

**Date:** 11/22/2021

**Job Description:** Medicare and Commercial Operations Supervisor

**Reporting to:** Director of Claims

**Overview:**

In this position, you will serve as a front-line supervisor by managing and directing the activities of a team of Claims Examiners and Claims Leads. You'll handle claims processing concerns and issues requiring a high degree of appropriate knowledge, creativity, research and communication with internal and external resources to achieve timely resolution.

As part of this function, the Medicare/Commercial Operations Supervisor coordinates with other departments to drive consistency in service and high quality outcomes. This role facilitates operational implementation and oversees day-to-day troubleshooting and performance management of the operating unit.

**Primary Responsibilities:**

1. Provides direct supervision of the daily operations for Claims Examiners and Claims Leads
2. Proactively identifies and solves problems with timely resolution of complex issues referred by Claims Examiners and Claims Leads
  - a. Identifies the most appropriate course of action for problem resolution and effectively communicates the plans to those impacted. These issues frequently require research, collaboration with other departments, communications with external resources, and response creation
3. Provides daily monitoring for Claims Examiners and Claims Leads production stats
4. Obtains daily stats of each team member's production goals to review with Manager. Develops a successful plan to increase each team member's production while maintaining accuracy
5. Provides front line questioning/answer and research
6. Responds to a claims processing question rapidly and accurately in order to meet the Claims Examiners and Claims Leads expectations of timely processing of claims in queue via email or discussion. Resolves all questions on a daily basis accurately with a result of no pended claims or penalties
7. Performs post training follow up and review
8. Monitors and audits specified criteria based on claims training to assure perception of policy and procedures guidelines was comprehended.
9. Coordinates with trainer/manager a resolution to problems identified post training where a comprehension gap can be diminished
10. Participates in quality initiatives and performance management
11. Assists the Manager with conducting performance reviews and team meetings
12. Initiates and completes check run process
13. Compiles and reviews Internal reports to identify any incorrect claims payment for all product lines for the weekly check run. Completes actual check review process and forwards for check process on same day as check push every week
14. Manages workforce goals and metrics
15. Serves as initial point of contact for all issues regarding work schedules for Claims Examiners

**Other Responsibilities:**

1. Monitors performance of the operating unit against required MA/Commercial regulatory metrics and hold the Claims Leads and team members accountable for underperforming metrics
2. Addresses questions and resolves escalated issues related operational issues/failures
3. Develops and maintains policies, procedure and standard operating procedures
4. Acts as liaison for all internal operations teams
5. Manages implementation of new technologies, upgrades and processes
6. Facilitates improvement efforts, as needed\
7. Other duties as assigned

**Required Qualifications:**

1. Ability to work in a startup, fast paced environment
2. Demonstrated relevant business experience in operations management and/or project management
3. Strong cross-functional project management and stakeholder management skills
4. Demonstrated confidence in leading internal meetings
5. Ability to cultivate and maintain positive working relationships across the operational teams
6. Strong written and oral communication skills
7. Demonstrated analytical mindset, comfort executing qualitative and quantitative analyses
8. Knowledge of operational capabilities, systems and related processes
9. Ability to deal effectively with ambiguous situations and drive alignment across all operational groups
10. Demonstrated willingness to take initiative and get the job done, particularly in favor of improving quality and production

**Preferred Qualifications:**

1. Bachelor's degree in Health Care Administration, Public Health Administration, Business Administration, or a related area or equivalent experience or a minimum of 5 years of MA/Commercial operational experience
2. Three years in a supervisory role
3. Five years of Medicare Advantage and/or Commercial experience