

Regional Director Managed Care Job description	
Title	Director Managed Care
Reports to:	Vice President Managed Care
Main Function	The Director Managed Care will lead the Ambulatory Surgery Center contract negotiations in their territory. This position will have interactions with health plan leadership on contract negotiations as well as escalated issues related to managed care operations and contract performance. Must be able to quickly develop relationships and demonstrate ability to collaboratively work with hospital and physician partners including the development of contracting strategies, analysis of pricing and case volumes for new projects, coordination of analytical support, negotiation, and effective administration.
Duties, Responsibilities, Competencies	<ul style="list-style-type: none"> • Negotiate successfully with institutional, professional, and ancillary providers. • Work closely with Development team to forecast rates and volumes used in development of proformas. • Develops, manages, and sustains relationship with payers • Active monitoring of internal and external managed care environment. Identifying managed care market, net revenue, volume and cost trends and establishing specific action plans to track and trend issues related to overall contract performance • Provide leadership and support to evaluate/develop processes and procedures for Managed Care • Promote innovative products and reimbursement methodologies and evaluate/develop processes and procedures for Managed Care • Manages contracts, negotiates, and sets rates, and reviews reimbursement levels and managed care agreements to ensure that proper payment practices are utilized. • Analyze financial, quality, and utilization data and use to develop contracting strategies developing plans to improve performance with ASCs and hospital partners • Collaborate with revenue Cycle to review billings and claims payments according to managed care contracts when consistent discrepancies arise. • Organize and manage a portfolio of contracts. • Serves as a resource for ASCs, answering questions and providing information about network procedures or contracts. •
Requirements	<p><i>Required</i></p> <ol style="list-style-type: none"> 1. Bachelor's Degree in healthcare management or related field 2. 5 years ' experience in a healthcare industry- provider contracting and analytical capacity 3. Strong technical knowledge of managed care contracting, commercial, Medicare, Military and Medicaid payer pricing, hospital and physician reimbursement methodologies, and state and regulatory requirements 4. Track record of successful negotiations between major payer organizations and healthcare providers 5. Strong organizational and interpersonal skills, with ability to communicate effectively 6. Excellent analytical skills 7. Ability to work in high-pressure circumstances and effectively manage conflict and ambiguity. <p><i>Preferred</i></p> <ol style="list-style-type: none"> 8. Master's Degree

	<div>9. ASC Experience</div> <div>10. Central / SE Location</div>
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