Center for Improving Value in Health Care (CIVHC)
JOB DESCRIPTION

Position Title: Lead Intake Analyst
Reports To: Data Quality Manager
Job Classification: Exempt, Full-time
Salary: $75,000-$85,000

About CIVHC:
The Center for Improving Value in Health Care (CIVHC) is an independent non-profit that equips partners and communities in Colorado and across the nation with the resources, services and unbiased data needed to improve health and health care. As the designated administrator of Colorado’s All Payer Claims Database (CO APCD), CIVHC oversees the collection of health care claims from Colorado’s public and private health care insurers and uses that information to promote price transparency, inform policy, advance health equity, conduct research, and much more. We are objective, solution-oriented, and maintain the highest integrity in the work we do.

We are committed to working toward diversifying our staff, board, and committees, creating a culture of diversity and inclusivity with an intention to understand all viewpoints and reduce biases. We encourage individuals from all backgrounds to apply for open positions.

Overview:
As part of the Data Quality team, the Lead Intake Analyst provides guidance to the Intake team and manages escalated data quality issues arising from the collection of health care claims data and other data from a variety of sources. The Lead Analyst will validate that data quality thresholds are met and work with both submitters and our data management vendor to ensure the highest overall quality of information in the CO APCD data warehouse. The analyst will lead and manage the annual Data Submission Guide regulatory revisions and work with the team to create new submission parameters and table structures.

Key Responsibilities:
- Provide support and guidance for the Intake team.
- Communicate with payers through all aspects of the data intake and QC processes. Act as the primary point of contact for escalated data quality issues.
- Communicate with data management vendor to coordinate payer communications and related data quality issues.
- Review intake QC reports to identify and work with payers to correct data submission issues.
- Manage the data submission exemption waiver process.
- Perform ad-hoc data QA and analyses as necessary.
- Manage annual Data Submission Guide and rule change process.
- Manage update of Annual File submission manuals as appropriate.
- Manage validation of Annual File submissions
• Manage communication of Annual File validation results to submitters and work through any data quality concerns.

Minimum Qualifications:
• Experience in a hospital or managed care environment with a focus on claims data, analysis, provider contracting, or decision support, especially in cost and utilization analysis.
• Experience analyzing commercial, Medicare, and/or Medicaid claims.
• A working knowledge of industry coding (revenue codes, ICD classifications, CPT codes, etc.).
• A working knowledge of healthcare industry terms such as HL7, PHI, HIPAA, HITECH, etc.
• Knowledge of SQL. SAS or NoSQL programming experience a plus.
• Minimum level of computer skills in a Microsoft Office environment: Advanced.
• Strong skills in Microsoft Excel.
• Strong Internet research capabilities.
• Exceptional attention to detail

Preferred Qualifications:
• Bachelor’s degree in Computer Science, Mathematics, Informatics or related field. Five years of relevant experience will be considered in lieu of a degree.
• 3+ years of health care claims experience.
• Experience in a Lead/Supervisory capacity
• Experience interpreting data models, data dictionaries and queries.
• Exceptional verbal and written communication skills, with experiences communicating and presenting to diverse audiences, potentially including executives and state officials.
• SQL experience and technical skill writing queries.
• Strong prioritization and time management skills.
• Profiling large, complex data sets.
• Excellent data analysis skills.
• Ability to convey complex or technical issues in a clear, concise manner.
• Creative, tenacious, and diligent.
• Analytical with strong problem-solving ability.

Benefits:
• 403b Retirement Plan
• Medical, Dental, and Vision plans
• Healthcare and Dependent Care Flexible Spending Account options
• Paid life insurance
• Short- and long-term disability coverage
• 9 paid holidays per year plus generous personal time off
• Company-paid parking
• On-site workout facility
• Excellent work-life programs, such as flexible schedules, and work-from-home options
• Employee wellness program
• Internal professional development opportunities
• Position may qualify for Public Service Loan Forgiveness Program. For more information, go to: https://studentaid.ed.gov/sa/repay-loans/forgiveness-cancellation/public-service
**Physical Requirements:**
- Ability to work at a computer for extended periods.
- Ability to travel to and from meetings: some overnight travel may be required.

**Limitations and Disclaimer:**
The above job description is meant to describe the general nature and level of work being performed; it is not intended to be construed as an exhaustive list of all responsibilities, duties and skills required for the position.

**Application Instructions:**
Interested candidates may submit cover letters and resumes to careers@civhc.org. Please include the job title and your name in the email subject line. You will only be contacted if you are selected for an interview.