Provider Network Liaison (BHT)

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<th>Only open to candidates residing in California</th>
<th>Must be willing to commute within San Mateo County</th>
<th>Position not eligible for sponsorship</th>
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**General Description**
Health Plan of San Mateo (HPSM) is seeking a dedicated and dynamic Provider Network Liaison to join our team. As a Provider Network Liaison, you will play a vital role in ensuring sufficient network access for HPSM members by facilitating internal and provider initiatives, fostering relationships, and resolving complex provider-related issues. If you have experience in healthcare, excellent communication skills, and the ability to work independently, we want to hear from you.

**Duties & Responsibilities**

**Essential Functions:**

**Provider Engagement and Recruiting:**
- Develop and maintain an understanding of provider operations and priorities within assigned specialty areas or provider groups.
- Facilitate internal and provider outreach, create communication materials, and support provider learning collaboratives.
- Independently build and nurture relationships with providers and their office staff.
- Contribute to provider recruitment efforts, schedule and conduct provider visits, and document pertinent information.

**Provider Education and Process Improvement:**
- Create informative materials and reporting dashboards to educate providers and internal staff on payment models, provider contracts, and HPSM program requirements.
- Conduct online webinars and in-person workshops to familiarize providers with HPSM procedures. Provide individual follow-up support.
- Coordinate activities among multiple clinical settings and stakeholders, utilizing strong project management skills to achieve program goals.
- Analyze needs and recommend strategies to incentivize and improve member health outcomes.
- Support HPSM Quality initiatives and contribute to ongoing process improvement efforts.

**Provider Issue Resolution:**
- Resolve escalated or complex provider issues diplomatically and creatively, demonstrating strong professional judgment.
- Address topics such as provider payment disputes, authorization concerns, and issues between providers and members.
- Serve as a department contact for provider grievances, conducting root cause analysis to prevent future grievances.
- Represent Provider Services/HPSM professionally in internal and external meetings.

**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 health-related field or similar (preferred).
- 2-3 years of experience in insurance, healthcare, or a related field (required).
- Experience working directly with providers (preferred).
Knowledge of:

- Population health management principles (required).
- Value-Based payment methodologies (required).
- Process improvement methodology (required).
- Marketing and communications principles (required).
- Conflict resolution approaches (required).
- Insurance claims and billing procedures (preferred).
- Managed care protocols (preferred).
- Medi-Cal and Medicare (preferred).
- Proficiency in Microsoft Office Suite applications, including Outlook, Word, Excel, and PowerPoint (strongly preferred).

Ability to:

- Conduct research and summarize information clearly.
- Communicate effectively with diverse groups, including senior provider leadership, both verbally and in writing.
- Handle complex issues with diplomacy and maintain a friendly and professional demeanor under pressure.
- Establish and maintain cooperative working relationships with coworkers and external stakeholders.
- Demonstrate initiative, work independently, and make sound decisions.
- Interact effectively with various people and work collaboratively as part of a cross-functional team.
- Be detail-oriented, accurate, and organized, delivering results within set deadlines.

Other:

- Must have own vehicle and a valid driver’s license with proof of insurance in conformity with state law minimums.

Salary and benefits

The starting salary range is $81,413-$107,872, depending 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)
- 12 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, submit a resume to careers@hpsm.org.

It is HPSM's policy to provide equal employment opportunity for all applicants and employees. HPSM does not unlawfully discriminate based on race, religion, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, sexual orientation, veteran status, registered domestic partner status, genetic information, gender, gender identity, gender expression, or any other characteristic protected by applicable federal, state, or local law. HPSM also prohibits discrimination based on the perception that an applicant or employee has any of those characteristics or is associated with a person who has or is perceived to have any of those characteristics.