

PART I	HAWAII HEALTH SYSTEMS CORPORATION	2.147
	STATE OF HAWAII	2.148
		2.149

Class Specifications  
for the Classes:

CREDENTIALING SPECIALIST II,III, & IV  
SR-18, SR-20, SR-22; BU:13

**Series Definition:**

Credentialing Specialists are responsible for ensuring that healthcare professionals and/or region/facility meet the necessary qualifications and standards to perform their duties effectively. The job involves reviewing, verifying, and maintaining credentials and licenses for medical staff, providers, and/or employees to ensure compliance with medical facility standards, accreditation bodies, and regulatory agencies such as The Joint Commission (JC) and Centers for Medicare & Medicaid Services (CMS).

CREDENTIALING SPECIALIST II 2.147

**Duties Summary:**

Provide crucial administrative support for verifying and maintaining healthcare providers' qualifications (licenses, certifications, and education) for hospitals and clinics; ensure compliance and proper provider onboarding by managing documentation, coordinating with providers and agencies; updating credentialing databases; maintain accurate records; and perform other duties as assigned.

**Distinguishing Characteristics:**

This class is the entry-level of this series through which the employee advances as part of their progression to full performance as an independent worker. The employee is expected to perform with some independence and apply the methods and techniques of credentialing in accordance with Joint Commission Standards or Centers for Medicare & Medicaid Services; Medical Staff Bylaws, Rules and Regulations, and established policies and procedures. Work assignments range from simple to moderately complex. Assignments are generally characterized by clear and specific objectives to be achieved by the application of specific standards.

**Examples of Duties:**

Assist the higher-level Credentialing Specialist with timely processing of initial credentialing and privileging and re-credentialing/re-privileging applications in accordance with Health Resources and Services Administration (HRSA) Policy Information Notices (PIN); work closely with Credentialing Specialist to obtain

documents for enrollment and respond to internal and external inquiries regarding enrollment statuses; track provider license, certification, Drug Enforcement Administration (DEA) and professional liability expiration dates to ensure timely renewals; assist with follow-up on credentialed medical staff to ensure the timely, accurate, and successful completion of credentialed employee files; assist with implementing and maintaining a monitoring process for all credentialed medical staff, assist with preparing correspondence, minutes, reports, presentation materials, spreadsheets, customized reports, and related documents in accordance with departmental standards; monitor credentialing emails and respond within a timely manner; develop and become an expert in the credentialing software application and assist with efforts to maintain and optimize the tool to streamline credentialing and privileging processes; assist with processing initial credentialing prior to the new employees' start date involving detailed review of documents and data; provide support with departmental projects; perform clerical and administrative activities as needed.

Knowledge of: General knowledge of credentialing regulations, policy and procedures; credentialing database and online systems; office practices and procedures; grammar, spelling and word usage; knowledge of public personnel administration policies, practices and techniques, Joint Commission standards and Centers for Medicare & Medicaid Services, and familiarity with Medical Staff bylaws.

Ability to: Ability to manage multiple deadlines and priorities; collaborate and communicate effectively and professionally; maintain confidentiality of sensitive information; strong organizational, communication, and detail-oriented skills; and use credential software.

### CREDENTIALING SPECIALIST III

2.148

#### Duties Summary:

Responsible for the verification and maintenance of credentials for healthcare professionals; and ensuring compliance with federal, state, and region/facility regulations. This role involves the review, collection, and processing of all required documents, supporting timely onboarding; updating credentialing databases; maintaining accurate records; and performing other duties as assigned.

#### Distinguishing Characteristics:

This class is the first level of independent worker in this series. The employee is expected to perform independently and apply the methods and techniques of credentialing in accordance with Joint Commission Standards or Centers for Medicare & Medicaid Services; Medical Staff Bylaws, Rules and Regulations, and established policies and procedures. Work assignments routinely encompass average difficulty and complexity, which involve working with supervisors and employees to accomplish the

necessary tasks. Completed assignments are reviewed for completeness and conformity with applicable standards and regulations.

