



Job Title: External Provider Relations Representative

Department: Network Management

Reports To: Director Provider Relations

FLSA Status: Exempt

Summary Primary responsibility includes negotiations of physician/provider contracts and ongoing education / service to the physician / provider network in assigned market areas. Establishes and maintains ongoing relationships with the health plan's network of physicians, groups, hospitals, and ancillary providers.

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

- Conducts monthly service-educational visits to primary care physician offices with more than 100 enrolled members and every-other-month visits to primary care physician offices with fewer than 100 enrolled members.
- Conducts monthly service/educational visits to targeted high volume/key specialty offices.
- Works in cooperation with assigned Claims Department staff to conduct periodic service/educational visits to all participating hospital billing departments.
- Manages provider demographic information changes (tax identification numbers, new addresses, etc.) and resolves identified problems.
- Conducts a quarterly audit for each line-of-business and provider category to determine ongoing network needs and provides written network development goals.
- Identifies, on a semi-annual basis, opportunities for re-negotiation of contracts by line-of-business and provider category and written re-negotiation goals.
- Negotiates contracts within approved rate reimbursement arrangements.
- Responsible for obtaining correctly completed credentialing applications and supporting documents, upon completion of contract.
- Conducts new office orientation programs for all participating providers, upon approval by the Credentialing Committee.
- Utilizes service guidelines to maintain network stability as it relates to provider terminations and panel closing by primary care physicians.
- Implements, through service visits, educational tools for physician/providers and their practice staff.
- Works closely, in assigned markets, with the Marketing / Sales Department staff and primary care physician practices to achieve/exceed membership growth projections within guidelines.
- Abides by all compliance requirements for the Department of Financial Services Office of Insurance Regulation (DFS/OIR), Agency for Health Care Administration (AHCA) and the Centers for Medicare and Medicaid Services (CMS) as these apply to Provider Relations Department activities.
- Builds strong relationships with providers and specialty care providers.

- Orients new providers joining the network.
- Maintains reference materials to support appropriate network utilization and program participation.
- Works with new specialist providers in an effort to maintain continuity within the broad network.
- Resolves high level claims issues while maintaining positive relationships.
- Ability to communicate (oral and written) effectively with all levels of management, staff and business partners.
- Must be self motivated, dependable, team and goal oriented.
- Successfully completes special projects related to job as assigned by manager.
- Assists in provider education on MRA project and works closely with Coding team / internal and external partners.

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 six months to one year related experience and/or training; or equivalent combination of education and experience.

Other Qualifications

At least 3 years previous experience in Managed Care and Medicare contracting and provider relations required.