

CREDENTIALING REGULATORY AND COMPLIANCE SPECIALIST

Position Description

This position is responsible to investigate and primary source verify the credentialing and re-credentialing applications in accordance to NCQA, CMS and MDH Standards for all contracted providers. Provide verbal and written communication to contracted providers to obtain compliant documents and approval dates. Prioritize and organize work in order to meet regulatory requirements. Conduct audits on applications processed prior to credentialing approval per NCQA, MDH and CMS requirements. Primary liaison for external audits. Specific duties and responsibilities include:

- Audit the integrity of credentialing data entered into the credentialing database by analyzing audit reports and working with staff to ensure adherence of regulatory guidelines and accuracy of information.
- Train Credentialing Staff to ensure adherence of regulatory guidelines of the credentialing and delegated processes.
- Assist in developing, implementing and maintaining credentialing policies, procedures and work instructions.
- Perform credentialing investigation and primary source verification for provider initial and re-credentialing of assigned providers utilizing NCQA Standards and other federal and state regulatory requirements. Ensure timely verification to prevent any negative impact related to compliance or regulatory requirements.
- Maintain timely communication with external providers regarding the eligibility and credentialing decisions and/or related provider issues.
- Serve as resource specialist for internal departments for daily issues related to provider credentialing activities.
- Identify administrative and professional issues that require additional investigation and evaluation, validates discrepancies and ensures appropriate follow up with provider, manager and cross-departments.
- Prepare credentialing file reports, work with directly with Medical Directors, and present credentialing files and peer review to the Credentialing Committee for approval.
- Enter and maintain credentialing data following NCQA as well as state and federal requirements.
- Maintain timely communication with supervisor and associate director regarding Credentialing Compliance 360 emails.
- Prepare Credentialing Committee materials, schedule prep meetings, email notifications to committee and complete post meeting minutes.
- Other projects and duties as assigned.

Education

High school diploma or equivalent. Certified Provider Credentialing Specialist (CPCS) or Certified Medical Staff Coordinator Certification required.

Required Experience

Two years of relevant experience in health care related field. PC experience including spreadsheet and word processing; preferably Microsoft Access, Excel and Word. Credentialing/re-credentialing experience.

Preferred Experience

Experience in a clinic business office, insurance or HMO environment. Delegation of credentialing/re-credentialing experience. Experience working with AMISYS or similar claims application. Previous supervisory or training experiences a plus.

Apply at:

<https://ucare.csod.com/ats/careersite/JobDetails.aspx?site=1&id=1286>