



**Job Title:** Internal Provider Relations Representative

**Department:** Network Management

**Reports To:** Director Provider Relations

**FLSA Status:** Non-Exempt

**Summary** Responsible for conducting ongoing education/service to the physician/Provider network in assigned market areas, assisting External Provider Relations Representatives as needed, supporting projects and related tasks as directed, including, but not limited to, expansion activities in existing and new markets. Accomplishes this by performing the following duties:

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

- Assists Network Management/External Provider Relations team with a quarterly audit and Provider category consistent with ongoing Network Management goals.
- Assists Network Management/ External Provider Relations team by identifying, on a semi-annual basis, opportunities for renegotiation of contracts and conducts audits and performs analysis to realize department objectives.
- Identifies opportunities for and provides enhanced education including additional written updates to Providers and/or site visits.
- Identifies need for enhanced creation, consolidation, and/ or elimination of specific reports intended to streamline processes and procedures and other educational initiatives.
- Assists Network Management in obtaining completed contracts and, if applicable, negotiates contract with guidelines approved by department manager.
- Assists in obtaining correctly completed credentialing applications and supporting documents in coordination with dedicated credentials staff and as may be directed by department leadership.
- Upon approval by the Credentialing Committee, assists with New Office Orientation programs for all participating physicians/Providers. This includes scheduling appointments, creating and mailing educational materials and communicating with internal and external customers as needed to ensure efficiencies.
- Utilizes service guidelines to perform analysis to determine network stability as it relates to physician/Provider terminations and panel closings by primary care physicians or other Provider types.
- Assists Network Management team through assessment of needed service visits by creating educational tools for physician/Providers and associated practice staff in coordination with external (field) Provider relations staff member.
- May assist other Network Management staff on service/educational visits to high volume/key specialty offices as identified by department leadership.

- Acts as internal contact and works in cooperation with the assigned claims department staff, member service staff, medical management staff and other internal staff as necessary to perform Provider services and assist network management staff to maintain highly efficient and functioning relationships.
- Manages Provider demographic information changes (tax identification numbers, new addresses, (etc.) and resolves identified problems working with Credentialing Department to update Provider Directory.
- Assists with expansion mailings, HSD tables and other related duties, including audits, and tracking and trending analysis as may assigned.
- 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 Network Management activities.
- May assume lead for specific projects as assigned.

**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/or strongly preferred.