



Job Code: 7898

Grade: 23

HCWR: N

Job Title

Senior Operations Manager, Health Plan Services

Department

Managed Care

This position is exempt from Career Service under the CCH Personnel Rules.

Job Summary

The Senior Operations Manager, Health Plan Services works in collaboration with the Director of Program Excellence & Performance Improvement, CountyCare Health Plan and leadership to assist with the day-to-day operations as well as integration of Medicaid and Medicare initiatives into operational processes. Acts as a liaison for the health plan and represents the health plan at HFS and Association meetings. Oversees all operational functions in Medicaid and Medicare products in the area of claims processing, provider disputes, call center, report analytics, and operational functions. Collaborates with Third Party Administrators (TPAs), providers and vendors to support the continuum of health plan services.

General Administrative Responsibilities

Collective Bargaining

- Review applicable Collective Bargaining Agreements and consult with Labor Relations to generate management proposals
- Participate in collective bargaining negotiations, caucus discussions and working meetings

Discipline

- Document, recommend and effectuate discipline at all levels
- Work closely with labor relations and/or labor counsel to effectuate and enforce applicable Collective Bargaining Agreements
- Initiate, authorize and complete disciplinary action pursuant to CCH system rules, policies, procedures and provision of applicable collective bargaining agreements

Supervision

- Direct and effectuate CCH management policies and practices
- Access and proficiently navigate CCH records system to obtain and review information necessary to execute provisions of applicable collective bargaining agreements



General Administrative Responsibilities

Management

- Contribute to the management of CCH staff and CCH' systemic development and success
- Discuss and develop CCH system policies and procedures
- Consistently use independent judgment to identify operational staffing issues and needs and perform the following functions as necessary; hire, transfer, suspend, layoff, recall, promote, discharge, assign, direct or discipline employees pursuant to applicable Collective Bargaining Agreements
- Work with Labor Relations to discern past practice when necessary

Typical Duties

- Leads the day-to-day operations and integration of Medicaid and Medicare initiatives into operational process in collaboration with the Director of Programs and Performance Excellence
- Manages and supervises a team of Operation Managers to support Medicaid, Medicare, and other health services products
- Identifies and makes recommendation to support contract and compliance management
- Takes corrective action as necessary to address disciplinary concerns; makes recommendations to diminish the impact on productivity
- Manages and oversees the expanding Managed Care and health plan services population
- Implements enhanced capabilities for accountability and integrity of daily operations
- Plans and directs all aspects of the operations for assigned products and programs
- Oversees all aspects of assigned products and programs, establishing objectives, policies and procedures
- Measures key performance indicators to analyze the success of program implementation
- Participates in the evaluation of financial performance for the Managed Care department
- Facilitates operational oversight for product and program functions and identifies opportunities for improving efficiency and cost reduction
- Ensures operational processes and policies are compliant with corporate standards and applicable local, state and federal regulations
- Oversees the research and development of any system, product and/or business implementation
- Takes a comprehensive approach to evaluate and constructively improve current processes supporting expansion of the managed care operations
- Acts as a liaison for the health plan
- Attends meetings or conferences as needed
- Adheres to fraud and abuse prevention and/or detection policies and programs according to regulatory requirements
- Performs other duties as assigned.

Minimum Qualifications

- Bachelor's degree from an accredited college or university
- Four (4) years of health plan experience in Medicaid, Medicare or other government lines of



Minimum Qualifications

business or health plan services, or health system including aspects of operations oversight, administration, management and marketing

- Four (4) years of experience in a Medicaid or Medicare Managed Care role with direct product/program experience in claims, contract compliance, payment methodology, government relations, provider network and day to day operations
- Prior experience managing or supervising staff in a Managed Care Organization or healthcare environment
- Experience working with State Medicare agencies and Centers for Medicaid and Medicare Services

Preferred Qualifications

- Master's degree from an accredited college or university

Knowledge, Skills, Abilities and Other Characteristics

- Knowledge of the principles of Medicaid Managed Care principles and management practices including STARS, NCQA and CMS Regulations
- Knowledge and familiarity with Medicare and/or Medicaid insurance payment systems, inpatient and outpatient reimbursement, such as Diagnosis-related group (DRG) reimbursement and/or Enhanced Ambulatory Patient Groupings (EAPG) reimbursement structures
- Knowledge of Microsoft Office Suite (Access, Excel, PowerPoint and Word)
- Knowledge and understanding of implementation, startups and operationalizing Managed Care programs
- Excellent interpersonal, verbal and written communication skills necessary to communicate with all levels of staff and a patient population composed of diverse cultures and age groups
- Excellent program development, management and leadership skills
- Demonstrates good computer and typing skills
- Demonstrate good phone and email etiquette skills with strong response times
- Demonstrate analytical and organizational, problem-solving, critical thinking and conflict management/resolution skills
- Demonstrate attention to detail, accuracy and precision to support research and presentation skills
- Ability to prioritize, plan and organize projects and tasks
- Ability to multi-task and meet deadlines in a fast paced and stressful environment
- Ability to maintain a professional demeanor and composure when challenged
- Ability to function autonomously and as a team member in a multidisciplinary team
- Ability to train by presenting concepts and demonstrating tasks
- Ability to perform accurate and reliable mathematical calculations to support reimbursement analysis and measure financial performance
- Ability to work flexible hours



Physical and Environmental Demands

This position is functioning within a healthcare environment. The incumbent is responsible for adherence to all hospital and department specific safety requirements. This includes but is not limited to the following policies and procedures: complying with Personal Protective Equipment requirements, hand washing and sanitizing practices, complying with department specific engineering and work practice controls and any other work area safety precautions as specified by hospital wide policy and departmental procedures.

The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of the personnel so classified.

For purposes of the American with Disabilities Act, “Typical Duties” are essential job functions.