



COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

# CAREER OPPORTUNITY

## CHIEF, PAYER STRATEGY AND CONTRACTING, HEALTH SERVICES ADMINISTRATION

COUNTY TITLE:  
DEPUTY, MANAGEMENT PROGRAMS, HS  
(UNCLASSIFIED)

FILING PERIOD BEGINS:  
APRIL 10, 2026  
UNTIL THE NEEDS OF THE DEPARTMENT ARE MET

ANNUAL SALARY:  
\$176,297.52 - \$274,178.64

LOCATION: THE ALHAMBRA  
1000 S. FREMONT AVE., ALHAMBRA, CA 91803

OPEN TO ALL INTERESTED AND QUALIFIED CANDIDATES

## ABOUT US

The Los Angeles County Department of Health Services (DHS) is the second largest municipal health system in the nation. Through its unified system of 23 health centers and four hospitals - and expanded network of community partner clinics – DHS annually provides direct care for over 500,000 outstanding patients, employs over 23,000 county staff, and has an annual budget of over \$8.4 billion. For additional information regarding DHS please visit [www.dhs.lacounty.gov](http://www.dhs.lacounty.gov).

Through academic affiliations with the University of California, Los Angeles (UCLA), the University of Southern California (USC), and the Charles R. Drew University of Medicine and Sciences (CDU), DHS hospitals are training sites for physicians completing their Graduate Medical Education in nearly every medical specialty and sub-specialty. In addition to its direct clinical services, DHS also runs the Emergency Medical Services (EMS) Agency and the County's 911 emergency response system, as well as the Office of Diversion and Re-entry, each with a critical role in connecting vulnerable populations, including those released from correctional and institutional settings to supportive housing.

## OVERVIEW

This position is unclassified (at-will) and reports to the Department of Health Services (DHS), Chief, Deputy Director Clinical Affairs and Population Health. The incumbent will direct a multidisciplinary team responsible for contract development, payer compliance, operational alignment and audit readiness. This role leads the negotiation and management of complex, multi-million-dollar healthcare contracts with managed care plans and third-party payers, ensuring DHS secures optimal reimbursement and meets all regulatory requirements. Provides executive oversight and direction for a wide range of critical administrative and regulatory functions essential to DHS's payer contract execution and compliance. The incumbent directs continuous assessment of State and Federal policy and regulatory changes — including Medi-Cal, DHCS, and DMHC requirements — evaluates their fiscal and operational implications for DHS, advises Executive Leadership on necessary strategic actions, and oversees enterprise-wide performance, reporting, and audit coordination of all payer contracts.





## EXAMPLES OF DUTIES

Duties for the Chief, Payer Strategy and Contracting, Health Services Administration include but are not limited to:

### STRATEGIC LEADERSHIP

- Plan, develop and implement enterprise initiatives set for payer strategy and standards; responsible for approving contract terms and rate positions; serves as DHS liaison with all contracted health plans and third-party payers, DHCS, DMHC, and County leadership in high stakes negotiations on payer contracts.
- Direct and spearhead the development and negotiation of enterprise-wide contracting portfolio (Managed Care Medi Cal, Medi Cal FFS, Medicare, PASC/IHSS, commercial, IPAs), including L.A. Care, Health Net, and Molina; ratifies reimbursement structures and incentive arrangements (CalAIM ECM & Community Supports).
- Advises Executive Leadership and Board offices on regulatory and legislative guidance from agencies that oversee healthcare in California and California Department of Health Care Services (DHCS), California Department of Managed Health Care (DMHC), Federal Centers for Medicare & Medicaid Services (CMS) plans and develop operational responses, timelines, and department wide implementation requirements.

### FINANCIAL & RISK MANAGEMENT

- Oversees and directs forecasting and reimbursement targets set for each DHS healthcare service line; establishes payer contract rate targets during negotiations with contractors, establishes margin goals that support long-term stability to ensure high-quality health care services to the community DHS serves and negotiation of contracts using market benchmarking, payer solvency, and utilization analytics. Ensure financial stability of services and reimbursement of health care programs to align with improving contracting, increasing patient volume and optimizing staffing.
- Oversees and directs Knox Keene licensure and regulatory compliance; interprets State/Federal changes and implements mandated regulatory and legislative changes to update business practices and ensure compliance with licensure to minimize financial/operational risk.
- Directs and oversees audit strategy and dispute resolution to protect revenue and ensure accurate payer contract reimbursement, authorizes settlements and retroactive payments (e.g., ECM/Community Supports); ensures full and accurate reimbursement for patient healthcare services rendered.
- Analyzes, evaluates and recommends new lines of business (e.g., Medicare/Medi Cal expansion); develops deliverable roadmaps and risk mitigation plans; advises Executive Leadership whether to proceed or decline strategic recommendations.

# QUALIFYING EDUCATION & EXPERIENCE

## EDUCATION

Graduation from an accredited\* college or university with a Bachelor's degree.

