

TOMORROW'S MSP JOB DESCRIPTION BUILDER

Essential MSP Responsibilities and Skills

October 2021

www.namss.org/ TomorrowsMSP



OVERVIEW

NAMSS is committed to supporting our members as they recruit top-quality candidates for their open positions within medical services and staff departments. Use the listings enclosed to build job descriptions that best fits vacancies within your department.

Notes:

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 can customize them based on your facility needs and expectations for the desired position.

Responsibilities by years of experience are meant to offer guidance as you build job descriptions for different positions within your department.

Responsibilities may vary depending on the size of your organization or department as well as your specific work setting.

INSTRUCTIONS

Reference the NAMSS Job Description Builder as you develop job descriptions for your department and organization. This document is meant to serve as a guide to help you build an accurate job description that best meets your need. Qualifications, responsibilities, and skills required may vary depending on your organization, department, and specific work setting.

- 1. To start, review the qualifications by level of experience on page 4, and select what potential job titles, minimum work education and experience, and certifications that best align with the position you are trying to fill.
- 2. Review the core functions on page 5 and consider which competencies are of most importance to the position.
- 3. Once you have pinpointed the competencies you want to include, review the responsibilities that make up each competencies on pages 6 25. Each competency includes responsibilities by level of experience.
- 4. Knowledge and skillsets that are essential to the medical services profession are listed on page 26. Select from the list any attributes that are needed for your open position.
- 5. Once you have your selections, copy and paste them into the NAMSS Job Description Template or the format preferred by your organization.
- 6. Adjust for your department and facility as needed.



EXPERIENCE

	Entry Level	Mid-Career	Management	Executive
Potential Job Titles	Credentialing Specialist Medical Staff Services Specialist Provider Enrollment Specialist	Privileging Coordinator Credentialing Coordinator Medical Staff Coordinator Senior Provider Enrollment Specialist (or Lead) Peer Review Coordinator Quality Coordinator Contract Coordinator	Manager Director	Executive Vice President
Minimum Education	High School Diploma Associate's Degree Bachelor's Degree	Bachelor's Degree Associate's Degree	Bachelor's Degree Associate's Degree Master's Degree: Encouraged	Bachelor's Degree Associate's Degree Master's Degree: Encouraged
Minimum Work Experience	0-4 years of work experience Experience in medical services profession and [insert work setting]: Preferred Experience in provider enrollment profession, and/or insurance plan: Preferred Prior healthcare industry experience: Preferred	5-14 years of experience Experience in medical services profession and [insert work setting] Experience in provider enrollment profession, and/or insurance plan: Preferred Prior healthcare industry experience	15-24 years of experience Experience in medical services profession and [insert work setting] Prior healthcare industry experience	25+ years of Experien Experience in medical services profession and [insert work setting] Prior healthcare industry experience
Required Certification	None Certified Provider Credentialing Specialist (CPCS): Preferred Certified Provider Credentialing Specialist (CPCS): Within five years on the job	Certified Provider Credentialing Specialist (CPCS) Certified Professional Medical Services Management (CPMSM)	Certified Provider Credentialing Specialist (CPCS) Certified Professional Medical Services Management (CPMSM): Preferred	Certified Provider Credentialing Specialist (CPCS) Certified Professional Medical Services Management (CPMSM): Preferred



CORE FUNCTIONS

Competency	Entry Level	Mid-Career	Managerial	Executive
Conducts, Participates In, and Maintains Primary Source Verification	•	•	•	•
Conducts, Participates In, and Maintains Credentialing and Privileging	•	•	•	•
Manages the Credentialing or Privileging Process	•	•	•	•
Conducts, Participates In, and Maintains Current Clinical Competency Evaluations and Peer Review	•	•	•	•
Complies with Accreditation and Regulatory Standards	•	•	•	•
Manages Compliance with State and Federal Accreditation Standards and Regulatory Requirements	•	•	•	•
Manages Departmental Operations	•	•	•	•
Manages Provider Enrollment Process	•	•	•	•
Facilitates Medical Staff Functions	•	•	•	•
Analyzes and Manages Data		•	•	•

Very Essential

Essential

Somewhat Essential

CONDUCTS, PARTICIPATES IN, AND MAINTAINS PRIMARY SOURCE VERIFICATION

Entry Level

Very Essential

Perform outreach to primary sources for practitioners' information. Obtain and evaluate information from primary sources.*

Perform detailed and thorough review of applications, primary source verifications, and sources provided.

