



**Job Title:** Contract Administration Specialist

**Department:** Network Management

**Reports To:** Director Provider Relations

**FLSA Status:** Non-Exempt

**Summary** Provides administrative support and management for Provider Relations contract facilitation; ensures contracts are well within guidelines for Physicians United Plan's business and competitive within the industry to create new business opportunities. Accomplishes this by performing the following duties:

**Essential Duties and Responsibilities** include the following. Other duties may be assigned.

- Establishes and maintains ongoing relationships with the health plan's network of physicians, groups, hospitals, and ancillary Providers.
- Maintains Provider contract details on all participating Providers.
- Maintains, updates prospective Provider database and collaborates with Provider Relations, Member Services, Finance, IS, Medical Management and Claims departments regarding Provider Relations/network management contracting efforts through the Network Needs Committee.
- Performs audits on Provider contracts in Credentialing database, Provider Configuration and Provider Contract loading processes, communicates to all departments findings on audits.
- Serves as the primary point of contact for Provider office staff in answering questions about the health plan's operations and benefit plans and resolves any issues that may arise.
- Conducts ongoing site visit assessments and assists with compilation of credentials on newly contracted Providers.
- Negotiates physician and ancillary contracts as directed by manager
- Successfully completes special projects related to job as assigned by leadership.
- Provides administrative support for all hospital, MSO, large physician group and ancillary contracts including capitation and risk-sharing arrangements.
- Ensures contracts have negotiated rates and methodologies within approved rate reimbursement parameters.
- Facilitates Provider education and training.
- Obtains financial trend analyses and performance summaries from Finance for decision-making purposes.
- Organizes and manage multiple priorities and/or projects by using appropriate methodologies and tools.
- Prioritizes network needs both quantitatively and qualitatively.
- Works with other departments including claims, customer service, marketing, compliance and care coordination.
- Collaborates with account management, eligibility, Information Systems and Claims departments on Provider relations/network management efforts.
- Consistently exercises discretion and judgment.
- Maintains a detailed knowledge of compliance issues and regulations.

**Qualifications** To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**Education and/or Experience**

Associate's degree (A. A.) or equivalent from two-year College or technical school; or a minimum of three years experience or related experience and/or training; or equivalent combination of education and experience.

**Other Qualifications**

At least 3 years experience in managed care contracting and/or Provider Relations preferred.