

Provider Credentialing Specialist Certificate

The certificate is designed for adult learners who are looking for a specialized certificate to increase their opportunities for employment (or pursuing an Associate's degree concurrently with the certificate). The certificate can be completed 100% online with faculty who are experts in the field. The certificate can also be a pathway to either the Bachelor of Science in Health Information Management or Healthcare Administration.

A provider credentialing specialist's role is to verify that professional training, certifications, and licensing of healthcare professionals in their organization is up to date as well as in compliance with state and federal regulations. Provider credentialing specialists are employed by healthcare organizations such as hospitals, group practices, ambulatory care service providers, and credentialing agencies as well as health insurance and managed care organizations.

The Provider Credentialing Certificate is designed to prepare students to sit for the CPCS[®] (Certified Provider Credentialing Specialist) and/or CPMSM[®] (Certified Professional Medical Services Management) credential exams offered by the NAMSS[®]. Students are responsible for reviewing the credential [exam requirements](#).

This Certificate is 12 credits and 6 of these credits must be completed at Charter Oak. All courses must be completed with a grade of 'C' or better.

Certificate Core Courses

HCA 101: Health Care Systems and Administration	3cr
HCA 401: Regulatory & Accrediting Agencies Requirements for Health Care Organization	3cr
HCA 265: Provider Credentialing I	3cr
HCA 267: Provider Credentialing II	3cr
Total	12cr

The Provider Credentialing Specialist Certificate Program is in Candidacy Status, pending accreditation review by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM[®]).

Student Learning Outcomes

Students who complete a Provider Credentialing Specialist certificate will be able to:

1. analyze an initial provider application along with supporting documentation for eligibility and completeness according to accreditation standards and federal regulations;
2. analyze a provider reappointment or recredentialing application along with supporting documentation for eligibility and completeness according to accreditation standards and federal regulations; and
3. monitor and evaluate provider complaints, sanctions, and adverse information between credentialing cycles to maintain compliance with accreditation standards and federal regulations.