

# GENERAL SERVICES ADMINISTRATION

## Federal Supply Service

### Authorized Federal Supply Schedule Price List

On-line access to contract ordering information, terms and conditions, up-to-date pricing, and the option to create an electronic delivery order are available through GSA Advantage!, a menu-driven database system. The INTERNET address for GSA Advantage! is: [GSAAdvantage.gov](http://GSAAdvantage.gov).

Schedule Title: **Mission Oriented Business Integrated Services (MOBIS)**

FSC Group 874

FSC Class R499

Contract number: **GS-10F-0183S**

For more information on ordering from Federal Supply Schedules click on the FSS Schedules button at [fss.gsa.gov](http://fss.gsa.gov).

Contract period: March 13, 2011 to March 12, 2016

**Lumetra Healthcare Solutions**

**550 Kearny Street, Ste 300**

**San Francisco, CA 94108**

**415-677-2000**

**415-677-2193 (fax)**

**[www.lumetrasolutions.com](http://www.lumetrasolutions.com)**

Contract Administration: **Annie Auyeung**

Business size: **Large Business**

Price List current through March 13, 2011.

## Table of Contents

<b>Cover Page</b>	<b>Page 1</b>
<b>Table of Contents</b>	<b>Page 2</b>
<b>Customer Ordering Information</b>	<b>Page 3</b>
<b>Lumetra GSA Labor Category Descriptions</b>	<b>Page 5</b>
<b>Lumetra GSA Price Table</b>	<b>Page 17</b>

## CUSTOMER ORDERING INFORMATION

1a. Awarded special item numbers:

**SIN 874-1 Integrated Consulting Services**

1b. Please see Pricing Table on page 17 for hourly rates.

1c. Please see Labor Category Descriptions on page 5.

2. Maximum order: **\$1,000,000.00**

3. Minimum order: **\$100.00**

4. Geographic coverage (delivery area): **Domestic Only**

5. Point(s) of production (city, county, and State or foreign country): **Same as Contractor Address.**

6. **Prices Shown Herein are Net (discount deducted).**

7. Quantity discounts: **None.**

8. Prompt payment terms: **Net 30 Days.**

9a. Government purchase cards are accepted at or below the micro-purchase threshold.

9b. Government purchase cards are not accepted above the micro-purchase threshold.

10. Foreign items (list items by country of origin): **None.**

11a Time of delivery. (Contractor insert number of days.): **As specified on Individual/Task Order.**

11b . Expedited Delivery: **Negotiated by Task Order.**

11c . Overnight and 2-day delivery. **Negotiated by Task Order.**

11d . Urgent Requirements. **Contact the Contractor's representative.**

12. F.O.B. Destination.

13a. Ordering address:

**Lumetra Attn: Patricia Daniel  
550 Kearny Street, Ste 300  
San Francisco, CA 94108  
415-677-2108**

13b. Ordering procedures: For supplies and services, the ordering procedures, information on Blanket Purchase

Agreements (BPA1s) are found in Federal Acquisition Regulation (FAR) 8.405-3.

14. Payment address:

**Lumetra Attn: Accounts Receivable  
550 Kearny Street, Ste 300  
San Francisco, CA 94108**

15. Warranty provision: **Not applicable.**

16. Export packing charges: **Not applicable.**

17. Terms and conditions of Government purchase card acceptance (any thresholds above the micro-purchase level): **Not applicable.**

18. Terms and conditions of rental, maintenance, and repair: **Not applicable.**

Terms and conditions of installation: Not applicable.

20. Terms and conditions of repair parts indicating date of parts price lists and any discounts from list prices: **Not applicable.**

20a. Terms and conditions for any other services: **Not applicable.**

21. List of service and distribution points: **Not applicable.**

22. List of participating dealers: **Not applicable.**

23. Preventive maintenance: **Not applicable.**

24a. Special attributes such as environmental attributes (e.g., recycled content, energy efficiency, and/or reduced pollutants): **Not applicable.**

