



Title: Contracting & Credentialing Enrollment Coordinator
Reports To: Director, Credentialing & Network Operations
Department: Credentialing
Division: Q Point
Classification: Non-Exempt
Revision Date: March 26, 2019

Position Summary:

Equality Health is an Arizona-based population healthcare company focused on improving care delivery for underserved populations through culturally-sensitive programs that improve access, quality, and patient trust. Our mission is to ensure diverse populations receive quality healthcare that improves and enriches their lives. We have developed our product portfolio around centralized technology, services and network designs intended to organize a better healthcare delivery system for cultures that have struggled with integrating into the traditional one-size-fits-all U.S. healthcare system.

The Contracting & Credentialing Enrollment Coordinator is responsible for a variety of administrative tasks related to provider AHCCCS and health plan contracting and credentialing. This individual will also assist with the credentialing and recredentialing of Q Point client providers. Credentialing functions include, but are not limited to, PECOS, AHCCCS and NPI registration, provider updates in CAQH, processing credentialing applications, performing primary source verification, and updating and maintaining eVIP's credentialing database in accordance with internal policies, client health plan contracts, URAC, NCQA guidelines and applicable state and federal requirements.

Responsibilities:

- Responsible for the provider contracting and credentialing enrollment process for participation in AHCCCS and the health plans
- Initiate and support the application process by sending, receiving, and analyzing provider documents and imported data to determine completeness in preparation for the credentialing verification process
- Responsible for gathering, verifying and evaluating highly confidential and sensitive health care credentials consistent with departmental guidelines and accreditation standards
- Efficiently perform all aspects of credentialing verification, including initial credentialing and recredentialing to ensure a timely handoff and/or review and approval of provider files
- Respond to all provider, client health plan and internal inquiries in a timely manner
- Monitor expiring licensure, board and professional certifications and other expirable documents with providers within a prescribed timeframe
- Maintain paper and electronic data files for Q Point clients; utilize eVIP's and CAQH to submit provider data as required
- 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 handoff during the credentialing process

- Use critical thinking skills to conduct follow-up with providers 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
- Share responsibility of reviewing, processing and distributing incoming correspondences (e.g., interdepartmental mail, fax, email)
- Keep Manager informed of potential credentialing or enrollment issues
- May participate in other projects or duties as assigned

Required Knowledge, Education & Experience:

- Associate' degree in Healthcare Administration or a related field of study; or, an equivalent combination of education and/or experience.
- Minimum of three (3) years of experience in provider contracting and credentialing enrollment
- Experience with provider credentialing in a managed care setting
- Demonstrated knowledge and understanding of medical and professional credentialing processes
- Proficiency with Microsoft Office applications and web-based technologies

Highly Preferred Skill, 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
- Demonstrated high ethical standards, discretion, and the ability to handle highly confidential information
- Excellent interpersonal communication and customer service skills
- Able to maintain attendance and punctuality to support required quality and quantity of work
- Demonstrated ability to handle highly sensitive and confidential information in compliance with Health Insurance Portability and Accountability Act (HIPAA)
- Strong organizational skills; able to prioritize tasks and anticipate needs
- Successful record of managing multiple projects with demonstrated ability to work independently in rapidly-changing environments