

Detailed Job Description

Job title:	Credentialing & Enrollment Coordinator
Reporting to:	Manager, Credentialing
Department:	Credentialing
Hours:	Full-time 40 hours per week
Performance Review period:	Annual
Revision Date:	1-17-18

Purpose of the position

The Credentialing & Enrollment Coordinator is responsible for all aspects of demographic updates and health plan contracts as necessary. This position ensures all demographic updates are completed in a timely fashion and health plan contracts are activated. This also includes the responsibility of maintaining current information on file and within the credentialing database. This position primarily works independently, but frequently coordinates with other team members, Credentialing Manager, Contracting Manager and Medical Director.

Responsibilities & duties

DUTIES AND RESPONSIBILITIES TO PERFORM THIS JOB SUCCESSFULLY INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

- Process demographic changes ensuring appropriate documentation has been submitted, update credentialing database and notify health plans of changes within the requested time frame.
- Process health plan contracts based on the demographic changes as necessary.
- Retrieve health plan confirmations regarding demographic/contract updates and relay to office.
- Primary back-up to Plan Enrollment Coordinator
- Act as primary liaison between health plan and practice unit when resolving plan enrollment inquiries, claims inquiries, and general credentialing/contracting inquiries.
- Work collaboratively with other departments to maintain demographic updates that support health plan programs.
- Process provider network terminations, specialty/category changes and leave of absence requests.
- Perform auditing and reconciliation of credentialing system.
- Back-up for initial credentialing and re-credentialing applications which include the following:
 - Data entry of new applications in the credentialing database.
 - Maintain working knowledge of the National Committee on Quality Assurance (NCQA) standards and State and Federal regulations related to credentialing.
 - Perform and collect PSV (primary source verification) documentation for licensing, board certifications, proof of professional liability insurance, National Practitioner Data Bank (NPDB) and/or other sources as required based on NCQA standards, health plan requirements and company credentialing policies.
 - Maintain the credentialing database and ensure up-to-date information is obtained at all times.
 - Responsible for monitoring and managing credentialing/re-credentialing requirements and to ensure the collection of all required renewal certifications are on file within the required time frame.
 - Provide consistent and timely follow-up on all outstanding credentialing/re-credentialing files.
 - Prepare and scan credentialing/re-credentialing files and other credentialing documentation.
 - Prepare credential committee grids and any adverse action documentation.

- Attend monthly credentials committee meetings as requested by manager.
- Answer credentialing telephone line and provide support to physicians, physician office staff, health plan contacts and company departments as necessary.
- Audit Michigan Disciplinary reports, OIG reports, and other reports as required and initiate the formal complaint procedure when applicable.
- Assist with annual delegated credentialing audits and National Committee on Quality Assurance (NCQA) audits.
- Participate in Michigan Association of Medical Staff Services (MAMSS) State and Chapter meetings.
- Cross train within department to support credentialing and contracting operations (providing back-up support for telephones, credentialing files, vacation/PTO).
- Participate in various educational/training as required.
- Perform other related duties as assigned by management.
- Comply with HIPAA and Corporate Compliance program policies and other applicable corporate and departmental policies.
- Maintain privacy and confidentiality at all times.

Qualifications

- Associates Degree preferred. High school diploma required.
- Certified Professional Medical Services Management (CPMSM) or Certified Professional Credentialing Specialist (CPCS) certification preferred
- Minimum of four (4) years credentialing experience.
- CACTUS experience preferred.
- Health plan credentialing or contracting experience preferred.
- Experience with CAQH (Council for Affordable Quality Healthcare) database and application process.
- Working knowledge of credentialing accreditation regulations, policies and procedures, and NCQA standards also preferred.

Performance Skills

- Must be able to operate a general computer, fax, copier, scanner and telephone.
- Must demonstrate exceptional communication skills, listening effectively and asking questions when clarification is needed.
- Ability to follow instructions and respond to Managements' directions accurately.
- Demonstrates accuracy, organizational and problem-solving skills. Looks for ways to improve and promote quality and monitors own work to ensure quality is met.
- Maintain confidentiality.
- Work independently, prioritize work activities and use time efficiently.
- Must demonstrate and promote a positive team-oriented environment.
- Must be able to stay focused and concentrate under normal or heavy distractions.
- Must possess ability to manage change, delays, or unexpected events appropriately.

Disclaimer

The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not construed as an exhaustive list of all responsibilities, duties and skills required of personnel so classified. All personnel may be required to perform duties outside of their normal responsibilities from time to time, as needed.