24b. Section 508 compliance: **Not applicable.**

25. Data Universal Number System (DUNS) number: **11-818-7525**

26. Lumetra has registered in the Central Contractor Registration (CCR) database.

**Cage Code: 3KUX9**

27. Uncompensated Overtime: **Not applicable.**

# Lumetra GSA Labor Category Descriptions

## Index of Lumetra Labor Category Descriptions

1.	1.	<a href="#">Administrative Support</a>
2.	2.	<a href="#">Clinical Abstraction Specialist</a>
3.	3.	<a href="#">Coding Quality Specialist</a>
4.	4.	<a href="#">Program Director</a>
5.	5.	<a href="#">EHR System Implementation Advisor</a>
6.	6.	<a href="#">Healthcare Data Analyst</a>
7.	7.	<a href="#">Communication Specialist</a>
8.	8.	<a href="#">Physician Consultant</a>
9.	9.	<a href="#">Project Manager</a>
10.	10.	<a href="#">Quality Improvement Advisor</a>
11.	11.	<a href="#">Review Case Manager</a>
12.	12.	<a href="#">Senior Scientist</a>

### 1. Administrative Support

**MINIMUM/GENERAL EXPERIENCE:** Graduation from an accredited college or completion of appropriate college courses in office support training and/or the equivalent two years work experience. Knowledge of general office equipment and proficiency with Microsoft Office Suite software. Knowledge of administrative procedures needed to independently meet the administrative requirements of internal and external customers. Performs routine and standardized office tasks with little or no supervision. Excellent oral and written communication skill required. Knowledge and ability to relate well with customers over the phone and in person. Ability to meet required deadlines and schedules on time with excellent attention to detail. Ability to work as a team member and support team decisions. Familiarity with medical terminology preferred. Knowledge and application of Total Quality Management (TQM) and Continuous Quality Improvement (CQI) principles preferred.

#### FUNCTIONAL RESPONSIBILITY:

##### Administrative Office Support

- • Monitors and orders supplies for staff as necessary.
- • Records minutes for teleconferences and meetings and maintains file of approval minutes.
- • Performs word processing of all letters as required.
- • Independently plans, develops, and maintains administration files for the appropriate area.
- • Types, edits, and makes correction to documents produced by department/company, which are created in MS Office Suite. Gathers, formats and combines documents, often converting software formats and inserting graphics.
- • Coordinates bills and purchase orders, securing signature, coding and authorization signature(s). Makes copies of expenses for department budget and forwards original invoices to Finance.
- • Handles all meeting logistics for external meetings and trainings as well as internal staff training.

##### Travel and Expense Reports

- • Coordinates schedule and travel arrangements for staff when required.
- • Coordinates travel reimbursement forms, checking coding and per diems, confirming receipts are attached, and securing authorization signature(s). Makes copies of all expenses for department budget and forwards original forms to Finance.

### **Communication and Correspondence**

- • Screens incoming mail, emails, telephone calls for appropriate processing and response.
- • Gives and receives routine information requiring a high level of tact, discretion, and courtesy.
- • Demonstrates excellent customer relation skills with internal and external customers.
- • Develops and maintains rosters, reports and contact information for the project(s).

### **Review Reports**

- • Assists in preparing reports and materials for the team or project.
- • Develops and/or formats forms, graphs, spreadsheets, reports, presentations, etc., as required.

### **Record Keeping**

- • Independently plans, develops, and maintains record keeping system for the area.
- • Maintains file of meeting packets, approved minutes, and all reports.

### **Team Responsibility**

- • Requires thorough understanding of all aspects of the team and department's operations.
- • Backs up other administrative support functions as needed.
- • Performs other duties and special projects as assigned.

**MINIMUM EDUCATION:** BS/BA from an accredited college or completion of appropriate college courses in office support training and/or the equivalent two years work experience.

## **2. Clinical Abstraction Specialist**

**Minimum/General Experience:** Three years experience in medical record review and abstraction of clinical data; experience in utilization and quality review desired. Demonstrate excellent verbal and written communication skills and the ability to effectively communicate and interact with health care providers and internal customers. Demonstrate knowledge in intermediate computer skills, including the use of Microsoft Access, Microsoft Excel, Microsoft Word and GroupWise applications. Demonstrate ability to work independently with minimum supervision. Ability to work as member of a self-directed team and support team decisions. Ability to maintain total confidentiality.

