94542

Job Train - Menlo Park (5924) To: Employment Counselor

Date: 05/16/2024



Hayward, CA, 94542

Healthcare Contracts Admin

Benefits: Candidates on temporary assignment may qualify for our competitive benefits package which includes group health, life and disability insurance and voluntary benefits such as retirement savings and holiday pay.

Salary range: \$28.00 to \$33.00 hourly Employment status: Contract / Temporary

Description

Calling all healthcare professionals! Are you a healthcare professional with contracts administration experience? Robert Half has the perfect contract to hire position for you! We have an exclusive opening for this role located in Oakland, CA. This is a full-time position with the ability to go remote, based on performance. Apply now!

Job Description:

- Nurture provider partnerships to seek broader opportunities including Risk, Value Based, Fee for Service, and provider specific
- Ensures effective implementation of new and renewing contracts through communication and coordination with other functional areas
- . Monitors provider contracts to ensure terms and conditions are met.
- Creates, negotiates and incorporates contract amendments, renegotiating the contract to accommodate scope changes or changes in organization requirements.
- Provides feedback to the appropriate management personnel when issues are identified relative to patient care, billing and authorization.
- Works closely with Quality, Claims and centers to identify and resolve operational issues relating to contract development, administration, and to facilitate quality of service and reimbursement.
- · Responsible for the regular monitoring, collection, and reporting of performance metrics, territory profile reporting of field operations activities, and the coordination of activities.

Requirements

- Minimum five (5) years of experience in Healthcare Administration, Managed Care Contracting or Health Care finance is preferred.
- 2-3 years network management-related role experience handling complex network
- Knowledge of Medicare and Medicaid regulatory requirements and practice protocols.
- · Knowledge of quality assurance and utilization management concepts.
- · Organized abilities and detail oriented.
- · Able to work independently and as a team.
- · Knowledge of claims processing systems and guidelines

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