

# STATE OF CALIFORNIA

An Equal Employment Opportunity Employer - equal opportunity to all regardless of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age or sexual orientation.



IT IS AN OBJECTIVE OF THE STATE OF CALIFORNIA TO ACHIEVE A DRUG-FREE WORK PLACE. ANY APPLICANT FOR STATE EMPLOYMENT WILL BE EXPECTED TO BEHAVE IN ACCORDANCE WITH THIS OBJECTIVE BECAUSE THE USE OF DRUGS IS INCONSISTENT WITH THE LAW OF THE STATE, THE RULES GOVERNING CIVIL SERVICE AND THE SPECIAL TRUST PLACED IN PUBLIC SERVANTS.

**ONLY INDIVIDUALS LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES WILL BE HIRED.**

## **INVITES APPLICATIONS FOR**

### **SENIOR MEDICAL ADVISOR**

#### **CALIFORNIA HEALTH BENEFIT EXCHANGE SACRAMENTO, CALIFORNIA**

**MONTHLY SALARY:  
NEGOTIABLE**

**FINAL FILING DATE:  
UNTIL FILLED**

Under the general direction of the Executive Director, the Senior Medical Advisor will provide consultation and advice regarding the design of policies affecting how the Exchange can best promote wellness and value. The Senior Medical Advisor will develop, plan, and provide recommendations regarding the implementation of policies that advance and improve the health of Californians and strengthen the health care delivery system.

The Senior Medical Advisor will:

- Provide leadership and advice on the California Health Benefit Exchange's health plan quality activities in assuring the delivery of cost-effective and quality health care.
- Advise on all Qualified Health Plan issues regarding clinical best practices.
- Assist in the review and evaluation of pending federal guidance on essential health benefits, requirements for Qualified Health Plans, and health plan quality rating standards.
- Assist in the design, implementation, and evaluation of performance measures for Qualified Health Plans including the development of the standards, processes, and compliance monitoring activities related to certification, decertification, and recertification of Qualified Health Plans.
- Monitor performance indicators to ensure the delivery of cost-effective care within quality standards.
- Direct and assist in the analysis and interpretation of trend data relative to utilization management and clinical programs to ensure processes are in place to meet and exceed organizational goals.
- Assist in the design, implementation and evaluation of wellness programs.
- Promote the effective clinical engagement/relationships with key external stakeholders.

- Develop and maintain an ongoing program to deliver, monitor, evaluate and improve the quality appropriateness; responsible for continuous quality improvements.
- Identify problems and implement solutions for operational and organizational issues. Make decisions or effectively recommend a course of action to the Exchange Director.

### **DESIRABLE QUALIFICATIONS**

- Previous experience as a health plan medical director with demonstrated experience in the administration or coordination of health programs to include program development, implementation, and evaluation.
- Strong knowledge of the health care and purchasing strategies that can promote better health and value.
- Strong data analysis and interpretation skills.
- Experience in the development and administration of wellness/prevention programs.
- Ability to focus on key metrics and development plans.
- Excellent presentation skills for both clinical and non-clinical audiences.
- Visibility and involvement in medical and local communities.
- Experience in executing strategic visions.
- Demonstrated ability to provide leadership and work in a team-based, collaborative environment that promotes diversity.
- Ability to work under pressure and under public scrutiny.
- Comprehensive knowledge of the most current information, techniques, practices, laws, and regulations in the health care delivery system industry.
- Understands the needs, expectations, and circumstances of internal and external customers at the individual, group, or organizational level.
- Explores options and pursues solutions to resolve issues of customers; is responsive, and professional.
- Understands the inner workings and interrelationships of the organization.
- Knows how to separate and combine activities into efficient workflow; benchmarks best practices in the industry; knows how to identify process problems and opportunities for improvement and simplification; and leverages technology.

### **SPECIAL REQUIREMENTS**

Possession of a current and unencumbered license as a physician in California; and Board certification recognized by the American Board of Medical Specialties.

