



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

Position Title: Senior Data Quality Analyst
Reports To: Director of Analytics
Job Classification: Exempt, Full-time

JOB DESCRIPTION:

CIVHC is an independent healthcare information services organization seeking a Senior Data Quality Analyst. The Analyst is responsible for testing, investigating and specifying improvements to the quality of data in the Colorado All Payer Claims Database (CO APCD).

The CO APCD is the state's most comprehensive source of healthcare insurance claims information representing the majority of covered lives in the state across commercial health insurance plans, Medicare, and Health First Colorado (Colorado's Medicaid program). The Analyst will assess the quality of data submitted by healthcare payers and will test the quality of data after it has been processed, enhanced and loaded into the CO APCD. This includes testing methods (business rules) for processing claim reversals/claim adjustments, grouping inpatient claims for analysis, creating unique person and provider identification numbers, etc.

The ideal candidate will have at least five years of direct experience working with healthcare claims, either analyzing the quality of the data or using the data to generate measures of quality, cost and utilization of care. The Analyst should be comfortable working with large relational databases using SQL, and be able to read, interpret and write SQL code that define business rules for processing and enhancing the data. Curiosity to explore healthcare data and an enthusiasm and commitment to continuously improve its quality are essential to be successful in this role.

PRIMARY DUTIES AND RESPONSIBILITIES:

- Help design and implement data quality assurance and quality control procedures for the CO APCD
- Test the quality and validity of payer-submitted data
- Test and measure the quality and accuracy of the data in the CO APCD
- Create and manage a standard reporting system for data quality assurance and quality control checks; develop reports for post-processing reviews and interpret findings to manager.
- Analyze the impact of data quality problems and communicate findings to CO APCD users.
- Test and analyze CO APCD business rules and procedures for processing and enhancing payer-submitted data and make recommendations for improvement
- Interpret findings and make recommendations for quality improvement activities.
- Identify, investigate and work with programmers to resolve data quality problems
- Design and implement a continuous quality improvement system with CO APCD users to identify, investigate and resolve data quality problems
- Assist in developing and maintaining CO APCD data quality documentation and data dictionary
- Analyze and interpret qualitative and quantitative data using statistical tools and methodologies

- Interact and engage with clients, stakeholders and the CO APCD data vendor to review and prioritize data quality initiatives
- Work in collaboration with the Data Analytics team and other CIVHC team members

EDUCATION AND EXPERIENCE:

- Bachelor's degree in healthcare informatics, data science, computer science or recognized field which is directly related to the duties of the position. Master's degree in any of these fields a plus.
- Experience working in a health plan or managed care environment with a focus on quality of claims, member and provider data; decision support or performance measurement.
- Experience analyzing commercial, Medicare and/or Medicaid medical and prescription drug health claims. Advanced knowledge of industry coding (revenue codes, ICD classifications, CPT codes, etc.).
- Expertise in SQL for data management and analysis. Expertise in SAS and other statistical tools is a plus
- Ability to work effectively with data users to investigate and resolve data quality concerns
- Knowledge of and experience applying continuous quality improvement principles.
- Experience with healthcare provider billing systems and rules is a plus
- Ability to identify ways to improve systems that are already in place
- User Acceptance Testing and/or QA testing experience

QUALIFICATIONS

- Bachelor's degree in healthcare informatics, data science, computer science or recognized field which is directly related to the duties of the position. Master's degree in any of these fields a plus.
- 5+ years of relevant employment experience in a health plan or managed care setting
- Advanced SQL programming and demonstrated ability to write and interpret complex SQL queries. Expertise in SAS and other statistical tools is a plus
- Demonstrated experience interpreting data models, data dictionaries and queries
- Excellent data analysis skills with strong problem solving ability
- Must be a critical thinker who can successfully troubleshoot and solve problems
- Ability to convey complex concepts to end users in terms relevant to the business; strong verbal and written communication skills
- Creative, tenacious and diligent. Attention to detail.
- Demonstrates the ability to communicate complex technical issues to non-technical audience and be understood

PHYSICAL REQUIREMENTS:

- Ability to work at a computer for extended periods
- Ability to travel to and from meetings and appointments

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. CIVHC is an Equal Opportunity Employer.