



JOB STATUS: Full-time, Non-Exempt

REPORTS TO: Population Health Medical Director

LOCATION: Everett

The Associate Director of Population Health Performance is a hands-on, strategic leader responsible for building and executing the foundation for value-based care performance at WWMG. This role oversees risk adjustment, quality measures, and cost of care performance in delegated Medicare Advantage risk contracts, with expansion into MSSP and commercial risk arrangements.

This is not a traditional management position—we need a **doer** who can derive actionable insights from complex data, build processes from the ground up, and directly drive interventions that deliver measurable results. The ideal candidate has medical group experience and has delivered performance improvements at a scale of tens of millions of dollars in shared savings or quality incentives.

You will be the architect of our performance infrastructure, establishing data-driven workflows, analytics capabilities, and operational processes that enable our multispecialty group to succeed in value-based care.

Work Arrangement: In office, Everett, WA preferred; Part time work from home options may be considered.

Key Responsibilities

Performance Oversight & Execution

- Drive risk adjustment performance including CMS-HCC and Rx-HCC coding accuracy, RAF score optimization, and suspect condition resolution
- Oversee quality measure performance across HEDIS, Medicare Stars, eCQMs, and MIPS metrics
- Manage total cost of care initiatives including utilization management, care coordination, and high-cost patient interventions
- Execute delegated Medicare Advantage risk contract and MSSP requirements and ensure all performance benchmarks are achieved
- Expand value-based care capabilities into commercial risk arrangements

Data-Driven Insight & Action

- Proactively analyze complex datasets to identify performance gaps, coding opportunities, and care gaps requiring intervention
- Translate data into specific, actionable recommendations for clinical teams and leadership
- Build and maintain performance dashboards and reporting infrastructure
- Conduct root cause analysis on underperforming metrics and implement targeted solutions
- Partner with Data Analytics team to develop predictive models for risk stratification and intervention prioritization

Infrastructure & Process Development

- Establish data workflows, documentation standards, and operational processes for value-based care performance
- Build concurrent and retrospective chart review programs for risk adjustment optimization
- Design and implement quality improvement interventions with measurable outcomes
- Create care gap closure workflows and outreach protocols
- Develop audit-ready documentation and compliance frameworks for CMS and payer requirements

Contract & Financial Management

- Manage health plan contracts including performance metric tracking, financial reconciliation, and benchmark analysis
 - Conduct PMPM/PMPY financial modeling and variance analysis
 - Lead contract negotiations and performance discussions with delegated risk partners
 - Monitor MLR, shared savings, and quality incentive opportunities
 - Provide financial impact analysis for strategic value-based care decisions
 - Build relationships with payer partners and external stakeholders
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Required Qualifications

Experience

- Minimum 7 years of experience in value-based care delivery within a **medical group setting** (physician group, IPA, or multispecialty clinic)
- Proven track record of delivering performance improvements at a scale of **\$10 million+** in annual shared savings, quality incentives, or risk-adjusted revenue
- Direct experience managing **delegated Medicare Advantage risk** contracts with accountability for risk adjustment, quality, and cost outcomes
- Demonstrated success building performance infrastructure and processes in a data-first environment
- as a hands-on operator, not solely in strategy and management roles

Technical Skills

- Deep expertise in **CMS-HCC and Rx-HCC risk adjustment** methodologies, including coding guidelines, RAF score calculation, and recapture strategies
- Comprehensive knowledge of **quality measures** including HEDIS, Medicare Stars ratings, eQMs, and MIPS
- Strong understanding of **cost of care management** including utilization patterns, network steerage, and care coordination models
- Advanced proficiency in **data analysis** with ability to work in Excel, SQL, or analytics platforms to derive insights
- Experience with **EMR systems** (Epic, Cerner, or comparable) for clinical data extraction and documentation review
- Financial modeling capabilities for PMPM analysis, benchmark calculations, and contract performance evaluation

Core Competencies

- **Analytical mindset:** Natural pattern recognition, comfort with ambiguity, and ability to translate complex data into clear recommendations
- **Process orientation:** Systematic approach to building scalable workflows and operational standards
- **Proactive execution:** Self-starter who identifies problems and implements solutions without waiting for direction
- **Communication:** Ability to influence clinical and operational stakeholders through data-driven storytelling
- **Healthcare compliance:** Understanding of HIPAA, CMS regulations, and audit requirements

Education

- Bachelor's degree in Healthcare Administration, Public Health, Data Analytics, Business, or related field
 - Master's degree preferred (MHA, MMM, MBA, or similar)
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Preferred Qualifications

- Experience with **MSSP (ACO REACH or LEAD models)** and commercial risk contracts
 - Background in multispecialty group transformation from fee-for-service to value-based care
 - Familiarity with population health technology platforms (Arcadia, HealthEC, Innovaccer, or comparable)
 - Experience with coding education and provider engagement strategies
 - Knowledge of social determinants of health (SDOH) and health equity initiatives
 - Clinical background (RN, MD, or allied health professional) with transition to analytics/operations
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Work Environment & Schedule

- **Schedule:** Monday through Friday, standard business hours (flexibility for occasional early/late meetings)
 - **Location:** In office preferred, Everett, WA. Part time work from home may be considered.
 - **Work modality:** Primarily computer-based work using phone, email, EMR systems, and analytical software
 - **Physical demands:** Ability to remain sedentary for extended periods; intermittent standing, walking, and lifting up to 25 lbs.; reasonable accommodations available for individuals with disabilities
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Compensation & Benefits

Competitive annual salary range of \$130,000 - \$150,000, with significant performance-based incentive opportunity tied to value-based care results. Comprehensive benefits package including medical, dental, vision, retirement plan with employer contribution, paid time off, and continuing education support.

Why Join WWMG?

This is a rare opportunity to build a population health performance program from the foundation level within an independent, provider-led multispecialty group. You will have direct impact on strategic decisions, autonomy to design processes that work, and the support of clinical leadership committed to value-based care success. If you thrive on turning data into action, building infrastructure that scales, and delivering measurable results in complex healthcare environments, this role offers the challenge and reward you're seeking.

How to Apply

Interested candidates should submit their resume and a brief cover letter describing their most significant value-based care performance achievement to:

Andy Kruse

akruse@wwmedgroup.com

Western Washington Medical Group is an Equal Opportunity Employer. We celebrate diversity and inclusion and welcome applications from qualified candidates, regardless of race, color, religion, sex including sexual orientation and gender identity, national origin, disability, protected veteran status or any other characteristic protected by applicable federal, state or local law.