



PROVIDER PAYMENT STRATEGY MANAGER

Position Status: Exempt
Reports To: Provider Payment Strategy Director
Effective Date: 02/27/24
Revised Date:
Job Level: M2

POSITION SUMMARY

Under administrative direction, this position:

1. Manages the advancement of provider reimbursement methodologies to align with organizational strategies and objectives, including value-based payment, and advises executive leadership regarding the feasibility of various strategies and methodologies
2. Utilizes a variety of methods and models to evaluate the feasibility of reimbursement methodologies
3. Provides management oversight and guidance related to the provider reimbursement function, acts as a subject matter expert, and provides guidance on departmental operations
4. Manages, supervises, mentors and trains assigned staff
5. Performs other duties as assigned

RESPONSIBILITIES

1. Manages the advancement of provider reimbursement methodologies to align with organizational strategies and objectives, including value-based payment, and advises executive leadership regarding the feasibility of various strategies and methodologies, with duties including but not limited to:
 - Developing strategies and tactics to advance provider payment methodologies, including supporting contract language translation and development
 - Creating, modeling, and implementing reimbursement strategies, including value-based payment and alternative risk payment arrangements with hospitals, primary care physicians, and ancillary providers
 - Advising executives regarding the pros and cons of various methodologies, associated risks, and the feasibility of implementation
 - Serves as an expert in provider network and payment methodologies across all services
 - Conducting complex research and analysis related to provider reimbursement strategies, including financial impact due to network adequacy
 - Applying strategic analysis to the development of tactical implementation plans to achieve objectives identified by the Executive Leadership Team or Alliance Board
 - Developing provider payment methodologies that support Alliance policies and procedures
 - Aligning provider reimbursement strategies with Alliance revenue and various state initiatives
 - Monitoring reimbursement changes and trends in healthcare market dynamics, both locally and nationally, and making recommendations related to applicability to the Alliance
 - Building strong and productive relationships with provider communities in order to provide value-added services to members
 - Identifying, conceptualizing, and implementing provider payment strategies that sustain the Medi-Cal revenue base

- Leading and participating in provider rate negotiation efforts to ensure alignment with organizational policy
 - Evaluating contracted rates and reimbursement methodologies and conducting research to resolve questions related to rates, methodologies and internal policies and procedures
 - Managing implementation of contracted rates and ongoing relationships with providers, the internal provider contract team, and claims and configuration teams
 - Providing analytical and pricing expertise for the evaluation, negotiation, implementation, and maintenance of managed care contracts
 - Leading in driving alignment of revenue unit cost and other contracting activities
 - Supporting, crafting, evaluating, and negotiating a wide variety of different payee contract language covering ranges of health care cost
 - Recommending and acting on strategies for maximizing reimbursement and market share
 - Overseeing and reviewing analytical statistical reports on proposed and new ventures, products, and services while applying operating and underlying assumptions, such as modification of charge rates
 - Monitoring current contract rates and reimbursement methodologies
 - Educating internal stakeholders regarding analysis related to provider reimbursement
 - Informing internal stakeholders of expected reimbursement within the areas of payer disputes, price transparency requirements, No Surprises Act initiatives, and revenue analytics
2. Utilizes a variety of methods and models to evaluate the feasibility of reimbursement methodologies, with duties including but not limited to:
- Overseeing strategic data analysis, data mining, research, and reporting related to provider reimbursement methodologies
 - Leading financial analytics in developing and evaluating various models, such as risk-bearing arrangements, bundled payments, and population health strategies that will provide members with the best appropriate care while safeguarding the use of public funds
 - Developing methods and models involving multiple variables and assumptions to identify the implications, ramifications, and predicted results of a wide variety of new and revised strategies, approaches, provisions, parameters, and rate structures aimed at establishing appropriate value-based reimbursement levels
 - Utilizing financial modeling to forecast the viability of various payment methodologies and ensure that provider reimbursements result in a value greater than actual payments
 - Preparing complex service line reimbursement analyses and financial performance analyses
 - Overseeing payment modeling and providing implementation support, including contract language development and interpretation, in partnership with Provider Services contracting staff
 - Utilizing business intelligence tools and financial applications to facilitate analysis of reports
3. Provides management oversight and guidance related to the provider reimbursement function, acts as a subject matter expert, and provides guidance on departmental operations, with duties including but not limited to:
- Providing day-to-day consultation to business users and participating in and contributing to cross-functional project teams
 - Drafting, recommending, and implementing administrative policies and procedures related to Provider Payment Strategy operations

