

PROVIDER SERVICES NETWORK MANAGER

Lead the development of a health care nonprofit's provider network	Evaluate and improve network access and quality while controlling costs	Telecommuting option for candidates in California
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-Position is not eligible for sponsorship -

Oversee provider network operations for a community-based nonprofit that manages the health care of over 160,000 members. The Provider Services Network Manager is in charge of [Health Plan of San Mateo's \(HPSM's\)](#) wide-ranging provider network activities – including development, onboarding, training, relationship management, data analysis, payment systems and more. Candidates with unflagging intellectual curiosity, an analytical approach to problem solving and a high level of enthusiasm for cross-departmental collaboration would thrive in this vital role.

Position overview

- Lead provider network development, improvement, engagement and training efforts (including learning collaborative programs)
- Oversee the design, implementation and maintenance of provider payment systems (including Value Based Payment Models)
- Champion new analytics initiatives and support data integrity projects related to HPSM's provider network
- Drive continuous improvement of the Provider Services Department's operations

Key skills

- Lead operational process improvement efforts within Provider Services and across departments to optimize providers' experience with HPSM
- Use data analytics to assess network adequacy and access needs to identify and drive development and expansion priorities
- Prepare financial impact analyses of provider payment arrangements and coordinate with the Finance Department on rate recommendations
- Build and maintain executive and operational leader relationships between HPSM and key providers (such as health systems, FQHCs and select delegated relationships)
- Lead regulatory response activities regarding HPSM's network to meet NCQA, DMHC, DHCS and CMS requirements
- Diplomatically and creatively resolve escalated or complex provider network issues (including grievances, appeals and PQIs)
- Manage, support and develop the skills of Provider Services staff

Requirements

These are the qualifications typically needed to succeed in this position. However, you don't need to meet every requirement to apply.

Education and experience

- Bachelor's degree in a related field (required); Master's degree in related field strongly preferred
- Managed care contracting experience in a health care environment dealing directly with payers, providers and intermediaries
- Experience implementing and managing delegated entity agreements with multispecialty groups,

- government agencies and other provider/vendor types
- Experience with value-based payment models within a health plan or health system setting
- Experience performing financial analysis and quality improvement activities
- Experience leading data integrity and analytics efforts
- Experience managing/supervising direct reports (at least four years preferred)

Knowledge of:

- Medicare and Medicaid (including regulations, managed care operations, reimbursement methodologies, fee schedule development, risk-sharing arrangements and claims processing systems)
- State and federal network adequacy and access requirements and reporting
- Quantitative reasoning and analytics tools
- Project management and process improvement methodologies
- Staff supervisory principles, practices, techniques and methods

Ability to:

- Develop strategies for expanding network growth and access
- Be accountable for network expansion targets and medical cost initiatives
- Work cross-functionally to execute network strategies
- Understand complex data maintenance logic and provide recommendations to improve information integrity
- Use insights from analytics to improve HPSM's provider network

Salary and benefits

The starting salary range depends on the candidate's work experience.

Excellent benefits package includes:

- HPSM-paid premiums for employee's medical, dental and vision coverage (employee pays 10% of each dependent's premiums)
- Fully paid life, AD&D and LTD insurance
- Retirement plan (HPSM contributes equivalent of 10% of annual compensation on top of salary)
- 13 paid holidays a year, 12 paid sick days a year and paid vacation starting at 16 days a year
- Tuition reimbursement plan
- Employee wellness program

To apply, complete an [HPSM Employment Application](#) and submit it with a resume and cover letter with salary expectations to careers@hpsm.org. In your cover letter, please briefly describe results you have achieved in growing and improving the quality of a provider network. Submissions without a cover letter and salary expectations may not be considered.

Health Plan of San Mateo (HPSM) is a local community-based health plan that manages the health care of over 160,000 low-income people San Mateo County, including all its Medi-Cal eligible residents. HPSM is proud to be an Equal Opportunity Employer and an affirmative action employer. We are committed to equal employment opportunity regardless of race, color, ancestry, religion, sex, national origin, sexual orientation, age, citizenship, marital status, disability, gender identity or Veteran status.