



POSITION DESCRIPTION

Senior Director, Network Strategy

Reports to: Vice President of Legal Affairs

Position Status: Exempt

May Supervise or Direct: Compliance and Finance Team Staff

Effective Date: 12/1/2023

GENERAL SUMMARY

The Senior Director, Network Strategy ("Sr. Director") reports to the Vice President of Legal Affairs, with a dotted-line reporting relationship to the Chief Financial Officer. The Sr. Director also works in close collaboration with the Business Development team. The incumbent directs the establishment, in collaboration with Legal, Finance, Billing, Data Analytics, IT, and Executive Leadership, of NKC's payer contracting strateg(ies), and leads payer relationships, contract negotiations, and contract administration for the purpose of strategically positioning the company with payers and provider partners and optimizing revenue yields.

The Sr. Director serves as the primary liaison for inpatient contract-related matters between NKC and area providers including, not restricted to, hospitals, SNF, LTAC, rehabilitation centers, jails, and hospice providers. In collaboration with the Business Development team, the Sr. Director identifies and pursues opportunities for new and expanded relationships with community partners.

The Sr. Director leads and/or supports revenue cycle and finance functions to facilitate rate modeling and network adequacy development and payer adherence to appropriate reimbursement obligations.

The incumbent monitors and evaluates facility credentialing compliance to maintain in-network status with external partners. Additionally, in conjunction with the Compliance, Privacy and Security Officers, the Sr. Director oversees the performance of vendors, including adherence to applicable law and NKC policies.

The Sr. Director will direct and mentor Compliance and/or Finance team members to facilitate the development of internal skills and expertise necessary for revenue optimization and operational success.

DUTIES AND RESPONSIBILITIES

Execution

1. Develops and initiates contracting strategies for all payers and lines of business.
2. Oversees and/or leads complex contract negotiations, including negotiations with payers down to the individual patient level.
3. Leads and oversees implementation and communication about newly executed contracts, both internally and externally.
4. Oversees management of existing contracts and ensures timely renegotiation that includes contract language changes via amendments, and/or rate changes.
5. Develops and delivers educational materials and provides mentorship for various internal and external audiences. By way of example only, he/she/they may deliver education to:
 - a. NKC billers, to assist them in understanding payer contracts and to facilitate successful implementation and operationalization of new and renewed contracts; and
 - b. Medicare Advantage payers, to educate them on bundling reimbursement and potential changes to Medicare reimbursement methodology.
6. Leads calls with payers to resolve outstanding balances where the Finance Department has been unsuccessful (e.g., leverage payer relationships to find the trends, expose weaknesses/errors and push for resolution of cases).
7. Partners with the Revenue Cycle team on all aspects of the billing cycle (collections, month end close, benefits verification, authorization, contract administration, credentialing) as needed to support operationalization of contracts and/or improvement of payer dashboard.
8. Develops and executes a comprehensive network development strategy aligned with the company's overall business objectives.
9. Identifies and evaluates potential network expansion opportunities, considering market trends, technological advancements, and customer demands.
10. Leads cross-functional teams to design, implement, and maintain scalable and efficient network solutions.
11. Fosters and maintains strong relationships with key stakeholders, including vendors, partners, and industry influencers, to ensure strategic collaboration and mutual growth.
12. Monitors and analyzes market trends, competitive landscape, and regulatory developments to identify potential risks and opportunities for the company's network development initiatives.

1. Drives continuous improvement initiatives to enhance network performance, reliability, and security, while ensuring compliance with industry standards and regulations.
2. Collaborates with the executive team to develop and manage the network development budget, ensuring effective resource allocation and cost optimization.
3. Provides leadership, guidance, and mentorship to the administrative and finance department fostering a culture of innovation, collaboration, and continuous learning.
4. Prepares and presents regular reports and updates on network development initiatives, performance metrics, and key milestones to the executive leadership team and relevant stakeholders.
5. Stays informed about emerging technologies and industry best practices, leveraging this knowledge to drive innovation and maintain the company's competitive edge in the market.
6. Oversees the credentialing process, including the initial application, verification, and re-credentialing of healthcare providers, ensuring adherence to established guidelines and regulatory standards.
7. Manages and maintains accurate and updated credentialing records, ensuring the confidentiality and security of sensitive information.
8. Collaborates with the Human Resources, Legal, and Compliance departments to ensure that all credentialing processes align with organizational policies and regulatory requirements.
9. Facilitates the timely and efficient processing of applications for initial credentialing and privileging, working closely with relevant departments to streamline the onboarding process.