- Ensuring compliance with department policies and procedures and internal and external regulations
 - Overseeing the preparation and maintenance of records, reports, and related documents
 - Attending and participating in internal and external meetings related to provider reimbursement activities
 - Monitoring the unit budget and project budgets and assisting the Provider Payment Strategy Director with budget development, purchasing, and invoice approvals
 - Developing and evaluating RFPs, participating in vendor selection and contract development, and monitoring and evaluating the work of selected vendors
 - Staying informed of current best practices and new developments in the field and ensuring staff does the same
 - Monitoring legislative and legal changes related to Alliance functions and ensuring compliance with same
 - Providing updates to Alliance leadership, making presentations, supporting and training end users, and developing related materials
 - Assisting in regulatory and independent financial audits
 - Providing support to the Provider Payment Strategy Director and acting for the Director in the Director's absence, as assigned
 - May make presentations to the Alliance Board, as directed by the Provider Payment Strategy Director
4. Manages, supervises, mentors, and trains assigned staff, with duties including but not limited to:
- Managing and supervising staff, setting goals and objectives, delegating, and assigning work
 - Providing mentoring, coaching, and development and growth opportunities to staff
 - Identifying training gaps and opportunities for improved performance
 - Interviewing and participating in the selection of staff in conjunction with the Provider Payment Strategy Director
 - Evaluating employee performance, providing feedback to staff, and coaching and counseling or disciplining staff when performance issues arise
 - Overseeing or conducting staff training, including the development and maintenance of training materials, in conjunction with the Learning and Development team
 - Overseeing staff in multiple office locations and/or telecommute settings
5. Performs other duties as assigned

EDUCATION AND EXPERIENCE

- Bachelor's degree in Finance, Economics, Accounting, Health Care or a related field and a minimum of six years of experience performing provider reimbursement activities and/or provider payment strategy activities, including a minimum of two years of experience in a managed care environment, and a minimum of two years of management, supervisory, or lead experience; (a Master's degree may substitute for two years of the required experience); or an equivalent combination of education and experience may be qualifying

KNOWLEDGE, SKILLS, AND ABILITIES

- Thorough knowledge of the principles and practices of provider reimbursement methodologies, pricing, and fee schedules for all provider types, including hospital, physician, and ancillary providers
- Thorough knowledge of provider contracting, including language, reimbursement methods, and rates
- Thorough knowledge of healthcare industry specific terms and healthcare related data types and structures, including member, claims, clinical and provider data
- Thorough knowledge of Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS), ICD 9/10 and CPT codes, and industry standard groupers, such as ETGs, DRGs, and DCGs
- Thorough knowledge of general health service research, healthcare analytics and analysis, outcomes reporting/analytics, and program outcomes evaluation
- Working knowledge of the methods and techniques of healthcare rate negotiation and contracting
- Working knowledge of managed care concepts, contracting, policies, and procedures
- Working knowledge of healthcare plan costing and forecasting
- Working knowledge of health plan medical trend and utilization cost analysis
- Working knowledge of data functions within a managed care organization
- Working knowledge of financial analytical and complex abstract reasoning concepts
- Working knowledge of the principles and practices of statistical analysis
- Working knowledge of the principles and practices of program and project management
- Working knowledge of the principles and practices of customer service
- Working knowledge of the principles and practices of supervision and training
- Working knowledge of and proficiency with Windows based PC systems and Microsoft Word, Outlook, PowerPoint and Excel, including pivot tables and advanced spreadsheet applications
- Some knowledge of quantitative data analysis methodologies and analytical tools related to reporting medical cost analysis
- Ability to develop work plans and workflows and organize and prioritize provider reimbursement activities
- Ability to train, mentor, supervise, and evaluate the work of staff, promote an atmosphere of teamwork and cooperation, and motivate staff to achieve goals and objectives
- Ability to organize and prioritize the work of others, delegate effectively, and follow up on work assignments
- Ability to act as a technical resource and explain regulations, processes, and programs related to area of assignment
- Ability to negotiate value-based provider reimbursement rates and assist with the development of related contract language
- Ability to apply analytical and pricing expertise to the evaluation, negotiation, implementation, and maintenance of managed care contracts
- Ability to manage the development and implementation of projects, systems, programs, policies, and procedures
- Ability to manage multiple projects simultaneously, organize work, and achieve goals and timelines
- Ability to identify issues, conduct research, gather and analyze information, reach logical and

