Senior Consultant, Healthcare Analytics

Job Description
Under the direction of the Senior Vice President, Healthcare Analytics and Risk Adjustment Solutions, the Senior Consultant, Healthcare Analytics, is responsible for applying data-driven solutions to improve processes, performance outcomes, and innovate within the following areas: Revenue Maximization and Financial Analysis, Medical Cost Containment and Trend Management, Clinical Quality Outcomes, and Program Efficacy.

Skills
The Senior Consultant will employ advanced analytics to gain critical insights into health plan and provider markets, delivering comprehensive, evidence-based solutions to Gorman Health Group’s (GHG’s) clients. The following are essential in order for GHG to continue to provide actionable solutions to its current and prospective clients:

- Comprehensive knowledge and experience with building and navigating multiple data sources, leveraging clinical and administrative information for data integration, mapping, and analytics.

- The candidate must be able to conceptualize appropriate and creative analytic strategies for complex issues, design flexible and reusable analytic tools and models, multi-task, translate work products into meaningful guidance for clients, develop and deliver presentations, and write effectively. The candidate must be capable of managing client relationships and conduct himself/herself with the highest degree of professionalism within a team-oriented environment.

- Lead in the definition of best practices for revenue cycle analysis, revenue optimization strategies, encounter coding, Hierarchical Condition Category (HCC) coding, and risk scores. Provides actuarial expertise, membership and financial forecasting, and product and benefit design support.

- Provide support and guidance to GHG clients in the evaluation of the financial impact of new legislation, flexible benefits consulting, and special projects.

- Directs analyses to evaluate effectiveness and return on investment (ROI) on medical management, risk revenue, and quality programs, both internal and vended. Develops models and approaches to accurately assess the impact of these programs. Collaborates with finance, clinical managers, and vendors in producing accurate assessments of health plan and provider programs and strategies.

- Develops or facilitates the development of the informatics required to effectively manage medical expenses, including the analysis of utilization trends, provider performance, practice variation, and the identification of potential medical cost savings opportunities.
• Consults business leaders in the health plan and provider market, applying insights to test and drive program and product innovation and enhancement, to target the right members and providers for the right service, to measure program outcome and demonstrate value, to help gain market share, and to support information-based strategic decision-making.

• Develops and refines analysis templates for problem diagnosis and opportunities assessment. Identifies, documents, and provides recommendations to address the limitations of certain data sources and evaluates incremental value of new data sources.

• Consults on all considerations related to designing and executing tests or pilot programs- cost/benefit analyses.

• Develops and/or enhances existing methodologies to measure clinical, utilization, and financial outcomes of a program/initiative. Collaborates with internal and external business leaders, contributing to the design of new program/initiative based on test/pilot outcomes.

• Collaborates with Healthcare Analytics and Risk Adjustment Solutions team to author white papers, present at industry conferences, deliver client presentations, and support analysis of new business ventures, managed care partnerships, and business models.

Duties & Responsibilities
• Responsible for project planning and execution of client projects, including projects not directly managed.
• Responsible for the development of new scopes of work and refinement of existing scopes of work to assure they meet the industry’s current needs.
• Provide day-to-day oversight of assigned project managers and consultants.
• Oversee quality of deliverables of the project manager, to ensure exceptional performance, and provide individual project and end-of-year performance feedback.
• Assist in the development of consultant training programs.
• Provide guidance and information, when requested, as an internal resource.
• Use subject matter expertise to expand upon or create additional project tools to enhance the client satisfaction and deliverables while increasing profitability.
• Motivate, mentor, and inspire the team members to a higher level of engagement, productivity, and professional achievement.
• Provide industry guidance to staff within the Risk Adjustment Business and to other project-related GHG staff, as needed.
• Demonstrate ability to produce high-quality results in personal work product by continuously upgrading one’s own skills and expertise. Take initiative to mentor team members, enhancing their ability to contribute to GHG’s goals using various methods such as, but not limited to, coaching, training, and one-on-one support.
• Help to promote an effective and positive work environment by establishing and maintaining cooperative working relationships with GHG staff and management.
Ensure skill sets of assigned staff match with client needs and are up to date and at the highest level of industry standards.

Conduct appropriate analyses of pending, active, or completed projects for senior management.

Prepare routine and ad hoc reports by obtaining, compiling, analyzing, and summarizing data from various sources.

Contribute to the achievement of GHG goals and objectives by performing other duties as assigned.

Requirements

- A Master’s degree in Public Health, Epidemiology, Finance, Mathematics, or Statistics is required or the equivalent combination of training and experience
- A BS degree in Business, Healthcare Administration, or Information Systems is required
- 5+ years’ experience in the managed care environment or health system environment, specifically within medical economics, healthcare analytics, and/or finance is required
- Understanding of applicable CMS Medicare Part C & D reporting requirements including manuals, review guides, and Code of Federal Regulations
- Ability to interact with internal and external customers at all management levels
- Project management and/or consulting experience a plus
- Strong problem-solving ability and a customer-centric focus
- Be team focused with an attitude of group achievement as the primary goal
- Highly organized with a strong attention to detail
- Demonstrated leadership and management skills
- Ability to travel 50% of the time
- Ability to work in a virtual office and virtual teaming experience
- Effective collaboration skills and experience
- Adept in working across a heavily-matrixed organization
- Microsoft Office proficiency
- Strong oral and written communication skills, including presentation skills

Company Description

Gorman Health Group, LLC is a leading consulting and software solutions firm specializing in government health programs, including Medicare managed care, Medicaid, and Health Insurance Exchange opportunities. For nearly 20 years, our unparalleled teams of subject matter experts, former health plan executives, and seasoned healthcare regulators have been providing strategic, operational, financial, and clinical services to the industry across a full spectrum of business needs.

Learn more at [www.gormanhealthgroup.com](http://www.gormanhealthgroup.com).

Please send your resume and cover letter to [jobs@gormanhealthgroup.com](mailto:jobs@gormanhealthgroup.com) and we will contact you shortly. We look forward to hearing from you.