



Job Description

Credentialing Specialist

DESCRIPTION

The Credentialing Specialist is responsible for maintaining active status for all providers by successfully completing initial and subsequent credentialing packages as required by hospitals, surgery centers, commercial payers, Medicare and Medicaid.

RESPONSIBILITIES

- Maintain individual provider files to include up to date information needed to complete the required governmental and commercial payer credentialing applications
- Maintain internal provider grid to ensure all information is accurate and logins are available
- Update each provider's CAQH database file timely according to the schedule published by CMS
- Apply for and renew annually all provider licenses; Professional, DEA, Controlled Substance
- Complete revalidation requests issued by government payers
- Complete credentialing applications to add providers to commercial payers, Medicare, and Medicaid
- Complete re-credentialing applications for commercial payers
- Credential new providers and re-credential current providers with hospitals at which they hold staff privileges
- Work closely with the Revenue Cycle Director and billing staff to identify and resolve any denials or authorization issues related to provider credentialing
- Maintain accurate provider profiles on CAQH, PECOS, NPPES, and CMS databases
- Other duties as assigned

KNOWLEDGE, SKILLS, AND ABILITIES

- Knowledge of provider credentialing and its direct impact on the practice's revenue cycle
- Excellent computer skills including Excel, Word, and Internet use
- Detail oriented with above average organizational skills
- Plans and prioritizes to meet deadlines
- Excellent customer service skills; communicates clearly and effectively

EDUCATION/EXPERIENCE REQUIRED

- High School Diploma or GED
- 2 years credentialing experience preferred
- 2 years experience in a medical practice business office role required

Please reply by email with resume to Ginaz@oakortho.com