Healthmonix

Senior value-based care consultant

Reports to
Director of Customer Success

Department
Customer Success

Location
Hybrid

Role type
Full-time

Direct reports
None. This role raises capability across the Account Management team without direct authority over it.

Primary accountability

Healthmonix's most complex value-based care clients get expert, program-specific guidance, and the account team's ability to give that guidance rises to meet them.

That is the job, and it is two things at once. First, personally advising the hardest accounts, the ACOs and multi-program health systems where a generalist account manager runs out of depth, starting with the relationships most at risk today. Second, lifting the whole team's advisory capability, so that expert guidance is not dependent on one person. The role is judged on client outcomes in the accounts it touches and on how many account managers it moves up the capability ladder.

About Healthmonix

Healthmonix is an analytics company focused on helping organizations drive value-based care solutions. As a CMS Qualified Registry since 2009, Healthmonix's industry leading software has assisted over 52,000 providers in reporting their quality measures, all while adding more revenue to their bottom line. Founded in 2007, Healthmonix is rooted in quality metric development, performance improvement, and driving outcomes for health systems, physician practices, and Accountable Care Organizations. Located right outside of Philadelphia and serving clients throughout the country.

Role summary

This is a senior individual contributor role for someone who can sit across from an ACO medical director or a health system quality lead and be the most knowledgeable person in the room on value-based care, and who can then turn that expertise into repeatable capability across a team.

The immediate mandate is concrete. Several enterprise ACO relationships need hands-on, expert engagement now, including a post-acute ACO relationship where the client has raised specific concerns about ACO-level advisory depth, data reconciliation, and program guidance. This role owns stabilizing those relationships and turning them into references.

The larger mandate is capability. The Account Management team is moving from data delivery to multi-program advisory. Most account managers today work at the data and diagnostic levels; this role is expert at the strategic level and is accountable for pulling others up to it, through direct coaching, a program-strategy curriculum, and certification against the capability ladder.

The role carries a small portfolio of the most complex accounts directly and does not manage the team. It works alongside the account managers, inside their hardest accounts, modeling the advisory conversation and then teaching it.

Advising complex clients

The core of the role. This is expert, client-facing value-based care consulting on the accounts where it matters most.

- Serve as the senior value-based care advisor on the most complex accounts: multi-specialty ACOs, health systems carrying several programs at once, and clients in mandatory models.
- Own the advisory relationship for a named set of at-risk enterprise accounts, starting with the post-acute ACO relationship currently under strain, with accountability for stabilizing it and moving it to a reference footing.
- Lead program-strategy conversations across MIPS and MVP selection, the Shared Savings Program quality performance standard, APP and APP Plus, cost and episode-based measures, the Ambulatory Specialty Model and other mandatory models, and commercial value-based arrangements, translating program mechanics into a specific in-year action plan the client can execute.
- Own the program portfolio and overlap map for these accounts, where a single entity or clinician sits across multiple programs at once, and resolve conflicting requirements.
- Diagnose why performance is not moving and prescribe the change, treating flat performance as the problem to solve rather than a number to report.

- Partner with Data Integration on the hard onboarding and reconciliation problems that block advisory work, including ACO attribution files, claims-based data, and the reconciliation steps enterprise ACOs require.
- Be the escalation point the account team turns to when the program question is beyond them, and represent Healthmonix credibly in front of client executives and clinical leadership.

Building team capability

The higher-level mandate. Expert guidance has to outlast any one person.

- Build and own the Account Manager capability ladder with the Director of Customer Success: define what the data, diagnostic, advisory, and multi-program strategic levels look like in practice, and assess every account manager against it.
- Author and deliver the program-strategy curriculum, and run certification, so the expertise is taught once and held by the team, in partnership with Measure Development rather than dependent on it.
- Coach account managers inside their own hardest accounts, modeling the advisory conversation and handing it back, rather than teaching in the abstract.
- Move a defined number of account managers to advisory level (ladder level 3) within the year, certified.
- Build the reusable artifacts the team advises from: performance-review templates, program-selection decision guides, cost-category playbooks, and mandatory-model screening tools.
- Keep the team current on annual CMS program changes and their client implications, and serve as the standing subject matter expert the team draws on.

Cross-functional

- Partner with Measure Development on measure mechanics, benchmarks, and new-measure implications, and translate that into client-facing guidance.
- Source and scope advisory expansion, the new strategic scope an enterprise account did not previously buy, and hand it to Sales, which owns closing it. Consistent with the scorecard boundary, this role surfaces and qualifies; Sales closes and is paid the commission. Advisory expansion is forward-looking new scope, never remediation of a Healthmonix-caused issue.
- Bring recurring client program needs to Product as structured feedback.

- Support Sales in a senior advisory capacity on the most strategic prospects and renewals when asked, bounded so it does not displace the client-outcome and capability mandates that define the role.

Skills and requirements

- Deep, current value-based care expertise with genuine ACO depth. Shared Savings Program mechanics, the quality performance standard, APP and APP Plus, benchmarking, shared savings, and the cost and quality levers that actually move an ACO's result. This is the non-negotiable.
- Direct experience advising ACOs or multi-program health systems on quality and cost performance, from inside an ACO or MSO, a consulting firm, or a registry or enablement vendor.
- Command of MIPS and MVPs, the traditional-to-MVP transition, cost and episode-based measures, and mandatory specialty models including the Ambulatory Specialty Model.
- Able to translate program mechanics into a specific in-year action plan a client will execute, not a summary of the rule.
- A track record of raising other people's capability, not only carrying your own accounts: teaching, curriculum, mentoring, or certification experience.
- Comfortable in the data. Able to work with attribution files, claims-based data, measure logic, and reconciliation well enough to be useful on the hard onboarding problems, in partnership with Data Integration.
- Credible in front of physician leadership and client executives, with excellent written, verbal, and listening skills.
- Seven or more years in value-based care, quality, or ACO and population-health roles.
- Adhere to hybrid work policy as determined from time to time.

Helpful but not required: a clinical background, CMS, CMMI, or measure-development exposure, and familiarity with registry or quality-analytics platforms such as Healthmonix Prism™.

How performance is measured

Two things, set annually in the Customer Success Scorecard, which is the source of truth for the

numbers. This description defines accountability; the scorecard defines the targets.

Client outcomes in the accounts this role touches: performance improvement, program standard attainment, and the at-risk enterprise accounts moved to a stable, reference footing. The post-acute ACO relationship is the first test. And team capability: the number of account managers moved to advisory level and certified, and the curriculum and artifacts delivered.

Compensation

- Base pay
- Incentive tied primarily to client outcomes in the advisory portfolio and to capability-building milestones, including account managers certified to advisory level and at-risk accounts stabilized. This role does not carry a sales or expansion quota.
- A flat recognition amount for advisory expansion the role sources and Sales closes, credited on close. It rewards origination, not a share of the revenue, so it does not duplicate the commission Sales earns on the same dollar. It is secondary to the outcome and capability incentive above, and it does not apply to remediation of Healthmonix-caused issues.
- 401(k) and company match
- Phantom stock
- Medical, dental, and vision insurance subsidy as determined from time to time
- Paid time off