Recognize potential discrepancies and adverse information, and independently investigate and validate information applications, primary source verifications, or other sources.

Verify and document expirables using acceptable verification sources to ensure compliance with accreditation and regulatory standards.

Serve as main point of contact for external queries regarding practitioners' status, providing responses in a timely matter.

Mid-Career

Very Essential

Perform outreach to primary sources for practitioners' information. Obtain and evaluate information from primary sources.*

Perform detailed and thorough review of applications, primary source verifications, and sources provided.

Recognize potential discrepancies and adverse information, and independently investigate and validate information applications, primary source verifications, or other sources.

Verify and document expirables using acceptable verification sources to ensure compliance with accreditation and regulatory standards.

Serve as main point of contact for external queries regarding practitioners' status, providing responses in a timely matter.

This competency is considered essential for all levels of experience within the provider enrollment work setting.

*Individuals within Provider Enrollment should be aware of outreach to primary sources for practitioners' information and can evaluate information from primary sources.

CONDUCTS, PARTICIPATES IN, AND MAINTAINS PRIMARY SOURCE VERIFICATION (CONT.)

Managerial

Essential

Oversee outreach to primary sources for practitioners' information, ensuring staff are accurately obtaining and evaluating information from primary sources.

Manage and oversee the process of review of applications, primary source verifications, and sources provided.

Recognize potential discrepancies and adverse information, and oversee the investigations and validation of applications, primary source verifications, or other sources.

Oversee the verification and documentation of expirables using acceptable verification sources to ensure compliance with accreditation and regulatory standards.

Serve as escalation point for external queries regarding practitioners' status, ensuring responses occur in a timely matter.

Executive

Essential

Oversee outreach to primary sources for practitioners' information, ensuring staff are accurately obtaining and evaluating information from primary sources.

Develop efficient process for performing detailed and thorough review of applications, primary source verifications, and sources provided

Recognize potential discrepancies and adverse information, and oversee the investigations and validation of applications, primary source verifications, or other sources.

Oversee the verification and documentation of expirables using acceptable verification sources to ensure compliance with accreditation and regulatory standards.

This competency is considered essential for all levels of experience within the provider enrollment work setting.

*Individuals within Provider Enrollment should be aware of outreach to primary sources for practitioners' information and can evaluate information from primary sources.

CONDUCTS, PARTICIPATES IN, AND MAINTAINS CREDENTIALING AND PRIVILEGING

Entry Level

Essential

Complete evaluation of application to determine applicant's initial eligibility for membership/participation. Review application and supporting documents for completeness.

Serve as main point of contact for practitioner during application process, providing timely updates and additional information as requested.

Determine applicant's initial eligibility for membership/participation based on approved criteria.

Compile, evaluate, and present the practitioner-specific data collected for review by one or more decision-making bodies.

Perform initial or reappointment/re-credentialing for eligible practitioners.

Process requests for privileges.

Conduct, participate in, and maintain credentialing verification organization (CVO).

Mid-Career

Essential

Complete evaluation of application to determine applicant's initial eligibility for membership/participation. Analyze application and supporting documents for completeness.

Serve as main point of contact for practitioner during application process, providing timely updates and additional information as requested.

Determine applicant's initial eligibility for membership/participation based on approved criteria.

Compile, evaluate, and present the practitioner-specific data collected for review by one or more decision-making bodies.

Perform initial or reappointment/re-credentialing for eligible practitioners.

Process requests for privileges.

Conduct, participate in, and maintain credentialing verification organization (CVO).

