



**University
Health**

Provider Operations Coordinator – Network Management

Job Class: 6201

Revised: 06/21

ORGANIZATIONAL COMMITMENT

A strong commitment to the University Health mission to improve the good health of the community through high quality compassionate patient care, innovation, education and discovery. Supports the strategic vision and values of the organization. A devotion to patient care, always attentive, kind and helpful without exception and wise in the use of University Health resources. A personal commitment to treat all University Health customers with courtesy, dignity, respect and professionalism and adherence to the University Health Commitment to Service Excellence behaviors and standards.

POSITION SUMMARY /RESPONSIBILITIES

Responsible for the recruitment and contract management of all Provider types to ensure network is adequate and meets appropriate access/appointment availability. Interfaces with various departments to resolve provider issues related to service delivery, authorization, access/appointment availability, and specific projects and initiatives in accordance with the health plan's policies and procedures. Facilitates and monitors provider participation in provider incentive programs, service delivery improvement activities and conducts audits to ensure compliance with regulatory and benefit program requirements. Responsible for analyzing and reporting benchmarks, deliverables and performance standards in accordance with all regulatory requirements. Serves as a subject matter expert (SME) for the core It system for the Network Management functions. Responsible for managing all relevant functions related to the core system as well as management and maintenance of the printed and electronic versions of the provider directory. Responsible for writing policies and procedures as well as revising and updating all provider manuals and other educational materials as required.

FUNCTIONS/BEHAVIOR

1. Directs and coordinates the activities designed to ensure required service level and quality and productivity standards and documentation standards are met in accordance with regulatory guidelines and departmental goals and standards. Serves as a lead in provider contracting and network development initiatives for the department. (E, 20%)
2. Develops implementation and monitoring of provider incentive programs and scheduled audits to ensure compliance with regulatory requirements including documentation, reporting and trending provider compliance issues. (E, 20%)
3. Acts as subject matter expert to staff regarding any questions on regulations and/or procedures or processes related to providers, provider issues/trends, specific projects and initiatives, as well as assistance with development of training materials and audit criteria. (E, 10%)
4. Communicates regularly but no less than monthly with providers and/or staff regarding updates and changes in procedures, processes as well as their performance through distribution of information, regular meetings and scheduled individual meetings. (E, 10%)
5. Communicates with leadership regularly about issues and/or concerns. Provides suggested operational and /or policy and procedure changes to address provider concerns and/or trends identified. (E, 10%)

6. Coordinates as needed with the Plan Reimbursement and Data Management department on oversight of data management activities related to provider affiliations, fee schedules and directory production. Coordinates with the Configuration department as necessary. (E, 10%)
7. Identifies claims/billing trends, access/appointment availability issues, network adequacy issues as impacted by membership and/or network participation and implements corrective action plans. (E, 5%)
8. Assists other department staff and other departments with provider training as requested through individual and/or group sessions as related to providers and services. (E, 5%)
9. Coordinates with other department staff on provider portal functional and enhancements. (E, 5%)
10. Provides on-going service/problem solving assistance to all providers as needed and ensure all providers are updated on newly revised policies and procedures. (E, 5%)
11. Performs special projects and other duties as assigned. (E, 5%)
12. **Demonstrates competence to perform assigned and general customer assistance responsibilities in a manner that meets the age-specific and developmental needs of customers encountered. (E)**
13. **Appropriately adapts work and customer assistance methods to accommodate the unique physical, psychosocial, cultural, age-specific and developmental needs of customers. (E)**
14. **Supports University Health System and CFHP mission, vision and values. Demonstrates established customer service behaviors and standards. Treats all customers with courtesy, dignity, respect and professionalism. (E)**

SUPERVISION

Received from the department Executive Director.

EDUCATION/EXPERIENCE

A minimum of five years of experience in customer service delivery, managed health care delivery or managed care operations environment is required (formal education may be substituted in lieu of experience). Demonstrated expertise in problem resolution skills, presentation and communication skills, data management and claims.

ACCURACY

Must be able to provide accurate information to staff and providers, orally and in writing to ensure quality assurance in customer service is provided to providers and internal and external customers. Track and report any issues/concerns, which would affect member accessibility/quality of care to manager. Must be well organized, detail oriented and able to execute responsibilities in a timely manner.

EQUIPMENT

Proficient in Microsoft office products. Present professional image. Work with a wide range of medical, administrative, and professional staff in a collegial atmosphere. Ability to solve problems and deal with variance in situations where limited standardization exists. Able to maintain a flexible approach to a variety of projects and studies. Also will master and serve as a SME for Geo-Mapping software and oversee all internal and external network adequacy reporting.

WORKING CONDITIONS

Functions in cubicle environment, frequent pressure of deadlines, interruptions. Will require ability to lift, stoop, kneel, reach, hear, and see.

OTHER

Strong verbal/written skills, problem resolution experience. Local travel may be required. Possesses a high degree of responsibility for confidential matters. Work situations may require staying late on occasion. Must successfully complete the pre-employment/post job offer health screening examination and the annual screening, each year thereafter, as an employee.

HOW TO APPLY

Community First Health Plans is part of University Health. All job applications are received through University Health Human Resources.

To submit an application, [apply here](#).