

HEALTH PLAN BUSINESS SERVICES MANAGER
Contra Costa Health Plan
\$72,086.88 - \$87,621.96 Annually

The Contra Costa County Health Services Department is offering an excellent career opportunity to fill one Health Plan Business Services Manager position assigned to the Business Services Division of the Contra Costa Health Plan (CCHP) located in Martinez, CA. Bilingual candidates, especially those fluent in Spanish, are strongly encouraged to apply.

CCHP is the first federally qualified, state-licensed, county-sponsored HMO in the United States. Its aim is to provide managed care health insurance with its safety net community and county provider partners at an affordable price for diverse populations.

Are you great at monitoring performance metrics and managing medical claims? As a Health Plan Business Services Manager, you will be responsible for managing the day-to-day operations of the claims department. So, if you are looking for the next step in your career and want to make an impact on the health care within your community, apply today!

We are looking for someone who is:

- Analytical and data driven. You will be responsible for analyzing data to construct and implement action plans which will aid in improving performance standards.
- A leader! You will be representing CCHP as its financial expert and serve as the primary contact for all regulatory audits.
- Able to manage stress. You will encounter pressing demands from multiple sources and will need to balance them.
- A team player. You will be responsible for providing effective and supportive feedback to team members.
- A strong relationship builder with excellent communication skills. You will be expected to collaborate with individuals within and outside your department in order to implement plans.
- Organized and results driven. You will need to organize information and establish operational goals for all sections of the Business Services Unit.

What you will typically be responsible for:

- Managing the overall performance of the claims operations and ensuring operational goals and key metrics are met.
- Collaborating with other health plan departments and Information Technology teams to improve system configurations and facilitate testing and validation.
- Developing and implementing corrective action plans for audit inquiries and findings.
- Ensuring the team provides excellent customer services to the providers, members and other key stakeholders.
- Leading the team to perform root cause analysis and problem-solving to improve and streamline processes.
- Representing the health plan claims operations in various regulatory and compliance audits.
- Interviewing and hiring new claims team staff.

A few reasons you might love this job:

- You will work with a highly dedicated and diverse team of staff who value the service of others.
- You will contribute to a dynamic organization that embraces creativity, learning and mutual support.
- You will have stability and a role that aids in career growth.
- You will contribute to making a positive impact on our network providers.

A few challenges you might face in this job:

- You will need to find a balance between supporting team members while staying focused and organized with your own workload.
- You will work in a fast-paced environment providing support for team members who process claims.

Minimum Qualifications:

Education: Successful completion of at least 60 semester or 90 quarter units from an accredited college or university with a major in business, health sciences or closely related field. College degree preferred but will consider experience.

Experience: Three years of full-time, or equivalent, experience in an administrative, managerial or supervisory position with direct responsibility for managed care business services functions or medical claims processing.

Certification: May be required to obtain and maintain vendor-specific training and/or certifications on the applications supported. This training or certification is required within six months of notification from the supervisor.

Substitution: Additional qualifying experience may be substituted for the required education on a year-for-year basis up to a maximum of two years.

Desirable Qualifications:

- Experience in using Epic Tapestry system
- Experience in Medi-Cal, Medicare and APRDRG pricing methodologies
- Experience in data analysis

Closing Date: March 23, 2022

To read the complete job descriptions and apply, please visit:

<https://www.governmentjobs.com/careers/contracosta/jobs/3250554/health-plan-business-services-manager?page=4&pagetype=jobOpportunitiesJobs> or our Careers page at <https://www.governmentjobs.com/careers/contracosta>.

Equal Opportunity Employer