CONDUCTS, PARTICIPATES IN, AND MAINTAINS CREDENTIALING AND PRIVILEGING (CONT.)

Managerial

Essential

Supervise the evaluation of application to determine applicant's initial eligibility for membership/participation. Review analysis prepared by medical services staff.

Determine applicant's initial eligibility for membership/participation based on approved criteria.

Present the practitioner-specific data collected for review by one or more decision-making bodies.

Supervise the the initial or reappointment/re-credentialing for eligible practitioners.

Oversee the process for requests for privileges.

Conduct, participate in, and maintain credentialing verification organization (CVO).

Executive

Essential

Accountability over department's review and evaluation of applicants' initial eligibility for membership/participation, ensuring all applications and supporting documents are reviewed for completeness.

Present the practitioner-specific data collected for review by one or more decision-making bodies.

Oversee the initial or reappointment/re-credentialing for eligible practitioners.

Oversee the process requests for privileges.

Oversees credentialing verification organization (CVO).

MANAGES THE CREDENTIALING OR PRIVILEGING PROCESS

Entry Level

Essential

Uniformly apply clearly defined credentialing or privileging processes to all practitioners/providers.

Evaluate credentialing/privileging requests and evidence of education, training, and experience to determine eligibility for requested privileges, membership, and/or plan participation.

Coordinate the contract process and underwriting of locum tenens practitioners *

Mid-Career

Essential

Uniformly apply clearly defined credentialing or privileging processes to all practitioners/providers.

Evaluate credentialing/privileging requests and evidence of education, training, and experience to determine eligibility for requested privileges, membership, and/or plan participation.

Comply 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.

Managerial

Essential

Supervise the defined credentialing or privileging processes to all practitioners/providers.

Direct initial or reappointment/re-credentialing processes for eligible practitioners/provider.

Oversees delegation process.

Executive

Essential

Collaborate 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.



^{*}Specific to positions with Locum Tenens work settings.

CONDUCTS, PARTICIPATES IN, AND MAINTAINS CURRENT CLINICAL COMPETENCY EVALUATIONS AND PEER REVIEW

Entry Level

Essential

Obtain and assess information from various referral sources.

Recognize, investigate, and validate discrepancies and adverse information obtained.

Communicates findings and/or resulting actions to supervisor and department peers.

Mid-Career

Essential

Analyze and prepare presentations and reports regarding practitioner/provider performance improvement and ensures quality/competence data is clear, concise, and structured.

Recognize, investigate, and validate discrepancies and adverse information obtained.

Coordinate an appropriate evaluation of gathered data by physician leaders.

Communicate findings and/or resulting actions to supervisor and department leadership.

^{*}Responsibilities within this competency are not considered essential for Locum Tenens work settings.

CONDUCTS, PARTICIPATES IN, AND MAINTAINS CURRENT CLINICAL COMPETENCY EVALUATIONS AND PEER REVIEW (CONT.)

Managerial

Essential

Analyze and prepare presentations and reports regarding practitioner/provider performance improvement and ensures quality/competence data is clear, concise, and structured.

Oversee the evaluation of gathered data by physician leaders.

Communicates findings and/or resulting actions to key stakeholders and the practitioner.

Executive

Essential

Analyze and prepare presentations and reports regarding practitioner/provider performance improvement and ensures quality/competence data is clear, concise, and structured.

Provide strategic direction and recommendations as it relates to practitioner/provider performance improvement.

Oversee the evaluation of gathered data by physician leaders.

Communicate findings and/or resulting actions to key stakeholders and the practitioner.

^{*}Responsibilities within this competency are not considered essential for Locum Tenens work settings.

COMPLIES WITH ACCREDITATION AND REGULATORY STANDARDS

Entry Level

Essential

Compile practitioner sanctions, complaints, and adverse data to ensure compliance.

Demonstrate an understanding of state and regulatory standards.

Demonstrate an understanding of state and regulatory standards in relation to telehealth and credentialing by proxy.

