

## Non-Union Exempt Position Summary

|                             |  |                  |                      |
|-----------------------------|--|------------------|----------------------|
|                             |  | <b>JOB CODE:</b> | <u>11</u>            |
| <b>POSITION TITLE:</b>      | <u>Provider Services Representative</u>      | <b>DATE:</b>     | <u>December 2021</u> |
| <b>DIVISIONS:</b>           | <u>Network Administration</u>                |                  |                      |
| <b>REPORTS DIRECTLY TO:</b> | <u>Senior Director of Network Management</u> |                  |                      |

### **POSITION PURPOSE**

The Provider Services Representative is a member of Fulcrum's Network Management team. The position supports the Network Management Division and acts as a liaison between providers and Fulcrum Health. Responsibilities include intaking and resolving provider support requests and performing provider training and coaching for performance improvement within the network. This role will also liaison with the claims processing vendor to assist, as needed, with provider claim issue resolution. In addition, the Provider Services Representative supports the Contracting team with provider database management for provider additions and terminations.

### **ACCOUNTABILITIES:**

- Build and maintain meaningful relationships with network providers and office staff
- Support in accurately processing all provider inquiries, including demographic changes/updates, and terminations
- Serve as an internal liaison between providers, the Network Management team, and external claims processing vendor
- Respond timely to provider inquiries received through Provider Services telephone, fax, and email queues
- Facilitate cross-functional team engagement to resolve requests received relative to contracting, provider data management, configuration, and claims
- Maintain appropriate recordkeeping and provider network related audits
- Provide professional and efficient customer service
- Assist with network expansion related activities
- Perform assigned Credentialing process functions and serve as team back up
- Perform other related duties and projects as assigned

**REQUIRED QUALIFICATIONS:** *(Minimum qualifications needed for this position)*

**Education:**

- Bachelor's degree or
- Equivalent combination of education and experience

**Experience:**

- Experience in Provider Services, Contracting, Credentialing, Claims, Utilization Management and/or Customer Service.
- Organizational skills and experience meeting deadlines and working well under pressure.
- Familiar with provider reimbursement methods.

**Skills and Abilities:**

Analytical:

- Critical thinking, analysis and problem solving: Ability to analyze issues, identify alternative courses of action, define assumptions, and assess impact and risks of each of them
- Strong judgment and decision-making skills: Ability to think broadly about issues from different perspectives, weighing pros and cons appropriately

Database and Software:

- Experience with the management of vendor software application
- Ability to make decisions regarding data entry practices to meet requirements, and evaluation of potential impacts to downstream systems and processes

Interpersonal:

- Strong communication skills, written and verbal
- Ability to maintain composure in stressful situations
- Ability to maintain confidentiality and project a professional business presence and appearance

**PREFERRED QUALIFICATIONS:**

- Knowledge of managed care, provider network management, or contracting principles preferred
- Understanding of network participation health care contracts, applications and products

- Working knowledge of claims processing
- Experience with Cactus credentialing system
- Ability to lead projects to completion

**DIRECT/INDIRECT REPORTS:**

Number of direct reports: 0

Number of indirect reports: 0

**Work Location:**

Plymouth, MN