



Position Title: Network Development Manager, AZ Market
Reports To: Director, Network Development
Division: Equality Health Network
Department: Network Development – EHN
Classification: Exempt
Revision Date: January 18, 2018

Position Summary:

Equality Health is an Arizona-based population healthcare company focused on improving care delivery for underserved populations through culturally-sensitive programs that improve access, quality, and patient trust. Our mission is to ensure diverse populations receive quality healthcare that improves and enriches their lives. We have developed our product portfolio around centralized technology, services and network designs intended to organize a better healthcare delivery system for cultures that have struggled with integrating into the tradition one-size-fits-all U.S. healthcare system.

The Network Development Manager (NDM) serves as the primary source of Network recruitment and development for assigned territories. This individual identifies, researches and conducts preliminary contact with targeted providers in an assigned territory. The NDM initiates conversations to introduce Equality Health Network and to develop communications, with the objective to secure participation agreements in accordance with company policies and procedures.

The NDM plays a critical role in increasing Equality Health's brand with providers by identifying, researching, vetting and developing an assessment of the provider and the overall business landscape, appropriately identifying providers that align with EHN. This individual also supports provider network growth strategies and provider network development.

Responsibilities:

- Support activities to achieve the overall strategy and objectives of the Equality Network department
- Responsible for provider recruitment, provider relations, and provider liaison functions
- Oversee the contracting process for the participation agreement in assigned territories
- Responsible for accurate provider database management and regular updates to CRM
- Ensure the collection of all contracting and credentialing information from providers
- Identify and research resources for developing specialist and primary care provider leads for new business areas and gaps in provider specialties
- Utilize various Internet resources and websites for hospitals, provider health systems, managed care plans, WebMD, HealthGrades, and related government systems
- Responsible for creating new leads in the CRM and maintaining the CRM record until transferred to the assigned Practice Performance Representative
- Conduct initial outreach and telephone communication which identify provider interest and qualifies them for contracting
- Cultivate a deep understanding of market conditions to determine if practices belong to larger systems that contract as single entities

- Maintain current knowledge of geographic market differences which may influence how the provider is contracted
- Analyze complex variables and decide on most appropriate contracting process
- Collaborate with other departments to remove barriers impeding contract negotiations
- Manage the contract implementation process; identify opportunities for process improvement; address and facilitate problem resolution
- Local travel up to 90% via personal automobile; occasion overnight stays

Required Knowledge, Education & Experience:

- Bachelor's degree in Business, Healthcare Administration or a related field of study; or, an equivalent combination of education and/or experience
- Minimum two (2) years of experience in healthcare network development or a related position
- Minimum one (1) year of experience with provider research and market analysis
- Demonstrated understanding of risk and value-based contracting
- Proficiency with MS Office applications and web-based technologies
- Demonstrated provider relations skills

Highly Preferred Skills, Abilities & Qualifications:

- Familiar with payment alternatives such as fee for service, capitation, global budget, performance compensation and episode of care payment
- Familiar with patient and practice risk adjustment mechanics and premium-based payment methodologies
- Familiar with patient and practice risk adjustment mechanics, APR; HCC/RAF
- Familiar with conventional payment methodologies (CMS-RBRVS)
- Experience with database management in a healthcare setting
- Demonstrated ability to gain acceptance and compliance from provider and staff and achieve a mutually beneficial outcome
- Excellent problem-solving skills, including the ability to systematically analyze problems, draw relevant conclusions and devise appropriate courses of action
- Excellent verbal, written and interpersonal communication skills
- Able to convey complex or technical information in a manner that others can understand, and able to understand and interpret complex information from others