



**HEALTH CENTER  
PARTNERS**  
of Southern California

A Family of Companies



## JOB DESCRIPTION

**JOB TITLE:** Director of Contracting  
CNECT **STATUS:** Exempt Full-Time

**REPORTS TO:** Executive Vice President, CNECT

**DIRECT REPORTS:** None

This job description is intended to be a general statement about this job and is not to be considered a detailed assignment. It may be modified to meet the needs of the organization.

## JOB SUMMARY

The Director of Contracting is responsible for the analysis, negotiation and implementation of a variety of contracts including general business, provider and managed care contracting strategies as well as monitoring and evaluation contract performance. Identification of opportunities for contract improvement is a key responsibility. Additionally, the Director of Contracting will serve as the in-house expert and resource to HCP and member health centers on federal, state and local reimbursement methodologies for uninsured and government insurance health access programs. The Director of Contracting will perform analysis and interpretation of health care services, utilization, costs and trends, and the development of the statistical analyses and modeling necessary to estimate impacts of proposed changes and opportunities to optimize business performance.

## ESSENTIAL JOB FUNCTIONS

- Negotiate managed care, and other contracts on behalf of participating Health Centers. These contracts may encompass a wide range of payment arrangements, including primary care capitation, fee for service, specialty and ancillary services.
- Monitor health care funding policy (including CP3 and Alternate Payment Methodology). Participate in debate, dialogue and advocacy efforts, as appropriate.
- Perform analysis of cost and utilization data in addition to the analysis of the financial and operational impact of contractual proposals.
- Direct the development of long-term financial plans, budgets and proformas.
- Perform accurate, statistically valid data research and analysis with effective interpretation and guidance to business areas for process improvement. Provide direct assistance to business area management and staff in the use of analytical databases, tools, and processes for performance measurement and improvement.
- Work closely with health center CFOs, utilizing appropriate and effective group process skills to facilitate consensus building to maximize health center decision-making.

- Facilitate Billing Managers meetings.
- Maintain key contacts and develop strategic links with integrated delivery systems, health plans, governmental entities, public/private payors, and other federal, state and local medical managed care organizations.
- Continuously assess the impacts of emerging trends on health center contract performance, and proactively initiate strategies to effectively address trends.
- Develop and review contracts with providers to expand provider pool and contain costs.
- Participate in the review and approval of decision support system and database implementation plans.
- Participate in initiatives and programs with the National Association of Community Health Centers, California Primary Care Association and other local/state healthcare associations. Educate policy makers and elected officials regarding managed care in the community clinic environment.
- Provide network development services for community members with an emphasis on regional specialty panel development and specialty contract negotiations.
- Provide a supportive and empowered work environment where all HCP work teams can continue to work independently on problem solutions and enhance their visibility in the health community.
- Maintain strong working relationships with HCP leadership and peers to achievement of the overall HCP business goals.
- Other duties, as assigned

## **QUALIFICATIONS**

### **Skills**

Demonstrated professionalism in a senior leadership position, as well as strong written and oral communication skills, with demonstrated negotiation and collaboration skills. Must be able to interact professionally and confidently with others both internal and external to the organization. Candidate must effectively work under pressure, meet deadlines, and handle many tasks concurrently. Must have excellent organizational, leadership and administrative skills. Working knowledge of relevant software and computer systems is required. Must be able to think creatively to solve problems, providing leadership and oversight on financial and contracting issues. Applicant should possess creative thinking skills to develop timely solutions in a medical community. Must also be prepared to travel, mostly within the state of California.

### **Education/Experience**

Bachelor's degree required, graduate degree in Business, Finance, or Healthcare Administration preferred. At least 10 years' health care research and analytical experience, preferably in provider relations or contract management. Must be able to comprehend legal verbiage and compose recommended edits and additions to contract language. Must have in-depth knowledge of database, spreadsheet and word processing software and a working knowledge of health care delivery, primary, specialty, ancillary services, and inpatient/outpatient hospital services. Must also have a working knowledge of reimbursement methodologies (capitation, case rates, fee for service, etc.). Ability to perform advanced level of research, data analysis, and problem-solving; and communicate findings effectively to all levels of people.