CALIFORNIA MEDICAL ASSOCIATION

TITLE: Associate Director  LOCATION: Sacramento
CENTER: Centers for Legal Affairs & Economic Services (CES)  EXEMPTION STATUS: Exempt
REPORTS TO: Vice President of CES & General Counsel

The California Medical Association serves more than 43,000 member physicians. CMA is dedicated to serving our member physicians in all modes of practice and specialties through a comprehensive program of legal, legislative, regulatory, economic, and social advocacy. At a time when health care delivery is being fundamentally redesigned, CMA is a leading advocate that is shaping health law and policies.

CMA is seeking a dedicated advocate with a passion for advocacy, along with a strong commitment to the mission and ideals of CMA, its physician members and their patients. The ideal candidate will have knowledge and experience in using a multidisciplinary approach to advocacy, medical practice operations experience with a focus on managed care products, and strong written and oral communication skills to develop an advocacy strategy regarding implementation of laws related to out-of-network services.

POSITION SUMMARY

- Advocates for CMA physician members on reimbursement and medical practice issues to strengthen the financial and operational performance of their practice.

- Advocates for CMA physician members in out-of-network payment disputes with payors. Develop educational and self-help resources and implement strategies to assist member physicians and their staff access the Independent Dispute Resolution Process (IDRP) that was created by a new law to address out-of-network payment disputes.

- Establishes and maintains effective liaison within appropriate regulatory bodies to achieve responsive action when needed. Work closely with the Department of Managed Health Care and California Department of Insurance staff handling IDRP.

- Work closely with CMA Centers for Legal Affairs, Economic Services & Policy to monitor physician network adequacy and timely access complaints via CMA’s membership database and work collaboratively with all of CMA’s advocacy centers to track, analyze, monitor and develop advocacy strategy regarding the implementation of laws relating to out-of-network services, timely access to care and network adequacy.

- Provide education on managed care issues, including network adequacy, access to care and payment disputes, to CMA members and their staff via news articles and webinars. Works with county medical societies and specialty medical societies as appropriate to assure local and specialty involvement.

(This job description reflects the general level and nature of the job. It is not intended to be all-inclusive.)
DUTIES/RESPONSIBILITIES:

• Provide guidance to CMA members and their staff in filing appeals through payor internal appeal processes.

• Provide assistance to physician practices filing appeals through the IDRP. This includes compiling supporting documentation, guidance on filing through IDRP on behalf of physician members, and tracking outcomes.

• Through the membership database and other publicly available resources, track and monitor reported patient access issues, including insurers’ and health plans’ physician network capacity issues.

• Work with staff in the Center for Legal Affairs, Center for Health Policy, and Center for Economic Services to identify, analyze and develop strategies regarding out-of-network payment disputes, network adequacy standards and enforcement and patients’ timely access to care.

• Maintain files and log all inquiries in a timely manner in membership database.

• Establish relationships with appropriate regulatory agency contacts. Demonstrate knowledge of regulatory process and establish self as a trusted resource of knowledge and expertise.

• Work collaboratively with team members in other centers to develop a broader CMA advocacy strategy on network adequacy and fair and reasonable contracting.

• Develop educational materials and associated resources and programs within area of expertise, including but not limited to toolkits, articles, and webinars.

• Stay apprised of upcoming developments in other states regarding limitations on out-of-network billing, access to care, and physician networks.

GENERAL KNOWLEDGE/EXPERIENCE/EDUCATION AND SKILLS:

• Advocate on behalf of clients, constituents, and members in order to achieve their individual goals and the goals of the group as a whole.

• Working knowledge of California managed care and insurance laws or experience and proven ability to research and learn new areas of law and policy.

• Preferred, but not required, general knowledge of medical practice operations, including billing and appeals with a focus on managed care products. This may include knowledge of general CPT coding principles and understanding of applicable managed care regulations, laws, payor products, and appeals processes.

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• Ability to advocate on behalf of physician members in administrative proceedings and with state insurance regulators.

• Strong written and oral presentation skills as well as research and data analysis skills.

• Ability to handle complex issues in a fast-paced environment.

• Strong customer service and time management skills to ensure members issues are addressed in a timely manner.

• Bachelor’s degree required. Advanced degree such as a Master’s degree or JD degree preferred but not required.

SUPERVISION:
Works with minimal supervision under Vice President of Economic Services and Legal Counsel. May be assigned to act as lead coordinator on specific issues.

EQUIPMENT OPERATION:
Position requires operation of normal office equipment, computer, printers, photocopying, fax machines and multi-line phone.

TRAVEL:
Position requires limited travel, primarily within California.

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