

## **JOB DESCRIPTION**

<b>POSITION TITLE:</b>	Privileging and Provider Enrollment Coordinator
<b>LOCATION:</b>	HOPE Clinic Main
<b>REPORTS TO:</b>	Chief Financial Officer
<b>EDUCATION:</b>	Bachelor's Degree required; CPCS or CPMSM certification highly preferred or working towards certification(s)
<b>WORK EXPERIENCE:</b>	At least one year of experience with credentialing and privileging preferred
<b>SALARY RANGE:</b>	\$42,000 - \$48,000; DOE
<b>FLSA STATUS:</b>	Exempt
<b>POSITION TYPE:</b>	Full-Time
<b>LANGUAGE:</b>	Fluent in English; Bilingual in English and Spanish, Arabic, Burmese, Chinese or other languages is preferred

*HOPE Clinic is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.*

### **JOB SUMMARY:**

Efficiently and accurately coordinate, collect, review, compile and validate privileging information for HOPE Clinic's full-time, part-time and contract providers, including mid-level providers. Privileging information will be obtained from multiple state, federal and/or accreditation sources in accordance federal and state requirements, standards, policies and procedures for Federally Qualified Health Center. In addition, this position will conduct all aspects of third party credentialing for providers and facilities in accordance to FQHC and third party insurance standards.

### **MAJOR DUTIES & RESPONSIBILITIES:**

#### **Privileging:**

- Work closely with Human Resources Department and Billing Department on new, existing and terminated providers and mid-level providers.
- Apply for and maintain the hospital privileges for new and existing delivering providers in collaboration with West Houston Medical Center and Parallon.
- Maintain and update HOPE Clinic privileging policies and procedures;
- Serve as the primary contact for new and existing providers and mid-level providers during the privileging process, and facilitate activities of the various levels of review;
- Prepare and maintain providers and mid-level providers privileging files including licensing information to ensure compliance of rules and regulations in conjunction with CMS, Federal

and State regulations, and Federally Qualified Healthcare guidelines, policies and procedures;

- Track providers' licensure and Board expirations and ensure timely processing of CAQH, TMHP and payer updates;
- Perform quarterly CAQH mass attestation;
- Maintain and update the privileging summary spreadsheet to ensure the records and data are current and accurate;
- Provide privileging reports, status updates, and other pertinent information related to privileging no less than monthly to Chief Financial Officer;
- Track expiration dates of all registrations, licensures and certifications and notifies providers and mid-level providers, in advance of any expiring dates;
- Maintain a current knowledge base of privileging standards and legal requirements;
- Respond to requests from managements/staffs/providers/outside entities related to privileging, as appropriate;
- Perform all aspects of privileging of providers and mid-level providers;

#### **Provider Enrollment/ Credentialing:**

- Maintain and update HOPE Clinic credentialing policies and procedures;
- Enroll new facilities in Medicare/Medicaid programs;
- Enroll new providers in Medicare/Medicaid as prescribed by each program requirements;
- Process and file applications with third party payers according to each payers new provider enrollment requirements and address/correct discrepancies as requested by payers;
- Fulfill all requests from payers for credentialing information, updates, contracts and amendments to contract;
- Conduct follow up steps till payers' approval/new provider enrollment welcome letter is obtained;
- Assist CEO and/or CFO on contract and fee schedule negotiation if applicable;
- Maintain and update facility credentialing applications, correspondences, and contracts;
- Maintain and update individual provider credentialing applications, correspondences, and contracts;
- File provider practice change notifications and perform follow up duties till confirmed complete by payers;
- Answer questions, process requests from staff/providers related to credentialing information;
- Ensure all records meet standards set by carriers as well as FQHC guidelines;
- Address enrollment disconnects in regards to facility and providers;
- Interface with IT department on EHR enrollment, tracking and filing;
- Verify NPI records on EHR for completeness and accuracy on a quarterly basis;

- Maintain and update provider rosters/ directory with Medicare, Medicaid and 3<sup>rd</sup> party payers;
- Complete requests for re-credentialing for both and facilities and providers;
- Serve as liaison between HOPE Clinic and CMS and third party insurance companies;

**Other:**

- Responsible for assigning login and password for each insurance websites/ portals to users;
- Perform other duties as assigned to support HOPE Clinic’s Mission, Vision, and Values.

