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## **Position Title: Director of Managed Care and Network Development**

### **Overview:**

The Louisiana Primary Care Association (LPCA) is conducting a job search for a Director of Managed Care and Network Development that will work on behalf of the Louisiana Primary Care Accountable Care Organization, LLC (LPCACO). The candidate will report directly to the Executive Director of LPCA and the LPCACO Board of Directors.

LPCA was established in 1982 as a non-profit organization, the Louisiana Primary Care Association, Inc. (LPCA) promotes accessible, affordable, quality primary healthcare services for the uninsured and medically underserved populations in Louisiana. It is a membership organization of Federally Qualified Health Centers (FQHCs) and supporters committed to the goal of achieving health care access for all.

LPCACO was founded by 22 Federally Qualified Health Centers and the Louisiana Primary Care Association in order to enter the Medicare Shared Savings Program (MSSP) for the 2017 program year.

### **Position Summary:**

The Director of Managed Care and Network Development is responsible for managed care contract management including negotiation, analysis interpretation, implementation, maintenance of the contract performance, and payer relations. The position coordinates, evaluates and oversees implementation of managed care contracting and related responsibilities, value-based contracting initiatives, population health/clinical integration strategies, government contracts and partnering opportunities with regional employers. The position is responsible for coordination and communication between all key stakeholders. The Director of Managed Care and Network Development responsible for developing new and existing relationships with third party payers to ensure competitive reimbursement rates and contract language attainable through the revenue cycle operations for the evaluation, negotiation, and implementation of payer contracts to ensure best possible reimbursement methodologies.

### **Responsibilities:**

- Develop relationships with third party payers to ensure competitive reimbursement rates and contract language attainable through the revenue cycle operations.
- Develop plan and recommend infrastructure for an LPCACO-CIN managed care product.
- Evaluate, negotiate, and secure financially and administratively favorable managed care contracts with new and existing health plans/managed care organizations.

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- Develop and support managed care strategies and initiatives to adapt to ongoing healthcare payment reforms and evolving payment methodologies.
  - Define contract negotiation objectives to manage and support the maintenance of a detailed utilization database.
  - Identify opportunities to acquire premier provider designations for the network.
  - Seek opportunities for new patient volumes through payer initiatives.
  - Function as an effective liaison between organization and collaborative partners.
  - Develop and foster effective collaboration between clinical departments, divisions, medical staff leadership, and other affiliated services to ensure an integrated approach to providing services and fulfilling the organization's clinical and educational goals and objectives.
  - Participate in activities which result in improved contract performance, which include performing payer analysis and communicating with all Revenue Cycle teams.
  - Facilitate a highly progressive approach in the development of clinical services, and display an ability to work effectively within the organization's decision making and organizational structure.
  - Identify fiscal, operations and capital needs.
  - Represent the organization by engaging in community relations events and marketing activities.
  - Develop new business strategies to enhance market share and improve overall performance.
  - Serve as a resource to help reduce cost, enhance revenues, achieve effective utilization and quality goals and objectives, analyze and utilize information to develop and support management decisions.
  - Communicate key information to the stakeholders of these service areas with respect to managed care, marketplace needs and the competitive environment, cost management, and customer focused services.
  - Expand outreach activities and referral networks to ensure effective partnerships are formed which will facilitate the development of comprehensive and geographically dispersed integrated health care systems. Lead and support key committees pertaining to these services.
  - Implement well-balanced clinical and educational programs designed to ensure the operational and strategic success.
  - Lead and oversee the development of division's operating and implementation of strategic plans.
  - The Director will be accountable for the overall success of the managed care strategy of the organization.

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**Qualifications:**

- Master's Degree preferred or a minimum of 15 years of experience in responsible health care operations at the administrative leadership level.
- Demonstrated leadership and complex organizational management skills.
- An understanding of how to achieve results in a health care environment.
- Well-developed planning, marketing, organizational development, and business skills.
- Experience in health care administration in a complex setting.
- Sensitivity for and understanding of academic disciplines and issues.
- The ability to work with physicians, staff and professionals in multiple settings and locations to promote diversity in the workplace.
- Information systems capabilities and appreciation for the data which will be required to make meaningful management decisions. Negotiation and financial analysis skills.