



**Job Title:** MSO Network Manager  
**Department:** Network Management  
**Reports To:** MSO Account Manager  
**FLSA Status:** Exempt

**Summary** Responsible for the overall strategic planning and financial performance of the MSO Network. Tasked with meeting strategic and operational goals. Ensures the network is competitive within the market and facilitates ability to create new business opportunities by performing the following duties.

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

- Maintains integrity, stability and overall profitability of MSO network.
- Establishes network development strategies and goals in coordination with marketing leadership to support the strategic growth and cost management goals of the company.
- Conducts provider recruitment, contracting and servicing functions.
- Develops and implements training for providers.
- Initiates, develops, maintains and enhances strategic relationships with MSO affiliates and physicians.
- Oversees appropriate coordination of MSO team with Physician's United Plan's (PUP's) Legal and Regulatory Affairs Department to ensure compliance with state, federal and local regulatory and accreditation agencies.
- Manages the development and monitoring of strategies for effective Medical Benefit Ratio (MBR) management.
- Works with Marketing Department and primary care physician practices to achieve/exceed membership growth projections within CMS guidelines.
- Communicates proactively with other departments in order to ensure effective and efficient business results.
- Improves performance and productivity by introducing new ideas and processes including Medical Economics.
- Identifies and implements business development opportunities.

### **Supervisory Responsibilities**

Coordinates the activities of the MSO Network Management Team. Responsible for the overall direction, coordination and evaluation of this team. Carries out such responsibilities in accordance with the organization's policies and applicable laws.

**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**

Master's degree (M. A.) or equivalent; or four to ten years related experience and/or training; or equivalent combination of education and experience.

**Other Skills and Abilities**

Experience should include a strong background in managed care contracting and provider network development as well as a history of building strong partnerships with MSOs, large physician groups and ancillary providers.

**Other Qualifications**

At least 3 years of previous experience in Managed care and Medicare required, showing consistent and progressive responsibility managing others; At least 5 years of previous experience in healthcare provider contracting required.