Mid-Career

Essential

Obtain and evaluate practitioner sanctions, complaints, and adverse data to ensure compliance.

Participate in an ongoing assessment of governing documents (bylaws/rules and regulations/policies and procedures) to ensure continuous compliance.

Participate in audits of delegated credentialing entities.

Participate in surveys and audits of regulatory and accreditation agencies or organizations.

Demonstrate an understanding of state and regulatory standards.

Demonstrate an understanding of state and regulatory standards in relation to telehealth and credentialing by proxy.

COMPLIES WITH ACCREDITATION AND REGULATORY STANDARDS (CONT.)

Managerial

Essential

Oversee the department's participation in surveys and audits of regulatory and accreditation agencies or organizations.

Oversee the evaluation of practitioner sanctions, complaints, and adverse data to ensure compliance.

Advanced understanding of state and regulatory standards in relation to telehealth and credentialing by proxy.

Advanced understanding of state and regulatory standards.

Executive

Essential

Direct the department's participation in surveys and audits of regulatory and accreditation agencies or organizations.

Demonstrate mastery-level understanding of state and regulatory standards in relation to telehealth and credentialing by proxy.

Demonstrate mastery-level understanding of state and regulatory standards.

MANAGES COMPLIANCE WITH STATE AND FEDERAL ACCREDITATION STANDARDS AND REGULATORY REQUIREMENTS

Entry Level

Essential

Facilitate 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.

Identify and report to their supervisor adverse actions taken against a practitioner/provider in accordance with applicable law and contractual requirements.

Monitor and/or report sanctions and complaints for all practitioners/providers to supervisor.

Develop informational/educational documents (newsletters, memos) to communicate critical information regarding organizational programs and policies.

Develop and cultivate working relationships with key stakeholders, both internal and external, to ensure appropriate awareness of key issues and decision-making.

Managerial

Essential

Report to facility leadership adverse actions taken against a practitioner/provider in accordance with applicable law and contractual requirements.

Oversee the monitoring and reporting of sanctions and complaints for all practitioners/providers to inform recommend action by organizational leadership.

Oversee the development and dissemenation of informational/educational documents (newsletters, memos) to communicate critical information regarding organizational programs and policies.

Develop and cultivate working relationships with key stakeholders, both internal and external, to ensure appropriate awareness of key issues and decision-making.

Update applicable governing documents (bylaws, rules and regulations/policies and procedures) that support and direct organizational practices and ensure compliance.



MANAGES COMPLIANCE WITH STATE AND FEDERAL ACCREDITATION STANDARDS AND REGULATORY REQUIREMENTS (CONT.)

Executive

Essential

Brief facility leadership on adverse actions taken against a practitioner/provider in accordance with applicable law and contractual requirements.

Recommend action by medical staff and/or organizational leadership for those practitioners/providers with sanctions and complaints.

Oversee the development and execution of education to communicate critical information regarding organizational programs and policies.

Collaborate with key stakeholders, both internal and external, to ensure appropriate awareness of key issues and decision-making.

Develop applicable governing documents (bylaws, rules and regulations/policies and procedures) that support and direct organizational practices and ensure compliance.



MANAGES DEPARTMENTAL OPERATIONS

Entry Level

Essential

Maintain credentialing database continuously and consistently to ensure that accurate and current information is available to all stakeholders.

Prepare and review operational budget and staff plan(s) that support medical staff services and credentialing functions.

Audit, assess, procure, implement, effectively utilize and maintain practitioner/provider credentialing processes and information systems (e.g., files, reports, minutes, databases) as outlined by the department.

Mid-Career

Essential

Maintain credentialing database continuously and consistently to ensure that accurate and current information is available to all stakeholders.

Prepare and reviews operational budget and staff plan(s) that support medical staff services and credentialing functions.

Audit, assess, procure, implement, effectively utilize and maintain practitioner/provider credentialing processes and information systems (e.g., files, reports, minutes, databases) as outlined by the department.



MANAGES DEPARTMENTAL OPERATIONS (CONT.)

