

Sr Delegated Compliance Coordinator

US-MN-Columbia Heights

Requisition ID 2019-42010 **Profession** Non-Clinical Support Staff

Speciality Administrative/Clerical/Customer Service **Location** Fairview Clinics-Columbia Heights **Shift** day

Hours per 2 weeks 80 **Department** Central Credentialing

Overview

Coordinates and maintains credentialing functions for delegated credentialing contracts involving third party payers, including agreements, transfer of data, and provider numbers. Assists manager with all credentialing audits.

Responsibilities/Job Description

- Maintains delegated credentialing program to ensure all regulatory requirements including system and departmental policies, National Committee for Quality Assurance (NCQA) and Joint Commission (JC) accreditation standards are met
- Works with manager to establish contracts with new payers and updates current payer contracts; maintains working relationships with representatives from payers; ensures terms of delegated contracts are met.
- Maintains processes and coordinates workload/tasks with Delegated Credentialing Coordinator to ensure all pertinent information is released to third party payers as defined in contracts; maintains confidentiality of all data.
- Establishes and maintains process with applicable billing offices to confirm enrollment with payers is complete and accurate
- Investigates and resolves discrepancies and enrollment issues related to credentialing with the delegated payers to ensure providers are able to submit claims
- Coordinates requests, inquiries, and data needed by the delegated payers or internal requestors
- Participates in credentialing portion of NCQA surveys at third party payer sites.
- Works with Manager to ensure department's performance improvement program is in compliance with applicable NCQA accreditation standards; assists in preparation and participates in biennial NCQA certification surveys
- Assists manager with quarterly and annual performance improvement program reports
- Assists with analyzing customer satisfaction surveys from practitioners, entities and health plans; responds to individual issues or identifies opportunities for improvement
- Completes comprehensive internal file audits to ensure compliance with accreditation standards
- Utilize independent judgment to perform a wide variety of tasks in a professional way to maintain positive relationships between different areas in department and throughout Fairview

- Assists manager with all credentialing audits throughout the system, including, but not limited to JC, CMS, MDH, and DNV
- Assists with other duties assigned

Qualifications

Required

Education

- Two years business or technical college degree or five years of credentialing related experience or current CPCS or CPMSM certification and three years of credentialing related experience.

Experience

- Three years of experience in a credentialing related position; would consider appropriate similar experience.

Preferred

Education

- Bachelor's degree in Business or a Health Care related field.

Experience

- Five years of experience in a hospital or health plan credentialing position.

License/Certification/Registration

- CPCS or CPMSM certification by the National Association of Medical Staff Services

Additional Requirements (must be obtained or completed within a period of time):

Must have an understanding of credentialing, delegated credentialing and managed care, general knowledge of contracts, ability to create data reports, analyze and interpret data. Must have excellent critical thinking skills, organizational skills, attention to detail/accuracy, written and verbal communication skills. Must have varied PC, database and word processing ability with accuracy required. Medical terminology preferred.

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