

## **Job Description**

**Title**                    **Director, Medicare Advantage Operational Performance**

**Department(s)**   **Consulting – Operational Performance**

**Reports to**            **SVP, Operational Performance**

### **Job Summary**

The Director, Medicare Advantage Operational Performance, will assist in the management of the Operational Performance Group (OPG) within Gorman Health Group's (GHG's) consulting department. This includes, but is not limited to, creating, planning, coordinating, and training the GHG team in alliance with goals essential to GHG growth, revenue, and profitability. The OPG touches upon the following areas as they intersect with the operations units of GHG's clients: Revenue Management (including Annual Election Period (AEP) support, membership reconciliation, rejected prescription drug events (PDEs), Retroactive Processing Contractor (RPC) submissions, data analytics, policies and procedures (P&Ps), member communications, and training); Appeals & Grievances; Claims Processing Operational Performance; Customer and Provider Services; Enrollment; and Finance.

### **Goals & Objectives**

- Assist in directing OPG in meeting budget and other financial goals for revenue and profit margins.
- Assist in directing short-term and long-range planning and budget development to support GHG's strategic business goals.
- Assist in establishment of performance goals, allocation of resources, and assessment of processes, tools, and techniques used within OPG.
- Demonstrate successful execution of business strategies for OPG products and services.
- Participate in strategic partnerships, acquisitions, and other growth activities to support OPG's business objectives and plans.
- Assist in fostering structure and environment within OPG to successfully win engagements, perform them at a high level of proficiency and client satisfaction, and position GHG as industry leader.
- Create maximum revenue potential and leverage revenue opportunities across GHG practice areas.
- Assist in development of new and innovative products and services to better diversify GHG's portfolio of offerings and solidify GHG even more as industry leader in Medicare Advantage and Part D consulting services, products, and business process outsourcing.
- Assist in development operations metrics on what healthy and unhealthy Medicare Advantage or Part D organization performance looks like.
- Develop tools and techniques to employ in fixing operational problems, considering constraints imposed by clients; timelines, budgets, and resources.

### **Summary of Essential Duties and Responsibilities**

- Provide consulting advice, guidance, and counsel in all aspects of Medicare Advantage operations, including areas such as Claims Processing and Configuration, Customer Service, Grievances and Appeals, Enrollment, or other operational components 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 resource knowledgeable of end-to-end impacts of operations such as Claims Processing and Configuration or Enrollment throughout the Managed Care Organization (MCO), including Healthcare Services, Financial Services, Customer Service, Compliance and Internal Audit, Appeals and Grievances, or Quality Assurance, etc.
- Continually assessing demand for unique Medicare Advantage and Part D products and services and positioning GHG to capitalize on that demand. This includes leading development of new products and services as well as recalibrating existing products and services.
- Assist in development of marketing strategies to create demand for GHG products and services generally and within OPG specifically. This includes closely monitoring legislation and Centers for Medicare & Medicaid Services (CMS) requirements affecting Medicare Advantage and Part D and creating marketing messages that position OPG as the solution.
- Assist in developing or reviewing all OPG project proposals and product sales to ensure Scope of Work can be achieved successfully. This includes project staffing, timetables, pricing, deliverables, and client participation.
- Overseeing activities of OPG and constantly taking inventory of group strengths, weaknesses, opportunities, and threats.
- Lead client engagements to maintain process proficiency, provide team leadership, and stay current on industry needs.
- Prepare routine and ad hoc reports by obtaining, compiling, analyzing, and summarizing data from various sources.

### **Minimum Requirements and Abilities**

GHG's Director, Medicare Advantage Operational Performance, must be an individual with the following traits and characteristics:

- 10+ years' experience in Medicare Advantage line of business; additional experience in Medicaid, Part D, or Health Insurance Marketplace a plus.
- Excellent interpersonal, communications, public speaking, and presentation skills. Solid working knowledge of budgeting, sales, business development, and strategic planning.
- Must have experience that shows compelling evidence of being able to achieve aforementioned goals and objectives while fulfilling position duties and responsibilities.
- Must be recognized by Medicare Advantage and Part D industry as credible and trustworthy; ability to generate respect and trust from staff and external constituencies.
- Must be able to lead group of self-motivated high achievers.
- Must demonstrate a track record of selling professional services and products and have a willingness to engage in selling GHG's professional services and products.

- Must understand Medicare Advantage and Part D subject matter and able to “get into the weeds” in sufficient depth to represent OPG.
- Travel is required, up to five days per week.
- Must be proficient in Microsoft PowerPoint and Microsoft Word. Working knowledge of Microsoft Excel is also required.

### **Abilities Required**

- Proven experience and subject matter expertise with several core platforms used for claims processing or enrollment systems by MCOs, including FACETS, QNXT, EPIC, Continuum, DST, IkaSystems, Miramar, Amisys, MHS/Power MHS, 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, or Health Insurance Marketplace.
- Effective in creating, analyzing, and improving process maps, documentation of P&Ps, and innovative new process design, re-engineering, and related documentation.
- Monitor a wide range of activities, participate in multiple projects, and act as 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 primary goal.

### **Disclaimer**

The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not to be construed as an exhaustive list of all responsibilities, duties, and skills required of personnel so classified. All personnel may be required to perform duties outside of their normal responsibilities from time to time, as needed.