### **Functional Responsibility:**

- Performs review of medical records and abstraction of clinical data for various Health Care Quality Improvement Projects. Applies clinical knowledge of disease processes and current medical care practices and procedures in the application of physician-developed guidelines for abstraction of clinical data. Formulates medical decisions based on clinical knowledge.
- Provides technical expertise and responds to health care providers/facilities, practitioners and Lumetra staff to clarify issues regarding correct interpretation of project guidelines.
- Participates in cross-functional teams and coordinates with other departments in developing effective strategies for successful implementation of quality improvement projects.
- Performs Internal Quality Control (IQC) process to ensure the accuracy and quality of abstracted data utilizing monitoring tools.
- Undertakes Continuous Quality Improvement (CQI) efforts to identify process and system problems that need improvement.
- Manages workload effectively to ensure timely completion of projects in compliance with Lumetra's contractual obligations.

- Performs direct entry of abstracted data into electronic system, tracks and updates process activities in electronic systems.
- Performs Team Lead role: Provides ongoing management reports/graphs, e.g. productivity, workload assessment, proficiency reports/graphs; provides the team with data that supports improvement needs; coordinates abstraction activities within the team and other departments; resolves process issues in abstraction; facilitates team meetings.
- Participates in special projects *and/or other duties* as assigned, such as, mandated utilization and quality of care medical reviews.
- Assists in the training program.

**Minimum Education:** Bachelor's of Science in Nursing preferred, with minimum of three years clinical experience in an acute care setting/related experience, or allied health professional with minimum of five years of related experience. California licensure preferred.

### 3. Coding Quality Specialist

**MINIMUM/GENERAL EXPERIENCE:** Bachelor's degree or equivalent and a minimum of five years experience coding in ICD-9-CM and CPT coding systems. Current credential in one of the following: Registered Records Administrator (RRA), Accredited Records Technician (ART), or Certified Coding Specialist (CCS). Extensive knowledge of regulatory, accreditation and licensing requirements for coded data, medical records and national and state coding guidelines. Knowledge of DRG's, or physician billing requirements and minimum datasets. Clinical, operational, quality improvement or project management background required. Experience with hospital information systems, statistical analysis and hospital operations. Excellent verbal and written communication skills. Demonstrates understanding and experience in the methods, tools and data requirements for supporting an effective quality improvement program for coding. Demonstrates expertise in medical record audit and review and understanding of healthcare data systems. Proficiency in word processing, spreadsheet and presentation applications; MS Word, Excel and PowerPoint preferred. Demonstrated experience in methods to support an effective quality improvement program for coding.

#### **FUNCTIONAL RESPONSIBILITY:**

- Audits the accuracy and consistency of coding by conducting internal/external-coding audits from medical records and computerized databases.
- Provides technical coding expertise to Lumetra staff, providers and practitioners, external agencies in order to identify and resolve coding and medical record/chart documentation problems impacting the accuracy and consistency of coded data.
- Provides leadership in the development and presentation of training and education programs for coders on existing and future coding, reimbursement, and risk-adjusted severity of illness systems.
- Interprets national coding and documentation guidelines for Lumetra leadership, physicians, and coders in order ensure consistent and accurate implementation and compliance with external regulations.
- Collaborates with clinical and non-clinical Lumetra groups to develop, implement and communicate specific coding and documentation guidelines to fulfill internal quality needs.
- Provides technical expertise and leadership on coding and coding related issues through multiple mechanisms.
- Participates in specific projects and teams dealing with coding issues.
- Assures compliance with Lumetra's IQC standards.
- • Prepares monthly reports of coding results to Manager.

**MINIMUM EDUCATION:** Registered Health Information Technician certification required.

## 5. Program Director

**MINIMUM/GENERAL EXPERIENCE:** A minimum of five years experience with progressive increased responsibility for all aspects of managing a professional staff. Knowledgeable in Federal regulation governing Medicare. Knowledge and application of Continuous Quality Improvement (CQI) methods. Demonstrate written communication skills including submission of professional reports and/or articles for publication. Proficient in the use of MS Office Suite software

### **FUNCTIONAL RESPONSIBILITY:**

#### **Project Management**

- • Provides leadership and develops project management skills for staff and others as needed.
- • Provides leadership and ongoing training in the process of project management.
- • Monitors performance of assigned projects and implements CQI activities as needed.

#### **Fiscal Management**

- • Responsible for project forecasts, budgets and promoting cost effectiveness for all activities assigned.
- • Directly responsible for managing the budgets for the assigned projects.
- • Oversees and assists staff in monitoring these budgets.

