulatory and accreditation requirements, as well as applicable professional standards. Provides all customers of Banner Health with an excellent service experience by consistently demonstrating our core and leader behaviors each and every day.

NOTE: The core functions are intended to describe the general content of and requirements of this position and are not intended to be an exhaustive statement of duties. Specific tasks or responsibilities will be documented as outlined by the incumbent's immediate manager.

SUPERVISORY RESPONSIBILITIES
DIRECTLY REPORTING
Claims team members.

MATRIX OR INDIRECT REPORTING
None

TYPE OF SUPERVISORY RESPONSIBILITIES
Assigned full authority for employment actions including selection, training, coaching and performance reviews.
Banner Health leadership will strive to uphold the mission, values, and purpose of the organization. They will serve as role models for staff and act in a people-centered, service excellence-focused and results-oriented manner.

PHYSICAL DEMANDS/ENVIRONMENT FACTORS
OE- Typical Office Environment (Accounting, Administrative Assistant, Consultant, Program Manager)
Requires extensive sitting with periodic standing and walking.
May be required to lift up to 20 pounds.
Requires significant use of personal computer, phone and general office equipment.
Needs adequate visual acuity, ability to grasp and handle objects.
Needs ability to communicate effectively through reading, writing, and speaking in person or on the telephone.
May require off-site travel.

MINIMUM QUALIFICATIONS
Knowledge, skills and abilities as normally obtained through the completion of a bachelor’s degree or equivalent combination of work experience and/or education in health care administration/management and/or finance administration or related field. Two to five years healthcare claims or customer care experience or any combination of the two. Two years of experience in staff training, development and process, and the ability to manage operations to ensure regulatory compliance standards.

Excellent written and verbal communication skills; knowledge of Medicaid billing rules, CPT-4, ICD-10, and HCPCS codes, and CMS 1500 and/or UB04 forms. Good interpersonal and strong decision-making skills. Strong organizational skills with the ability to work and prioritize multiple tasks. Knowledge of organization policies and AHCCCS regulation. Knowledge of IDX claims processing system and knowledge of AHCCCS.

Excellent customer service skills, both internal and external. Strong written and verbal communication skills. Ability to use Microsoft Word and Excel required.

PREFERRED QUALIFICATIONS
Additional related education and/or experience preferred.

Banner University Family Care

Job Profile Name: Provider Claims Educator
Job Description

POSITION SUMMARY
This position is responsible for identifying, reviewing and resolving a full range of complex provider and system issues received from providers. Serves as a navigator between the provider network and internal departments in effectively identifying and resolving root cause issues regarding provider contracts, prior authorization, system issues, claims processing, claims submission errors, reimbursement methodologies, provider load issues, and other operational needs or concerns received for all H2O providers. Visit provider offices to assure effective exchange of information and gain feedback regarding the extent to which providers are informed about appropriate claims submission practices.

CORE FUNCTIONS

1. Serves as the subject matter expert for the H2O providers including understanding the history and background of contracted providers and entire contract implementation process and downstream systems flow. Manages high volume of provider inquiries that requires you to research, input, follow-up on to ensure accurate concerns resolution, effective communication back to providers, and consistent follow through is maintained.

2. Effectively delivers difficult messages to providers while successfully maintaining strong provider relationships. Documents and maintains records relative to communications with assigned providers to ensure a mutual understanding of expectations, deliverables, and necessary follow-ups.

3. Plans and leads regular on-site and/or virtual meetings, educational seminars and etc. with contracted providers, identifying education opportunities through these interaction and/or feedback from other internal departmental staff, e.g., Contracting, Reimbursement Services, Provider Data Management, Appeals & Grievances, Utilization/Care Management and etc. Educates providers on the utilization of the self-service portal (e.g., electronic eligibility & claims, appeals, code look-up, authorizations and provider demographic updates), provider manuals, website and fee schedule.

4. Educates H2O providers regarding appropriate claims/invoice submission requirements, coding updates, electronic claims transactions and electronic fund transfers.

5. Works directly with providers on regulatory compliance requirements established by the Centers for Medicare and Medicaid Services (CMS), Arizona Health Care Cost Containment Systems (AHCCCS), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Healthcare Effectiveness Data and Information (HEDIS) and National Committee on Quality Assurance (NCQA), etc.

6. Understands and effectively interprets and communicates contract language and provisions to providers and internal staff with assistance from internal Contracting team. Responsible for submitting provider adds, modifications, terminations, and tracks all providers'' demographic and product information within the multiple claims payment systems. Communicate provider

contractual and/or practitioner terminations to appropriate staff for possible network adequacy gaps in the provider networks.

7. Collaborates with various departments or designees to develop training and education as required to ensure internal department processes align with information being communicated to the provider network, as well as, compliant with CMS and AHCCCS requirements.

8. Conducts ongoing review of directory/website of additions/changes/terminations of providers so that timely updates are made to ensure data integrity and quality.

