

		<b>JOB CODE:</b>	
<b>POSITION TITLE:</b>	Provider Relations and Contract Manager (Hybrid)	<b>DATE:</b>	<u>August 2023</u>
	** Only Local Candidates will be considered **		
<b>DIVISION:</b>	Provider Network Management		
<b>REPORTS DIRECTLY TO:</b>	Senior Director of Network Management		

## **ORGANIZATION**

Fulcrum Health, Inc. is a nonprofit, physical medicine benefit management organization that has delivered quality care through its network of over 2,800 licensed and credentialed chiropractic and acupuncture service providers for almost 40 years. Our product offerings include acupuncture and chiropractic pain management services, and we serve over 2 million health plan members within the Upper Midwest, Fulcrum continues to offer innovative and inspiring ways to leverage physical medicine that help lower health care costs, achieve better outcomes, and increase patient satisfaction.

## **POSITION PURPOSE:**

The Provider Relations and Contract Manager is a critical member of Fulcrum's Network Management team. The position supports Fulcrum's network recruitment and development initiatives and functions as a liaison between providers, the organization and its customers. Responsibilities include driving Fulcrum's provider network expansion efforts, creating targeted recruitment collateral, performing detailed market analysis and intelligence gathering as well as maintaining network KPI reports and performance dashboards. In addition, this role will assist provider training, orientation, and coaching for performance improvement within the network. This is a hybrid position requiring an on-site presence at our Plymouth, MN, office three days a week. Only local candidates will be considered for this role.

## **ESSENTIAL FUNCTIONS:**

### **Network Development and Recruiting**

- Recruit and develop provider networks to meet on-going business and client benefit needs.

- Develop geographically competitive, broad access, stable networks that achieve Fulcrum client objectives for performance, network adequacy and accessibility of provider specialty types.
- Engage and contract with independent practitioners and provider groups to join Fulcrum network(s).
- Participate in the development of business strategy to achieve contract objectives.
- Adapts departmental plans and priorities to address business and operational challenges.
- Working cross functionally, design and implement recruitment strategy and supporting collateral to support Fulcrum network expansion and practitioner development initiatives.
- Accurately process new contracts and facilitate timely onboarding of new providers.
- Research and help resolve provider contract and utilization management issues.
- Ensure providers have proper documentation to join and remain in the network.
- Maintain provider manual and policies.

### **Market Intelligence and Analysis**

- Provide insightful competitive intelligence to inform leadership of industry trends, market composition and best practices related to provider network expansion.
- Utilize technology tools and dashboards to track trends, generate reports and analyze expansion metrics to inform progress and support network management strategies.
- Working cross functionally, develop clinical performance metrics and create reports for business partners and clients.
- Conduct periodic audits to ensure network adequacy requirements are met and ensure compliance with applicable regulations and polices.
- Perform other related duties and projects as assigned.

### **REQUIRED QUALIFICATIONS:** *(Minimum qualifications needed for this position)*

#### **Education:**

- Bachelor's degree; Masters degree preferred.

#### **Experience:**

- 5+ years of experience within a health care network management related role handling complex network providers with accountability for business results.
- 5+ years experience in the health care industry.
- 3+ years experience within provider contracting.
- Experience in Provider Network Management, Provider Network Development, Talent Acquisition and/or Sales and Marketing a plus.

### **PREFERRED QUALIFICATIONS:**

- Knowledge of managed care, provider network management, or contracting principles

- Understanding of health care contracts, applications, and products.
- Demonstrated experience developing and maintaining high performing practitioner networks, ie: tiered, narrowed, value based, etc.
- Knowledge of Resource Based Relative Values System (RBRVS) methodology
- Strong analytical skills to aid assessment of potential program opportunities, market expansion and evaluation of quality performance initiatives.
- Marketing and communication experience.
- Working knowledge of claims processing systems.
- Experience using sProvider, GeoAccess,
- Demonstrated ability to lead multiple high profile projects and see them to completion.

**DIRECT/INDIRECT REPORTS:**

- Number of direct reports: 0
- Number of indirect reports: 0

**Work Location:**

Plymouth, MN (hybrid).