Managerial

Essential

Maintain credentialing database continuously and consistently to ensure that accurate and current information is available to all stakeholders.

Prepare and review operational budget and staff plan(s) that support medical staff services and credentialing functions.

Audit, assess, procure, implement, effectively utilize and maintain practitioner/provider credentialing processes and information systems (e.g., files, reports, minutes, databases) by analyzing the needs and resources of medical services/credentialing.

Implement tools and policies to support knowledge management, record-keeping, and internal and external communication.

Recruit and supervise qualified staff to accomplish departmental operations and functions.

Executive

Essential

Oversee management of credentialing database, ensure that accurate and current information is available to all stakeholders.

Prepare and review operational budget and staff plan(s) that support medical staff services and credentialing functions.

Take responsibility and accountability for the maintenance of practitioner/provider credentialing processes and information systems (e.g., files, reports, minutes, databases) for the medical services department.

Direct the development of tools and policies to support knowledge management, record-keeping, and internal and external communication.

Oversee a department of qualified staff to accomplish departmental operations and functions.

Create strategic plan and actionionable goals for medical services department.



MANAGES PROVIDER ENROLLMENT PROCESS

Entry Level

Essential

Perform tracking and follow-up to ensure provider numbers are established and linked to the appropriate group entity in a timely manner.

Ensure that established provider numbers are communicated to billing in order to release pended claims, and clinic managers for patient scheduling.

Facilitate each provider's Council for Affordable Quality Healthcare (CAQH) and National Provider Identifier (NPI) accounts.

Maintain provider enrollment information within the credentialing database and pull reports for hospital administration, marketing, professional billing staff, and clinic directors/managers as needed.

Upon receipt of applications, ensures all required information is contained therein, assembles the information and prepares credentials files for submission to government and commercial payers.

Identifies and reviews credentialing red flags with managers and directors.

Maintains calendar of provider licensure, certificate of insurance, and network expirations.

Submits Annual Disclosures of Ownership (ADOs) and re-validations to Medicare & Medicaid on all providers and practices.

Gather and perform detailed and thorough review of the information used to submit the enrollment applications.

Recognize potential discrepancies and adverse information and independently investigates and validates information on applications, primary source verifications, or other sources.

Prepares and submits data and applications to the contracted and government payors in a manner commensurate with their expectations, policies and accreditation standards.

Ensures discrepancies are addressed promptly and the proper follow-ups are completed in a timely manner.



^{*}For individuals in exclusively provider enrollment roles or organizations, the responsibilities above are considered Essential across all levels of experience.

MANAGES PROVIDER ENROLLMENT PROCESS (CONT.)

Mid-Career

Essential

Assist finance department in identifying patient population needs and targeting payers for contracting.

Participate in onboarding and network representative meetings. Establish close working relationships with providers, office managers, professional billing, and payer contacts.

Identify and review credentialing red flags with managers and directors.

Gather and perform detailed and thorough review of the information used to submit the enrollment applications.

Recognize potential discrepancies and adverse information, and independently investigates and validates information on applications, primary source verifications, or other sources.

Prepare and submit data and applications to the contracted and government payors in a manner commensurate with their expectations, policies and accreditation standards.

Ensure discrepancies are addressed promptly and the proper follow-ups are completed in a timely manner.

Communicate enrollment status to all stakeholders in a clear and timely manner.

Maintain data for re-credentialing and/or re-validation, using acceptable verification sources, to ensure compliance with accreditation and regulatory standards.

Serve as main point of contact for external queries regarding practitioners' status, providing responses in a timely matter.



^{*}For individuals in exclusively provider enrollment roles or organizations, the responsibilities above are considered Essential across all levels of experience.

MANAGES PROVIDER ENROLLMENT PROCESS (CONT.)

Managerial

Essential

Oversee the process of a detailed and thorough review of the information used to submit the enrollment applications.

Oversee the review of discrepancies and adverse information and oversees the investigation and validation of information from applications, primary source verifications, or other sources.

