

Job Description Form
Division/ Department: Administrative
Location:
Job Title: Credentialing Manager
Reports to:
Title:

Supervisory Duties: None	Type of position: <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contractor <input type="checkbox"/> Intern	Hours: 40 /week FLSA Status: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt
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<p>Job Summary: This position interacts directly with clients to assist them with application and participation with third party insurance carriers. Oversees all Credentialing and EDI Enrollments.</p>

<p>General Job Responsibilities: Credentialing</p> <ul style="list-style-type: none"> ● Manage all credentialing tasks ● Review all emails pertaining to Credentialing. Add to workload when necessary. Check that responses are being added to OneApp and Status reports. Answer questions that arise. Research when necessary. ● Contact providers or managers to obtain required information and signatures for applications ● Assign applications to be completed and reviewed for proper documentation ● Monitor initial request, submission time and follow up on each application. Redirect when needed ● Monitor all applications for approval. ● Review follow up notes and status report weekly and submit status to provider ● Call carriers with issues or guidance when needed ● Maintain OneApp for all client credentialing in order to document steps taken and time involved ● Respond to clients promptly and communicate timeline on specific carrier guidelines ● Work with team members to resolve credentialing questions and issues ● Work with carriers in all states and different MACS; research carrier requirements and applications for accurate submissions. ● Unlock provider's Pecos accounts when needed ● Complete and submit all Pecos enrollments ● Monitor all Pecos enrollments for provider signatures ● Check Pecos status weekly, troubleshoot any problems or delays ● Review OneApp and PI periodically and follow-up with staff to update or add notes as needed ● Address changes – update files in software so that claims, statements, appeals and letters all go out with correct address

- Train staff when necessary
- Interview and work closely with HR for staffing purposes

EDI

- Review all email pertaining to Claim Submission, ERA and EFT
- Queue enrollments and notify team when necessary
- Set up all logins and access for (PM) PI
- Enter information into Practice insights
- Assign or complete and submit enrollments when necessary
- Complete online enrollments when necessary
- Assign or register for websites to process online enrollments
- Review PI, TOPS, and websites for problems and proper set up
- Add clearinghouse and payer ID to TOPS to route claims correctly
- Troubleshoot submissions, connection problems, rejected claims, ERAs not received
- Access ERAs when escalated by the AR team
- Troubleshoot with Software Director if a transmission error occurs
- Review TOPS, PI and eBridge to see what is received in paper format, add enrollments as necessary
- Train staff on completing and submitting enrollments
- Train staff on how to troubleshoot EDI problems
- Train AR staff how to look up payments/claims and pull EOBs

InstaMed

- Set up logins and access for clients' and PETTIGREW staff
- Complete and submit client enrollments for merchant accounts once approved update set up in TOPS
- Update call center logins so staff can accept payments for new merchant account
- Complete and submit request for statements
- Review and approve proofs for statements

Websites – Assign to team. Help when necessary.

- Register for websites
- Create logins
- Update and attest to provider information
- Review websites for EFT/ERA set up
- Assign team members to work on website tasks

TOPS – (assigned due to security level)

- Review accounts for AR when they cannot determine the reason for claim rejection.
- Update clearinghouse and payer ID as it is transferred to PI
- Load new providers
- Update addresses as needed. POS and payment address
- Run submitted claim report to check for payers going to incorrect clearinghouse
- Load contract fees

General

- Review, acceptance, and understanding of our workplace culture statement.
- The responsibilities listed in this job description are general descriptions of work assigned, duties and responsibilities may not be limited to just these responsibilities.

Work Experience Requirements:

- Experience with Excel, Microsoft Office, Internet Explorer, Gmail, Google drive and ability to learn new technology at a rapid pace
- Demonstrates effective and high level of professional communication skills (verbal and written)
- Position mandates a disposition for a high level of detail for success.

- Ability to work in a fast paced environment, demonstrate problem solving skills, demonstrate strong organizational skills and be a team player
- Must be able to prioritize efficiently and be able to switch gears at a moment's notice.
- Experience working all aspects of the billing cycle, knowledgeable about clearinghouses and EDI processes.
- Hands on experience with credentialing government and commercial insurances.

Education Requirement(s):

- College Degree plus 5+ years of experience that is directly related to the duties and responsibilities or the equivalent in hands on experience in a working environment
- Management experience required

Reviewed by:

Title:

Approved by:

Title:

Date Posted:

Date Hired: