



# Community Action Committee of Pike County

## Insurance Credentialing/340B Support Specialist

**Position Overview:** Completes accurate and timely insurance credentialing, re-credentialing for sites, physicians and other providers with private insurance companies, Medicare, Medicaid and Medicaid Managed Care companies. Provides 340B support to the 340B Program Manager.

**Qualifications:**

- High School Diploma or equivalent
- Proficiency with Office programs (Word/Excel), Outlook, and Web Portals.
- Two (2) years' experience working in medical office practice, FQHC preferred
- Excellent written and verbal communication skills

**Preference:**

- Associate's degree in Business and/or Health Administration or comparable work experience
- Auditing experience preferred.
- Experience in insurance credentialing, CAQH, PECOS and NPES

**Requirements:**

- Proficiency with PHI rules and HIPAA regulations
- Knowledge and understanding of credentialing process
- Excellent attention to detail, ability to read, interpret and apply policies and procedures
- Ability to identify problems and recommend solutions, establish priorities and coordinate work activities, to establish and maintain effective professional working relationships with all internal departments and external sources.
- Must be able to work as a team member
- Ability to handle confidential information in a professional manner.
- Must be self-motivated.
- Ability to do multiple tasks at one given time.
- Work well with minimal supervision.
- Work congenially with others.
- Remain calm in times of crisis.
- Must maintain a professional appearance and attitude.
- Current valid driver's license, proof of up-to-date automobile insurance, insurable under agency policy and reliable transportation.

### **Deadline: Until Filled**

**Please complete our application and mail with resume and cover letter to 941 Market Street, Box 799, Piketon, Ohio 45661. Applications are available at [www.pikecac.org](http://www.pikecac.org) and at our office in Piketon.**

*The Community Action Committee of Pike County creates opportunities for individuals and families to reach their highest level of independence and self-sufficiency.*

**The Community Action Committee of Pike County is an Equal Opportunity Employer/Equal Provider of Services.**

Job Title:	Insurance Credentialing/340B Support Specialist	Department:	Fiscal
Job Level:	12	Hours:	40 Hours Weekly
Supervisor:	Assistant Finance Director Health Center	FLSA:	Non-Exempt
Human Resources Director's Signature: _____		Date: _____	
Employee Signature: _____		Date: _____	
Employee Printed Name: _____		September 2018	

**Position Overview:**

Completes accurate and timely insurance credentialing, re-credentialing for sites, physicians and other providers with private insurances companies, Medicare, Medicaid and Medicaid Managed Care companies. Provides 340B support to the 340B Program Manager.

**Qualifications:**

- High School Diploma or equivalent.
- Proficiency with Office programs (Word/Excel), Outlook, and Web Portals.
- Two (2) years' experience working in medical office practice, FQHC preferred
- Excellent written and verbal communication skills

**Preference:**

- Associate's degree in Business and/or Health Administration or comparable work experience
- Auditing experience preferred.
- Experience in insurance credentialing, CAQH, PECOS and NPPES

**Requirements:**

- Proficiency with PHI rules and HIPAA regulations
- Knowledge and understanding of credentialing process
- Excellent attention to detail
- Ability to read, interpret and apply policies and procedures
- Ability to identify problems and recommend solutions
- Ability to establish priorities and coordinate work activities
- Ability to establish and maintain effective professional working relationships with all internal departments and external sources
- Must be able to work as a team member
- Ability to handle confidential information in a professional manner.
- Must be self-motivated.
- Ability to do multiple tasks at one given time.
- Work well with minimal supervision.
- Work congenially with others.
- Remain calm in times of crisis.
- Must maintain a professional appearance and attitude.
- Assist with other duties as defined by assigned supervisor when other work is necessary to fulfill the obligations of the Valley View Health Centers and/or CAC.
- A signed Standards of Conduct Form
- Current valid driver's license, proof of up-to-date automobile insurance, insurable under agency policy and reliable transportation.

**Essential Job Functions**

- Ensure all credentialing applications and forms are completed accurately, thoroughly and timely.

- Complete site and provider initial credentialing and re-credentialing applications with contracted insurance companies, Medicare, Medicaid and other accrediting entities.
- Ensure all insurance credentialing applications and forms are completed accurately, thoroughly and submitted timely.
- Contact providers and assists them through the insurance credentialing process, following up on missing documents to ensure completion of credentialing process.
- Monitor the status of each site and providers insurance credentialing and re-credentialing. Follow up on the status of applications for providers and payers, tracking progress on all pending and completed work.
- Communicate status of provider insurance credentialing to applicable practices and Management.
- Sets up and maintains provider information in an organized and systematic manner.
- Maintain insurance credentialing files and documentation. Maintaining copies of current state licenses, DEA certificates, CLIA certificates and any other required credentialing documents for all providers and sites.
- Responsible for the initial registration and continuing update of the providers in the Council for Affordable Quality Healthcare's Universal Credentialing Data Source (CAQH).
- Responsible for completion of outstanding requirements to complete credentialing process (NPI, PECOS, etc.)
- Must keep up to date with changes in insurance credentialing guidelines.
- Perform daily follow-up and research concerning insurance credentialing inquires as requested.
- Collect and record data accurately
- Maintains strictest confidentiality
- Provide 340B support to the 340B Program Manager. Duties may include but are not limited to: conducting internal audits of the program, submitting patient eligibility files to the vendor, maintaining 340B contracts, monitoring the 340B database for accuracy, updating 340B policies and procedures.
- Monitor and assess 340B guidance and or rule changes to ensure compliance. Attend regular 340B trainings and share information with staff.
- Maintain a good working relationship with insurance representatives.
- Attend meetings, conferences and training sessions related to the duties of this position and disseminate acquired information to appropriate individuals inside and outside the agency.
- Adhere to all agency safety policies and procedures.

**Physical, Mental and Visual Abilities Required:**

- While performing the duties of this job, the employee is required to regularly sit and stand for long periods of time; use hand to finger; handle or feel sharp objects, tools or controls; reach with hands and arms; talk and hear. The employee is occasionally required to walk, stoop, kneel, crouch or crawl.
- The employee must regularly lift and/or move up to 10 pounds and occasionally lift and/or move up to 25 pounds.
- Specific visual abilities are required by this job, which includes close vision.

**Non-Essential Job Functions:**

- Committee assignments.

**Other Skills/Abilities/Documentation:**

- Knowledge of Community Action Programs.

This job description is not intended to be all-inclusive. Employee may perform other related duties as required to meet the ongoing needs of the organization.