



Job Code: 7941
Grade: 23
HCWR: N

Job Title

Senior Manager of Delegation and Vendor Oversight, Health Plan Services

Department

CountyCare/Managed Care

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

Job Summary

The Senior Manager of Delegation and Vendor Oversight (DVO), Health Plan Services is responsible for leading the management and oversight of delegates and vendors contracted with CountyCare for Medicaid and Medicare lines of business. Ensures that all delegates and vendors adhere to outlined metrics and key performance indicators by leading Joint-Oversight Operation meetings and the Delegated Vendor Oversight Committee. Implements enhanced capabilities for accountability and integrity of daily operations. Adheres to fraud and abuse prevention and/or detection policies and programs according to regulatory requirements. Manages a team of delegation and vendor oversight managers.

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

- Manages and oversees the health plan's delegated entities and vendors.
- Leads the day-to-day operations and integration of Medicaid and Medicare initiatives into operational process.
- Launches delegates and vendors and measures Key Performance Indicators and contracted metrics.
- Knowledgeable on each delegates and vendor's contracts and statement work.
- Manages a database of delegates and contracted vendors and ensures that each contract is reviewed on an annual basis.
- Collaborates with Supply chain and Finance to ensure each delegate and vendor is audited and meets established performance metrics and return on investment.
- Works with contracted delegated entities and vendors and establishes a strong relationship with each vendor and contractor to meet set key performance indicators.
- Drafts Request for Proposals and collaborates with Supply Chain Management on procurement process.
- Leads a team of managers to meet the health plan's strategic goals and metrics.
- Takes corrective action as necessary to address disciplinary concerns; makes recommendations to diminish the impact on productivity.
- 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.
- Reviews and assesses managed care contracting requirements and standards relating to



Typical Duties

- industry and regulatory issues with any potential market implications.
- Provides resolutions to managed care contractual issues pertaining to contract interpretation and coding with payers.
- Adheres to confidentiality standards and HIPAA compliance programs.
- Adheres to fraud and abuse prevention and/or detection policies and program 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 a Medicare health plan or Medicare health plan, or health system including aspects of operations oversight, administration, management, delegate and vendor oversight
- Two (2) Prior experience managing or supervising staff within a health plan, large hospital, or healthcare environment
- One (1) year of experience managing delegates and vendor relationships such as a Third Party Administrator, Vision, Dental, Transportation vendors, Pharmacy Benefit Manager, etc.
- Intermediate proficiency with Microsoft Office Suite (Access, Excel, PowerPoint and Word)

Preferred Qualifications

- Master's degree from an accredited college or university

Knowledge, Skills, Abilities and Other Characteristics

- Knowledge in delegation and vendor oversight management in both Medicaid and Medicare products.
- 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 and understanding of implementation, startups and operationalizing Managed Care programs
- Proficient with Microsoft Office Suite (Access, Excel, PowerPoint and Word)
- 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



Knowledge, Skills, Abilities and Other Characteristics

- 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.