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Medical Services Profession Job Description

In 2016, NAMSS released the State of the Medical Services Profession Report to raise awareness, educate, and obtain recognition within the healthcare industry for medical services as a true and valuable profession. As part of this continued effort, NAMSS has created sample job descriptions based on level of experience that can easily be adapted to your facility. The identified responsibilities and skills are based on feedback and responses from MSPs across the country that were collected through a Job Task Analysis (JTA), NAMSS member surveys, focus groups, and interviews in 2014.

Use the job descriptions as guidance for filling the vacancies in your department. Credentialing guidelines and verifications will need to be aligned with your regulatory body requirements and organization's policies and procedures.

The job descriptions are meant to provide guidance only. You are encouraged to customize them based on your facility's needs and expectations for the desired position.

Executive Level Position

Provides executive oversight to departmental activities to ensure quality in conducting, maintaining, and communicating physician credentialing, privileging, source verifications. Serves as the leader of the department and manages others to advance the quality of practitioners and patient safety of the facility.

Responsibilities

Very Essential

- **Conducts, participates in, and maintains credentialing and privileging**
    - Determines applicant's initial eligibility for membership/participation.
    - Compiles, evaluates, and presents the practitioner-specific data collected for review by one or more decision-making bodies.
    - Analyzes application and supporting documents for completeness and informs the practitioner of the application status, including the need for any additional information.
    - Performs initial or reappointment/re-credentialing for eligible practitioners.
    - Processes requests for privileges.

Essential

- Conducts, participates in, and maintains primary source verification
    - Obtains and evaluates information from primary sources.
    - Recognizes, investigates, and validates discrepancies and adverse information obtained from the application, primary source verifications, or other sources.
    - Verifies and documents expirables using acceptable verification sources to ensure compliance with accreditation and regulatory standards.
    - Provides responses to external queries regarding practitioners' status.
- Conducts, participates in, and maintains current clinical competency evaluations and peer review
    - Analyzes and prepares practitioner/provider performance improvement and quality/competence data in clear, concise, and structured reports.
    - Recognizes, investigates, and validates discrepancies and adverse information obtained.
    - Coordinates an appropriate evaluation by physician leaders of gathered data.
    - Communicates findings and/or resulting actions to key stakeholders and the practitioner.
- Manages compliance with accreditation standards and regulatory requirements
    - Develops and/or updates applicable governing documents (bylaws, credentialing policies, rules) that support and direct organizational practices and ensure compliance.
    - Facilitates efficient and cost-effective due process that complies with an organization's fair hearing and appeals policy as well as applicable legal and regulatory requirements.
    - Identifies and reports adverse actions taken against a practitioner/provider in accordance with applicable law and contractual requirements.
    - Monitors and/or report sanctions and complaints for all practitioners/providers to recommend action by medical staff and/or organizational leadership.

  - Develops and disseminates informational/educational documents (newsletters, memos) to communicate critical information regarding organizational programs and policies.
  - Develops and cultivates working relationships with key stakeholders, both internal and external, to ensure appropriate awareness of key issues and decision-making.

- Manages departmental operations
  - Oversees credentialing database ensuring accurate and current information is available to all stakeholders.
  - Prepares and reviews operational budget and staff plan(s) that support medical staff services and credentialing functions.
  - Audits, assesses, procures, implements, effectively utilizes and maintains practitioner/provider credentialing processes and information systems (e.g., files, reports, minutes, databases) by analyzing the needs and resources of medical services/credentialing.
  - Develops and implements tools and policies to support knowledge management, record-keeping, and internal and external communication.
  - Recruits and supervises qualified staff to accomplish departmental operations and functions.

- Manages the credentialing or privileging process
  - Collaborates with physician leaders to develop and maintain a facility-specific, criteria-based clinical privileging system in accordance with regulatory requirements, accreditation standards, and organizational policies.
  - Uniformly applies clearly defined credentialing or privileging processes to all practitioners/providers.
  - Directs initial or reappointment/re-credentialing processes for eligible practitioners/providers.
  - Evaluates credentialing/privileging requests and evidence of education, training, and experience to determine eligibility for requested privileges, membership, and/or plan

participation.

