

Joe Jobscan

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WORK EXPERIENCE

DIRECTOR NETWORK DEVELOPMENT AND PROVIDER RELATIONS | 08/2015 to 07/2018

Association Healthcare Management, Inc - Houston, TX

Oversaw strategic direction for all provider functions including Contracting, Credentialing, Provider Relations, Provider Data Integrity, Network Administration, Claims Audit and Claims Processing for 48 states comprising over 10,000 providers (physicians, specialists, large multi-specialty medical groups, hospitals, urgent care centers, dental providers, outpatient physical therapy centers; ancillary providers.

- Developed, directed, and implemented network maintenance strategies related to the development and management of Family Care (FC) and American Workers Insurance Services (AWIS) provider networks.
- Identified gaps in network composition and services to prioritize network contracting; developed /executed recruitment plans ensuring appropriate access for membership; company consistently maintained an average Network Accessibility score of 98.5%
- Prepared comprehensive and insightful progress reports for both management and governmental agencies detailing provider recruitment and network status in multiple service areas.
- Retooled the Network Management department in 5 months; created Contract Management, Credentialing and Provider Service tracking tools to measure attainment of department goals, and efficiency and quality of work; efforts led to an increased level of production and raised worker productivity by 30%.
- Oversaw the development and implementation of corporate web-based self-service delivery portal, enabling online verification of member eligibility, claim status, benefit explanations, provider directory information and access to external company policies and procedures.
- Added over 350 new provider locations across multiple states increasing availability and accessibility by 25%.
- Managed and directed all aspects of call center operations, achieving 95% first call resolution while handling over 1,000 incoming provider calls per week and averaging 150+ calls daily;
- Successfully negotiated 30% to 40% discount of billed charges contracts with non-participating providers.

PRINCIPAL | 10/2009 to 01/2014

Seattle Managed Care - Seattle, WA

- Responsible for providing leadership and strategic direction for organization in order to achieve organizational goals and objectives consistent with the company's mission, vision, and values.

ASSOCIATE VP GOVERNMENT PROGRAMS | 08/2008 to 10/2009

Dental North America - Tacoma, WA

- Highly sought-after executive brought in to run government-funded program operations for start-up dental insurance companies providing dental benefits for commercial employer groups and value-added dental benefits for Medicaid, Medicare, and CHIP enrollees.
- Oversaw Network Development, Provider Relations, Credentialing, and Quality Improvement functions.
- Created and implemented aggressive network development strategy grounded in quality and focused on key drivers of recruitment, contracting, and retention.
- Built competitive networks in the Dallas, Houston, and San Antonio markets to support regulatory licensing process; over 200 locations recruited and contracted; network was approved by Texas Department of Insurance for the September 2009 product launch.
- Aligned with agents, brokers, and market colleagues; instrumental in designing provider marketing campaigns and updating local managed care strategies within each market; efforts significantly impacted network growth and promoted provider satisfaction.

Dental Healthcare Inc. - Spokane, WA | 11/2003 to 08/2008

Associate Vice President of Operations | 09/2007 to 08/2008

- Rapid advancement into Associate VP of Operations role due to exceptional performance; oversaw 12 accounts, 275,000 lives, \$75 million in revenues, and management of 10 direct and 15 indirect reports.
- Accountable for the strategic direction and oversight for all provider functions including Contracting, Credentialing, Provider Relations, Provider Data Integrity, Network Administration, Claims Audit and Claims Processing.
- Slashed annual network access expenses by \$360k through negotiation of the first "per claims" access fee with one of the nation's leading PPO networks.
- Ensured 24-hour TAT on claim research and communication with providers regarding status of claims payments.
- Responsible for product design, pricing, and negotiating contract agreements with major HMO carriers statewide and nationally.

Director of Operations | 11/2003 to 09/2007

- Accountable for customer service, claims, network development, provider relations, credentialing and quality improvement (QI).
- Provider contracting point-person for Florida, Illinois, Indiana, Louisiana, Missouri, Ohio, Texas, and West Virginia markets.
- Multi-tasked and consistently ensured 24-48-hour TAT in response to all provider inquiries; efforts consistently resulted in provider satisfaction scores in the 99th percentile.
- Strategically managed the proposal effort that ultimately won a \$13M Comprehensive Healthcare Program (Foster Care) contract over a field of approximately 15 responding firms.

PRINCIPAL | 02/2003 to 11/2003

Seattle Managed Care - Seattle, WA

- Established operational systems and procedures and provided executive leadership for managed care consulting firms serving HMOs, PPOs, IPAs and state/federal agencies.

DIRECTOR PUBLIC SECTOR PROGRAMS | 02/2002 to 02/2003

Washington Healthcare Services - Seattle, WA

- Led public sector operations for network development, Provider Relations, Credentialing, Customer Service, and Claims processing; oversaw 6 accounts, \$4.5 million in revenues, and management of 6 direct reports.
- Established timely and accurate provider payment policies and billing guidelines, maintaining positive relationships with provider networks and working relationships with other internal departments regarding strategy and collaboration.
- Accountable for Quality Improvement Program for a 5-county area encompassing 60,000 Medicaid members.
- Provided management, direction, and oversight of claims payment process, ensuring accurate, timely, and compliant claims payment processing from time of receipt to final adjudication (\$1.5 M in provider claims processed annually).

PROVIDER CONSULTANT | 09/2001 to 01/2002

Washington Healthcare Services - Seattle, WA

- Primary contact for contract interpretation, problem resolution, and physician education.

EDUCATION

Kelley School of Business - Indiana University - Bloomington, IN | Master of Business Administration 08/1998-06/2000

Butler University - Indianapolis, IN | Bachelor of Science, Business Administration 08/1993-06/1997