



Job Code: 8196

Grade: 24

HCWR: N

Job Title

Chief Plan Officer, Medicaid Services

Department

Health Plan Services

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

Job Summary

The Chief Plan Officer, Medicaid Services will be responsible for leading member services including call center, enrollment and eligibility, member satisfaction, community-based partnerships and integration of related processes and functions. Leads and oversees quality assurance activities including continuous improvement initiatives, National Committee for Quality Assurance (NCQA) and other health plan accreditation activities and ensuring regulatory and contractual requirements are met. Creates an environment to continuously improve and enhance the member experience. Works with medical management, quality, operations, and finance departments in developing actions plans to meet market growth and medical cost targets. Evaluates performance standards and selects the best course of action to address organization demands.

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

- Oversees multiple process areas critical to the member experience including call center, claims, and enrollment and eligibility
- Ensures all processes and plan services are in alignment with regulatory, accreditation, and state contractual requirements
- Leads member experience initiatives including data analyzes and interventions to ensure high levels of member satisfaction
- Leads development of all member education and communications
- Develops community-based partnerships and integrates into workflows
- Develops and ensures execution of a market-wide strategic plan that aligns growth, network, and community engagement
- Works closely with Chief Financial Officer and team on financial forecasting/return on investment, development, and implementation of cost and revenue strategies
- Develops and demonstrates a clear understanding of the market, company's line of business offerings, competitors, partners, and key trends and factors influencing the market over the next five years
- Creates and enhances value propositions for all current and future lines of business in order to drive revenue and align seamlessly with key member experience objectives of the organization
- Actively contributes to achievement of departmental goals, as identified in Department's annual business plan, including specific departmental process improvement plans
- Performs other duties as assigned by the Chief Administrative Officer, Health Plan Services

Reporting Relationship

Reports to the Chief Administrative Officer, Health Plan Services

Minimum Qualifications

- Bachelor's degree or higher from an accredited college or university
- Seven (7) years of healthcare experience in Medicaid or Medicare
- Five (5) years of healthcare leadership experience in a health plan of Managed Care Organization



Minimum Qualifications

- Proficiency using Microsoft Office
- Experience and working knowledge of quality assurance, resource management, strategic planning and execution, health plan regulatory and licensing processes including federal and state laws and regulations

Preferred Qualifications

- Master's degree from an accredited college or university
- Five (5) years of work experience in healthcare sector at managed care or health plan leading growth strategy initiatives
- Intermediate proficiency in Word, Excel, and PowerPoint

Knowledge, Skills, Abilities and Other Characteristics

- Strong knowledge of regulatory requirements concerning Medicare, Medicaid, and commercial health insurance
- Excellent verbal, written communication, and interpersonal skills necessary to communicate with all levels of staff and a patient population composed of diverse cultures and age groups
- Strong negotiation and customer service skills
- Excellent analytical skills including ability to identify unusual variation in medical costs and to access impact of change
- Demonstrate analytical and organizational, problem-solving, decision-making, critical thinking, and conflict management/resolution skills
- Ability to influence others in a desired direction towards the achievement of profitable and rewarding objectives
- Ability to prioritize, plan and organize projects and tasks
- Ability to delegate responsibility to the managed care leadership team, allowing them the room to identify ways and means to accomplish specific goals and objectives
- Demonstrated leadership skills to lead and motivate teams, implement change, and drive business results

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.