- Complies with internal and external requirements related to verifying the status of all practitioner/provider expirables (e.g., licenses, certifications) by querying approved sources and recommending action(s) to ensure compliance.

- Provides responses to external queries regarding practitioners' status.

- Complies with accreditation and regulatory standards

  - Participates in an ongoing assessment of governing documents (bylaws, rules and regulations) to ensure continuous compliance.

  - Participates in audits of delegated credentialing entities.

  - Obtains and evaluates practitioner sanctions, complaints, and adverse data to ensure compliance.

  - Conducts a review of practitioners' practice site to ensure compliance with accreditation and regulatory standards.

- Facilitate medical staff functions

  - Coordinates and develops on-boarding processes (orientation, training activities) to assist practitioners/providers and to meet education requirements.

  - Develops and implements orientation, educational and training activities to ensure staff's ongoing competence.

  - Manages and maintains continuing medical education records for practitioners/providers.

  - Supervises internal continuing medical educational programming for practitioners/providers.

Knowledge/Skills

Very Essential

- Values and models integrity and honesty by acting in a just, fair and ethical manner and encouraging ethical behavior among others. Inspires trust and confidence among stakeholders through reliability, authenticity, and accountability.

- Expresses thoughts clearly, concisely, and effectively both verbally and in writing. Ensures a free flow of information and communication upward, downward and across the organization by actively listening and encouraging the open expression of ideas and opinions.

- Displays a credible presence and positive image. Earns other people's confidence through consistent action, values and communication. Uses appropriate protocol for professional and social situations.

- Establishes productive, cooperative relationships with subordinates, peers, management, and stakeholders both internal and external to the organization. Understands and responds to others' needs and priorities. Gives and seeks feedback that will increase the productivity of relationships and networks with peers and associates to build a support base.

- Takes all critical information into account, considering interrelationships among issues and implications for other stakeholders. Applies knowledge, expertise, and sound judgment and consults other references and resources as necessary to generate and evaluate solutions and recommendations. Understands and appropriately applies principles, procedures, requirements, regulations, and policies.

- Collaborates and shares plans, information, and resources. Encourages and facilitates cooperation, trust, and group identity and builds commitment, team spirit, and strong relationships. Works collaboratively and relates effectively to others by practicing, valuing and embracing diversity of individuals, and fostering respect and equity in the workplace.

- Understands clinical competence evaluation concepts, key functions, terminology, and work products.

- Exhibits confidence and professional diplomacy while identifying, organizing, facilitating and /or sustaining mutually beneficial partnerships and alliances with people at all levels internally and externally. Demonstrates an understanding of the interrelationships, roles, decision-makers, and responsibilities of the organization.

- Organizes work, effectively prioritizes, and sets short- or long-term goals and strategies to achieve them. Aligns communication, people, processes, and resources to drive success.

Essential

- Demonstrates a sound knowledge of the subject matter. Gains acknowledgment of audience and is able to understand the communication level required. Effectively uses various audio-visual media to enhance presentations.

- Presents in a confident, clear, and enthusiastic manner when addressing people in a large or small group. Demonstrates a sound knowledge of the subject matter.

- Organizes information and data to identify/explain trends, problems, and their causes. Compares, contrasts, and combines information to determine underlying issues. Sees associations between seemingly independent problems or events to recognize trends, problems, and possible cause-effect relationships.

- Understands concepts, key functions, terminology, and work products of risk management, budget and finance, human resources, legal, information technology, and performance improvement.

Education and Experience

25+ years of experience in the medical services field (15 years with proven work history).

Bachelor's degree required.

Master's in a healthcare related field preferred.

CPSC certification

CPMSM certification

In lieu of the above educational requirements previous work history and years of experience may/will be considered.

About [FACILITY NAME] *In this section, include information about your facility or department to provide a greater understanding for the work environment, structure, and mission of your organization.*