



PROVIDER SERVICES CREDENTIALING SPECIALIST

Position Status: Exempt
Reports To: Provider Services Credentialing Supervisor
Effective Date: 11/01/08
Revised Date: 05/18/21
Job Level: P2

POSITION SUMMARY

Under limited supervision, this position:

1. Conducts provider credentialing and re-credentialing, including performing Primary Source Verifications
2. Researches and analyzes complex credentialing issues and develops and proposes solutions
3. Performs ongoing monitoring of physician license status and state and federal sanctions of contracted and non-contracted providers and conducts related investigations
4. Performs other duties as assigned

RESPONSIBILITIES

1. Conducts provider credentialing and re-credentialing, including performing Primary Source Verifications, with duties including but not limited to:
 - Ensuring adherence to Alliance credentialing policies and procedures in the performance of credentialing activities, including ensuring timely credentialing and re-credentialing of network providers
 - Executing credentialing verification, including Primary Source Verification (PSV) of state licensure, Drug Enforcement Administration (DEA) licensure, National Practitioner Identifier, physician education, Medi-Cal enrollment, hospital privileges board certification
 - Validating that the credentialing database accurately reflects provider credentialing data and ensuring successful data integrations with other organizational databases
 - Entering data into the provider credentialing database, pulling reports, auditing data, and using data for regulatory reporting
 - Ensuring proper credentialing configuration for payment and regulatory reporting
 - Corresponding with providers and credentialing contacts
 - Providing recommendations for process and procedure workflow changes
 - Monitoring the status of credentialing applications and requested information
 - Gathering and compiling credentialing materials for assigned county and creating a summary related to provider status, as needed, for the quarterly Peer Review Credentialing Committee (PRCC) meeting packets
 - Performing Alliance delegate oversight activities to ensure subcontractors' compliance with state, federal and Alliance requirements, including preparing annual delegated credentialing review of subcontractors' activities via desk audits and file reviews
 - Reviewing completeness of documentation, including policies and procedures, accreditation, and other submitted documentation, to ensure that subcontractors comply with credentialing requirements
 - Participating in the pre-delegation evaluation of potential subcontractors
 - Maintaining documentation of delegate oversight activities

2. Researches and analyzes complex credentialing issues and develops and proposes solutions, with duties including but not limited to:
 - Processing National Practitioner Data Bank reports, Medical Board licensure actions with related legal documents, and malpractice outcomes
 - Reviewing and maintaining the confidentiality of information and materials that may include sensitive or disturbing information
 - Summarizing adverse reports for senior leadership and Medical Directors
 - Participating in credentialing projects, researching regulatory and industry standards to identify approaches to new or existing project implementation, and presenting research and recommendations to supervisor
 - Maintaining knowledge of current credentialing related regulations, industry standards and best practices, by researching the National Committee for Quality Assurance (NCQA) standards, the National Association Medical Staff Services (NAMSS) best practices, and other accrediting organizations
 - Assisting with the development of policies, procedures and other program documents
3. Performs ongoing monitoring of license status and state and federal sanctions of contracted and non-contracted providers and conducts investigations, with duties including but not limited to:
 - Researching license suspensions, Medical Board actions, and pending malpractice cases
 - Gathering information from the Medical Board of California, American Board of Medical Specialties and other certification boards, as needed
 - Contacting providers regarding areas where action is needed in order for the provider to be removed from probation, asking providers to provide information regarding their status related to those required actions, and preparing summary status report
 - Performing ongoing monitoring of Medicare/Medicaid sanctions, Medi-Cal Suspended and Ineligible Providers, and various Medical Board license status issues
 - Monitoring of provider grievances and potential quality issues, and escalating issues to management as needed
 - Working with Quality Improvement staff to ensure proper tracking of Facility Site Review and Medical Record Review scores and corrective action plans
 - Implementing appropriate system changes resulting from the identification of quality and safety issues or incorrect provider data configuration that would affect payment
4. Performs other duties as assigned

EDUCATION AND EXPERIENCE

- Bachelor's degree in Business or Public Administration, Public Policy, Health Care or a related field and a minimum of three years of experience performing credentialing, compliance or other regulatory functions in a healthcare or government setting (a Master's degree may substitute for two years of the required experience); or an equivalent combination of education and experience may be qualifying

KNOWLEDGE, SKILLS, AND ABILITIES

- Thorough knowledge of and proficiency with Windows based PC systems and Microsoft Word, Excel and Outlook, and database software
- Working knowledge of healthcare terminology
- Working knowledge of the methods and techniques of research, analysis and reporting
- Working knowledge of the methods and techniques of data entry and data auditing

- Working knowledge of the principles and practices of customer service
- Some knowledge of managed care concepts
- Some knowledge of the basic principles and practices of project management
- Ability to interpret, explain and apply policies, procedures, laws, regulations and contract language
- Ability to identify and troubleshoot issues, gather and analyze information and data, identify alternative solutions and make recommendations for action
- Ability to enter, proofread, verify, analyze and audit data, and identify data anomalies
- Ability to organize work, manage multiple tasks, establish priorities, adjust to changing priorities, and meet deadlines
- Ability to assist with the development and maintenance of workflows, work instructions, policies and procedures
- Ability to quickly become familiar with providers and credentialing activities in assigned county
- Ability to conduct training on processes and procedures
- Ability to quickly learn and navigate Alliance database systems and software programs
- Ability to produce organized, accurate, and detail-oriented work and maintain accurate records
- Ability to tolerate regular exposure to information and materials that may include sensitive or disturbing information
- Ability to support credentialing projects and conduct related research
- Ability to prepare oral and written reports and other written materials
- Ability to update, maintain, recognize and safeguard sensitive and confidential information
- Ability to exercise sound judgment and discretion
- Ability to identify and resolve issues in a timely manner, make sound decisions within established guidelines, and recognize matters requiring escalation to a higher-level staff member
- Ability to address difficult situations in a constructive manner and adjust communication style in order to be understood
- Ability to exercise tact and diplomacy and demonstrate strong customer service skills when communicating in person, in writing and by phone
- Ability to work collaboratively with a wide range of individuals at all levels of the organization
- Ability to demonstrate flexibility, anticipate needs, exercise resourcefulness in developing solutions, identify improvements to existing practices, and effectively adapt to change
- Ability to work independently with minimal supervision and as a member of a team

DESIRABLE QUALIFICATIONS

- Experience performing provider credentialing functions, working with credentialing software (eVips preferred), and performing data entry and data analysis
- Experience working in a County Organized Health System

WORK ENVIRONMENT

- Ability to sit in front of and operate a video display terminal for extended periods of time
- Ability to bend, lift and carry objects of varying size weighing up to 10 pounds
- Ability to travel to different locations in the course of work

This position description, and all content, is representative only and not exhaustive of the tasks that an employee may be required to perform. Employees are additionally held responsible to the Employee Handbook, the Alliance Standard Knowledge, Skills and Abilities and the Alliance Code of Conduct. The Alliance reserves the right to revise this position description at any time.