Examples of Duties:

Timely processing of initial credentialing and privileging and re-credentialing/re-privileging applications in accordance with Health Resources and Services Administration (HRSA) Policy Information Notices (PIN); obtain documents for enrollment and respond to internal and external inquiries regarding enrollment statuses; track provider license, certification, Drug Enforcement Administration (DEA) and professional liability expiration dates to ensure timely renewals; follow-up on credentialed medical staff to ensure the timely, accurate, and successful completion of credentialed employee files; implement and maintain a tracking process to monitor all credentialed medical staff, prepare correspondence, minutes, reports, presentation materials, spreadsheets, customized reports, and related documents in accordance with departmental standards; monitor credentialing emails and respond within a timely manner; expert in the credentialing software application and maintain and optimize the tool to streamline credentialing and privileging processes; process initial credentialing prior to the new employees' start date involving detailed review of documents and data; provide support with departmental projects; perform administrative activities as needed.

Knowledge of: Working knowledge of credentialing regulations, policy and procedures; credentialing database and online systems; office practices and procedures; grammar, spelling and word usage; working knowledge of public personnel administration policies, practices and techniques, Joint Commission standards, Centers for Medicare & Medicaid Services, and familiarity with Medical Staff bylaws.

Ability to: Ability to understand and interpret rules and regulations; manage multiple deadlines and priorities; collaborate and communicate effectively and professionally; maintain confidentiality of sensitive information; strong organizational, communication, and detail-oriented skills; use credential software; and present facts clearly both orally and in writing.

CREDENTIALING SPECIALIST IV      2.149

Duties Summary:

Manage and maintain provider credentialing and recredentialing processes to ensure compliance with regulatory, accreditation, and payer requirements. This role verifies healthcare providers' qualifications, licenses, certifications, and work history to support timely onboarding and continued participation with healthcare organizations and insurance networks; maintains accurate records; and performs other duties as assigned.

Distinguishing Characteristics:

A position in this class serves as lead member of the credentialing team. Identify issues that require additional investigation and evaluation, validate discrepancies and ensure appropriate follow-up; actively participate in trainings to ensure all requirements are captured in hospital processes; assist the credentialing department with meeting quarterly goals; utilize credentialing software to optimize efficiency; and may provide guidance and direction to lower-level credentialing specialists or assistants.

Examples of Duties:

Manage initial credentialing and recredentialing processes for healthcare providers; verify provider qualifications, which includes education and training, licenses and certifications, board certifications, work history and malpractice insurance; ensure compliance with State and Federal regulations, National Committee for Quality Assurance (NCQA), Centers for Medicare & Medicaid Services (CMS), Joint Commission, and payer standards; prepare and submit credentialing applications to insurance payers and regulatory bodies; maintain accurate provider records in credentialing databases and Council for Affordable Quality Healthcare (CAQH); monitor license expirations, certifications, and required renewals; communicate with providers, payers, and internal departments regarding credentialing status; conduct primary source verification in accordance with organizational policies; assist with audits and accreditation reviews; track and report credentialing metrics and timelines; coordinate requests for temporary staff; conduct and/or review primary source verification work is completed; review other documents submitted and brings liability and questionable data to the attention of the Medical Staff Coordinator, Medical Director, division chair, department chief and/or Credentials Committee and follow-up on any questionable data; may provide guidance to lower-level credentialing specialists or assistants.

Knowledge of: Thorough knowledge of credentialing regulations, policy and procedures; credentialing database and online systems; office practices and procedures; grammar, spelling and word usage; thorough knowledge of public personnel administration policies, practices and techniques, Joint Commission standards, and familiarity with Medical Staff bylaws is expected. Strong understanding of credentialing standards and processes; National Committee for Quality Assurance (NCQA) and Centers for Medicare & Medicaid Services (CMS) guidelines; familiarity with Council for Affordable Quality Healthcare (CAQH), National Plan and Provider Enumeration System (NPPES), Provider Enrollment, Chain, and Ownership System (PECOS), and payer portals; and the principles and techniques of supervision.

Ability to: Ability to review and interpret rules and regulations; manage multiple deadlines and priorities; collaborate and communicate effectively and professionally; maintain confidentiality of sensitive information; strong organizational, communication, and detail-oriented skills; expert use of credential software; present facts clearly both

orally and in writing; and work under pressure of recurrent deadlines with frequent interruptions. Plan, layout, assign and review the work of others.

-----

This is the first class specifications approved for the classes, CREDENTIALING SPECIALIST II, III, and IV effective March 16, 2026.

APPROVED: 03/16/26

\_\_\_\_\_  
JUANITA LAUTI  
Vice President & Chief Human Resources Officer