\*Accredited institutions are those listed in the publications of regional, national or international accrediting agencies which are accepted by the Department of Human Resources. Publications such as American Universities and Colleges and International Handbook of Universities are acceptable references

## EXPERIENCE

Five (5) years of responsible managerial experience\*\* in a large integrated healthcare delivery system performing system-wide healthcare planning, payer strategy development, healthcare financial planning, or program and policy implementation functions that directly impact organizational fiscal performance, access to care or service delivery outcomes.

Two (2) years of the required experience must have included executive level responsibility providing strategic advisory support to senior leadership, directing complex cross functional initiatives, overseeing healthcare contract strategy or negotiations, leading enterprise wide program implementation, OR supervising professional staff engaged in system-wide planning, policy evaluation, financial analysis, or audit and compliance functions.

\*\*Qualifying experience must include responsibility for analyzing, evaluating, coordinating, and making recommendations for healthcare programs, practices, or systems across multiple service lines or facilities within a large healthcare organization.

## LICENSE REQUIREMENT

A valid California Class "C" driver license or the ability to utilize an alternative method of transportation when needed to carry out job-related functions.



## PHYSICAL CLASS

2 - Light

## DESIRABLE QUALIFICATIONS

- An advanced degree from an accredited college or university in Health Services, Health Administration, Public or Business administration, Finance, or a related field.
- Experience in a large healthcare department, performing system wide healthcare financial planning.
- Experience in developing and negotiating contacts for a complex healthcare system.
- Experience recommending solutions for organizational wide problems related to procedure, organizational management policies, and program and policy evaluation.
- Demonstrated experience in directing and/or implementing activities related to strategic planning objectives and performance improvement goals for a large complex healthcare organization.
- Experience interacting with public officials, professional personnel, external organizations, and the public.
- Experience overseeing and directing audit responses to maintain compliance with health plan contractual requirements.
- Extensive and in-depth knowledge of health plan contracts and market rate analysis.
- Strong technical knowledge of data dashboards and forecasting tools.
- Excellent oral and written communication skills.

## COMPENSATION & BENEFITS

**ANNUAL SALARY: \$176,297.52 - \$274,178.64**

The successful candidate may be appointed to any salary within the range, depending on qualifications. This position is subject to the provisions of the County's Management Appraisal and Performance Plan (MAPP) and is compensated at the MAPP Range of R15.

### BENEFITS

The County provides an excellent benefit package that allows employees to choose benefits that meet their specific needs. The package includes:

- **Retirement Plan:** The successful candidate will participate in a contributory defined benefit plan. The Los Angeles County Employee Retirement Association (LACERA) has reciprocal agreements with several public retirement systems in California.
- **Cafeteria Benefit Plan:** The County provides a tax-free contribution of 14.5% to 17% of the employee's monthly salary from which to purchase health insurance and other benefits. Any portion of the County contribution not used to purchase benefits is given to the employee as taxable income. Benefits available within the Megaflex plan include medical, dental, disability, life, and AD&D insurance. (Megaflex is not available to County employees who are currently in Flex.)
- **Flexible Spending Accounts:** Optional employee tax-free health care spending account. Employees may contribute up to \$275 per month tax-free to a Health Care Spending Account and up to \$400 per month tax-free to a Dependent Care Spending Account.
- **Savings Plan (401k):** Optional tax-deferred income plan that may include a County matching contribution up to 4% of the employee's salary.
- **Deferred Compensation Plan (457):** Optional tax income plan that may include a County matching contribution up to 4% of employee's salary.
- **Non-Elective Days:** up to 80 paid hours per year with the option to buy elective annual leave days. Annual leave can be used for vacation, sick, or personal leave.
- **Holidays:** Average of 12 to 13 paid days per year.

## SELECTION PROCESS

Each candidate's background will be evaluated on the basis of information submitted at the time of application to determine the level and scope of the candidate's preparation for this position. The resume should include any additional information which the candidate wishes considered. Only the most qualified candidates, as determined by the screening process, will be invited to participate in the selection process. The names of the most highly qualified candidates will be submitted for consideration. NOTE: Appointment to this position is contingent upon the satisfactory completion of background and reference checks.

### HOW TO APPLY

Qualified candidates are invited to submit a statement of interest and resume. The statement of interest should include details of special qualifications and a record of accomplishments. Resumes must include the following:

1. Names of schools, colleges, or universities attended, dates attended, and degrees earned with field(s) of study. Please enclose copies of degree(s), licenses, and certificates together with the resume.
2. For each organization and program managed please include:
  - The name of each employer, titles held, and dates of employment.
  - Size of organization and budget information for programs managed.
  - Number of and composition of personnel supervised.
  - Scope of management responsibilities and functions managed.
3. Sufficient information to determine if candidate experience meets the Qualifying Training & Experience Requirements sections of this recruitment announcement.

**All submitted information will be reviewed and evaluated as received. Please email your statement of interest and resume materials to:**

Annie Hsu, Executive Recruiter  
DHS - Recruitment & Exams Office  
Email: [ahsu3@dhs.lacounty.gov](mailto:ahsu3@dhs.lacounty.gov)

**AN EQUAL OPPORTUNITY/ADA EMPLOYER**