



Position Title: Credentialing Specialist
Reports To: Manager, CVO Credentialing
Division: Q-Point
Department: Credentialing
Classification: Exempt
Revision Date: December 14, 2017

Position Summary:

Equality Health is an Arizona-based healthcare company focused on reducing and eliminating health disparities among the underserved, initially focused on the Hispanic population.

The Credentialing Specialist is responsible for credentialing and recredentialing Q-Point Healthcare client practitioners as well as ensuring enrollment with participating client health plans. Credentialing functions include, but are not limited to, processing credentialing applications, performing primary source verification's and updating and maintaining Echo credentialing database in accordance with internal policies and procedures, client health plan contracts, URAC guidelines and applicable state and federal requirements.

Responsibilities:

- Initiate and support the practitioner application process by sending, receiving, and analyzing practitioner documents and data import to determine completeness in preparation for the credentials verification process
- Responsible for gathering, verifying evaluating highly confidential and sensitive health care practitioner credentials consistent with departmental guidelines and accreditation standards
- Efficiently perform all aspects of credentialing verification, including initial credentialing and recredentialing to ensure current credentials and timely handoff and/or review and approval of practitioner files
- Respond to all practitioner, client health plan and internal inquiries in a timely manner
- Monitor expiring licensure, board and professional certifications and other expirable documents with practitioners within the prescribed timeframe
- Maintain practitioner paper and electronic data files for Q Point clients; utilizing EchoOneApp and CAQH to submit practitioner data as required to credential individual practitioners
- Responsible for accurate data entry to ensure the integrity of credentialing information in applicable database(s)
- Collaborate with participating clients, department manager and/or external agencies to facilitate and ensure smooth hand-off during the credentialing process
- Use critical thinking skills to conduct follow-up with individual practitioners and internal and external entities to resolve discrepancies identified during the credentialing process
- Conduct sanctions and compliance monitoring and alert Manager of any undisclosed negative findings immediately
- Actively participate in team meetings and process improvement initiatives to continuously improve work product quality and efficiency



- Shared responsibility for reviewing, processing and distributing incoming correspondences (i.e., interdepartmental mail, fax and email)
- Keep Manager informed of potential credentialing or enrollment issues
- Other duties as assigned

Required Knowledge, Education & Experience:

- Associate's degree is preferred; or, an equivalent combination of education and/or experience
- Minimum of 3 years' experience in provider credentialing in a managed care setting
- Experience should include responsibility for medical and professional credentialing processes, policies and procedures and delegated credentialing requirements
- Proficiency with MS Office suite

Highly Preferred Skills, Abilities & Qualifications:

- Certified Provider Credentialing Specialist (CPCS)
- Able to communicate clearly and concisely, both verbally and in written correspondence
- Able to work well under tight deadlines and respond to rapidly changing demands and provide efficient follow up
- Capable and comfortable dealing with sensitive and confidential information with discretion and trust