



## **POSITION DESCRIPTION**

### **Compliance Lead- Contracts & Credentialing**

Reports to: Sr. Director o Payer Strategy      Position Status: Exempt

Supervises: No one      Effective Date: 1/1/24

### **GENERAL SUMMARY**

The Compliance Lead - Contracts and Credentialing ("Lead") reports to the Sr. Director of Payer Strategy. ("Director"). The Lead supports NKC's Compliance Program by performing core functions, including administration of mandatory Compliance training and Conflict of Interest surveys, development and enforcement of Compliance policies, and other key activities, including but not limited to those identified below.

The Lead oversees the organization and management of NKC's contract management system. In collaboration with the Director and business partners, the Lead supports the deployment of the organization's updated Contract Manager software (CM) in a manner that effectively leverages the software's functionality and maximizes ease of use for business partners. The Lead also identifies, tracks, and communicates to business partners key contract terms and works across the organization to identify, ensure full execution of, collect, and appropriately file all contracts.

Working with NKC's Chief Medical Officer, the Lead obtains and timely submits physician credentialing information for consideration by NKC leadership and governing bodies. The Lead also ensures timely completion and submission of payer credentialing applications to facilitate NKC's continuous participation in payer networks.

In addition, the Lead facilitates the organization's enrollment in Medicare by overseeing submission of enrollment, revalidation and other required applications and maintaining accurate and complete demographic and biographical information in PECOS.





## **DUTIES AND RESPONSIBILITIES**

### **Contract Management**

1. Establish system for classification and organization of all NKC contracts to maximize ease of location for users.
2. Review contracts to identify, document, and communicate key terms to business users.
3. Lead implementation of enhanced CM system and functionality to ensure that all NKC contracts are (a) readily accessible via CM; (b) fully executed and current; (c) complete (e.g., include all amendments, exhibits, and schedules).
4. Host training sessions and serve as resource for key business users of CM.
5. Conduct outreach to payers and other contracting partners to obtain missing contract documentation, if necessary.

### **Credentialing**

1. Work with CMO to ensure timely preparation and submission of all necessary materials to credential physicians serving NKC patients.
2. Manage and timely prepare and submit payer credentialing and recredentialing applications.
3. Maintain working knowledge of credentialing policy and NCQA Guidelines.
4. Provide QA for approved files ensuring accuracy and completeness.

### **Medicare Enrollment**

1. Lead process to ensure data in PECOS remains up-to-date and reflects any changes in leadership, facility locations, or other relevant enrollment data.
2. Review application/revalidation schedules established by CMS and/or Noridian; establish timeline and calendar application deadlines for each NKC clinic to ensure accurate tracking and timely submission; prepare and submit applications.
3. Maintain ongoing contact with CON, Clinical, and Finance colleagues to ensure awareness of all events and actions that require notification to CMS and/or Noridian.
4. Serve as day-to-day contact for CMS and Noridian to address questions as they arise.

### **Compliance Program Support**

1. Establish, maintain, and retain in a secure manner a repository of key demographic and biographical information about NKC and its leadership for use in connection with credentialing, provider enrollment, licensing, and other functions.
2. Support development and presentation of staff and leadership Compliance training and education.
3. Administer annual Conflict of Interest survey.





4. Track and timely submit filings and supporting materials to fulfil licensure and accreditation requirements and remain in good standing with state and federal agencies and authorities.

### **CUSTOMER SERVICE STANDARDS**

Staff are responsible for demonstrating good customer service and professionalism.

1. **CONSIDERATION:** Greet customers promptly; show courtesy; recognize customer's needs; respect privacy.
2. **CONCERN:** Listen to customers; express appreciation, be non-judgmental; take responsibility.
3. **CONFIDENCE:** Show a positive attitude; take personal initiative; inform; educate and reassure; provide prompt follow-up.
4. **CONDUCT:** Hold appropriate conversations; maintain a professional appearance; establish teamwork; show professional competency.

### **JOB CONDITIONS**

Must be able to communicate effectively in English over the telephone, in writing, and in person. Duties and responsibilities are performed in a hybrid remote/office environment.

Physical activities require the ability to stand, walk, stoop, kneel, crouch, reach, lift; fingering, grasping, talking, hearing, and repetitive motions of hands, wrists, and fingers. Must have strong visual acuity to read, inspect technical information on monitors, inspect technical documents.

Physical requirements include the ability to lift/move objects weighing up to 20 pounds occasionally, and up to 10 pounds frequently. The individual in this position operates the phone, computer, copier, and other office equipment as required. Demonstrated skills in Microsoft Office Products and knowledge of clinical software programs are required.

### **EDUCATION AND EXPERIENCE**

Minimum bachelor's degree or equivalent experience

Minimum 5 years' experience in contract review, management, and/or negotiation across a broad spectrum of vendor and payor classes and lines of business

Demonstrated experience in building and maintaining strong relationships with internal and external partners.







## **MINIMUM KNOWLEDGE, SKILLS, AND ABILITIES**

1. Solid understanding of and interest in health care compliance.
2. Experience in contract management and credentialing, preferably on behalf of specialty provider organizations.
3. General familiarity with Medicare enrollment processes for provider organizations, and related online systems and processes.
4. Strong interest and proficiency in process improvement, leveraging available technology and automation.
5. High ethical standards; understanding of the need for and demonstrated commitment to maintaining the confidentiality of sensitive information about NKC and its leaders.
6. Ability to multi-task, superb diligence, strong organizational skill, ability to work with minimal supervision.
7. Ability to problem-solve and exercise good judgment in a changing environment. Ability to adapt to changes in work environment, work assignments, and/or changes in priorities.
8. Must possess strong leadership and credibility to garner internal resources and support to accomplish results.
9. Proficiency with all Microsoft applications.
10. Excellent communication and presentation skills.
11. Ability to develop relationships with both internal and external stakeholders.
12. Occasional travel may be required for meetings with health plans, joint venture partners, and internal stakeholders.
13. Dedication to personal continuing education pertinent to current professional standards and practices, and potential future practice revisions.

**The above statements are intended to describe the general nature and level of work performed by people assigned to this classification. They are not to be considered as an exhaustive list of all job tasks performed by people so classified.**

## **REVIEW AND APPROVAL**

DocuSigned by:  
  
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VP of Legal Affairs/CCO

2/19/2024 | 11:34 AM PST

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Date