9. This position works under supervision, prioritizing data from multiple sources to provide quality care and support. Works collaboratively with the call center to compile, analyze and disseminate information from provider calls to identify trends and guide the development and implementation of strategies to improve provider satisfaction.

Performs all functions according to established policies, procedures, regulatory and accreditation requirements, as well as applicable professional standards. Provides all customers of Banner Health with an excellent service experience by consistently demonstrating our core and leader behaviors each and every day.

NOTE: The core functions are intended to describe the general content of and requirements of this position and are not intended to be an exhaustive statement of duties. Specific tasks or responsibilities will be documented as outlined by the incumbent's immediate manager.

SUPERVISORY RESPONSIBILITIES
DIRECTLY REPORTING
None

MATRIX OR INDIRECT REPORTING
None

TYPE OF SUPERVISORY RESPONSIBILITIES
None

PHYSICAL DEMANDS/ENVIRONMENT FACTORS
OE- Typical Office Environment (Accounting, Administrative Assistant, Consultant, Program Manager)
Requires extensive sitting with periodic standing and walking.
May be required to lift up to 20 pounds.
Requires significant use of personal computer, phone and general office equipment.
Needs adequate visual acuity, ability to grasp and handle objects.
Needs ability to communicate effectively through reading, writing, and speaking in person or on the telephone.
May require off-site travel.

MINIMUM QUALIFICATIONS

Bachelor's degree in business, healthcare or related field or combination of strong knowledge of ICD10, HCPCS, Contract Implementation and three to four years of claims adjudication experience. Must reside in Arizona.

Must have an understanding of medical terminology, coding and guidelines for JCAHO, NCQA, HEDIS, CMS and AHCCCCS specific to ACOM Chapter 400. Must have knowledge in AHCCCS rules and regulations.

Must have experience in project planning and reporting. Requires communication and presentation skills to engage project audiences. Requires ability to communicate and interact with internal departments/staff and external providers by way of video and in-person, at various levels.

PREFERRED QUALIFICATIONS

Four or more years of experience in a healthcare field preferred. Four years of medical coding and billing claims adjudication and contract implementation experience. Strong working knowledge in Microsoft Office Software, IDX, Acuity and Siebel.

Banner University Family Care

Job Profile Name: Tribal Coordinator
Job Description

POSITION SUMMARY
The Tribal Coordinator acts as the liaison with tribal nations and tribal providers, promoting culturally appropriate services and programs to improve the health of American Indian members. He or she will develop collaborative relationships with IHS, Tribes, Tribal Organizations, Urban Indian Organizations, TRBHAs serving tribes in Arizona. The Tribal Coordinator will track identified trends related to American Indian members, including but not limited to quality of care, timely access to care, and availability of services.

CORE FUNCTIONS

1. Develop collaborative relationships with IHS, Tribes, Tribal Organizations, Urban Indian Organizations, and TRBHSs serving tribes in Arizona for the purposes of care coordination and collaborative identification of innovative solutions to community population health problems.

2. Collaborate with AHCCCS to improve communication in order to improve coordination of care and health outcomes for American Indian members.

3. Attend and participate in all Tribal Consultation Meetings and collaborate with AHCCCS to implement changes recommended by the AHCCCS Tribal Consultation meetings.

4. Assist in developing and providing in-service trainings to IHS, Tribal Nations, Tribal Organizations, Urban Indian Organizations and TRBHAs on available H2O services and member eligibility criteria.

5. Performs all functions according to established policies, procedures, regulatory and accreditation requirements, as well as applicable professional standards. Provides all customers with an excellent service experience by consistently demonstrating our core and leader behaviors each and every day.

NOTE: The core functions are intended to describe the general content of and requirements of this position and are not intended to be an exhaustive statement of duties. Specific tasks or responsibilities will be documented as outlined by the incumbent's immediate manager.

SUPERVISORY RESPONSIBILITIES
DIRECTLY REPORTING
None

MATRIX OR INDIRECT REPORTING
None

TYPE OF SUPERVISORY RESPONSIBILITIES

This position has full authority for employment actions, including selection, training and coaching, work assignments, and disciplinary action. This includes driving a strategic vision and monitoring completion of specified objectives to achieve that vision.
Banner Health leadership will strive to uphold the mission, values, and purpose of the organization. They will serve as role models for staff and act in a people-centered, service excellence-focused and results-oriented manner.

PHYSICAL DEMANDS/ENVIRONMENT FACTORS
OE- Typical Office Environment (Accounting, Administrative Assistant, Consultant, Program Manager)
Requires extensive sitting with periodic standing and walking.
May be required to lift up to 20 pounds.
Requires significant use of personal computer, phone and general office equipment.
Needs adequate visual acuity, ability to grasp and handle objects.
Needs ability to communicate effectively through reading, writing, and speaking in person or on the telephone.
May require off-site travel.

