



Representative, Provider Relations – Community First Health Plans

Job Class: 4988 (PRN 4978)

Reviewed: 07/21

POSITION SUMMARY/RESPONSIBILITIES

Provider Relations Representative works as the primary liaison between Community First Health Plans and network participants (physicians, providers, and administrators) of the health plan provider network. This position will build and nurture positive relationships with health plan network participants by providing orientations, training, and delivering high quality service through regular engagement by phone and through scheduled in-person visits to targeted provider offices. This position will also coordinate with: Compliance & Quality staff on the credentialing and re-credentialing process; with Provider Contracting staff for contracting purposes; and will periodically assist the Claims staff with auditing and troubleshooting of provider data to ensure proper claims adjudication. The Provider Relations Representative knows and abides by all organizational and departmental policies, sets personal standards, and strives for high quality work in completing assignments, performs job duties in a timely manner, and represents the organization in a positive manner.

FUNCTIONS/BEHAVIORS

1. Conducts provider outreach by providing training and guidance to enable network providers to become more self-sufficient in confirming eligibility, claims submission, and payment by use of available tools. Schedules, conducts, and documents training with each participating provider and office/support staff within established department guidelines. Must document training provided and respond to subsequent requests for follow-up training in a timely manner. Responsible for training office/support staff in use of all web-based information systems including security guidelines. (E, 20%)
2. Maintains positive relationships with providers by conducting over-the-phone and on-site service calls to health plan network participants on a regular basis. Provider relationships focus to improve the level of accuracy in claims submissions, addressing identified trends/concerns, provide education and resource access, and maintain open communication. Provider Relations Representative documents and reports training provided, issues addressed, trends identified, and provider concerns and issues to department management. Is responsible for researching, documenting, and resolving provider concerns/issues within department guidelines. (E, 20%)
3. Provides on-going service/problem solving assistance to assigned providers as needed and ensures all providers are updated on newly revised policies and procedures. Follows-up on issues and concerns by providers within assigned territory. (E, 15%)
4. Coordinates with the Network Management team on the recruitment of primary care physicians and assigned specialty providers in assigned geographic territory based on health plan marketing projections, targeted populations, and identified service gaps for all lines of business. (E, 15%)
5. Addresses, researches and escalates claims, billing, and appeal issues for assigned providers and specialists in a timely manner. Works closely with the Claims team to resolve system issues. Educates provider staff on trends that may be impacting accurate claims processing. (E, 10%)
6. Contributes to the development, content, and maintenance of provider training manuals, provider orientations (group and individual), and other provider education resources. Reviews provider

directories for accuracy and completeness prior to publication and distribution. Regularly verifies provider contact information and service details for accuracy of provider directories and member access. (E, 10%)

7. Demonstrates an understanding of basic managed care concepts and principles including Medicaid Managed Care, CHIP, Medicare, Commercial HMO/EPO benefit programs. Must be able to communicate effectively and efficiently both verbally and in writing with providers, peers, and others about day to day issues and concerns. (E, 5%)
8. Performs other duties as assigned or requested. (M, 5%)
9. **Demonstrates competence to perform assigned and general customer assistance responsibilities in a manner that meets the age-specific and developmental needs of customers served by the department. (E)**
10. **Appropriately adapts assigned work and customer assistance methods to accommodate the unique physical, psychosocial, cultural, age-specific, and other developmental needs of each customer served. (E)**
11. **Supports University Health and Community First Health Plans mission, vision, and values. Demonstrates established customer service behaviors and standards. Treats all customers with courtesy, dignity, respect, and professionalism. (E)**

SUPERVISION

Supervision is received from the Engagement Manager, and/or the Executive Director, Corporate Communications & Marketing.

EDUCATION/EXPERIENCE

Bachelor's degree in business, health care, communications, or other related area is required. A minimum of three years of customer service-related work is required. Recent experience as a provider relations representative, member service representative, or relevant claim experience is highly preferred, but not required

LICENSURE

Valid Texas driver's license as well as a reliable vehicle is required.

ACCURACY

Must be able to provide accurate and updated information to network participants. Must be well organized, detail oriented and able to execute responsibilities in a timely manner and per department and company standards

EQUIPMENT

Use of standard machines common to most offices including strong PC skills and knowledge of basic software (Word, Excel, etc.) is needed.

WORKING CONDITIONS

Functions in office environment with normal hours except for special projects. Frequent pressure of deadlines, interruptions, and revisions. Travel is required, mostly local.

OTHER

Proven skills in negotiations and communications are required. Excellent communication skills are required. High level of professionalism and collaboration is essential when communicating with network providers as well as internal departments. Productive interface and coordination with others relating to provider relations is essential to successful performance of job. Must also 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](#).