#### **Work Planning**

- • Ensures efficient workflow, prioritizes and directs work activities.
- • Develops and maintains operating procedures.
- • Responsible that contract deliverables are on time and within budget.

#### **Human Resources Management**

- • Represents Lumetra management with internal staff and external entities
- • Responsible for the selection of staff and performance measurement through regular reviews, training, salary evaluation and employee development.
- • Supervises the staff and makes appropriate assignments
- • Supervises support staff for the team.
- • Promotes a self-directed work force to achieve pride, ownership, high morale work and excellence in the delivery of services.

#### **Committees**

- • Leads the team staff meetings.
- • Actively contributes to the Operations Management Team and other meetings as appropriate.

#### **Customer Relations and Representations**

- • Identifies opportunities to collaborate with external health care agencies and Stakeholders.
- • Represents Lumetra to customers, other Quality Improvement Organizations (QIOs), Partners and Stakeholders.

#### **Internal Coordination**

- • Responsible for insuring activities of the team are coordinated with the other departments within Lumetra to maximize the effectiveness of Lumetra's overall efforts.

**MINIMUM EDUCATION:** BS/BA degree in nursing, public health, healthcare administration or the equivalent and five or more years of management or program administration experience.

## 6. Electronic Health Record (EHR) System Implementation Advisor

**MINIMUM/GENERAL EXPERIENCE:** Minimum of five years of implementation experience in live environments, preferably in healthcare. Strong technical knowledge of Windows and UNIX operating systems. Strong database knowledge including SQL programming and administration experience required. Working knowledge of Crystal Reports, HTML and Java. Technical writing skills required. Strong customer service background with an ability to communicate effectively across various technical skill levels within the healthcare industry. Excellent planning and organizational skills. Technical troubleshooting and software installation. Ability to work independently and as part of a team. Must be able to travel approximately 50 – 60% of the time. Proficient in the use of MS Word, MS PowerPoint, MS Excel, MS Visio and e-mail.

### FUNCTIONAL RESPONSIBILITY:

- • **Technical Expert**
  - ○ Develop and implement a model for assessment and analysis of hardware, software and networking considerations needed to manage information and functional operations. Provide technical expertise to physician offices on vendor product selection based on practice assessment of needs.
  - ○ Work with others on electronic health record (E.H.R.) systems implementation and practice performance improvement.
- • **Consultation for EHR Implementations**
  - ○ Provide consultation to vendors and physician practices from pre-implementation through post-implementation project phases, to include technical feedback on use of the EHR and suggestions for enhancement of workflow.
  - ○ Maintain customer relations during the course of the project in order to attain product acceptance and adoption. Create technical specification and system workflow documentation and feedback for practices.
  - ○ Understand and be able to effectively communicate data integration requirements to physician practices and vendors. Provide advice on best practices for typical EHR system configuration and provide hands-on assistance with physician offices where Lumetra can aid implementation and practice redesign efforts in coordination with Quality Improvement Advisors at Lumetra.
- • **Implementation Issues Triage for Physician Offices**
  - ○ Track progress of implementations with practices and vendors and act as the key point of contact for issue management during EHR systems implementation at providers practices. Must be familiar with issue tracking tools and effective communications for issue management and resolution.
- • **Vendor Relations**
  - ○ Gain familiarity and maintain knowledge of the primary EHR vendor products and assist in building trusted relationships with vendors. Be aware of vendor implementation methodologies and timelines.
- • **Communications**
  - ○ Establish and maintain effective relationships with healthcare providers and related groups. Provide technical advice to decision makers and end users involved in the selection, procurement, use and maintenance of EHR systems at small to medium sized practices.
  - ○ Gain knowledge of clinical terminology used in the medical informatics field.
- • **Business Case Development**

- ○ Collaborate with the team to develop business reasons for choosing an EHR, assist in identifying areas for specific practices to focus and communicate best practices for impacting those areas of focus.
- ● **Reporting**
  - ○ Work closely with others to establish data collection processes and provide education on implementation assistance models.
  - ○ Other duties may be assigned as required.

**MINIMUM EDUCATION:** Bachelors degree in a technical field is required or three years experience in system implementation.