**QUALIFICATION REQUIREMENTS:**

- Demonstrated knowledge of credentialing and privileging guidelines, requirements, standards;
- Strong detail oriented and organizational skills are required with the ability to work under pressure;
- Ability to maintain strict confidentiality of information;
- Ability to work independently but also in a team-oriented environment;
- Strong customer service and interpersonal skills;
- Complies with policies and procedures set forth;
- Proficiency with MS Office, particularly Word and Excel;
- Must be organized and keep privileging up to date;
- Professional communication skills in order to deal with executive level employees;
- Have good working knowledge of guidelines and requirements of agencies and carriers;
- FQHC credentialing experience is a plus.

**EDUCATION and/or EXPERIENCE:**

- A minimum of Bachelor’s Degree highly required;
- At least one year of experience with credentialing and privileging preferred;
- CPCS or CPMSM certification highly preferred or working towards certification(s).

**LANGUAGE SKILLS:**

Ability to read, analyze, and interpret general health and social services guidelines, technical procedures or governmental regulations. Ability to write reports, health correspondence and procedure manuals. Ability to effectively present information and respond to questions from groups or patients, center staff, and the general public.

**MATHEMATICAL SKILLS:**

Ability to add, subtract, multiply and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent.

**REASONING ABILITY:**

Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instruction furnished in written, oral, diagram, or schedule form.

**OTHER SKILLS and ABILITIES:**

- Above average communication skills in both speaking and writing.

- Must have good transportation and a valid Texas Driver's license.

**LEADERSHIP RESPONSIBILITIES:**

No supervisory or direct people management responsibilities. May provide occasional work guidance, technical advice, and training staff.

**WORK COMPLEXITY/INDEPENDENT JUDGEMENT:**

Work tasks are often straightforward, routine, structured and guided by established policies and procedures. Little, if any, independent judgment is required, outside of making basic choice in the selection and application of established methods. The job may receive frequent, ongoing supervision.

**PROBLEM SOLVING:**

Decisions are made on routine matters affecting few individuals and usually within the confines of the job's own department. Specific job activities and results are typically reviewed closely. There are limited requirements for developing new ideas or changes in methods, procedures or services.

**COMMUNICATION/INTERACTIONS:**

Information sharing - gives and receives information such as options, technical direction, instructions and reporting results. Interactions are mostly with patients, own supervisor and coworkers in own and other departments.

**IMPACT OF DECISIONS:**

Follow rules and procedures. Decisions can have minimal or no impact to HOPE Clinic. Errors can be readily detected, usually by the employee, and, if made, would result in minor expense for correction.

**PATIENT RELATIONSHIPS:**

Follow through with patient inquiries, requests and complaints. Forward difficult and non-routine inquiries or requests to appropriate level for resolution.

**AMERICANS WITH DISABILITIES SPECIFICATION:**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- While performing the duties of this job, the employee is regularly required to stand, sit, talk, hear, stoop, kneel, and use hands and fingers to operate a computer and telephone keyboard reach.
- Specific vision abilities required by this job include close vision requirements due to computer work.
- Light to moderate lifting (up to twenty pounds) is required.
- Ability to uphold the stress of assisting patients of diverse backgrounds.
- Regular, predictable attendance is required.

**WORKING/ENVIRONMENTAL CONDITIONS:**

Work is normally performed in a typical interior work environment which does not subject the employee to any hazardous or unpleasant elements.

*HOPE Clinic is a smoke-free and drug-free workplace in compliance with federal guidelines.*