**Job Description:**

HealthPartners is currently hiring for a Director, Credentialing Services Bureau. We are a nonprofit integrated care delivery and financing system based in Bloomington, MN. At HealthPartners, you’ll find a culture where we live our values of excellence, compassion, integrity, and partnership. By working together, we will improve health and well-being, create exceptional experiences for those we serve and make care and coverage more affordable.  We seek colleagues who wish to help advance diversity, equity and inclusion and foster an environment where everyone feels welcome, included, and valued.

The Director of Credentialing Services Bureau position exists to develop and execute the strategy for a centralized, enterprise-wide services bureau for practitioner credentialing that supports the growth objectives of the organization.  The position accomplishes its purpose through cross-departmental leadership and close collaboration with multiple health plan and care delivery departments, as well as delegated entities.

Key areas of responsibility include direction and oversight of:

* Primary source verification and other support for credentialing, recredentialing and privileging for HealthPartners hospitals and surgery centers.
* All credentialing and recredentialing activities for HealthPartners health plan medical practitioners which also supports the hiring process for HealthPartners Care Group.
* All credentialing and recredentialing activities for HealthPartners dental plan practitioners which supports the hiring process for HealthPartners Dental Group.
* Applicable practitioner statistics for health plan, dental plan reporting, and Hospital reporting.
* All delegated credentialing arrangements for HealthPartners Care and Dental Group with third party payors
* All delegated arrangements with medical groups and networks for the health plan
* Credentialing Service Bureau operational compliance with applicable regulatory laws, rules, regulations, NCQA and Joint Commission accreditation standards and other internal or external customer requirements regarding credentialing and privileging.

**MINIMUM QUALIFICATIONS:**

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| **Education, Experience or Equivalent Combination:** | Bachelors degree or equivalent and a minimum of five years' experience in a hospital or health plan   credentialing leadership role. |
| **Licensure/ Registration/ Certification:** | Certified Provider Credentialing Specialist (CPCS) or Certified Professional Medical Services Management (CPMSM) certification |
| **Knowledge, Skills, and Abilities:** | * Demonstrated proficient leadership and management skills, including experience in leading cross   functional teams, projects and building collaboration and partnership with   other departments. * Extensive knowledge of laws, rules, regulations and accreditation standards of credentialing and privileging for health plans and hospitals, including NCQA, Joint Commission, MN Dept of Health, DHS, and CMS. * Demonstrated project management experience, leadership and facilitation skills, and cross-functional problem resolution skills. * Ability to translate complex and highly technical subject matter into commonly understood messages across a variety of audiences and formats. * Analytical skills to analyze network demographics, key performance indicators and budget performance. * Knowledge of health information technology including provider databases and reporting. |

**PREFERRED QUALIFICATIONS:**

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| **Education, Experience or Equivalent  Combination:** | Experience leading in a unionized work environment. |
| **Licensure/ Registration/ Certification:** | N/A |
| **Knowledge, Skills, and Abilities:** | N/A |

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| **Essential Duties:** | | | **% Of Time (minimum 10% increments)** |
| 1. | Responsible for the direction and management of the credentialing service bureau, which meets or exceeds the needs and expectations of enterprise-wide customers. The service bureau will support credentialing, re-credentialing, and privileging processes for the health plan, hospital, medical and dental group, per customer requirements.   * Provide leadership, direction and oversight of the development and improvement of processes, procedures, and policies for the Credentialing Service Bureau, including advancing technology and automation solutions and informing downstream data use and data practices. * Provide routine and adhoc performance metrics to demonstrate effectiveness, efficiency and compliance of processes, reporting to the appropriate committees, management and/or Medical Directors as well as RFP/RFI requests. * Provide leadership and coordination for the identification and resolution of process, procedure, policy, system or reporting issues. This involves cross-functional and cross-organizational coordination, as well  as vendor or other contract negotiations/agreements. * Provide strategic input and engagement in cross functional initiatives that support growth goals of the organization. | | 40% |
| 2. | Responsible for compliance with laws, rules, regulations, accreditation and other external customer requirements regarding the service bureau processes, including but not limited to NCQA, Joint Commission, CMS, MDH, MHPHEA, etc. This includes the interpretation and communication of such requirements to   appropriate leadership and management staff.   * Develops and implements controls and auditing, including metrics, to achieve compliance readiness, including maintaining the integrity of the peer review process within the credentialing and privileging   activities and maintain appropriate safeguards to ensure confidentiality. * Institutes changes as needed to maintain compliance, as internal or external processes change. * Maintain processes in alignment with industry changes and market expectations * Works with Government Programs management to ensure compliance with Medicare/Medicaid products requirements and regulations. | | 30% |
| 3. | | Lead, supervise, and develop a team of professional staff ensuring compliance to organizational and departmental policies and procedures. | 20% |
| 4. | | Responsible for the oversight of delegated credentialing functions to ensure efficiency and effectiveness of vendor/medical group relationships and optimal compliance.   * Oversees the management of delegate contracts and contractual performance * Oversees corrective action plan development, implementation, and monitoring of delegates | 10% |
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*\*Job description rankings/percentages are intended to reflect normal averages over an extended period of time, and are subject to daily variances.  Quality and efficiency standards should at no time be compromised to meet the average expectations expressed above.  Job descriptions are subject to change to accommodate organization or department needs.*

**ORGANIZATIONAL EXPECTATIONS:**

**Values**

All colleagues are expected to live our values:

**Excellence:**  We strive for the best results and always look for ways to improve.

**Compassion:**  We care and show empathy and respect for each person.

**Partnership:**  We are strongest when we work together and with those we serve.

**Integrity:**  We are open and honest, and we keep our commitments.

Additional Expectations:

* Complies with safety instructions, observe safe work practices, provides input on safety issues, and promotes a safe work environment.
* Maintains regular and timely attendance
* Protects confidentiality
* Demonstrates participation in and support of the organization's Corporate Integrity Program by participating in compliance-related education and training and complying with the organization's policies and procedures.
* Timely completion of all mandatory education and organizational requirements (i.e., licensure/certification, Employee Health and Wellness requirements, annual training, etc.)

**LEADERSHIP RESPONSIBILITY:**

Please describe the degree to which the position directs the work of others or coordinates workflow of a clinic, department, or functional area. If applicable, indicate the number of people and the titles for which this position directly and/or indirectly directs the work of others or coordinates workflow.

**1)    Direct managerial responsibility**

The position directly supervises a team of administrative staff involved in the operations of a credentialing service bureau, inclusive of compliance and reporting activities, and related administrative systems activities.

The position is also responsible for the selection and oversight of delegated credentialing organizations.

**2)    Direct budget responsibility**

The position is directly responsible for the Credentialing Service Bureau budget and managing operations within that budget amidst sometimes unpredictable volumes of applications and other regulatory demands.

**3)    Strategic responsibility**

The position has significant strategic responsibility for evolving the credentialing and privileging practices in a highly regulated and high risk area of operations – that has a direct link to organizational growth.  The position must engage with and influence a variety of departments to be successful.

HealthPartners is recognized nationally for providing outstanding care and experience for patients and members. We offer an excellent salary and benefits package. For more information and to apply go to [www.healthpartners.com/careers](http://www.healthpartners.com/careers) and search for Job ID #72274.

**Additional Information:**

We are an Equal Opportunity Employer and do not discriminate against any employee or applicant for employment because of race, color, sex, age, national origin, religion, sexual orientation, gender identity, status as a veteran, and basis of disability or any other federal, state or local protected class.