



Non-Union Exempt Position Summary

JOB CODE: 2			
POSITION TITLE:	<u>Senior Credentialing Specialist</u>	DATE:	<u>August 2018</u>
DIVISIONS:	<u>Operations</u>		
REPORTS DIRECTLY TO:	<u>Manager, Credentialing</u>		

POSITION OVERVIEW:

This position serves as a technical expert in the analysis and processing of initial credentialing and re-credentialing applications for practitioners/providers. This includes serving as a resource in the review of applicants that do not meet all of Fulcrum's participation criteria as defined in the Credentialing Plan. In addition, the senior credentialing specialist assists the credentialing manager with the administration of Credentialing Subcommittee approval for applicants that meet all participation criteria as outlined in Fulcrum's Credentialing Plan. This includes additional Credentialing Subcommittee follow-up activities as defined in departmental administrative policies and procedures. In addition, the senior credentialing specialist assists the credentialing manager in the processing of locum tenens applications and practitioner reinstatements.

This position also serves as a technical resource to department staff and to both internal and external customers to troubleshoot complex issues. This position will also be a critical part of interdepartmental meetings that require technical expertise in processing initial credentialing applications for practitioners requesting participation in Fulcrum's provider network.

The senior credentialing specialist works with the credentialing manager to analyze current processes to identify and implement process improvements in the receipt and processing of initial practitioner credentialing and re-credentialing applications.

The senior credentialing specialist will also work with key stakeholders to identify and assist in resolving barriers identified during process improvement initiatives. From an end user perspective, the senior credentialing specialist also assists the manager in working to identify potential system enhancements for the purpose of system process improvements. In addition, this position provides training support as needed to team members and customers.

KEY ACCOUNTABILITIES:

Key Accountability	Desired Key Actions to Successfully Achieve Key Role Accountabilities	% Overall Job Responsibility (Increments of 5%)
Technical Resource	<ul style="list-style-type: none"> • Provide technical assistance to department staff for daily issues related to initial practitioner credentialing and re-credentialing. • First point of contact for staff or customer (internal/external) questions related to provider credentialing and criteria. • Manage the Credentialing E-mail box and respond to inquires according to department standards. • Participate in the development and revision of administrative policies and procedures. • Provide training to network providers on Fulcrum's credentialing requirements and processes when requested. • Maintains knowledge of NCQA standards and State/Federal regulations related to the credentialing function. • Identifies practitioners who are not in compliance with credentialing criteria and assists the manager in preparing the appropriate documents for review by the Credentialing Subcommittee. • Assist the manager in performing analysis of professional issues and determining if a practitioner's explanation of the issue is sufficient for presentation to the Subcommittee. • Consults with credentialing manager, as necessary, regarding credentialing applications that require additional investigation due to concerns related to professional criteria. 	15%

<p>Credentialing Activities</p>	<ul style="list-style-type: none"> • Performs the credentialing function of all initial organizational providers subject to Fulcrum's Credentialing Plan. • Works with the Chief Clinical Officer on all requests for expedited participation. • Works with the Chief Clinical Officer to credential all short term locum tenens practitioners. • Processes practitioner reinstatements according to current policies and procedures. • Performs follow-up activities for practitioners credentialed without an executed contract. This includes rescinding the credentials when required. • Facilitates Chief Clinical Officer Approval for practitioners and organizational providers that meet all participation criteria on a monthly basis and performs Subcommittee follow-up activities as appropriate. • Facilitates getting information required to complete a practitioner's credentialing application. • Initiates National Practitioner Data Bank query when assistance is required. • Performs primary verification of licensure, board certification, and DEA registration in accordance with NCQA standards, state and federal regulations and Fulcrum's credentialing criteria. • Determines necessity of site survey and initiates requests for site surveys as needed. • Determines if a practitioner possesses the qualifications for his/her specialty and if not, returns the request for participation or affiliation with notification of why it's being returned. • Applies knowledge of the requirements required for specific practitioner specialty designation. • Utilizes web based applications or other resources to perform primary verification. • Responds to clinics and practitioners regarding practitioner/provider credentialing status. 	<p>45%</p>
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Data System Updates	<ul style="list-style-type: none"> Identifies practitioners excluded from Medicare/Medicaid programs. Conducts ongoing monitoring of OIG exclusion reports, GSA agencies and state licensing boards to identify participating practitioners that may be excluded from federally funded programs. Provider set-up in the CACTUS database for new and existing providers. This includes setting up the provider demographic records along with attaching the correct group practice. Enters and maintains credentialing data according to established production and quality standards. Generates reports for Credentialing Subcommittee review and performs analysis of the accuracy of those reports. 	25%
Data Integrity	<ul style="list-style-type: none"> Knowledge of data field requirements. Knowledge of system reports requirements. Assist with the review and revision of audit tools used to measure accuracy rates related to initial credentialing. Ensure integrity of data to support provider relationships. 	15%
	Total %	100%

ESSENTIAL QUALIFICATIONS / REQUIREMENTS:

EDUCATION / EXPERIENCE:

Education Level: Associates Degree

Years of Experience Required: 3 years

Specific Types of Experience Required:

- College degree preferred (Associates or Bachelors) in a health-related field or equivalent professional experience in healthcare industry
- CPCS certification
- Minimum three (3) years experience working with credentialing policies, reports, and data systems
- Strong computer skills are essential, including standard word processing, spreadsheet and database applications, (Cactus, Word, Excel, Access, MS Outlook)
- Excellent communication skills (verbal and written)
- Healthcare experience or knowledge preferred
- Demonstrated ability to learn quickly and respond well to rapidly changing industry and operational environment

ABOUT FULCRUM HEALTH:

Fulcrum Health is a nonprofit organization located in Plymouth, MN. Our organization is focused on delivering effective products and services that meet the needs of our network providers, their patients and our customers.

Our tagline – Leveraging Physical Medicine to Transform Health Care – expresses our vision of leading the health care industry away from a savings-per-transaction model into a new paradigm based on outcomes. As the industry strives to achieve the Triple Aim, we are helping doctors and insurers deliver on all three dimensions: cost, quality, and satisfaction.

Fulcrum Health Inc.'s mission, vision, and values are:

MISSION

To improve the quality of life of our communities by delivering high value healthcare networks and support services.

VISION

To be the leader in high quality physical medicine networks.

VALUES

- **Excellence**
We enable the highest level of care and service while maximizing outcomes, quality and cost-effectiveness.
- **Stewardship**
We are responsible stewards of the resources we manage and make use of – with full transparency and collaboration.
- **Integrity**
We are honest and responsible in conducting all aspects of our business. We adhere to the highest ethical standards and keep our promises.
- **Innovation**
We are committed to sustained leadership in health care through innovation, creativity, continuous improvement, and lifelong learning.