

***We are offering a \$5,000 relocation bonus** for qualified Credentialing Specialists to join our Scottsdale, AZ Team! Contact us today to learn more about this exciting opportunity with a growing company!

Send Resumes to DWoldesenbet@matrixhealth.net

POSITION SUMMARY:

The Credentialing Specialist is responsible for credentialing and recredentialing Matrix Medical Network (Matrix) practitioners as well as ensuring enrollment with participating client health plans. Credentialing functions include, but are not limited to, processing Matrix Credentialing Applications, performing primary source verifications and updating and maintaining Matrix credentialing database in accordance with internal policies and procedures, client health plan contracts, NCQA guidelines as well as applicable state and federal requirements.

POSITION RESPONSIBILITIES:

- Perform the initial credentialing and recredentialing functions for employed and contracted Matrix practitioners, which may include collaborating physicians and Locum Tenens.
- Review practitioner applications for completion and accuracy and ensure appropriate follow-up; monitor and report on the credentialing progress of each practitioner
- Maintain timely and accurate data entry and periodically revise practitioner data in the Matrix credentialing database; maintain practitioner paper and electronic data files for Matrix practitioners; use the CAQH system to submit practitioner data as required by some client health plans to credential individual practitioners
- Ensure timely and accurate credentialing and recredentialing application submissions for each practitioner as it relates to each client health plan; monitor and report progress of each practitioner
- Enroll practitioners with all appropriate client health plans; monitor and report on progress of each practitioner
- Ensure all practitioners who require collaboration agreements are appropriately assigned to a collaborating physician and the agreement is executed by both parties; monitor and report progress of each practitioner
- Ensure employed practitioners are enrolled under the Matrix professional liability insurance plan; monitor and report progress on each practitioner
- Respond to all practitioner, client health plan and internal inquiries in a timely manner within one (1) business day
- Monitor expiring licensure, board and professional certifications and other expirable documents with practitioners within the prescribed Matrix timeframes as outlined in the policies and procedures, assisting practitioners with timely renewal as appropriate and escalating to manager and field management as appropriate
- Conduct sanctions and compliance monitoring and alert Manager of any undisclosed negative findings immediately
- Assist traveling practitioners with obtaining new state licenses in areas identified by the clinical management team; monitor and report progress of each practitioner
- Adhere to Matrix policies and procedures including timely delivery of completed work and use of resources
- Identify, analyze and resolve extraordinary information, discrepancies, time gaps and other idiosyncrasies that could adversely impact ability to credential and enroll practitioners and ultimately bill and obtain reimbursement for services rendered; discover and convey problems to Manager so that the optimal course of action is taken by making sound decisions in accordance with department and corporate guidelines
- Utilize extensive internet and telephone communication to obtain critical pertinent information
- Keep Manager informed of potential credentialing or enrollment issues
- Other duties as assigned

POSITION REQUIREMENTS:

Educational Requirements:

Associates or Bachelors in Business, Finance, Health Care or related field or high school diploma and relevant combination of education and experience

Required Skills and Abilities:

- Experience with medical and professional credentialing processes, policies and procedures, including delegated credentialing requirements
- Familiarity with practitioner billing and claims payment system requirements as related to practitioner enrollment
- Up to three years credentialing experience in a health care setting to include up to two years of practitioner enrollment, credentialing or network services experience
- Demonstrated ability to work independently
- Ability to manage multiple projects efficiently and accurately
- Strong analytical skills needed to assess compliance, record, analyze and interpret data into meaningful formats
- Strong written and verbal communication skills
- Demonstrated ability and commitment to excellent customer service to maintain and ensure effective working relationships with internal and external clients
- Ability to adapt to change and meet deadlines
- Excellent attention to detail and high degree of accuracy
- Requires exceptional critical thinking skills, sound judgment and the ability to communicate in an articulate and sensitive manner with practitioners, administrators, legal counsel and client credentialing personnel

PREFERRED

- Certified Practitioner Credentialing Specialist (CPCS)
- Experience with MD-Staff or similar practitioner credentialing, data collection and record management system
- Experience with NCQA, URAC and/or The Joint Commission guidelines and standards related to credentialing
- Experience with MS Office

Supervisory Responsibility: No supervisory responsibilities.

Travel Requirements: No travel required.

Work Conditions: General office environment.

The preceding functions may not be comprehensive in scope regarding work performed by an employee assigned to this position classification. Management reserves the right to add, modify, change or rescind the work assignments of this position. Management also reserves the right to make reasonable accommodations so that a qualified employee(s) can perform the essential functions of the position.