



VICE PRESIDENT MANAGED CARE & POPULATION HEALTH (Corp)

REGIONAL HEALTH

Integrated health system with 5 hospitals & 40 health care facilities, based in Rapid City, SD

On behalf of our client, Regional Health, an integrated health system located in western South Dakota, we invite qualified managed care leaders to discuss this exciting career opportunity for a corporate level, Vice President of Managed Care and Population Health.

This newly developed position will report to the Corporate CFO and will be responsible for specific managed care and clinical integration contract opportunities, enhancing those relationships and securing optimal reimbursement terms and protecting the interests of Regional Health providers in contract negotiations. The top responsibilities include team development, strategic planning, market analysis, strategy implementation and overseeing negotiation/implementation of managed care agreements and Regional Health's population health strategy.

Regional Health has a dominant market position as the largest hospital provider in a geographically expansive service area and is the only tertiary hospital within 350 miles in any direction.

Regional Health operates with net revenue of \$590 million, operating income of \$20.3 million with an operating margin of 3.4%. Regional Health received an A1 rating with a stable outlook from Moody's and they currently have 335 days cash on hand.

During the past ten years Regional Health has consistently improved its financial strength by increasing its net assets from \$257 million to \$684 million while decreasing its long-term debt from \$157 million to \$142 million. As noted above, Regional Health has a strong market position as a tertiary regional referral center while also serving as the region's safety net provider. As a safety net provider Regional Health has a challenging payer mix, but has been able to effectively manage these challenges to create the financial strength to transform itself as the healthcare delivery systems evolve.

Regional Health's financial strength provides the foundation to invest in new technology and facilities as part of the transformation to a "fee-for-value" based healthcare delivery system. Regional Health plans to unify its electronic health records by implementing Epic in the next eighteen months and to improve the patient experience by investing in new facilities in several of its communities.

The system is comprised of more than 40 health care facilities including 5 hospitals and 24 clinic locations which offer 32 specialty areas of medicine. They're committed to the future of medicine with medical training partnerships, a medical residency program and more than 130 active research studies.

The headquarters and the system's 417-bed flagship hospital, Rapid City Regional Hospital, are located in Rapid City, SD. This beautiful town plays host to the two million people who visit the Black Hills region each year to see attractions such as Mount Rushmore National Memorial, the Badlands National park and Wind Cave National Park. For additional information, please visit www.regionalhealth.com.

The selected leader will develop and enhance managed care relationships and implement strategies to grow significant market share and increase the value of services through innovative approaches to deliver care. This involves dealing with current and prospective purchasers or providers of healthcare services on behalf of Regional Health including such payor entities as HMOs, PPOs, Workers Compensation carriers, Medicaid, governmental agencies, other hospitals and healthcare systems and medical groups.

Positional Responsibilities include:

- Directly managing all aspects of the managed care department including staff development, financial oversight, provider network, provider relations, payer contracting and relations, clinical utilization management and review. In addition, is responsible for vendor contracts and relationships, data reporting and analysis, and day-to-day operations of Regional Health's managed care contracts.
- Coaching and mentoring staff across their area of responsibility to enhance skills, achieve high levels of performance, and create a culture of continuous learning that delivers on the mission.
- Negotiating managed care contracts with new and existing payors based upon strategic and financial goals, prior and projected contract performance and thresholds provided by the CFO and the Chief Medical Officer (CMO). Additionally analyzing contract language for compliance and operational, financial and clinical and ethical appropriateness.
- Collaborating, planning, coordinating, analyzing and implementing strategic and tactical approaches to meet the clinical and financial expectations of Regional Health.
- Providing strategic thinking and identifying areas where collaboration could provide optimal benefit and innovative opportunities for the health plan, working with physicians, caregivers, employer groups, state and government programs.
- Leading contract strategy development and implementation, including negotiation of contract financial terms with payers and vendors. Establishing acceptable contract language, serving as the lead for care model redesign, and facilitating contract dispute resolutions between Regional Health operations and external entities.
- Developing partnerships with healthcare and community leaders to improve access to care & maintaining knowledge of laws, regulations and legislative changes affecting health plans.

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- Identifying new opportunities for health plan administration, through models of care redesign, new employers, health plans and others.
- Contributing to other projects that require multi-disciplinary approaches and serving on Compliance Work Group on behalf of managed care and health plan administration.
- Providing analytical support in conjunction with Finance for the purpose of reviewing contract financial performance.
- Developing and monitoring the budget and meeting all operational targets for all areas within span of control.
- Hiring, coaching and monitoring the performance of all direct reports and ensuring they are current with compliance and safety requirements.
- Representing Regional Health for various state and regional initiatives regarding payment reform, primary care access, and care model redesign in collaboration with other Regional Health executives.

First year goals include:

- Reviewing current managed care contracts to gain a base-line understanding of current state.
- Negotiating terms with any contract renewals occurring the first year.
- Providing strategic financial and operational support working with the CMO and physician leadership for CMS bundled payment pilot program.
- Collaborating with the CFO and physician leadership to develop a clinically integrated network to better align independent and employed physicians.
- Assessing and potentially implementing commercial accountable care or value based care.
- In partnership with the Managed Care Analyst, the Vice President of Revenue Cycle and other appropriate revenue cycle management team members, direct the development, implementation and maintenance of methodologies to ensure receipt of proper payment from contract payors including periodic assessment of contract compliance.
- Collaborating with HR leadership in reviewing and implementation of third party administrator for RH health plan.
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- Serving as the team lead for HR and physician leadership to develop a plan to address population health issues such as Regional Health's own plan, expansion of bundled payment program, medical/behavioral health homes and ACOs.

Three to four year goals include helping to refine the financial business intelligence unit, developing strategic payment models, and participating with corporate and market operational leaders in developing and executing strategic planning.

The selected professional will demonstrate evidence of forward-thinking and servant driven leadership as well as decisiveness, flexibility, initiative as well as the dedication to successfully position the managed care department as a service department.

Requirements include a minimum of seven (7) years of success in leading managed care operations for a hospital, hospital system or payor. In addition, must have solid understanding of the health care market, managed care and relevant federal and state regulations. A strong working knowledge of DRG's, APC's, ICD-9 & 10 and other coding and analytical methodologies as they relate to managed care is also required. A minimum of a Bachelor's degree in business or related field is required.

Proven experience in building and leading teams, effectively managing change and leveraging resources, with demonstrated visionary skills. This position requires the skill to handle potentially adversarial situations requiring resolution and the ability to build and maintain a high level of trust and consensus over complex issues.

Our client offers an excellent compensation package and is an equal opportunity employer.

For confidential consideration, or to discuss this career advancement opportunity further, please contact me at the email and/or phone numbers provided below:

THE WHITTAKER GROUP HEALTHCARE SEARCH CONSULTANTS

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