

**Job Overview:**

The MassHealth Office of Long Term Care (OLTC) is responsible for managing a broad range of MassHealth long term care services and supports (LTSS) that are primarily utilized by elders and MassHealth members of all ages with disabilities. Services managed include services that are provided in home, residential, day, and other community-based settings as well as in certain facility-based settings. Additionally, OLTC manages two, fully-capitated, integrated (Medicare and Medicaid), managed care plans for elders: Senior Care Options (SCO) and the Program of All-inclusive Care for the Elderly (PACE). OLTC is responsible for ensuring that services provided across settings and delivery systems are member-focused, accessible, of the highest quality, and delivered in a cost-effective manner.

Reporting to the Director of OLTC, the primary responsibility of the Director of Coordinated Care Plans is to provide effective leadership in the development, management, and evaluation of the SCO and PACE Programs, the oversight of all SCO and PACE contracts, and the development of related policies and procedures. The Director currently supervises 8 professional staff. The Director is expected to work as a senior member of the OLTC management team, and in support of all priority initiatives led by OLTC, the Medicaid program (e.g. the development of additional programming to support other dually-eligible populations), and, as needed, within the Executive Offices of Health and Human Services and Elder Affairs.

**Job Responsibilities:**

Design, recommend, and implement program policy, development, and evaluation strategies.

Direct the oversight and management of all aspects of SCO and PACE contractor performance including, but not limited to, contractually-required performance metrics, quality improvement and management, appropriateness and timeliness of services provided by the contractor and its providers, financial performance, and member satisfaction. Ensure contracts comply with federal and state rules and regulations and reflect EOHHS' strategic direction.

Maintain collaborative and effective relationships with CMS regional and central office staff to ensure appropriate shared oversight of integrated programming and timely resolution of identified issues.

Direct the development of annual rate setting activities, including directing work of contracted actuarial services including the analysis of alternative and innovative rate methodologies, risk-sharing arrangements, and other reimbursement strategies; ensure proposals secure all necessary federal (and other) approvals.

Determine staff assignments and workloads and evaluate performance. Coordinate staff activities to ensure compliance with established policy and procedures and maximum

operational efficiency. Initiate organizational development as required.

Oversee financial and program reporting and monitor, analyze, and report on budget expenditures.

QUALIFICATIONS REQUIRED AT HIRE (List knowledge, skills, abilities.):

Preferred qualifications:

- Master's Degree preferred
- At least 5 years of full-time, or equivalent part-time, supervisory or managerial experience in a health care environment with emphasis on Medicaid managed care.
- Knowledge and experience with Medicaid managed care issues, capitated managed care programs or organizations, or health care quality improvement processes.
- Excellent management, interpersonal, leadership, negotiation, and analytic skills.
- Ability to communicate effectively, both orally and in writing.
- Experience with managing multiple tasks.

QUALIFICATIONS ACQUIRED ON JOB (List knowledge, skills, abilities):

- Knowledge of the MassHealth managed care contract standards, policies and procedures, and reporting requirements.
- Knowledge of Medicaid law, regulations, and policies related to Medicaid managed care contracting.
- Knowledge of state and federal Medicaid managed care reimbursement principles and financing rules and regulations.
- Knowledge of SCO and PACE operations.

MINIMUM ENTRANCE REQUIRMENTS:

Applicants must have at least (A) five years of full-time, or equivalent part-time, professional, administrative, supervisory or managerial experience in business administration, business management, or public administration and (B) of which at least four years must have been in a supervisory or managerial capacity, or (C) any equivalent combination of the required experience and substitutions below.

Substitutions:

A Master's or higher degree with a major in business administration, management, public administration, or health care administration may be substituted for a maximum of one year of the required (A) experience.

Education toward such a degree will be prorated on the basis of the proportion of the requirements actually completed.

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