



**PARTNERSHIP HEALTH CENTER, INC.**  
invites applications for the position of:

## **Eligibility and Credentialing Manager**

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| <b>SALARY:</b>                   | \$64,000 - \$74,000 Annually, DOE     |
| <b>OPENING DATE:</b>             | 02/13/2026                            |
| <b>CLOSING DATE:</b>             | 03/01/2026 05:00 PM                   |
| <b>BARGAINING UNIT:</b>          | Non-Union Personnel Plan              |
| <b>SCHEDULING/HOURS OF WORK:</b> | Regular, Full-Time, 40 Hours Per Week |

Located halfway between Yellowstone and Glacier National Parks and home to the University of Montana, Missoula is an academic center situated in an outdoor enthusiast's paradise. Depending on the season, you can hike, ski, fish, float rivers, ride mountain bikes, or just sit back and marvel at the surrounding scenery. Join us in scenic, sophisticated, and service-oriented Missoula!

Partnership Health Center (PHC), 2019 and 2022 winner of the Employer of Choice Award for Missoula, and 2022 winner of the Montana Employer of Choice Award, offers impeccable, integrated services to over 18,000 individuals and families. A 14-site, Federally Qualified Health Center in Missoula County, PHC fulfills its mission through the provision of a full range of primary care services - medical, dental, behavioral health, and an on-site pharmacy with a dedication to attending to the social determinants of health. Please visit our [website](#) to see the amazing benefits you will receive by joining our team such as medical (no cost for employee), dental, and vision insurance, loan forgiveness, retirement plan contributions, and generous paid sick and vacation time.

### **DEFINITION:**

Responsible for overseeing patient eligibility determinations for the sliding fee scale (SFS), administration of the SFS discount program, and patient insurance enrollment. Responsible for payer and provider enrollment and provider credentialing. This role ensures adherence to HRSA, federal, state, and payer requirements for the sliding fee scale discount program and Credentialing and Privileging for the organization.

### **REPRESENTATIVE EXAMPLES OF WORK:**

Supervises, trains, and evaluates eligibility and credentialing staff; provides coaching and performance feedback

Oversees patient eligibility for the Sliding Fee Discount Program and insurance enrollment activities, including Medicaid, Medicare, Marketplace plans, and other third-party payers

Administers and monitors the Sliding Fee Discount Program in accordance with HRSA and federal requirements, ensuring accurate income verification and documentation standards

Advises on maintenance of policies, procedures, and workflows related to eligibility, enrollment, and credentialing

Analyzes and makes recommendations to management on initiatives to increase revenue throughout PHC including medical, behavioral health, dental, and pharmacy.

Responsible for working with key personnel to coordinate revenue procedures and information flow including policies and procedures, including collaboration of efforts related to revenue cycle optimization including fee

schedule setting, sliding fee scale administration, front-desk revenue cycle procedures, clinical processes, and billing procedures.

Can make recommendations regarding processes from pre-service, point of entry through clinical visit and post-service that affect revenue performance. Works collaboratively with other department managers to improve processes.

Regularly provides Assistant Chief Financial Officer with revenue cycle status, including reports, metrics and presentations. Researches and provides data as directed to meet business needs. Assists in setting performance goals.

Responsible for overseeing that provider credentialing with insurances and health plans are accurately set up and are reimbursing correctly. Responsible for overseeing facility credentialing and enrollment. Ensures timely and accurate payer enrollment and revalidation for providers and the organization.

Resolves and/or directs escalated reimbursement issues with payers, practice and systems for optimal management of accounts receivable.

Responsible for monitoring payer contracts, billing, collection, application of payments, and reconciliation of Accounts Receivable. Stays current with legal and regulatory changes in coding & billing and analyze impact on the revenue cycle, quantify and communicate reimbursement trends on a state and national level.

Audits for charge and reimbursement performance on both a facility level and individual work performance. Communicates findings to Assistant Chief Financial Officer and staff as appropriate.

Looks at solutions for systematic process issues that will reduce workflow and increase efficiency.

Responsible for collecting and inputting UDS reporting statistics and data. Works with other PHC staff to ensure the data is accurate.

Acts as point of contact for Value Based Care arrangements, payer contracts and enrollments, and utilization initiatives. Analyzes and makes recommendations for new insurance contracts as well as contract renewals.

Manages system to track and reconcile FQHC encounters and population with corresponding State Reimbursements (Differential, Enhancement, OB), Health Plan Reimbursements (Capitation, OB), and Federal Reimbursements (Medicare wrap-around).

Challenges the status quo and champions new initiatives, acts as a catalyst of change, stimulates others toward process improvement using the Lean Six Sigma methods.

