

HEALTHCARE ASSOCIATION OF HAWAII

Position Description

Job Title: Senior Director, Reimbursement & Public Policy

FLSA Status: Full Time, Exempt

Job Relationships:

Reports To: President & CEO

Supervises: Administrative Assistant

Other Major Relationships: This position will work with national affiliate staff (AHA, AHCA, NAHC), state affiliate counterparts, HAH membership and relevant stakeholders that may include the Legislature and state or federal agencies.

Position Summary

This position is responsible for contributing to the financial viability of Hawaii's health care delivery systems by providing leadership on federal and state regulatory issues related to health care finance and other hospital related issues. This position also serves as public policy lead and works relevant organizations on analysis and policy development for advocacy and education purposes. Further, this position is responsible for identifying and assessing revenue generating and cost saving opportunities for the association and its members.

Essential Functions

- Represent Hawaii acute and post acute care providers' interests regarding the development and formulation of federal and state systems of reimbursement and financial reporting.
- Establish and enhance relationships and contacts with the federal/state governments, industry leaders and key community stakeholders to ensure timely access and opportunities to communicate or advocate health policy concerns and positions of HAH members.
- Establish and enhance relationships with external organizations with similar health care interests (national and state hospital and health care related associations including but not limited to AHA, AHCA and NAHC).
- Assist in formulating Medicare and Medicaid legislative and regulatory positions related to reimbursement including working with consultants to simulate the impact of proposals as well as interpreting and analyzing data relating to those proposals.
- Provide support, analysis and make recommendations on federal/state administrative and regulatory issues related to health care finance and other hospital issues. Serves as the primary contact in areas of assigned responsibility for information and/or referral on all relevant regulation and/or legislation.
- Work with appropriate staff to arrange educational programs regarding federal and state health policy issues including Medicare/Medicaid reimbursement to provide guidance to members.
- Work with the Director of Quality & Regulatory Affairs on developing positions regarding outcomes based reimbursement.
- Work with the Director of Legislation & Research on policy and testimony.

- Prepare reports, surveys and communications on federal and state health policy issues, including all major proposed and final rules effecting association membership.
- Communicate with HAH staff, Board and committees to update them on federal and state activities, distribute documents and other relevant information and seek input of Board and committee members.
- Respond to member and staff inquiries and solicit information from them as appropriate.
- Serve as lead liason with established HAH revenue sharing partners
- Identify, assess and make recommendations regarding revenue generating and cost saving opportunities for HAH and its membership
- Work independently to manage multiple priorities and deadlines.
- Communicate effectively and work collaboratively with HAH staff to provide superior member service.
- Responsible for writing, reviewing and contributing to HAH news articles, collateral materials and publications, respecting written style guidelines, and meeting established deadlines.
- Staff CFO committees and other committees as assigned
- Other duties/projects as assigned.

Decision Authority:

Is able to exercise discretion and independent judgment in the performance of duties with established procedures and guidelines.

Supervision:

With guidance from supervisor, plans, arranges and prioritizes own work on an annual basis with the flexibility to adjust as internal and external environment requires.

Education and Experience:

- Bachelor’s degree required; finance, economics or public policy emphasis preferred; relevant graduate degree(s) desirable.
- Federal and state regulatory experience preferred; knowledge of and expertise in federal regulatory issues pertaining to Medicare and Medicaid desired.
- Knowledge of the federal and state legislative and budgetary processes including Medicare and Medicaid.
- Experience with commercial payors, including pay for quality type initiatives.
- Understanding and experience with analysis of the Affordable Care Act and Hawaii’s Prepaid Healthcare Act.
- Excellent oral and written communication skills; ability to articulate complex issues in a manner that is easily understood.
- Ability and willingness to collaborate and be a team member while also having the ability to work independently to complete assignments.
- Excellent interpersonal skills.
- Ability to influence and motivate people.
- Ability to work effectively with a variety of groups and interests.
- Experience in conducting cost/benefit analyses and developing business plans.

Working Conditions:

The work is completed primarily in an air-conditioned office setting. Physical effort includes walking, standing, sitting, occasional stooping, occasional moving of chairs and tables, occasional lifting of objects. A dolly is available so lifting of objects weighing more than 10 pounds is not necessary or recommended. Driving or riding in an automobile to and from meetings may be required.