## 7. Healthcare Data Analyst

**Minimum/General Experience:** Ability to design and implement program evaluation studies. Experience in quantitative research methodology. Proficiency in the use of SAS software and other IBM/PC software applications. Experience and comfort in teaching analytic and reporting methods. Excellent interpersonal, written and oral communication skills. Ability to function independently but also to work comfortably and effectively in a team environment.

### Functional Responsibility:

#### Data Analysis

- ● Analyzes Medicare administrative claims, data abstracted from medical records, survey, epidemiological, and other relevant databases.
- ● Interprets analytical results and presents key information to the project team and other audiences. Guides the team in interpreting and using analytic results to design and evaluate quality improvement interventions. Provides analytic support to provider teams who participate in quality improvement collaboratives.
- ● Documents analytic work and adheres to corporate quality control processes.

#### Training

- ● Teaches and supports healthcare providers in analytic aspects of quality improvement projects, including definition of measures, data collection, reporting and interpretation of results.

#### Quality Improvement

- ● Collaborates with other team members in the design of quality improvement initiatives.

#### Research and Education

- ● Identifies opportunities to collaborate with external entities, including but not limited to health care agencies, and researchers.
- ● Assists in writing grant proposals as appropriate.
- ● Prepares and submits abstracts for publications and conferences.
- ● Presents and participates in internal training events for analytic and other staff.

#### Other

- ● Contributes to the overall company performance by helping to identify and implement corporate, department, and project goals and strategies.
- ● Other duties as assigned.

**Minimum Education:** Master's level degree in Epidemiology, Biostatistics, Health Services Research, Public Health, Gerontology, or related field with at least two year's experience within a healthcare setting and data analysis OR Bachelor's degree in Statistics, Public Health, Health Services Research or related field with experience commensurate to Master's level (3-5 year's experience within a

healthcare setting & data analysis) and accomplished scientific products including abstract/manuscript publication within relevant healthcare or scientific literature, or scientific conference presentations.

## **8. Communications Specialist**

**Minimum/General Experience:** Minimum three years of professional experience in marketing or communications. Superior written and verbal communication skills, as well as a clear eye for desktop formatting and design. Experience communicating with healthcare professionals and senior audiences is desirable, in addition to proficiency in Spanish.

Track record of successfully completing assigned projects in a timely and efficient manner with attention to detail and appropriate follow up to ensure ongoing customer satisfaction. Ability to function independently, work in a team environment, manage multiple priorities, and meet deadlines. Proficient in MS Word, Excel, PowerPoint. Proficiency in Adobe Illustrator, Photoshop, Quark X Press, and Dreamweaver desirable.

**Functional Responsibility:** Identifies and utilizes effective marketing and communications strategies and techniques to create print and online communications materials by performing one or all of the following functions: marketing communications strategic planning, education and training program support copywriting, editing, proofreading, formatting, and desktop publishing.

- Identifies effective communications strategies related to projects, including needs assessment, focus groups, social marketing campaigns, and customer/consumer interviews.
- Develops visual presentation strategy and materials supporting and reinforcing the learning objectives of educational programs, meetings, and conferences.
- Manages assigned projects to achieve timely production of materials, research cost-effective production and other resource requirements, solicit bids, and prepare purchase orders.

**Minimum Education:** BA in English, journalism, design, marketing or related field.

## **9. Physician Consultant**

**MINIMUM/GENERAL EXPERIENCE:** Minimum of five (5) years of clinical practice as an MD. Excellent written and oral communication skills, including experience in making presentations. Basic understanding of the Medicare program is required. Familiarity with government regulations related to health care is a plus. Experience in clinical quality improvement efforts related to individual cases is required. A broad range of knowledge of evidence-based medicine is required. Demonstrated understanding of a wide range of clinical issues pertinent to the Medicare population is required. Proven track record as a productive member of a multidisciplinary team, including demonstrated ability to work collaboratively with peers in senior management is required. A broad range of experience in various clinical settings is a plus: health plans, hospitals, physician offices, long term care, home health agencies, medical groups.

### **FUNCTIONAL RESPONSIBILITY:**

- In collaboration with the Department Physicians, reviews all Physician Reviewer determinations to ensure their appropriateness, accuracy and integrity.
- Is responsible for identifying, recruiting and training of all Physician and Practitioner Reviewers. Ensures that all Reviewers are properly credentialed in accordance with federal requirements.

