



Position Title: **Credentialing Specialist**
Reports To: **Director, Credentialing and Network Operations**
Division: **Q-Point**
Department: **Credentialing**
Classification: **Non-Exempt**
Revision Date: **May 6, 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 struggle with integrating into the tradition one-size-fits-all U.S. healthcare system.

The Credentialing Specialist is responsible for credentialing and recredentialing Network participating practitioners. Credentialing functions include, but are not limited to, processing credentialing applications, performing primary source verification's and updating and maintaining eVIPs 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 eVIPs 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 issues
- Other duties as assigned

Required Knowledge, Education & Experience:

- Proficient with MS Office, including Word and Excel.
- Associate' degree in Healthcare Administration or a related field of study; or, an equivalent combination of education and/or experience
- Minimum three (3) years of work experience in healthcare administration or provider credentialing in a managed care setting
- Demonstrated knowledge and understanding of medical and professional credentialing processes
- Proficiency with Microsoft Office applications and Internet/Intranet resources

Highly Preferred Skills, Abilities & Qualifications:

- Certified Provider Credentialing Specialist (CPCS)
- Efficiently performs all aspects of the position.
- 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
- 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), and company confidentiality policies and procedures
- Successful record of managing multiple projects with correct prioritization and time management