### **COMPENSATION AND BENEFITS**

The State of California benefit package includes:

- Retirement contributions into the California Public Employees' Retirement System (CAL PERS)
- Vacation and sick or annual leave
- Medical, dental and vision insurance
- Life insurance of \$50,000 basic plus \$50,000 Accidental Death and Dismemberment
- Eleven (11) holidays plus two professional development days and one personal day per year

- Voluntary enrollment into a deferred compensation program, Long Term Disability Insurance, Long Term Care Insurance, Group Term Life Insurance, and a Legal Services Plan

## **THE DEPARTMENT**

In the fall of 2010, California enacted the first state law in the nation establishing a health benefit exchange under ACA, the California Patient Protection and Affordable Care Act (CA-ACA). The CA-ACA included legislative intent for the creation of the California Health Benefit Exchange to:

- Reduce the number of uninsured Californians by creating an organized, transparent marketplace for Californians to purchase affordable, quality health care coverage, to claim available federal tax credits and cost-sharing subsidies, and to meet the personal responsibility requirements imposed under the federal Affordable Care Act (ACA);
- Strengthen the health care delivery system;
- Guarantee the availability and renewability of health care coverage through the private health insurance market to qualified individuals and qualified small employers;
- Serve as an active purchaser, including creating competitive processes to select participating carriers and other contractors;
- Require that health care services plans and health insurers issuing coverage in the individual and small employer markets compete on the basis of price, quality, and service, and not on risk selection; and,
- Meet the requirements of the federal ACA and all applicable federal guidance and regulations.

The CA-ACA established the Exchange as an independent public entity that is governed by a five-member board made up of the State's Secretary of Health and Human services, two members appointed by the Governor and two members appointed by state legislators—one by the Speaker of the Assembly and the other by the Senate Rules Committee.

The Exchange represents an important component of health care reform. The legislative, regulatory and policy development workload needed to establish the Exchange and be fully operational by 2014 is unprecedented.

The vision of the California Health Benefit Exchange is to improve the health of all Californians by assuring their access to affordable, high quality care. Beginning in 2014, the California Health Benefit Exchange will allow individuals and small businesses to compare plans and buy health insurance on the private market. A successful Exchange will provide purchasers with a more stable risk pool, greater purchasing power, more competition among insurers and detailed information regarding the price, quality and service of health coverage. It will also streamline access for individuals to programs that provide subsidies for health coverage. The Exchange will increase the number of insured Californians, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.

Members of the board or the staff of the Exchange are subject to strict conflict-of-interest provisions. They may not be employed by, a consultant to, a member of the board of directors of, affiliated with, or otherwise a representative of, a carrier or other insurer, an agent or broker, a health care provider, or a health care facility or health clinic.

The Exchange's headquarters office is located in Sacramento, California.

## **REVIEW AND SELECTION PROCESS**

**An executive screening committee will conduct a review of all applications, resumes and Statement of Qualifications. Applicants deemed to have the most relevant background will be invited for interviews to be held in Sacramento, California.** The Senior Medical Advisor is an “Exempt” position that serves upon authorization of the Board, therefore appointment to the position and salary are subject to Board approval. **Please do not submit applications to the Governor’s Office.**

## **HOW TO APPLY:**

Qualified persons must complete:

- State application form (Standard 678 available on the CalHR web site at [www.CalHR.ca.gov](http://www.CalHR.ca.gov)),
- a resume of qualifications and experience,
- a Statement of Qualifications (no more than two pages) based on the Desirable Qualifications identified in this announcement, and
- three professional references (names and telephone numbers)

This information is to be sent to:

**Gloria Monroe**  
**Human Resources, HBEX**  
**560 J Street, Suite 290**  
**Sacramento, CA 95814**  
Phone: 916-323-3489  
Fax: 916-323-3565

For further information regarding this position, please contact Ms. Monroe at (916) 323-3489 or [Gloria.Monroe@HBEX.ca.gov](mailto:Gloria.Monroe@HBEX.ca.gov)