EQUALITY HEALTH

JOB DESCRIPTION

Position Title: **Credentialing Team Lead**
Reports To: **Director, Credentialing and Network Operations**
Division: **Q Point**
Department: **Credentialing**
Classification: **Exempt**
Revision Date: **January 25, 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 Team Lead will assist the Director of Credentialing and Network Operations on the day to day operations of the credentialing department and provide support to the credentialing team. The Credentialing Team Lead is responsible for the oversight of the provider office onsite reviews, quality assurance of completed credentialing applications, tracking provider data, processing credentialing applications, performing primary source verifications, updating and maintaining credentialing database in accordance with internal policies and procedures, client contracts, URAC, NCQA guidelines and applicable state and federal requirements. This individual works closely with Q Point leadership to accomplish organizational goals and standards.

Responsibilities:
- Oversight of onsite reviews of provider offices
- Assist with provider credentialing enrollment for participation with different health plans
- Initiate and support the application process; send, receive and evaluate documents and data to determine completeness in preparation for the credentials verification process
- Responsible for initial credentialing and recredentialing of Network providers
- Evaluate highly confidential and sensitive healthcare credentials consistent with departmental guidelines and accreditation standards
- Responsible of the quality assurance of completed credentialing applications and credentialing database
- Responsible for providing training for new staff and contractors
- Respond to all provider, client and internal inquiries in a timely manner
- Monitor expiring licensure, board, professional certifications and other expirable documents within the prescribed timeframe
- Maintain provider and facility's paper and electronic data files; utilize credentialing software and CAQH to submit data as required to credential individual providers
- Responsible for accurate data entry to ensure the integrity of credentialing information
- Collaborate with participating clients, internal leadership and/or external agencies to facilitate and ensure smooth handoff during the credentialing process

- Follow up with providers and internal and external entities to resolve discrepancies identified during the credentialing process
- Conduct monthly sanctions and compliance monitoring; alert Manager of any undisclosed negative findings immediately
- Establish and maintain positive and effective work relationships with a diverse network of physicians, administrative leadership and staff
- Actively participate in team meetings and process improvement initiatives to continuously improve work product quality and efficiency
- Share responsibility for reviewing, processing and distributing incoming correspondences (e.g., interdepartmental mail, fax and email)
- Keep Manager informed of potential credentialing or enrollment issues
- Perform other duties or projects as assigned
- 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