

Senior Value-Based Payment (VBP) Healthcare Data Analyst

Remote position

Education/Experience

- B.S. with concentration in health informatics, health administration, public health, statistics or related field. Master's degree preferred.
- 3 to 5 years of professional work experience focusing on data analysis in Medicare FFS, Medicare Advantage, or private insurance data.

Primary Duties & Responsibilities:

- Provide second level contact and convey resolutions to user issues.
- Develop relationships with stakeholders and understand their needs through excellent listening and effective written and verbal communication.
- Assist in building access controls (user groups, collections).
- Summarize data and communicate analytical results to key stakeholders.
- Develop customized templates and formats for reporting data.
- Analyze trends and anomalies in the data.
- Execute data validation plans.
- Troubleshoot and document validation issues.
- Dashboard design: assist the dashboard developer in ensuring that the most relevant information is available.
- Create and maintain data documentation, such as data dictionaries and About the Data documents containing data definitions.
- Assist with client user training classes as needed.
- Respond to ad-hoc client support requests.
- Understand client data requirements for new implementations and enhancements and work with other departments to execute.
- Strive for continuous improvements of processes, quality, methods and documentation.
- Carry out other duties as necessary to perform function and as assigned.

Preferred Skills or Knowledge

- Knowledge of health plan operations, such as healthcare claims processing, membership, provider, and benefits; or equivalent combination of education and experience.
- Knowledge of data collection, analysis, statistics and data presentation with experience in data mining techniques and procedures.
- Experience using statistical packages for analyzing large data sets.
- Understanding of health data formats including claims, lab and pharmacy.
- Familiarity with utilization management, care coordination, quality improvement programs, population health and value-based programs.
- Experience with Medicare FFS, Medicare Advantage and Commercial claims data preferred.
- Must be strong in problem solving and scientific/mathematical thinking skills, and ability to create organized and professional material.
- Ability to work collaboratively both intra- and interdepartmentally.
- Questioning, inquisitive approach to work with the ability to learn.
- Possess the ability to analyze complex data and prepare ad hoc analysis.
- Identify anomalies or unexpected trends in data and investigate root cause.

Technical Skills

- Familiarity with or ability to learn relevant BI tools and data analytic systems.
- Proficient with Microsoft Office Suite, specifically MS Excel.
- Experience with SQL or similar scripting language.
- Experience with collaboration tools such as Jira and Confluence, are a plus.

Measures of Performance

Quality of work, meeting timelines and commitments, knowledge of products, procedures, and client data implementations, self sufficiency, and effective communication skills. The employee must perform all of the duties and responsibilities listed at an acceptable level.

Salient Corporation is proud to be an Equal Opportunity Employer.

All qualified applicants will receive consideration for employment without regard to race, color, religion, creed, sex, sexual orientation, marital status, military status, veteran status, age, national origin, citizenship, ancestry, disability, predisposing genetic characteristics, domestic violence victim status, or any other status protected by law.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.