



Job Code: 9053

Grade: 23

HCWR: N

Job Title

Managed Care Clinical Operations Manager

Department

Health Plan Services

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

Job Summary

The Managed Care Clinical Operations Manager leads the day-to-day clinical operations ensuring operational support to the clinical services department as well as integration of Managed Care into operational processes. Manages staff and procedures to ensure efficiency and high performance in daily clinical operations.

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

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 clinical operations team and integration operational process into the overall health plan clinical services department, including care management and LTSS
- Identifies opportunities and trends in operational workflows; makes recommendation to support contract and compliance management
- Prepares and delivers written and in-person presentations of program metrics and findings to health plan leaders and stakeholders
- Interfaces with vendors, providers and state agencies to advance clinical operations
- Implements enhanced capabilities for accountability and integrity of daily clinical operations
- manages all aspects of the clinical operations for assigned products and programs, including implementation of projects and initiatives
- Oversees all aspects of assigned products and programs, establishing objectives, policies and procedures
- Tracks, trends, and measures key performance indicators to analyze the success of clinical operation activities
- Participates in the evaluation of financial performance for clinical operations and initiatives within Health Plan Services
- Facilitates clinical operational oversight for product and program functions and identifies opportunities for improving efficiency and cost reduction
- Ensures clinical operational processes and policies are compliant with corporate standards and applicable local, state and federal regulations
- Performs vendor operational oversight activities
- Supports and provides input into the research and development of any system, product and/or business implementation and makes recommendations to help guide business decisions
- Takes a comprehensive approach to evaluate and constructively improve current clinical operation processes supporting expansion of the care management and LTSS operations
- Adheres to confidentiality standards and HIPAA compliance programs
- 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
- Three (3) years of experience with clinical and/or administrative duties in health care, academic and/or social service setting
- Two (2) years of experience in a Managed Care role with responsibility in care coordination, LTSS, and/or managed care operations
- Two (2) years of experience with data collection and reporting
- One (1) year of experience managing or supervising staff and/or delegated vendors
- Proficiency with Microsoft Office (Excel, PowerPoint and Word)

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
- 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
- Must be able to travel to work sites throughout Cook County

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.