- Applies the Physician Reviewer Checklist and carries out any other related activities as directed by federal contract to carry out assessment and improvement activities associated with ensuring validity and reliability of Physician Reviewer determinations.
- Reviews and approves all communication to beneficiaries, practitioners, hospitals and health plans that involve quality of care, notices of noncoverage, program integrity and hospital payment monitoring, including quality improvement plans (QIPs), to assure the accuracy of the professional medical content and the appropriateness of the information included in the communications.
- Assists the Medical Director and works with other Department Physicians in carrying out program integrity activities including ensuring the appropriateness of physician reviews along with attending any associated meetings.
- Under the supervision of the Medical Director, provides staff training on medical issues related to Case Review activities.
- In collaboration with the Medical Director serves as a resource and contact for external agencies and Centers for Medicare and Medicaid Services (CMS) staff regarding medical and related issues involving Case Review activities.

**MINIMUM EDUCATION:** Educational degree of M.D. Active California Medical MD license. Board certification in a recognized medical specialty by the American Board of Medical Specialists.

## 10. Project Manager

**MINIMUM/GENERAL EXPERIENCE:** A minimum of three years of experience in project management or management with budgetary experience. Previous supervisory experience preferred.

### FUNCTIONAL RESPONSIBILITY:

#### Project Management

- • Uses Continuous Quality Improvement (CQI) techniques to achieve project goals and to improve team and operational processes
- • Prepares project plans, project timelines and budgets
- • Coordinates tasks in information/data gathering, project design, development of quality improvement interventions, performance measurement, project evaluation, project partnerships and reporting
- • Tracks team progress against tasks and goals and is responsible for ensuring team responsibilities and activities are completed on schedule and within budget
- • Reports project progress through required deliverables and other written reports
- • Plans and leads project team meetings
- • Identifies suitable project partners and establishes and maintains collaborations with these external organizations and with the quality improvement community
- • Supervisory Responsibility
- • Supervisory responsibility for specified members of the project team
- • Manages a team of professionals and support staff including their selection, training, development, performance appraisal, assignments, and counseling of individual staff

#### Fiscal Management

- • In collaboration with the Director, tracks and monitors project budget through monthly variance reports
- • Provides project team with timely budgetary information that relates to their projects.
- • Recommends to the Director adjustments to maintain balanced budgets

#### Communication

- • Establishes and promotes teamwork among multidisciplinary team members, including managers, researchers, analysts, project coordinators, providers, and external collaborators. Leads internal, multi-disciplinary teams, facilitates communication between team members and ensures that teams function effectively.
- • Maintains working partnership with relevant professional organizations and other stakeholders
- • Coordinates and facilitates communication and meetings with partners

#### Presentations

- • Prepares and submits abstracts and manuscripts for publication and conferences
- • Presents project results at local and national conferences, staff meetings and company-wide meetings
- • Performs other duties and special projects as assigned

**MINIMUM EDUCATION:** BS/BA degree in nursing, public health, healthcare administration or the equivalent and five or more years of management or other related healthcare experience.

### 11. Quality Improvement Advisor

**MINIMUM/GENERAL EXPERIENCE:** Minimum of five years clinical experience, two years of direct quality improvement experience required. Experience or training in the IHI Breakthrough Series collaborative model preferred. In-depth knowledge of Continuous Quality Improvement (CQI) methods. Understanding of healthcare with Informatics preferred. Ability to assume consultant role and apply a consultative model while working with providers. Demonstrate effective communication, presentation, organizational, planning and marketing/sales skills. Demonstrate flexibility and ability to work in a rapidly changing environment. Ability to develop and maintain effective interpersonal relationships, including persuasion, negotiation, gaining support and eliciting information. Demonstrate computer skills sufficient to access and maintain database of providers, use electronic communication from and work with word processing and spreadsheets.

#### **FUNCTIONAL RESPONSIBILITY:**

##### Quality Improvement

- • Serve as a quality improvement consultant to designated healthcare providers and related organizations.
- • Assess the status of quality improvement and needs of these groups regarding cooperative projects and campaigns.
- • Identify quality improvement opportunities and barriers.
- • Advise providers on the design and implementation of effective evidence-based quality improvement interventions.
- • Provide ongoing support through all phases of the quality improvement cycle.
- • Provide on-site consultations as needed.

