THE HEALTHCARE PROVIDER LIAISON is responsible for coordination and facilitation of initiatives internally and with HPSM-contracted providers to ensure sufficient network access for HPSM members. These include provider learning collaboratives and the implementation and maintenance of advanced payment models to support the triple aim of healthcare: population health outcomes, member’s experience of care, and financial stability.

Essential Duties of this position include:

**Provider engagement and recruiting**
- Develop and maintain an understanding of provider operations and provider priorities, for the provider specialty areas or provider groups assigned to you.
- Facilitate internal and provider outreach and develop communication materials to support provider learning collaboratives.
- Independently develop and maintain relationships with providers and providers’ office staff.
- Contribute to provider recruitment efforts to support network development programs, including: scheduling and conducting provider visits, clearly communicating the benefits of working with HPSM, tailored to specific providers or provider types and documenting, summarizing and reporting information learned from provider visits about provider needs.

**Provider education and process improvement**
- Produce and disseminate clear information and reporting dashboards to educate and engage providers and internal staff about payment models, provider contracts, and HPSM provider program requirements.
- Independently conduct online webinars and in-person workshops to familiarize providers with HPSM procedures and processes. Conduct individual provider follow up as needed.
- Coordinate activities among multiple clinical settings and stakeholders using a strong project management toolkit to achieve program goals.
- Analyze needs and provide recommendations about ways to incentivize and improve member health outcomes.
- Support HPSM Quality initiatives by encouraging provider participation, and offering provider education when needed.
- Contribute to ongoing process improvement by developing and/or implementing Provider Services processes to support program and department goals.
- Stay current with DHCS, CMS, and DMHC policy updates and changes.

**Provider issue resolution**
- Diplomatically and creatively resolve escalated or complex provider issues using strong professional judgment and discretion such as provider payment disputes, authorization concerns and member issues.
- Serve as a department contact regarding provider grievances, working independently to elicit provider responses in a timely manner and performing root cause analysis to reduce future potential grievances.
- Professionally represent Provider Services/HPSM in internal and external meetings.
- Work independently using sound professional judgement to meet deadlines and prioritize competing needs.

**Job Requirements**

Bachelor’s degree in health related field or similar strongly preferred. Minimum of two (2) to three (3) years of experience in insurance, healthcare or related field required. Experience working with healthcare providers strongly preferred. Demonstrated experience utilizing process improvement methodologies, marketing and communication principles and conflict resolution techniques. Must have own vehicle and valid driver’s license with proof of insurance in conformity with state law minimums.

**Skills and Knowledge**

To be successful in this position will require that you possess the following:
- Knowledge of Population Health Management principles and Value-Based Payment methodologies.
- Knowledge and understanding of Managed Care, Medi-Cal and Medicare.
- Analytical approach to problem solving, conducting comprehensive research and clearly communicating outcomes.
- Exceptional skills in establishing cooperative working relationships with internal staff and external stakeholders including an enthusiasm for cross-departmental collaboration.
- Ability to communicate easily and effectively with individuals, large groups and senior provider leadership both verbally and in writing.
- Initiative to be proactive, work independently and use good judgement in making sound decisions.
- Ability to calmly and effectively manage multiple priorities and meet deadlines under sometimes stressful situations.
- Demonstrated proficiency in Microsoft Office Suite applications, including Outlook, Word, Excel, and PowerPoint.
HPSM Benefits

Benefits Information: Excellent benefits package offered, including HPSM paid premiums for employee's Medical, Dental and Vision coverage. Employee pays a small portion of the dependent premiums (5%) for medical and dental benefits. Additional HPSM benefits include fully paid life, AD&D, and LTD insurance; retirement plan (HPSM contributes equivalent of 10% of annual compensation); holiday and vacation pay; tuition reimbursement plan; Employee Wellness Program including onsite fitness center and more.

How to Apply

To apply, submit a resume and cover letter with salary expectations to: Health Plan of San Mateo, Human Resources Department, please apply through our website at www.hpsm.org, this job site, or via fax: (650) 616-8039. File by: Continuous until filled. The Health Plan of San Mateo is proud to be an Equal Opportunity Employer and encourages minority candidates of all backgrounds to apply.

Submissions from external candidates without a Cover Letter and Salary Expectations may not be considered.