

Local 12 Job Description

HR Date: June 12, 2013

Job Code: 121660

Position Title: QA Credentialing Technical Assistant II **Grade:** G

Department: Quality and Utilization Improvement/Credentialing

Reporting Structure: Credentialing Manager

QUALIFICATIONS:

REQUIRED TESTING:

- Alpha-numeric Data Entry Test - 6,000 keystrokes
- Matching - alpha numeric
- Reading Comprehension

REQUIRED:

- High School diploma or GED
- Must meet one of the following:
 - Two year post secondary education and two years work experience in a health care setting which includes demonstrated proficiency working with Microsoft Word, Excel and Outlook
 - Five years work experience in an office or health care setting which includes demonstrated proficiency working with Microsoft Word, Excel and Outlook
- One year credentialing experience
- One year of direct customer service experience in an office or clinic environment
- Demonstrated proficiency with personal computers including word processing and basic spreadsheet application experience
- Demonstrated oral communication skills
- Demonstrated critical thinking skills
- Demonstrated independent analytic problem-solving skills
- Demonstrated ability to work with all levels staff including management and physicians
- Ability to independently draft correspondence with proper grammar and punctuation
- Ability to organize work and follow detailed procedures
- Demonstrated ability to independently and accurately apply policies and procedures to make decisions using sound judgment
- Ability to work independently and establish work priorities in an environment with frequent changes and interruptions
- Ability to maintain effective working relationships with team members and internal and external customers

PREFERRED:

- Knowledge of medical terminology

PHYSICAL REQUIREMENTS:

This position requires the use of close, visual perception, good hearing and normal manual dexterity. Applicant must be able to sit for prolonged periods of time. Must be able to speak, read and write English fluently.

POSITION PURPOSE:

Service excellence is to be centered on patient care and patient relationships and is the responsibility of all employees. Teamwork is the norm and all employees will be held accountable to work as effective team members.

This position exists to accurately and efficiently complete provider credentialing and recredentialing processes in accordance with regulatory accreditation and organizational standards and policies. New practitioners are credentialed when their association with HealthPartners begins. All practitioners are recredentialed every 2 years after that for hospital credentialing, and every 3 years for health plan credentialing. This position will collect, validate and act on confidential information related to the clinical and professional qualifications of over 18,000 practitioners. Decisions to include/exclude or terminate practitioners are based on the information assembled and presented to the Credentialing Committee.

ACCOUNTABILITIES:

1. Independently review provider applications applying HealthPartners criteria and procedures as a measure of professional quality control in accordance with regulatory requirements at the time of initial and re-credentialing.
2. Collect and evaluate appropriate documentation to complete file. This includes verification of license, Drug Enforcement Agency (DEA) registration, education, malpractice history, work history, certifications, and sanctions or restrictions.
3. Accurate data entry of demographics, education & training, licenses, affiliations and verifications into the credentialing database.
4. Accurately link images using document management software
5. Independently analyze documentation to determine if provider meets all requirements or requires higher level review.
6. Communicate with practitioners and clinic staff by phone, fax, email or mail in order to facilitate the completion or clarification of credentialing materials.
7. Work independently with clinics and other sources to identify changes in provider status (additions, moves or terminations). Communicate information to customers of the department.
8. Support credentialing committees including preparation of meeting materials, communication with committee members, attendance at meetings and other activities that support the committee process.
9. Meet turn around and production expectations according to department policies
10. Run reports weekly to assure that all files are accounted for
11. Organize work in order to process applications in a timely manner. Inform supervisor when unable to maintain production standards or when there is a significant change in volume or complexity of work.
12. Participate in activities to develop and improve materials, policies and procedures to support day-to-day operations.
13. Identify barriers to efficiently obtain credentialing materials. Develop and implement plans to remove the barriers.
14. Accurately maintain credentialing database. Participate in activities that support development of database program to assist in the credentialing process.
15. Assist in preparation for regulatory site visits such as National Committee for Quality Assurance (NCQA), Joint Commission for Accreditation of Healthcare Organizations (JCAHO) and Minnesota Department of Health (MDH) audits.
16. Act as resource person for QA Credentialing Tech Assistant I and Data Base Management Assistant
17. Maintain strict confidentiality of credentialing information. This information is peer review protected and is subject to criminal penalty if improperly disclosed.
18. Demonstrate commitment to excellent customer service to ensure good working relationships with internal and external parties involved in credentialing activities.
19. Perform other projects/duties as assigned.