



Title: Vice President, Finance

Reports to: Chief Finance and Strategy Officer

Classification: Vice President

Job description revision number and date: 2.0; 2/27/2023

Organization Summary:

Community Care Cooperative (C3) is a 501(c)(3) non-profit, Accountable Care Organization (ACO) governed by Federally Qualified Health Centers (FQHCs). Our mission is to leverage the collective strengths of FQHCs to improve the health and wellness of the people we serve. We are a fast-growing organization founded in 2016 with 9 health centers and now serving hundreds of thousands of beneficiaries who receive primary care at health centers and independent practices across Massachusetts. We are an innovative organization developing new partnerships and programs to improve the health of members and communities, and to strengthen our health center partners.

Job Summary:

Reporting to the Chief Finance and Strategy Officer, the VP of Finance is responsible for the success of the finance function at the company, including supervising and/or overseeing our internal and outsourced finance, accounting, and actuarial services. The VP of Finance develops and fosters strong internal and external relationships to ensure that the finance function is optimized in all business functions.

In conjunction with the Executive Team, the VP participates in the development and implementation of the mission, vision, and values of the organization, including successfully stewarding the organization's strategic plan. The VP serves as an organizational leader in support of all of the organization's strategic goals, directly or as a supportive team member. This might include leading or supporting regular or ad hoc organizational efforts, and/or representing the organization with external stakeholders.

Responsibilities:

- Ensure timely and accurate primary care capitation payments for our MassHealth, Medicare, Blue Cross, and any other capitated contracts
 - Lead troubleshooting of health center questions about the appropriateness of capitation payments and how they relate to other, ongoing fee-for-service payments, the PPS rate, and wrap payments
- Support health centers and internal colleagues in modeling changes in primary care practice (e.g. panel size) that impact health center profitability under primary care capitation
- Support the budgeting and management of all other payment streams that support health center activities, such as quality withholds, health equity withholds, and care management funding
- Work directly with payors to resolve any issues in the calculation, documentation, and timely receipt and reconciliation of primary care capitation and all other payments
- Model the impact of potential changes in reimbursement, such as:

- Changes in scope of capitation (e.g. inclusion of behavioral health services)
 - Changes in policy or scope that impact each health center's PPS rate
 - Changes in risk score methodology that impact payments (e.g. PCAL)
- Provide organizational oversight for work to improve ACO total cost of care performance in general and shared savings performance at each participating health center
 - Oversees actuarial services intended to predict potential performance, assess developing results, and finalize settlements with payors and health centers
 - Leads work to improve our Internal Financial Architecture, which is our framework of sharing savings and losses with health centers, and includes tools and techniques we use to minimize health center risk
 - Ensures the organization and every health center executive team is clear on the state of total cost of care performance, risks, and opportunities for improvement; works closely with clinical and operations colleagues to support improvement work
- Ensure the organization is appropriately reserved to take downside risk, and meets all regulatory requirements related to risk, such as the procurement of any surety bonds, certifications, or licenses which may be required by regulatory authorities
- Reviews and develops potential improvements to the manner in which the organization shares risk with its health centers (our Internal Financial Architecture), adapting our core principles to the unique features of each value-based contract
- Ensure the organization's cash and Institutional Funds are protected and managed
 - Institutional Funds are the subset of the organization's funds identified by the Finance Committee and Board for investment in a portfolio of stocks and bonds, as directed by our Investment Policy and our Investment Committee
- Work with internal and health center stakeholders to secure grants and other restricted funds that advance our mission and strategy, and ensures appropriate accountability and reporting on those funds
- Assist the CFSO in staffing Governance committees, including Finance Committee, Audit Committee, and Investment Committee
- Works to become a trusted partner to MassHealth in all finance matters, through fact-based analysis, respectful advocacy, and consistent responsiveness
- Support our Community Pharmacy Cooperative subsidiary with budgeting, planning, and accounting services, which will in turn support expanded capabilities and additional customers for our retail pharmacy, 340B optimization, and clinical pharmacy services
- Support our Community Technology Cooperative subsidiary with budgeting, planning, and accounting services, which will in turn support expanded capabilities and additional customers for our instance of the Epic electronic health record
- Supports the development of our national strategy; the development of new shared services; and the modeling of value-based contract terms that will strengthen the Organization and its participating providers
- Play an active role in supporting the work of the organization and our health centers to advance racial justice
- Support the Diversity Equity and Racial Justice (DERJ) committee in its annual budgeting
- Actively pursue diversity among the organization's suppliers

Other duties as assigned

Required Skills:

- Ten-plus years of full-time professional/managerial experience during which major duties included financial planning, oversight and management
 - 3-5 years prior experience as an employee of or consultant to an ACO or managed care organization required
 - Experience as an employee of or consultant to FQHCs strongly preferred
- Excellent rapport and responsive, respectful communication at all times with stakeholders including health center CFOs, leadership teams, and staff
- Collaboration skills that truly draw on the strengths of team members from diverse disciplines and backgrounds, both internally and at stakeholder organizations
- Strong commitment to achieve shared savings and other financial benefits for health centers, including a passion for translating analysis into specific plans for improvement that share and leverage the strengths of its members
- Excellent judgment with respect to financial risks and opportunities
- Successful supervisor committed to developing their staff and invested in developing staff across the organization
- Lived experience with racism and/or experience with anti-racist work if strongly preferred

Desired Other Skills:

- Familiarity with the MassHealth ACO program
- Familiarity with Federally Qualified Health Centers
- Experience with anti-racism activities, and/or lived experience with racism is highly preferred

Qualifications:

- Master's Degree in Business Administration or related field
- Professional credentials in accounting (CPA) or actuarial fields (ASA, FSA) preferred

***** In compliance with Covid-19 Infection Control practices per Mass.gov recommendations, we require all employees to be vaccinated consistent with applicable law. *****