MINIMUM QUALIFICATIONS
Knowledge, skills and abilities as normally obtained through the completion of a bachelor's degree in social service, healthcare administration, social work, cultural studies, or a related field. Located in Arizona. Strong knowledge and understanding of IHS, 638 Tribal Facilities, Tribal Organizations, Urban Indian Organizations, TRBHAs, and respective governing policies, procedures, rules and legislation. Experience complying with Federal and State Laws, rules and regulations for tribal affairs. At least 3 years of experience working collaboratively with one or more of the aforementioned bodies to collectively improve health outcomes for American Indians.

Knowledge of existing community advocacy groups and ability to collaborate with multiple system stakeholders. Experience interfacing with stakeholders and establishing relationships with relevant stakeholders, such as Arizona tribal leadership. At least 2-3 years in a supervisory/management level job leading a department in these activities (or other comparable leadership experience). Excellent interpersonal skills and exceptional organizational abilities. Must be able to communicate effectively with others by speaking, reading and writing. Relies on extensive experience and judgment to plan and accomplish goals.

PREFERRED QUALIFICATIONS
Five plus years of experience working collaboratively to improve health outcomes for American Indians. Master's degree in healthcare administration or a related field.
Additional related education and/or experience preferred.

Banner University Family Care

Job Profile Name: Workforce Development Administrator
Job Description

POSITION SUMMARY
This position is responsible for coordinating and overseeing contractually required Workforce Development activities. The WFD Administrator shall have a professional background, authorities, and ongoing training and development needed to lead the Workforce Development Operation as specified in Contract. Has experience in workforce recruitment, selection, training, and development, deployment and retention. The WFD Administrator has experience and/or training in WFD functions such as workforce forecasting, assessment, planning, and the provision of technical assistance in WFD matters. This position has direct leadership accountability to ensure compliance with the Centers for Medicaid/Medicare services (CMS) and the Arizona Healthcare Cost Containment System (AHCCCS) regulations. This position serves as the primary advisor to the Contractor's senior leadership on matters related to operations and is responsible for the development and implementation of standards, policies, and procedures in alignment with organizational strategic initiatives.

CORE FUNCTIONS

1. Shall develop a Professional Development Plan containing workforce development related training and development objectives. All personnel directly reporting to the WFD Administrator shall have a Professional Development Plan.

2. Works collaboratively with the Contractor's Network and QM to ensure the provider network has sufficient workforce capacity, required level of workforce capacity, and are connected to external WFD resources.

3. The WFD Administrator is responsible for monitoring and assessment of current workforce capacity and capability, forecast and plan future workforce capacities and capabilities and when indicated, deliver technical assistance to provider organizations to strengthen their WFD programs.

4. Is responsible for data collection and information processing to assess the current level of workforce capacity and capability strengths and deficits as well as forecasting and planning strategies that address future workforce requirements.

5. Leads the Contractors internal WFD efforts and represents the Contractor as a member of the AZAHP WFD Alliance as well as other workforce related workgroups and committees.

6. Ensures providers comply with all AHCCCS required workforce training and competency requirements and practices.

7. Collects and analyzes workforce data needed to prepare required deliverables and ad hoc workforce assessment reports, forecasts and plans.

Performs all functions according to established policies, procedures, regulatory and accreditation requirements, as well as applicable professional standards. Provides all customers of Banner Health with an excellent service experience by consistently demonstrating our core and leader behaviors each and every day.

NOTE: The core functions are intended to describe the general content of and requirements of this position and are not intended to be an exhaustive statement of duties. Specific tasks or responsibilities will be documented as outlined by the incumbent's immediate manager.

SUPERVISORY RESPONSIBILITIES
DIRECTLY REPORTING
Include direct supervision of department leaders and/or professional and administrative staff.

MATRIX OR INDIRECT REPORTING
None

TYPE OF SUPERVISORY RESPONSIBILITIES
This position has full managerial scope and authority for employment actions, including coaching, candidate selection, training and development, performance appraisals, work assignments, and disciplinary action.
Banner Health Leadership will strive to uphold the mission, values, and purpose of the organization. They will serve as role models for staff and act in a people-centered, service excellence-focused, and results-oriented manner.

PHYSICAL DEMANDS/ENVIRONMENT FACTORS
OE- Typical Office Environment (Accounting, Administrative Assistant, Consultant, Program Manager)
Requires extensive sitting with periodic standing and walking.
May be required to lift up to 20 pounds.
Requires significant use of personal computer, phone and general office equipment.
Needs adequate visual acuity, ability to grasp and handle objects.
Needs ability to communicate effectively through reading, writing, and speaking in person or on the telephone.
May require off-site travel.

MINIMUM QUALIFICATIONS
Bachelor’s degree or equivalent working knowledge in Marketing, Business Administration, or Health Care Administration.

Expert level working knowledge of principals, practices and operation in healthcare services and marketing as normally obtained through the completion of a Bachelor’s Degree in a relevant field and a minimum of five years of progressively responsible managerial experience in a healthcare business entity or area, including a minimum of two years management level experience within a major health care organization, health system setting, or large multi-operational corporate environment in complex industries similar to healthcare, with experience in Medicaid.

PREFERRED QUALIFICATIONS
Additional related education and/or experience preferred.