



# **Health Plan Contracts & Credentialing Specialist**

## **GENERAL DESCRIPTION**

Responsible for managing Center's Health Plan/Managed Care contracts, credentialing of licensed providers and monitoring contract lifecycle. Facilitates and coordinates all aspects of contracts: initiating contract development, fee negotiation, expirations, changes/updates to amendments and staff credentialing.

Develops, manages, and sustains relationship with Health plan provider network. Facilitates communication with center providers on credentialing requirements as well as coordinating and supporting administration functions for various departments: UM/QM, billing and Fiscal. Will work with Directors and assists with resolving health plan operational issues. Responsible for reviewing all existing contract and facilitate revisions. Ability to identify discrepancies and develop practical solutions in a consultative fashion, compose correspondence with minimal supervision.

Will serve as a contract and insurance subject matter expert for all division level Health Plan contracting. Will be the primary contact between the Center and Health Plan. With assistance, will be responsible for developing/documenting contracting and credentialing workflow and creating monitoring tool for renewal.

This position requires some statewide travel, occasionally overnight and use of a personal vehicle for Center business may be required.

## **EDUCATION, TRAINING, & EXPERIENCE**

- BA or BS degree, or equivalent.
- 5 years of experience developing and/or managing Health Plan and Managed Care contracts.
- Must have the ability to read and interpret contract/legal language and laws, and government regulations.
- Certified Provider Credentialing Specialist (CPCS) is a plus.

## **ESSENTIAL TASKS & STANDARDS**

- Coordinate Contract management
- Contract Review
- Administrative Tasks
- Contract Monitoring
- Provider Credentialing



## **KNOWLEDGE, SKILLS, & ABILITIES**

- Knowledge of Medicare, Medicaid and Commercial Health Plan regulations and guidelines.
- Knowledge of payer products, and provider reimbursement methods.
- Requires excellent oral and written communications skills including email communications, letter writing skills,
- Must have strong organizational skills, and detail and team oriented.
- Consistently meets deadlines, ability to prioritize.
- Ability to effectively present information and respond to questions from Management, customers, peers, state agencies and vendors.
- Be able to negotiate rates and contracts for recommendations to senior management.
- Must be able to work with minimal supervision and direction.
- Able to navigate Microsoft Office (Outlook, Excel, SharePoint, Word, Teams, and Power Point).

## **CERTIFICATES, LICENSES, & REGISTRATIONS**

- Must have valid Texas Driver License and a good driving record.
- Must be able to pass a criminal background check.
- Must be able to complete all LifePath Systems training.
- Must be able to provide at least 3 professional or educational references.

## **BENEFITS**

**Salary Range: \$55,000 - \$60,000 per year**

**Shift Hours: 8am-5pm Monday-Friday**

We offer a competitive salary and comprehensive benefit package including medical, dental, FSA, 401(k), voluntary benefits, Paid Time Off (PTO) and Extended Illness (EI), and Holidays.

If interested, please complete an online application at [LifePath Systems Job Openings](#) and attach your resume

### **Equal Opportunity Employer**

LifePath Systems is an equal opportunity employer (Minorities/Females/Disabled/Veterans). We recruit, employ, train, compensate, and promote without regard to race, religion, creed, color, national origin, age, gender, sexual orientation, marital status, disability, veteran status, or any other basis protected by applicable federal, state, or local law.

To read more about this, view the [EEO is the Law](#) poster and this [EEO is the Law Poster Supplement](#).