

Preferred Health Care Job Description

Job Title: Manager, Provider Relations
Department: Provider Relations
Reports To: President
Date: March 1, 2018
Last revised:

SUMMARY Primary liaison with the provider community. Manages the development and maintenance of both the existing PHC provider network as well as the creation of a high quality, clinically integrated network (CIN) of cost efficient providers in support of our partnership with the Accountable Care Organization, Lancaster General Health Community Care Collaborative, LLC (LGHCCC). Provides leadership on the overall management of the networks (PHC and CIN) as well as the maintenance of administrative policies and procedures that impact provider contracting, provider relations and credentialing for the Company.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following but are not limited to:

- Responsible for all provider contracting efforts throughout PHC's designated service area and in support of all network development efforts. Position requires frequent interaction with physicians, practice administrators, hospital/facility administrators, billing and supervisory people which include telephonic, face to face and electronic interface.
- Responsible for defining, meeting or exceeding annually established and published provider meeting quotas to ensure all providers are properly educated on PHC's programs and development efforts.
- Assists with client and provider inquiries specific to Company's networks when needed.
- Facilitates the development and maintenance of the Policy and Procedure Manual (Related to Provider Relations Sections).
- Contributes related information for the development and maintenance of the PHC websites.
- Assists in development and approval of provider communications, as well as participates in marketing and educational seminars.
- Oversees development of manuals, policy letters and other communications designed to ensure that participating network providers are fully apprised of all policies and procedures affecting their dealings with employers, participating members, payors and other parties to the Company's contractual relationships.
- Leads the recruitment of new providers to ensure appropriate access to members within the expectations of PHC and LGHCCC as applicable.
- Responsible for all provider network development efforts in support of PHC's MCO relationships for Medicaid, Medicare Advantage and CHIP programs.
- Responsible for all provider fee schedule analysis and contract negotiations. Presents formal recommendations to the President on all exceptions to ensure strategic alignment.
- Provides ongoing direction to staff and participating providers through the development of measurable goals and objectives which will cultivate and maintain a positive working relationship between providers, payors, members and PHC.
- Ensures provider credentialing policies and processes are met with the Credentialing Department to ensure that internal criteria are achieved before executed contracts are assigned an effective date.

- Coordinates management of the company's relationship with unique payors such as governmental programs for Medicare, Medicaid, and CHIP with the Credentialing team as needed.
- Provides detailed resource recommendations as it relates to effectively managing the Company's provider networks to senior leadership.
- Other duties as may be assigned.

QUALIFICATIONS

To perform this job successfully, the Manager Provider Relations 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

Bachelor's Degree required. Three years managed care experience in an HMO or PPO environment and/or experience in a physician's office. Advanced use of Microsoft programs of Word, Excel, Power Point and Access. Program management experience a must.

LANGUAGE SKILLS

Position requires frequent interaction with physicians and hospital administrators. Excellent verbal communications required with ability to address and resolve issues diplomatically. Ability to read and interpret documents such as contracts, safety rules, operating and maintenance instructions and procedure manuals. Excellent written and oral communications skills. Ability to write/interpret reports and correspondence pertinent to position.

MATHEMATICAL SKILLS

Ability to calculate figures and amounts such as discounts, interest, commissions, proportions, percentages, area, circumference and volume.

REASONING ABILITY

Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, or scheduled form. Ability to maximize the efficiencies offered by the current claims system relative to claim examining and data reporting.

PHYSICAL DEMANDS

- Must be able to drive an automobile safely, and have a Pennsylvania Drivers License in good standing.
- Must have adequate vision to read record data.
- Occasional lifting of moderately heavy materials.
- Position requires manual dexterity to use computer keyboard and other standard office equipment.
- Position involves occasional work in the early morning or evening due to broker/client meetings or seminars.

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