



CLAIMS OPERATIONS MANAGER

Position Status: Exempt
Reports To: Claims Director
Effective Date: 07/31/00
Revised Date: 04/21/26
Job Level: M2

POSITION SUMMARY

Under administrative direction:

1. Manages and leads the Claims Operations Unit, acts as a subject matter expert, and provides guidance on claims operations functions and departmental operations
2. Provides management oversight related to planning, leading, and implementing claims operations activities, including audits, root-cause analysis, quality reporting, compliance coordination, and governance of claims policies and procedures
3. Oversees the full Provider Dispute Resolution (PDR) lifecycle to ensure accurate, timely, and compliant dispute resolution
4. Manages, supervises, mentors, and trains assigned staff
5. Performs other duties as assigned

RESPONSIBILITIES

1. Manages and leads the Claims Operations Unit, acts as a subject matter expert, and provides guidance on claims operations functions and departmental operations, with duties including but not limited to:
 - Managing the day-to-day claims operations, from data entry through final adjudication, including first-pass processing, manual rework and corrections, and overall claims flow
 - Conducting complex research and analysis related to claims operations strategies
 - Preparing narrative and statistical reports and making presentations
 - Drafting, recommending, and implementing administrative policies and procedures related to Claims Department operations
 - Ensuring compliance with department policies and procedures
 - Overseeing the preparation and maintenance of records and reports and related documents
 - Attending and participating in internal and external meetings related to Claims Department activities
 - Monitoring the unit budget and project budgets and assisting the Claims Director with budget development, purchasing, and invoice approvals
 - Developing and evaluating RFPs, participating in vendor selection and contract development, and monitoring and evaluating the work of selected vendors
 - Providing updates to Alliance leadership, making presentations, supporting and training end users, and developing related materials
 - Staying informed of current best practices and new developments in the field and ensuring staff does the same
 - Monitoring legislative and legal changes related to Alliance functions and ensuring communication of same

- Staffing committees, including preparing and distributing agendas, meeting materials, and minutes
 - Providing support to the Claims Director and acting for the Director in the Director's absence
2. Provides management oversight related to planning, leading, and implementing claims operations activities, including audits, root-cause analysis, quality reporting, compliance coordination, and governance of claims policies and procedures, with duties including but not limited to:
 - Directing staff, monitoring workloads, and ensuring timely and accurate claim outcomes in alignment with organizational standards and regulatory requirements
 - Managing the end-to-end claims lifecycle from data entry through final adjudication, including first-pass claims processing and manual rework and corrections
 - Overseeing daily workflows to ensure timely, accurate, and compliant claims processing
 - Directing and supporting supervisors and staff to maintain consistent throughput and accuracy standards
 - Ensuring adherence to organizational policies, benefit rules, payment rules, and regulatory requirements
 - Overseeing claim inventory and adjusting work assignments to meet turnaround expectations
 - Working closely with the Claims Quality Manager to maintain alignment between operations and quality, audit, training, and compliance functions
 - Collaborating with the Claims Quality Manager to review audit findings and implement operational improvements that reduce rework and increase accuracy
 - Partnering with other departments on initiatives that reduce rework, streamline processes, and improve turnaround times
 3. Oversees the full Provider Dispute Resolution (PDR) lifecycle, to ensure accurate, timely, and compliant dispute resolution, with duties including but not limited to:
 - Coordinating with internal teams to gather documentation and resolve escalated or complex disputes
 - Ensuring provider communications are clear, consistent, and compliant with regulatory and contractual requirements
 - Collaborating with the Claims Quality Manager to review PDR analytics, trend reports, and root-cause insights and integrating these findings into workflows and staffing decisions
 - Implementing operational improvements that strengthen dispute turnaround times and improve provider experience
 4. Manages, supervises, mentors, and trains assigned staff, with duties including but not limited to:
 - Managing and supervising staff, setting goals and objectives, delegating and assigning work
 - Providing mentoring, coaching, and development and growth opportunities to staff and subordinate supervisors
 - Interviewing and participating in the selection of staff in conjunction with the Claims Director
 - Assisting subordinate supervisors with orienting new staff to the Claims function and with on-going supervisory responsibilities
 - Collaborating with the Claims Director in developing staff training plans, career pathways and routine individual staff performance reviews
 - Evaluating employee performance, providing feedback to staff, and coaching and counseling or disciplining staff when performance issues arise

