



MEDICARE OPERATIONS ANALYST

Position Status: Exempt
Reports To: Medicare Operations Director
Effective Date: 03/24/26
Revised Date:
Job Level: P3

POSITION SUMMARY

Under direction, this position:

1. Supports Medicare operations, sales, and enrollment functions through analysis and interpretation of Medicare and Medi-Cal data and ensures compliance with applicable state and federal regulations
2. Conducts complex research and analysis in support of Medicare Operations activities
3. Acts as a subject matter expert and liaison to internal and external stakeholders
4. Performs other duties as assigned

RESPONSIBILITIES

1. Supports Medicare operations, sales, and enrollment functions through analysis and interpretation of Medicare and Medi-Cal data and ensures compliance with applicable state and federal regulations, with duties including but not limited to:
 - Supporting enrollment operations and processes, including performing review and reconciliation of eligibility criteria and financial reconciliation
 - Performing month-to-month enrollment forecasting and monthly enrollment data validation audits
 - Analyzing enrollment data for accuracy, identifying discrepancies, and developing, recommending, and implementing process improvements to ensure compliance with Centers for Medicare & Medicaid Services (CMS) and Department of Health Care Services (DHCS) requirements and to optimize member onboarding and retention
 - Conducting research in response to CMS requests for documentation, including identifying causes of discrepancies and denials by the regulator
 - Monitoring and analyzing daily, weekly, and monthly sales performance metrics and enrollment trends and providing actionable analysis for leadership
 - Assisting with the preparation of regulatory reports related to Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) enrollment activities and goals
 - Supporting internal and external audits, including gathering and preparing data to assist Medicare Operations leadership in responding to CMS audits
 - Assisting with the coordination and execution of sales campaigns, broker events, and outreach strategies, including tracking activity and results
 - Providing recommendations related to individual member onboarding
 - Acting as a resource and subject matter expert for enrollment system support
 - Assisting with member enrollment duties as needed, including processing Medicare enrollments to ensure Service Level Agreements are met when volume is high, ensuring enrollments are completed accurately and in compliance with applicable Medicare and Department of Health Care Services (DHCS) requirements
 - Preparing reports, correspondence, and other program materials

- Supporting the integration and testing of Customer Relationship Management (CRM) and enrollment platforms, ensuring data integrity and user efficiency
 - Assisting with the development of policies and procedures
 - Providing support to the Medicare Operations Director
2. Conducts complex research and analysis in support of Medicare Operations activities, with duties including but not limited to:
- Conducting research and providing information in support of strategy development associated with cost estimates of benefits the Alliance may offer on an annual basis
 - Performing trend and variance analysis to predict transactions
 - Performing analysis of revenue based on enrollment population to ensure capitation revenue accuracy
 - Supporting reconciliation of Medicare enrollments to ensure alignment with projected financial revenue
3. Acts as a subject matter expert and liaison to internal and external stakeholders, with duties including but not limited to:
- Working with CMS and DHCS to share information and resolve issues
 - Acting as the liaison with the CMS retro processing contractor
 - Educating internal teams and external partners on Medicare Advantage and D-SNP plan eligibility, rules, and operational procedures
 - Coordinating responses to regulatory ad hoc reporting requests in collaboration with the analytics and reporting team
 - Collaborating with internal departments, including Claims, Member Services, Finance, Pharmacy, and Information Technology Services, to resolve issues and provide subject matter expertise
 - Identifying variances and discrepancies that affect revenue and providing monthly membership reconciliation reports to Finance
 - Collaborates with cross-functional teams to achieve enrollment and revenue goals
 - Acting as a technical resource and point of escalation for the Medicare Enrollment Specialist
 - Providing training on the interpretation of the monthly membership report (MMR) and making presentations on enrollment demographics
 - Collaborating with the Medicare Sales Team on sales goals and sales channels used to drive enrollments
 - Assisting with sales lead management activities, including utilizing the enrollment portal to distribute leads to Medicare Sales Team members
 - Working with the Medicare STARS Program Manager to identify members who are attracted to the plan, analyze enrollment rates and disenrollment rates, and develop recommendations regarding enrollment targets
 - Representing the department at meetings and on committees and work groups
4. Performs other duties as assigned

EDUCATION AND EXPERIENCE

Bachelor's degree in Business Administration, Health Care Administration, Public Health, or a related field and a minimum of five years of progressively responsible experience related to Medicare membership operations and/or enrollment eligibility (a Master's degree may substitute for two years of the required experience); or an equivalent combination of education and experience may be qualifying

KNOWLEDGE, SKILLS, AND ABILITIES

- Working knowledge of CMS guidelines related to Medicare sales and enrollment
- Working knowledge of Medicare Advantage enrollment processes and financial reconciliation
- Working knowledge of the contents and interpretation of monthly membership reports
- Working knowledge of research, analysis, and reporting methods
- Working knowledge of data analysis tools, CRM/enrollment systems, and the use of databases
- Working knowledge of the principles and practices of project and/or program management
- Working knowledge of the methods and techniques of record keeping
- Working knowledge of the principles and practices of customer service
- Working knowledge of and proficiency with Windows-based PC systems, including Microsoft Word, Excel, PowerPoint, and Outlook, and database systems
- Some knowledge of the healthcare regulatory environment
- Some knowledge of sales lead management and distribution to multiple sales channels
- Ability to analyze complex data sets and present actionable insights
- Ability to identify issues, gather and analyze information and data, reach logical and sound conclusions, and make recommendations for action
- Ability to interpret, explain and apply applicable policies, laws, codes, regulations, and contracts
- Ability to organize work, manage multiple projects, establish priorities, adjust to changing priorities, and meet deadlines
- Ability to assist with the development and implementation of projects, systems, programs, policies, and procedures
- Ability to develop and implement operational workflows
- Ability to analyze and interpret data in support of Medicare Operations strategy development
- Ability to prepare narrative and statistical reports, forms, correspondence, and other program documents
- Ability to learn Medi-Cal program eligibility requirements and enrollment related regulations, the Medi-Cal Eligibility Data System (MEDS-Lite) and its HIPAA compliant portal
- Ability to understand the interaction between Alliance systems and CMS systems
- Ability to review data to ensure data integrity and quality and identify, research, and resolve data gaps and anomalies
- Ability to make sound decisions within established guidelines and identify issues and situations requiring escalation
- Ability to navigate frequently changing systems and policies
- Ability to facilitate and participate in meetings and workgroups
- Ability to conduct training and make presentations
- Ability to communicate clearly and effectively with internal and external stakeholders and individuals at all levels of the organization
- Ability to work independently with minimal supervision and as a member of a team

DESIRABLE QUALIFICATIONS

- Working knowledge of local health plan operations
- Working knowledge of the health care industry and the principles of health care planning
- Working knowledge of the Medi-Cal program and related regulations
- Working knowledge of Medicare Dual Eligible Special Needs Plan (D-SNP) enrollment procedures and related CMS and DHCS regulations
- Experience working with Enrollment Processing applications, such as MarketProminence

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.