

## **Senior Consultant, Claims Processing and Configuration**

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### **Job Description**

The Senior Consultant, Claims Processing and Configuration participates in various projects by utilizing and applying his/her expertise to research, data analysis, report development, audits, and presentations while maintaining the Gorman Health Group (GHG) standards for optimum accuracy and efficiency in alliance with GHG strategic goals. The Senior Consultant will also assist clients in designing, building, implementing, operating, and enhancing effective claims processing operations. This includes all aspects: people, processes, technology, and governance.

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### **Duties & Responsibilities**

- Provide consulting advice, guidance, and counsel in all aspects of Claims Processing and Configuration from development to production lifecycles.
- Serve in a wide range of roles and responsibilities by assisting clients as project manager, team member, subject matter expert, trainer, or as interim management.
- Serve as a resource knowledgeable of the end-to-end impacts of Claims Processing and Configuration throughout the Managed Care Organization (MCO), including Healthcare Services, Financial Services, Customer Service, Network Management, Compliance and Internal Audit, Appeals and Grievances, Quality Assurance, etc.
- Assist both start-up and mature MCOs with systems implementations, conversions, service release updates and patches, and transition management.
- Assist health plans with proper application of claims coding, including ICD-9-CM, ICD-10-CM, ICD-10-PCS, Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), Modifiers, Revenue Codes, Place of Service, Bill Types, Condition Codes, Occurrence Codes, National Drug Codes (NDCs), etc.
- Assist health plans with applying accurate payments to providers utilizing appropriate fee schedules, groupers, pricers, contract terms, interest calculations, sequestration, other health insurance (OHI), etc., as well as assisting with the proper handling of provider payment disputes.
- Provide service excellence and insight by identifying key client business issues.
- Determine client needs by supplementing standard assessment techniques and tools with innovative approaches.
- Evaluate and validate analysis performed.
- Develop recommendations for the client in context of the overall project.
- Collaborate with team members to attain the project goals within the defined time frames.
- Provide consultative expertise and guidance, and promote compliance with laws and regulations, for business partners thus ensuring business responds effectively to ever-changing laws and regulations.
- Support continuous improvement and organization development activities.
- Serve as a resource for team members and clients on various projects involving topics such as, but not limited to, strategy, operational processes, and management analysis.
- Identify and define problems, collect relevant data, establish facts, and draw valid and innovative conclusions.

- Interact with the client's decision-makers, working cooperatively to achieve the project goals.
- Assess status of overall project initiatives and report key results to project manager and senior management.
- Help to ensure an effective and positive work environment by establishing and maintaining cooperative working relationships with GHG staff.
- Proactively provide input into organization-wide GHG policies and procedures (P&Ps).
- Provide evaluations on project managers for individual projects.
- Participate in GHG meetings, as appropriate.
- Contribute to the achievement of GHG goals and objectives by performing other duties as assigned.
- Possess a strong knowledge of Centers for Medicare & Medicaid Services (CMS) compliance and regulatory requirements with respect to the Medicare Advantage (MA), Medicaid, and Prescription Drug Plan (PDP) programs.

### **Skills**

- Proven experience and subject matter expertise with several core platforms used for claims processing by MCOs, including Facets, QNXT, EPIC, ikaSystems, Amisys, MHS/Power MHS, MC400, or other popular systems.
- Possess a program agnostic perspective on operational best practices, with an ability to account for the uniqueness of each program, whether Medicare, Medicaid, Health Insurance Marketplace, or Commercial.
- Possess an understanding of and experience with project management standards and tools to a degree that enables functioning and integration with our clients' Project Management Office (PMO) activities and with GHG's Program Support Office.
- Effective in creating, analyzing, and improving process maps, documentation of P&Ps, and innovative new process design, re-engineering, and related documentation.
- Self-motivated and work with minimal supervision.
- Communicate clearly with internal partners and external regulatory agencies and effectively represent the client's and GHG's interests.
- Establish positive partnerships across business groups both inside and outside of the organization.
- Monitor a wide range of activities, participate in multiple projects, and act as a catalyst to assure execution.
- Work across all levels of management, be team-focused and at ease working in a large organization, with an attitude of group achievement as the primary goal.
- Be independent, adaptable, and at the same time – a team player.
- Highly organized with a strong attention to detail; strong decision-making skills.

### **Requirements**

- Ten-plus years' experience in the Medicare and Medicaid Managed Care and/or Pharmacy Benefit Manager (PBM) environment.
- Demonstrated leadership and management skills.
- Ability to travel 60-70% of the time.

- Ability to work in a virtual office and virtual teaming experience.
  - Effective collaboration skills and experience.
  - Adept in working across a heavily matrixed organization.
  - Bachelor's degree.
  - Microsoft Office proficiency, including Microsoft Project and Visio.
  - Strong oral and written communication skills, including presentation skills.
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### **Company Description**

Gorman Health Group, LLC is a leading consulting and software solutions firm specializing in government health programs, including Medicare managed care, Medicaid, and Health Insurance Exchange opportunities. For nearly 20 years, our unparalleled teams of subject matter experts, former health plan executives, and seasoned healthcare regulators have been providing strategic, operational, financial, and clinical services to the industry across a full spectrum of business needs.

Learn more at [www.gormanhealthgroup.com](http://www.gormanhealthgroup.com).

Please send your resume and cover letter to [jobs@gormanhealthgroup.com](mailto:jobs@gormanhealthgroup.com) and we will contact you shortly. We look forward to hearing from you.