Oversee the submission of data and applications to the contracted and government payors in a manner commensurate with their expectations, policies and accreditation standards.

Ensure discrepancies are addressed promptly and the proper follow-ups are completed in a timely manner; and reviews escalated issues.

Communicate enrollment status to all stakeholders in a clear and timely manner and provides reports to stakeholders as necessary.

Oversee the re-credentialing and/or re-validation processes, using acceptable verification sources, to ensure compliance with accreditation and regulatory standards.

Oversee and escalate external queries regarding practitioners' status, providing responses in a timely matter.

For individuals in exclusively provider enrollment roles or organizations, the responsibilities above are considered Essential across all levels of experience.



MANAGES PROVIDER ENROLLMENT PROCESS (CONT.)

Executive

Essential

Develop efficient processes for performing detailed and thorough review of the information used to submit the enrollment applications using continuous improvement methodologies.

Develop an effective structure to validate information from applications, primary source verifications, or other sources and addresses any outliers in a structured manner.

Develop efficient processes, and the continuous improvement of, the submission of data and applications to the contracted and government payors in a manner commensurate with their expectations, policies and accreditation standards. Promote continuous learning and adaptation of plan standards and regulations.

Ensure discrepancies are addressed promptly and the proper follow-ups are completed in a timely manner; reviews escalated issues; and uses findings to improve departmental operations

Communicate enrollment status to all stakeholders in a clear and timely manner; provide reports to stakeholders as necessary; and present to all stakeholder bodies as needed.

Develop efficient and effective methodologies to enable the re-credentialing and/or re-validation process using acceptable verification sources, to ensure compliance with accreditation and regulatory standards.

Oversee and escalate external queries regarding practitioners' status, providing responses in a timely matter and uses these findings to improve departmental operations as applicable.

Work with all stakeholders to ensure provider enrollment is integrated into contractual processes, review delegated credentialing/enrollment agreement and provide feedback to contracting department on PE effectiveness and efficiency.



^{*}For individuals in exclusively provider enrollment roles or organizations, the responsibilities above are considered Essential across all levels of experience.

FACILITATES MEDICAL STAFF FUNCTIONS

Entry Level

Somewhat Essential

Manage and maintain continuing medical education records for practitioners/providers.

Mid-Career

Somewhat Essential

Manage and maintain continuing medical education records for practitioners/providers.

Managerial

Essential

Facilitate meetings with leadership to develop on-boarding processes (orientation, training activities) to assist practitioners/providers and to meet education requirements.

Collaborate with executive teams to develop and implement orientation, educational and training activities to ensure staff's ongoing competence.

Interpret and educate the Medical Staff on applicable laws and accreditation standards to ensure appropriateness of internal operations and responsiveness to external change.

Supervise internal continuing medical educational programming for practitioners/providers.

Effectively lead and develop medical staff through communication, conflict management, building relationships, and maintaining knowledge and expertise in all areas across the industry.

Conduct and execute special projects as required. (e.g., implementation of EMR communication, training, etc.)

FACILITATES MEDICAL STAFF FUNCTIONS (CONT.)

Executive

Essential

Lead meetings with key organization stakeholders to develop on-boarding processes (orientation, training activities) to assist practitioners/providers and to meet education requirements.

Collaborate with executive teams to develop and implement orientation, educational and training activities to ensure staff's ongoing competence.

Experience with strategic planning process, collaborating with executive teams to integrate operational needs into strategic planning processes and promotes practitioner advocacy, departmental effectiveness, and regulatory readiness.

Collaborate with Administration to integrate practitioner clinical and operational needs into strategic planning processes and promote medical staff growth and development.

Supervise internal continuing medical educational programming for practitioners/providers.

Effectively lead and develop medical staff through communication, conflict management, building relationships, and maintaining knowledge and expertise in all areas across the industry.

Create a sustainable culture of wellness and resiliency by understanding the process to help provider avoid burnout; ensuring policies and procedures are up-to-date; and setting, creating, and implementing a medical code of conduct.