Conducts Charge-Master maintenance and reviews of fee schedule and reimbursements. Review and analysis of the Sliding Fee Scale Discount Schedule, efficacy, and effectiveness. Recommends changes to ensure compliance with the Health Center Program Manual and community and patient needs.

SUPERVISION RECEIVED: Works under the direction of the Assistant Chief Financial Officer.

SUPERVISION EXERCISED: Supervises Eligibility and Credentialing staff.

WORKING RELATIONSHIPS: Has frequent contact with patient access, clinical, billing and accounting staff. Has frequent contact with other management staff. Has frequent contact with employees throughout the Partnership Health Center. Has regular contact with other PHC departments, patients, payers, and vendors. Purpose of contacts is primarily to obtain or provide information, to resolve difficulties and to ensure effective operations

## **REQUIRED KNOWLEDGE, SKILLS AND ABILITIES:**

**KNOWLEDGE:** Thorough knowledge of FQHC's regulatory requirements and health care delivery standards. Considerable knowledge of medical billing rules and procedures impacting claim submission, denials, and insurance reimbursement. Considerable knowledge of Medicaid, Medicare, Marketplace plans, and value-based care arrangements. Working knowledge of accounting principles and practices, accounts payable and payroll processing. Working knowledge of medical terminology and procedures for diagnostic coding. Working knowledge of office practices and procedures. Working knowledge of methods and techniques to evaluate system performance and to make recommendations for improvements. Working knowledge of the principles and practices of HIPAA compliance. Working knowledge of the PHC Corporate Compliance Guidelines. Working knowledge of the HRSA Health Center Program requirements, including Sliding Fee Scale regulations, and Credentialing and Privileging standards. Working knowledge of provider and payer credentialing and enrollment processes.

**SKILLS:** Skill in the use of a personal computer and related software including Microsoft Office, electronic medical records, credentialing platforms, and computerized accounting system.

**ABILITIES:** Ability to learn and follow departmental policies and procedures. Ability to communicate effectively in the English language, orally and in writing. Ability to provide direction to staff and to coordinate work efforts. Ability to perform detailed work in a precise and accurate manner. Ability to establish and maintain effective working relationships with a wide variety of people from diverse backgrounds.

**CORE COMPETENCIES:**

Eligibility, Enrollment, and Sliding Fee Scale Expertise:

- Ability to administer, monitor, and evaluate SFS compliance with HRSA and federal requirements
- Analytical review of Sliding Fee Scale discount schedules for compliance, equity, audit readiness, and financial sustainability

Revenue Cycle Management and Data Analysis:

- End-to-end understanding of revenue cycle processes from pre-service through post-service
- Ability to analyze revenue performance across service lines
- Expertise in monitoring and analyzing payer contracts, revenue cycle metrics, and process driven impacts
- Skill in identifying reimbursement trends, quantifying financial impact, and communicating findings to leadership

Provider and Facility Credentialing:

- Comprehensive knowledge of provider and facility credentialing, enrollment, and revalidation requirements
- Ability to ensure accurate payer and site setup and reimbursement across multiple insurance plans
- Oversight of clinical credentialing and privileging and payer enrollment and their associated timelines, accuracy, and compliance

Leadership and Strategic Development:

- Proven ability to supervise, train, coach, and evaluate staff performance
- Skill in fostering accountability, collaboration, and professional growth
- Strong cross-functional collaboration with multiple departments
- Skill in evaluating new contracts or opportunities for financial and operational impact

**MINIMUM QUALIFICATIONS:**

An equivalent combination of education and experience may be considered.

**EDUCATION:** Bachelor's degree preferred. Degrees best suited for this position include finance, business, and health administration. A combination of education and experience will be considered.

**EXPERIENCE:** Requires 3-5 years of experience in healthcare revenue cycle management, eligibility, enrollment, or credentialing, preferably in a Federally Qualified Health Center setting. Requires one year supervisory or leadership experience.

**SPECIAL REQUIREMENTS:** Subject to passing a criminal background investigation that will require fingerprinting. Requires immunizations or proof of immunity to certain infectious diseases and a TB test. May require a pre-employment drug screening.

**PHYSICAL/ENVIRONMENTAL DEMANDS:**

The work is primarily performed in an office setting and requires little physical activity. A significant amount of the work is performed at a computer workstation. May require occasional light lifting (20 pounds). May be required to attend off-site meetings. This job is not eligible for full-time remote work. This job may include nights and weekends.

**TO APPLY:**

- **Please email your interest in the position to [PHCHR@phcmt.org](mailto:PHCHR@phcmt.org).**
- **Please include in your email the following attachments: Cover Letter and Resume. Please address in your Cover Letter what interests you in this position.**
- **Incomplete applications will be disqualified.**