##### Collaboratives

- • Participate with the Project Manager of the collaborative project to design the collaborative charter, change package, and preparatory materials.
- • Assess progress in the collaborative and identifies necessary changes in key technical content, measurement use of improvement methods.
- • Teach and coach teams on process improvement at collaborative “Learning Sessions” and during action periods.
- • Participate in other training events as needed.

#### Provider Outreach

- • Promote participation in the quality improvement collaborative and initiatives.
- • Market intervention tools to assist in the quality improvement process.
- • Develop in collaboration with the project team a plan for outreach to providers within the assigned clinical setting.
- • Build a knowledge base for each customer that includes organizational structure, quality improvement initiatives and interventions and other pertinent information.

#### Communication

- • Establishes and maintains effective relationships with healthcare providers and related groups.
- • Make presentations to provider groups regarding the quality improvement projects.
- • Record provider outreach and quality improvement activities and contact information in databases.

#### Project Development

- • Participate in the assigned multidisciplinary project teams.
- • Give feedback from experiences in the field. Use customer knowledge to identify trends, the need for intervention tools and appropriate implementation plan.
- • Provide quality improvement expertise in the development, intervention and evaluation of products and campaigns.
- • Provide editorial input as requested for any of the project team's reports or written material.
- • Performs other duties and special projects as assigned.

**MINIMUM EDUCATION:** Bachelor's degree required. Five years clinical experience required and minimum of two years of direct quality improvement experience required. Experience or training in the IHI Breakthrough Series collaborative model preferred.

## 12. Review Case Manager

**MINIMUM/GENERAL EXPERIENCE:** Minimum of three years clinical experience in an acute care setting or related experience. Minimum of three years Quality Management Experience. Ability to effectively communicate and interact with external customers (providers and beneficiaries/representatives) and internal customers. Demonstrated strong writing skills. Demonstrated ability to work independently with minimal supervision. Ability to work as a team member and support team decisions. Demonstrated knowledge of intermediate computer skills. Ability to handle sensitive/confidential information.

#### **FUNCTIONAL RESPONSIBILITY:**

- Reviews written complaints regarding beneficiaries to determine if they met the criteria for a quality of care review. Refers those letters that do not meet criteria to appropriate agency and/or Helpline for follow-up.
- Initiates quality of care review in accordance with HCFA guidelines; follows case through entire process to completion, coordinating with physician reviewers, word processors, and the Associate Medical Director. Interfaces with appropriate personnel at health plans and facilities; communicates telephonically with complainants when necessary to clarify issues and/or to provide updates on the review status.

- Manages a caseload that is based upon equitable distribution of complaints received. Requests medical records need for review, organizes record and determines their completeness.
- Formulates review questions based upon beneficiary complaint, and prepares case for physician review. Reviews physician determinations. Contacts physician reviewer for clarification of review findings if necessary. Confirms any noted quality of care concerns with Associate Medical Director.
- Prepares required correspondence to providers and beneficiaries/representatives; ensures that content is accurate and understandable. Works with Associate Medical Director to finalize letter content. Proofreads all correspondence before forwarding to Associate Medical Director for signature.
- Enters all relevant data into electronic system; maintains timely data entry throughout entire case review. Enters all data into tracking system. Maintains department standards for case completion.
- Prepares final case summary and drafts all applicable notice for disclosure letters.
- Acts as Team Leader on a rotating basis: compiles weekly statistics; coordinates agenda for team meetings and distributes tasks and assignments to team members.
- • Participates in special projects and/or other duties as assigned.

**MINIMUM EDUCATION:** B.S. required or five years of related allied health experience. California RN Licensure required.

### 13. Senior Scientist

**MINIMUM/GENERAL EXPERIENCE:** Minimum 5 years experience in health care, health services research or epidemiology and accomplished scientific products including abstract/manuscript publication within relevant healthcare or scientific literature, or scientific conference presentations. At least three years of professional experience showing progressive responsibility using statistical methods to analyze healthcare data. Demonstrated ability to analyze data; experience in using health care data, preferably healthcare quality, billing, or hospital discharge data. Demonstrated ability to use SAS to analyze data, generate analytical files and reports, and process data. Proficiency in Microsoft Office and Microsoft Windows environment. Demonstrated verbal and written communication skills.