ANALYZES AND MANAGES DATA

Entry Level

Somewhat Essential

Securely manage information as the single source of truth by effectively navigating database software and maintaining data integrity.

Use database software for contracting, training, reporting, as well as integrating with other IT and revenue systems.

Mid-Career

Essential

Organize information and data to identify/explain trends, problems, and their causes.

Compare, contrast, and combine data to determine underlying issues.

Identify associations between seemingly independent problems or events to recognize trends, problems, and possible cause-effect relationships.

Securely manage information as the single source of truth by effectively navigating database software and maintaining data integrity.

Use database software for contracting, training, reporting, as well as integrating with other IT and revenue systems.

Evaluate, analyze, and recommend software upgrades, changes, interfaces, and modules.

Managerial

Essential

Analyze and manage data.

Evaluate, analyze, and recommend software upgrades, changes, interfaces, and modules

Recommend software upgrades, changes, interfaces, and modules based on data evaluations.

Executive

Essential

Build strategic business plans that include recommended software upgrades, changes, interfaces, and modules based on data evaluations.

KNOWLEDGE/SKILLSET

Knowledge/Skillset	Entry Level	Mid-Career	Managerial	Executive
Analytical Thinking: Take all critical information into account, considering interrelationships among issues and implications for other stakeholders. Apply knowledge, expertise, sound judgment and other references and resources as necessary to generate and evaluate solutions and recommendations. Understand and appropriately apply principles, procedures, requirements, regulations, and policies.	•			
Budget/Finance: Understand budget/finance concepts, key functions, terminology, and work products, especially regarding the revenue cycle, accounting, and auditing principles.	•	•	•	•
Change Management: Manage the process of change by recognizing and communicating the need. Promote and build commitment for change by championing, leading, and helping others.	•	•	•	•
Clinical Competence Evaluation: Understand clinical competence evaluation concepts, key functions, terminology, and work products, including evaluation tools and techniques used. *Locum Tenens work settings need to have knowledge of this skillset, even if not performing functions.	•	•	•	•
Communication: Express thoughts clearly, concisely, and effectively both verbally and in writing. Ability to communicate upward, downward and across the organization. Encourage the open expression of ideas and opinions.	•	•	•	
Confidentiality: Maintain confidentiality regarding legal matters, privacy issues, information technology, and data integrity.	•	•	•	•

Very Essential

Essential

Somewhat Essential

Very Essential for Locum Tenens

KNOWLEDGE/SKILLSET (CONT.)

Knowledge/Skillset	Entry Level	Mid-Career	Managerial	Executive
Contracting: Understand contracting responsibilities regarding financial management, credentialing, managed care, and/or provider enrollment.	•	•	•	•
Flexibility/Adaptability: Ability to adapt behavior in response to new information or changing circumstances. Is open to change and new information, ideas, methods, or approaches. Work and collaborate effectively in unstructured or dynamic environments and adjust the original objective or plan to allow for the best possible results.	•	•	•	•
Human Resources: Understand human resources concepts, key functions, terminology, and work products, especially regarding onboarding, communication, and recruitment.	•	•	•	•
Information Technology: Understand information technology concepts, key functions, terminology, and work products; effectively utilizes information technology.	•	•	•	•
Legal: Understand legal concepts, key functions, terminology, and the roles and responsibilities of legal counsel.	•	•	•	•
Managed Care: Understand managed care concepts, key functions, processes, terminology, and work products.	•	•	•	•
Performance Improvement: Understand current performance improvement concepts, such as setting goals, implementing systematic changes, measuring outcomes, and optimizing resources to meet the needs of the facility.	•	•	•	•

Very Essential

Essential

Somewhat Essential

Very Essential for Locum Tenens

KNOWLEDGE/SKILLSET (CONT.)