Strategy/Process/Analysis

1. Creates payer dashboards and develops contract analysis tools.
2. Participates in annual rate setting to ensure understanding/consistency with payer contracts.
3. Assists the Finance Department in development and implementation of strong denials and appeals processes, to ensure adequate tracking and efficient working of outstanding balances.
4. Develops and utilizes management reporting mechanisms tracking the status of all contracting projects and yields.
5. Maintains and distributes a quarterly payer contract status report showing the status of all payer contracts, including the effective revenue yield per treatment.
6. Works with the Finance Team to prepare and coordinate financial and utilization analysis to develop recommendations for payer contracting strategy and execution.

Planning

1. Proactively seeks contracts in new markets and with new payers and lines of business.
2. Plans and manages the lifecycle of payer contracting arrangements.

3. Keeps abreast of industry trends and identify payer contracting opportunities.

Relationships

1. Maintains strong relationships with all payers, hospital systems, and/or medical groups through meetings, teleconferences, and correspondence.
2. Functions as primary liaison for payer-related matters for both internal and external clients.
3. Periodically confers with NKC's CMO and Medical Directors to gain insight on market intelligence and identify facility and physician contracting opportunities.

JOB CONDITIONS and PHYSICAL EFFORT

Must be able to communicate effectively in English over the telephone, in writing, and in person. Duties and responsibilities are performed in a hybrid/remote office environment. The Senior Director, Network Development and Strategy is not substantially exposed to adverse environmental conditions.

Physical activities require the ability to stand, walk, stoop, kneel, crouch, reach, lift; fingering, grasping, talking, hearing, and repetitive motions of hands, wrists, and fingers. Visual acuity is required to read, inspect numbers, and work extensively with data on a computer monitor.

Physical requirements include the ability to lift/move objects weighing up to 20 pounds occasionally, and up to 5 pounds frequently. The individual in this position operates the phone, computer, copier, and other office equipment as required. Demonstrated skills in Microsoft Office Products and knowledge of clinical software programs are required.

CUSTOMER SERVICE STANDARDS

Staff are responsible for demonstrating good customer service and professionalism.

1. **CONSIDERATION:** Greet customers promptly; show courtesy; recognize customer's needs; respect privacy.
2. **CONCERN:** Listen to customers; express appreciation, be non-judgmental; take responsibility.
3. **CONFIDENCE:** Show a positive attitude; take personal initiative; inform; educate and reassure; provide prompt follow-up.
4. **CONDUCT:** Hold appropriate conversations; maintain a professional appearance; establish teamwork; show professional competency.

EDUCATION AND EXPERIENCE

1. Bachelor's degree in business administration, Healthcare Management, or a related field.

2. Proven experience (8+ years) in network development, infrastructure management, or a related field, with a record of successful network expansion and optimization.
3. Strong leadership skills, with the ability to inspire and motivate cross-functional teams toward achieving strategic objectives and driving continuous improvement.
4. Deep understanding of network technologies, protocols, and architectures, coupled with a comprehensive knowledge of industry standards and best practices.
5. Excellent communication and people skills, with the ability to build and maintain strong relationships with internal and external stakeholders.
6. Proven ability to analyze complex data, make data-driven decisions, and develop effective solutions to address business challenges and opportunities.
7. Strong business acumen and strategic thinking, with the ability to align network development initiatives with the company's overall business goals and market needs.
8. Experience in budget management, resource allocation, and cost optimization in the context of network development and infrastructure projects.
9. Proven ability to thrive in a dynamic and fast-paced environment, with a strong focus on innovation, adaptability, and resilience.

MINIMUM KNOWLEDGE, SKILLS, AND ABILITIES

1. Solid understanding of provider health care reimbursement methodologies and payer contracting strategies including, but not limited to, fee for service, pay for performance, capitated full risk, and shared risk in Medicare, Medicaid, and Commercial lines of business. Experience with dialysis providers and payment methodologies strongly preferred.
2. Demonstrated knowledge of revenue cycle and finance operations.
3. Strong comprehension of managed care contract language.
4. Strong aptitude for negotiations.
5. Ability to multi-task, superb diligence, strong organizational skill, ability to work with minimal supervision.
6. Ability to problem-solve and exercise good judgment in a changing environment. Ability to adapt to changes in work environment, work assignments, and/or changes in priorities.
7. Must possess strong leadership and credibility to garner internal resources and support to accomplish results.
8. Proficiency with all Microsoft applications.
9. Financial and analytical skills.
10. Excellent communication and presentation skills.
11. Ability to develop relationships with both internal and external stakeholders.
12. Occasional travel may be required for meetings with health plans, joint venture partners, and internal stakeholders.

13. Dedication to personal continuing education pertinent to current professional standards and practices, and potential future practice revisions.

The above statements are intended to describe the general nature and level of work performed by people assigned to this classification. They are not to be considered as an exhaustive list of all job tasks performed by people so classified.

REVIEW AND APPROVAL

DocuSigned by:
Robin Larmer
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Vice President of Legal Affairs

2/21/2024 | 7:27 AM PST

Date