Scope of Position  The Credentialing Specialist will assume total responsibility of credentialing of providers from hire to enrollment in managed care plans. The Credentialing Specialist provides services for all entities within the healthcare system.

Position Summary  Manage all aspects of provider credentialing/enrollment and recredentialing assuring compliance with with NCQA, TJC, CMS, BWC, and other regulatory, accreditation bodies, and insurance companies, including:

- Initiating and monitoring the provider corporate credentialing functions to assure that all practitioners are credentialed in accordance with established thresholds.
- Performing and evaluating primary source verification and medical staff privileging assuring compliance with NCQA and TJC standards.
- Enrollment into governmental payor plans (Medicare, Medicaid, Bureau of Worker’s Compensation, etc.) and enrollment into other non-delegated healthplans.
- CVO Specialist may also be asked to work on special projects for providers, which might include assisting with credentialing process for other healthcare institutions when a business relationship exists.
- Provide assistance to other credentialing staff during high volume periods to ensure completion of applications/projects.
- Perform ongoing credentialing for other healthcare institutions that have contracted Corporate Credentialing to perform their PSV (primary source verification).
- Liaison with practitioners, departments/divisions, and clients regarding areas of responsibility.
- This position requires excellent verbal and written communication skills and the ability to work independently, while managing multiple priorities.
- Utilize resources effectively, including the internet, while maintaining costs associated with credentialing.
- Initiate and maintain positive relationships with providers, clients, co-workers, and departments.
Duties and Responsibilities

Communication with Providers and Divisions/Departments (25%)
- Initiate communication with newly hired faculty/privileged provider.
- Education of provider regarding credentialing process
- Evaluation of provider’s specific credentialing needs
- Assist with credentialing and enrollment application documents
- Send weekly update reports to division/department contacts on application status
- Meet with providers, as needed, regarding the credentialing process

Primary Source Verification Activities (50%)
- Assure applicant meets all accreditation and hospital requirements for medical staff membership and privileges
- Coordinates all aspects of the credentialing and recredentialing process, meeting specific accreditation time frames, with minimal supervision. This involves sending/receiving primary source verification and other documents as specified by accreditation standards and regulatory requirements. This would include state licensing boards, National Practitioner Data Bank, educational institutions and peer references.
- Assess completeness of information and provider’s qualifications relative to organizational established parameters.
- Assess file for identification of negative and/or adverse information identified during credentialing process.
- Liaison/Communicate with department chairs, division chiefs, and department administrators regarding any negative and/or adverse information identified during credentialing process.
- Use critical thinking/decision making skills to identify unusual patterns/behavior during credentialing process.
- Critically review application for any issues that will impact the timeline for taking the file for committee approvals thereby affecting the provider start date. Notify both the division/department and Associate Director of Corporate Credentialing/Director of Corporate Credentialing.
- Review and perform data entry functions for CAQH applications, as needed.
- Critically review privilege requests to ensure alignment with training/education requirements.
- Perform related data entry/maintenance/scanning into the credentialing software in a timely and accurate manner to maintain and monitor credentialing program operations and to ensure consistent, accurate data is available to multiple downstream applications.
- Ongoing monitoring, verification, and database maintenance of practitioner expirable credentials, including license, DEA registration, malpractice insurance, board certification, and CPR certification in accordance with all applicable regulatory standards.
- Perform and complete credentialing duties within established timeframes, tracking any reasons for delay and notifying Associate Director of delays.
- Ability to extrapolate additional changes from a single piece of data, e.g. job change infers a possible change in category, insurance, etc.

Government/Payor Enrollment (20%)
- Manage the completion and submission of provider enrollment applications with non-delegated commercial payors, Medicare, Medicaid and BWC (state and federal)
- Perform tracking and follow-up to ensure provider numbers are established in a timely manner.
- Understand specific requirements for each payor including forms required, supporting documentation required and regulations
- Retain records related to completed provider enrollment
- Coordination of effective communication between all parties involved in payor relations and revenue cycle

Other Duties as assigned (5%)
- Develop presentation materials for meetings with both internal and external department members.
- Share information and knowledge with other staff members.
- Support and accommodate teaching activities for self and staff including attending internal department meetings, external department meetings, and orientation sessions for new residents/fellows.
- Participate in quality improvement/performance improvement enterprises.
- Continually review and provide input to improve credentialing documents.
- Participate in the development and testing of ongoing Cactus work processes and fully engages in the processes once developed.
- Develop tools and tracking documents as requested by management.

**Organizational Expectations**

Practice within the Medical Center’s policies and procedures. Adhere to the Intensive Caring Value statements as demonstrated through positive patient/guest relations, positive and effective interactions with staff, and formulating and meeting developmental goals.

**Minimum Qualifications**

**For Hire:**
- Bachelor’s degree in health related or educational field and 5 years experience in a hospital setting and/or managed care setting or equivalent combination of education and experience.
- Strong analytical verbal and written communication skills are critical to position
- Strong interpersonal organizational skills, teamwork and attention to detail
- Ability to communicate effectively with all levels of management, clinical departments, physicians, leadership and internal/external customers.
- Ability to work with minimal supervision and to maintain confidentiality due to access to sensitive information.
- Ability to problem solve and think creatively
- Self-starter
- Excellent computer skills
- Flexibility to work in a fast-paced, ever-changing environment.
- Knowledge of NCQA and TJC as they relate to current credentialing and recredentialing standards.
- Working knowledge of Microsoft Word and Excel
- Maintains a positive demeanor, actively participates in team/department meetings and assists the department in identifying areas of opportunity.
- CPMSM or CPCS certification preferred.
- Experience with credentialing software preferred

**Ongoing:**
- Maintain current certification as CPMSM or CPCS.

**Patient Population Served**

Knowledge of growth and development and an understanding of the range of treatments necessary to meet the age-specific needs of the patient population served (Check those that apply):

<table>
<thead>
<tr>
<th>Not Applicable: Nonpatient care title</th>
<th>Adults (18-64 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonates (0-6 months)</td>
<td></td>
</tr>
<tr>
<td>Children (7 months-13 years)</td>
<td>Geriatrics (65+ years)</td>
</tr>
</tbody>
</table>

**Job Relationships**

**Supervisory Responsibility:** None
**Contacts:** Internal: clinical departments, hospital management, departmental leadership and physicians/allied health professionals. External: including hospitals, teaching organizations and professional organizations.

**Responsible to:** Associate Director of Corporate Credentialing/Director of Corporate Credentialing

**Physical/Visual/Mental Requirements**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee must be able to:

**Work Environment**

The environment is hazard free, in a low noise and traffic area with a closed area workstation.

Note: The above statements are intended to describe the essential functions and related requirements of persons assigned to this job. They are not intended as an exhaustive list of all job duties, responsibilities and requirements.

Please apply online at [https://wexnermedical.osu.edu/careers](https://wexnermedical.osu.edu/careers). Job posting number is 423845.