Knowledge/Skillset	Entry Level	Mid-Career	Managerial	Executive
Political Savvy: Exhibit confidence and professional diplomacy while identifying, organizing, facilitating and/or sustaining mutually beneficial partnerships and alliances with people at all levels internally and externally. Demonstrate an understanding of the interrelationships, roles, decision-makers, and responsibilities of the organization.	•	•	•	•
Presentation Skills: Present in a confident, clear, and enthusiastic manner when addressing people in a large or small group. Demonstrate a sound knowledge of the subject matter. Gain acknowledgment of audience and is able to understand the communication level required. Effectively use various audio-visual media to enhance presentations.	•	•	•	•
Professional Ethics: Value and model integrity and honesty by acting in a just, fair and ethical manner and encouraging ethical behavior among others. Inspire trust and confidence among stakeholders through reliability, authenticity, and accountability.				
Professional Presence: Displays a credible presence and positive image when representing facility. Develop other people's confidence in self through consistent action, values and communication. Use appropriate protocol, including social media, for professional and social situations.	•			

• Very Essential • Essential • Somewhat Essential Very Essential for Locum Tenens

KNOWLEDGE/SKILLSET (CONT.)

Knowledge/Skillset	Entry Level	Mid-Career	Managerial	Executive
Project Management: Organize work, set priorities, and determine short- or long-term goals, and strategies to achieve them. Align communication, people, process and resource to drive success.	•	•	•	•
Quality Review/Quality: Commit to continuous performance and process improvement. Conduct FPPE, OPPE, and Peer Review; maintain awareness of population health and care transitions; and review health data analytics.	•	•	•	•
Relationship Building: Establish productive, cooperative relationships with subordinates, peers, management, and stakeholders both internal and external to the organization. Understand and respond to others' needs and priorities. Give and seek feedback that will increase the productivity of relationships and networks with peers and associates to build a support base.	•	•	•	•
Risk Management: Understand risk management concepts, such as identifying, monitoring, and managing potential risks in order to minimize the negative impact on organization.	•	•	•	•
Team Building: Collaborate and share plans, information, and resources. Encourage and facilitate cooperation, trust, and group identity; and builds commitment, team spirit, and strong relationships. Work collaboratively and relate effectively to others by practicing, valuing and embracing diversity of individuals, and fostering respect and equity in the workplace.	•	•	•	•

Very Essential

Essential

Somewhat Essential

Very Essential for Locum Tenens

KNOWLEDGE/SKILLSET

Knowledge/Skillset	Entry Level	Mid-Career	Managerial	Executive
Database Management: Working knowledge of database software platforms, specifically [insert facility platform]. Serve as liason between programmers, staff, IT managers, and other techincal staf, including outside technology vendor. Keeps databases up-to-date	•	•	•	•
Medical Staff Wellness: Fostering an environment that focuses on employee wellness and recognizes practitioner burnout. Experience in creating and implementing Employee Wellness programs.	•	•	•	•
Medical Staff Bylaws & Policies and Procedures: Write, develop, and implement medical staff bylaws, policies, and procedures. Ongoing evaluation of procedures to ensure due diligence in review of practioners' information.	•	•	•	•
Remote People Management: Ability to supervise direct reports in a remote environment. Ability to educate, motivate, and inspire top-quality work product from remote workforce. Foster a team-dynamic and cohesive, collaborative department with an entirely remote workforce.	•	•	•	•
Strategic Planning: Ability to set organizational and departmental priorities. Set goals for your organization and department and developing the plan to achieve said goals.	•	•	•	•

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Very Essential for Locum Tenens



ABOUT NAMSS

The National Association Medical Staff Services (NAMSS) is dedicated to enhancing the professional development of and recognition for professionals in the medical services profession and credentialing services field. NAMSS' vision is to advance a healthcare environment that maximizes the patient experience through the delivery of quality services. The NAMSS membership includes more than 5,600 medical services professionals from medical group practices, hospitals, managed care organizations, and CVOs.

For more information visit www.namss.org or call (202) 367-1196.

NAMSS TASKFORCE

With the cooperative efforts of the individuals listed below, NAMSS was able to create the following document to support our members and their recruitment needs. Thank you for your efforts.

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