- sound conclusions, and make recommendations for action
- Ability to perform technical and non-technical troubleshooting and diagnose and resolve complex problems, including problems that may have multiple variables and may not have obvious solutions
 - Ability to evaluate risks associated with proposed reimbursement strategies, analyze pros and cons, educate executive leadership, and develop tactical implementation steps
 - Ability to collect, interpret, and evaluate data, detect patterns, recognize data anomalies, brainstorm solutions, consider multiple factors when making decisions, and project consequences of recommendations
 - Ability to develop data-driven and outcome-based initiatives to improve business decision making and improve business processes
 - Ability to effectively, clearly, and independently document, summarize and resolve complex issues
 - Ability to analyze and interpret legal, regulatory and contractual language, policies, procedures and guidelines, and legislative and regulatory directives
 - Ability to analyze data and prepare narrative and statistical written reports, oral reports, correspondence, and other program documents
 - Ability to demonstrate flexibility and creativity, identify improvements to existing practices, and to effectively adapt to change
 - Ability to translate data into understandable information and deliver solutions that improve business processes
 - Ability to coordinate multiple stakeholder needs across departments
 - Ability to provide leadership and facilitate meetings
 - Ability to make presentations and adjust communication style in order to facilitate collaboration and understanding
 - Ability to demonstrate a collaborative management style, build rapport, and manage and resolve conflicts
 - Ability to foster effective working relationships, influence others, build consensus, and effectively manage internal and external business relationships
 - Ability to develop recordkeeping systems and maintain organized and accurate records
 - Ability to provide input regarding budget development, perform budget monitoring, and assist with purchasing activities
 - Ability to develop and evaluate RFPs, participate in contract development, and oversee the work of contracted vendors
 - Ability to assume responsibility and exercise sound financial judgment when making decisions in the absence of the Provider Payment Strategy Director
 - Ability to work independently, adapt to or initiate change, and make decisions related to areas of functional responsibility

DESIRABLE QUALIFICATIONS

- Master's degree in Finance, Economics, Accounting, Health Care, or a related field
- Working knowledge of Medi-Cal and Medicare benefits
- Working knowledge of reimbursement methodology across commercial, Medi-Cal, and Medicare plans

WORK ENVIRONMENT

- Ability to sit in front of and operate a video display terminal for extended periods of time
- Ability to bend, lift and carry objects of varying size weighing up to 10 pounds
- Ability to work effectively in a remote work environment
- Ability to travel to different locations in the course of work

This position description, and all content, is representative only and not exhaustive of the tasks that an employee may be required to perform. Employees are additionally held responsible to the Employee Handbook, the Alliance Standard Knowledge, Skills and Abilities and the Alliance Code of Conduct. The Alliance reserves the right to revise this position description at any time.