#### **FUNCTIONAL RESPONSIBILITY:**

- Provides research design consultation, survey research support, and statistical and epidemiological analysis services for a variety of projects, programs and departments.
- Provides exceptional customer service. Works to understand the needs of internal and external customers and makes all reasonable effort to exceed customer expectations.
- Performs data analysis and interpretation using appropriate statistical methodologies. Examples include sampling design, estimation of sample size, and statistical analysis to generate provider, beneficiary or target population profiles in multiple healthcare settings.
- Works with project analyst(s) to coordinate analytic support for multiple projects. This includes database design, data processing, and programming documentation.
- Collaborates in the design and evaluation of health services research projects and health care quality improvement initiatives.
- Serves as an expert in the analysis of scientific and healthcare claims data, especially data from the Centers for Medicare & Medicaid Services (CMS). Also requires expertise in analyzing other healthcare databases such as California Cancer Registry (CCR), California Women's Health Survey, and U.S. Census Data.

- Develops documentation about the contents of healthcare databases, and the completeness and accuracy of the data therein.
- Collaborates with multidisciplinary teams and other professionals to develop comprehensive analysis plans.
- Communicates with a broad group of colleagues and customers, such as participation in conference calls with Centers for Medicare & Medicaid Services (CMS), American Healthcare Quality Association (AHQA) and other Quality Improvement Organizations (QIOs) .
- Presents analytical results in technical reports, refereed publications, and in presentations at professional conferences.
- Is committed to quality and quality improvement. Continually monitors own work and the work of others for accuracy and clarity. Adheres to all applicable quality assurance and data standardization processes. Contributes to the development of new or additional processes as necessary.
- Identifies and explores the uses of relevant databases for health care research.
- Maintains current knowledge of statistical and health services research methods.
- Provides mentoring, teaching, direction, and support to colleagues.
- Helps to write grant proposals for funding of health services research and responses to RFPs.
- • Other duties as assigned.

**MINIMUM EDUCATION:** Doctoral degree (e.g., Ph.D., Sc.D.) in Biostatistics, Epidemiology, Statistics, Social Science or related field with 5- 10 years experience in health care, health services research or epidemiology and accomplished scientific products including abstract/manuscript publication within relevant healthcare or scientific literature, or scientific conference presentations.

## Lumetra GSA Pricing

	<b>Title</b>	GSA Rate Year 6 March 13, 2011 to March 12, 2012	GSA Rate Year 7 March 13, 2012 to March 12, 2013	GSA Rate Year 8 March 13, 2013 to March 12, 2014	GSA Rate Year 9 March 13, 2014 to March 12, 2015	GSA Rate Year 10 March 13, 2015 to March 12, 2016
1.	<b>Administrative Support</b>	\$68.03	\$70.21	\$72.45	\$74.77	\$77.16
2.	<b>Clinical Abstraction Specialist</b>	\$93.39	\$96.37	\$99.46	\$102.64	\$105.93
3.	<b>Coding Quality Specialist</b>	\$96.67	\$99.76	\$102.95	\$106.25	\$109.65
4.	<b>Program Director</b>	\$183.05	\$188.90	\$194.95	\$201.19	\$207.62
5.	<b>EHR System Implementation Advisor</b>	\$94.75	\$97.78	\$100.91	\$104.14	\$107.47
6.	<b>Healthcare Data Analyst</b>	\$95.22	\$98.27	\$101.41	\$104.66	\$108.01
7.	<b>Communication Specialist</b>	\$74.40	\$76.78	\$79.23	\$81.77	\$84.39
8.	<b>Physician Consultant</b>	\$218.26	\$225.24	\$232.45	\$239.89	\$247.56
9.	<b>Project Manager</b>	\$117.56	\$121.32	\$125.20	\$129.21	\$133.34
10.	<b>Quality Improvement Advisor</b>	\$105.38	\$108.75	\$112.23	\$115.82	\$119.53
11.	<b>Review Case Manager</b>	\$102.82	\$106.11	\$109.50	\$113.01	\$116.62
12.	<b>Senior Scientist</b>	\$122.84	\$126.77	\$130.83	\$135.01	\$139.33