

**Non-Union Exempt Position Summary**

<b>JOB CODE:</b>			
<b>POSITION TITLE:</b>	<u>Credentialing Specialist</u>	<b>DATE:</b>	<u>October 2023</u>
<b>DIVISIONS:</b>	<u>Clinical</u>		
<b>REPORTS DIRECTLY TO:</b>	<u>Chief Clinical Officer</u>		

**ORGANIZATION**

Fulcrum Health, Inc. is a nonprofit, physical medicine benefit management organization that has delivered quality care through its network of over 2,800 licensed and credentialed chiropractic and acupuncture service providers for almost 40 years. Our product offerings include acupuncture and chiropractic pain management services, and we serve over 2 million health plan members within the Upper Midwest, Fulcrum continues to offer innovative and inspiring ways to leverage physical medicine that help lower health care costs, achieve better outcomes, and increase patient satisfaction.

**POSITION PURPOSE:**

This position serves as a specialist to support the processing of initial credentialing and recredentialing applications for 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. This includes preparing documents for the Credentialing Subcommittee and follow-up activities as requested by the Director of Credentialing.

This position also serves as a technical resource to organizational staff to troubleshoot complex issues. This position will also be a critical part of interdepartmental meetings that require technical expertise in processing initial and recredentialing applications for practitioners/providers requesting participation in Fulcrum’s provider network.

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

**KEY ACCOUNTABILITIES:**

Key Accountability	Desired Key Actions to Successfully Achieve Key Role Accountabilities	% Overall Job Responsibility (Increments of 5%)

<b>Technical Resource</b>	<ul style="list-style-type: none"> <li>• Supports and conducts initial provider/practitioner credentialing.</li> <li>• Provides a point of contact for staff or provider questions related to provider credentialing and criteria.</li> <li>• Respond to provider inquiries according to department standards.</li> <li>• Provide training to new staff and co-workers.</li> <li>• Provide training to clinic personnel on Fulcrum’s credentialing requirements and processes when requested.</li> <li>• Maintains knowledge of NCQA standards and State/Federal regulations related to the credentialing function.</li> <li>• Identifies practitioners who are not in compliance with credentialing criteria and supports preparation of the appropriate documents for review by the Credentialing Subcommittee.</li> <li>• Consults with Director of Credentialing, as necessary, regarding credentialing applications that require additional investigation due to concerns related to professional criteria.</li> </ul>	<p style="text-align: center;">25%</p>
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<b>Credentialing Activities</b>	<ul style="list-style-type: none"> <li>• Supports the credentialing function of initial and recredentialing of providers subject to Fulcrum's Credentialing Plan as requested by the Director of Credentialing.</li> <li>• Works with the Director of Credentialing to process requests for expedited participation.</li> <li>• Works with the Director of Credentialing to credential all short-term locum tenens practitioners.</li> <li>• Facilitates getting information required to complete a practitioner’s credentialing application.</li> <li>• Performs primary verification of licensure, board certification, National Practitioner Data Bank query when assistance is required and DEA registration in accordance with NCQA standards, state and federal regulations and Fulcrum’s credentialing criteria.</li> <li>• Applies knowledge of the requirements required for specific practitioner specialty designation.</li> <li>• Utilizes web-based applications or other resources to perform primary verification.</li> <li>• Responds to clinics regarding practitioner/provider credentialing status.</li> <li>• Perform other credentialing-related activities as assigned.</li> </ul>	<p style="text-align: center;">25%</p>
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Data System Updates	<ul style="list-style-type: none"> <li>Enters network provider information in the sProvider/CACTUS database for new and existing providers including those participating with our delegates. This includes setting up the provider demographic records along with attaching the correct group practice.</li> <li>Enters and maintains credentialing data according to established production and quality standards.</li> <li>As requested by the Director of Credentialing, generates reports for Credentialing Subcommittee review and performs analysis of the accuracy of those reports.</li> </ul>	25%
Data Integrity	<ul style="list-style-type: none"> <li>Knowledge of data field requirements. Knowledge of system reports requirements.</li> <li>Assist with the review and revision of audit tools used to measure accuracy rates related to credentialing.</li> <li>Ensure integrity of data to support provider relationships.</li> </ul>	15%
Interdepartmental Relationships	<ul style="list-style-type: none"> <li>Supports internal customer service/meetings regarding credentialing process issues related to clean-up projects, new provider set-up and data integrity efforts. Examples would be meeting with Contract Implementation staff, Network Management staff, and internal auditors.</li> <li>Represent the department by serving as a technical liaison on cross- functional workgroups as needed.</li> </ul>	10%
	<b>Total %</b>	<b>100%</b>

**Required Qualifications:**

- Minimum five (5) years' experience working with credentialing policies, reports, and data systems.
- Strong computer skills are essential, including standard word processing, spreadsheets, and database applications, (Visio, Cactus, Word, Excel, Access, MS Outlook, Message Manager, and the Internet)
- Excellent communication skills (verbal and written).
- Demonstrated ability to learn quickly and respond well to rapidly changing industry and operational environment.

**Preferred Qualifications:**

- Bachelor's degree: preferably in the areas of Healthcare or Business related.
- Significant industry experience will be considered in lieu of a bachelor's degree.
- CPCS certification