



Quality Program and Improvement Manager

SALARY INFO:

Annual Salary: \$59,331.12 - \$91,000.00

Pay Grade: N

AGENCY SUMMARY:

The Georgia Department of Community Health (DCH) is one of Georgia's four health agencies serving the state's growing population of almost 10 million people. DCH serves as the lead agency for Medicaid, oversees the State Health Benefit Plan (SHBP), and includes Healthcare Facility Regulation, impacting one in four Georgians. Through effective planning, purchasing and oversight, DCH provides access to affordable, quality health care to millions of Georgians, including some of the state's most vulnerable and under-served populations. Six enterprise offices support the work of the agency's four program divisions. DCH employees are based in Atlanta, Cordele and across the state.

JOB SUMMARY:

DCH is seeking qualified candidates for the **Quality Program and Improvement Manager** position. This is a hybrid position that requires in-office and remote work with the approval of your supervisor. Your days of frequency in the office can change at any time during your employment based on the business needs of the organization.

The Quality Program and Improvement Manager plans, manages and coordinates quality initiatives and programs in an effort to improve health outcomes for the Medicaid population. This role ensures that programs are managed using a data-driven focus that sets priorities for improvements aligned with ongoing strategic imperatives. It provides leadership necessary to achieve meaningful improvement when compared over time and to national benchmarks; participates in and supports efforts to plan, develop, organize, monitor, communicate and recommend modifications to the State's quality strategic plan and performance improvement projects; and supports the Director in efforts to ensure that the quality of healthcare services rendered by providers, inclusive of contracted managed care plans, meets or exceeds professionally recognized community standards. This position will oversee activities and support facilitation of the Quality Oversight Committee. Provides leadership to assigned staff.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Develops and analyzes reports to plan, monitor and evaluate quality interventions to meet established federal, contractual and other state-related quality benchmarks.
- Collaboratively or individually researches and develops performance measurement strategies to improve the health status of Medicaid beneficiaries.
- Reviews monthly and quarterly reports for Quality Oversight Committee meetings.
- Coordinates interaction between department, agency, and facility operating units, other programs and/or external customers as appropriate.



- Maintains a knowledge base of HEDIS and CMS Core Sets measures.
- Participates in the planning, coordination, development and implementation of long-range departmental and divisional goals and objectives.
- Coordinates activities and meetings of the Quality Oversight Committee (QOC).
- Coordinates selection of Performance Measures to assess CMOs' effectiveness of service and care delivery.
- Manages and evaluates performance of assigned staff; provides coaching, training and other performance-related work as needed.

MINIMUM QUALIFICATIONS:

- Bachelor's degree in a related field from an accredited college or university **AND** six (6) years of experience managing professional level staff,
OR
- ten (10) years of related professional experience **AND** six (6) years managing at the level equivalent to area of assignment
OR
- six (6) years of experience required at the lower-level Sr Mgr 2, Business Ops (GSM013) or position equivalent.

Note: An equivalent combination of education and job specific experience that provided the knowledge, experience and competencies required to successfully perform the job at the level listed may be substituted on a year-over-year basis.

PREFERRED QUALIFICATIONS:

Preference will be given to candidates who, in addition to meeting the minimum qualifications, demonstrate some or all the following skills/experiences):

- Quality and/or Systems Improvement Certification and/or experience (e.g. Certified Professionals in Healthcare Quality, Lean Six Sigma, project management)
- Experience in quality improvement/management activities and strategic planning
- Experience with Medicaid or Quality measures
- Microsoft Office Excel proficiency
- Strong verbal and written communication skills
- Demonstrated ability to make presentations to colleagues and leadership – both internal and external stakeholders
- Analytical and problem-solving skills
- Ability to work in a changing/flexible environment