- Overseeing or conducting staff training, including the development and maintenance of training materials, in conjunction with the Learning and Development team
 - Identifying training gaps and opportunities for improved performance
 - Overseeing staff in multiple office locations and/or telecommute settings
5. Performs other duties as assigned

EDUCATION AND EXPERIENCE

- Bachelor's degree in Business, Healthcare Administration, Public Health, or a related field and a minimum of six years of experience in a healthcare or managed care environment which included a minimum of three years of supervisory or management experience in Medi-Cal and Medicare claims operations (a Master's degree may substitute for two years of the general healthcare or managed care experience); or an equivalent combination of education and experience may be qualifying

KNOWLEDGE, SKILLS, AND ABILITIES

- Thorough knowledge of claims processing functions, including data entry, adjudication, and PDR workflows
- Thorough knowledge of Medi-Cal, Medicare, and related regulatory requirements that impact claims processing and dispute resolution.
- Thorough knowledge of operational improvement activities, workflow design, and inventory management within a managed care environment
- Working knowledge of medical terminology, billing practices, and coding standards relevant to claims adjudication
- Working knowledge of audit processes, quality standards, and compliance requirements, related to claims operations and dispute workflows
- Working knowledge of and proficiency in research, analysis and reporting methods
- Working knowledge of the principles and practices of program and project management
- Working knowledge of the principles and practices of customer service
- Working knowledge of the principles and practices of supervision and training
- Working knowledge of and proficiency with Windows based PC systems and Microsoft Word, Excel, Outlook and PowerPoint, Adobe Acrobat, and database software
- Ability to train, mentor, supervise, and evaluate the work of staff, promote an atmosphere of teamwork and cooperation, and motivate staff to achieve goals and objectives
- Ability to develop work plans and workflows and organize and prioritize unit activities to meet performance metrics
- Ability to organize and prioritize the work of others, delegate effectively, and follow up on work assignments
- Ability to interpret, apply and explain complex principles, policies, regulations, terms and procedures related to area of assignment
- Ability to interpret operational data, identify trends, and apply insights, collaborate with Claims Quality on PDR analytics, and identify opportunities for increased auto-adjudication
- Ability to manage complex operational workflows from data entry through final adjudication while meeting accuracy and timeliness goals

- Ability to oversee claim inventory, identify and troubleshoot bottlenecks, and implement corrective actions
- Ability to analyze rework, claim edits, and PDR trends to identify automation and auto-adjudication opportunities
- Ability to collaborate closely with the Claims Quality Manager to align operations with quality, audit, and compliance functions
- Ability to manage the development and implementation of projects, systems, programs, policies and procedures
- Ability to prepare narrative and statistical written reports, oral reports, correspondence, and other program documents
- Ability to develop recordkeeping systems and maintain organized and accurate records
- Ability to provide input regarding budget development, perform budget monitoring, and assist with purchasing activities
- Ability to develop and evaluate RFPs, participate in contract development, and oversee the work of contracted vendors
- Ability to present information, data and results in a clear and understandable manner utilizing methods appropriate to various forums
- Ability to provide leadership, facilitate meetings, and guide employees in the resolution of issues
- Ability to foster effective working relationships, influence others and build consensus with individuals at all levels in the organization
- Ability to demonstrate a collaborative management style, build rapport, and effectively manage internal and external business relationships
- Ability to adapt to or initiate change and respond to changing priorities

DESIRABLE QUALIFICATIONS

- Master's degree in Business, Healthcare Administration, Public Health, or a related field
- Some knowledge of the healthcare providers in Alliance service area counties

WORK ENVIRONMENT

- Ability to sit in front of and operate a video display terminal for extended periods of time
- Ability to bend, lift and carry objects of varying size weighing up to 10 pounds
- Ability to work effectively in a remote work environment
- Ability to travel to different locations in the course of work

This position description, and all content, is representative only and not exhaustive of the tasks that an employee may be required to perform. Employees are additionally held responsible to the Employee Handbook, the Alliance Standard Knowledge, Skills and Abilities and the Alliance Code of Conduct. The Alliance reserves the right to revise this position description at any time.