



Enrollment & Reconciliation Supervisor

Position Title: Enrollment & Reconciliation Supervisor
Position Type: Full Time
Location: Huntington Beach, CA and Arcadia, CA
Reports To: Enrollment Manager

About Clever Care Health Plan

Clever Care Health Plan is a newly founded Medicare Advantage health plan serving Medicare beneficiaries in Southern California. Our employees are passionate in providing best services to our members and healthcare providers. Our three office locations are in Arcadia (Los Angeles County), Huntington Beach (Orange County) and New York City.

The Medicare Enrollment Supervisor serves as a proxy for the Manager of Enrollment and Reconciliation, overseeing the activities and personnel of the Enrollment department while ensuring its processes operate smoothly. The Enrollment Supervisor also works with customers, vendors, and with federal and State agencies to resolve eligibility issues in order for the plan to continue receiving payment for medical services provided.

Functions & Job Responsibilities

- Hiring, training, mentoring, and overseeing a strong team of Enrollment Specialists.
- Assisting the Manager of Enrollment with staff management, addressing performance and attendance issues as appropriate.
- Directing, reviewing, monitoring, and controlling the Enrollment reconciliation operation with efficiency and effectiveness.
- Directing the design/revision and implementation of internal departmental systems and procedures.
- Directing the submission and monitoring of daily, weekly and monthly inventory reports to determine departmental efficiency and maintain the integrity of the enrollment file.
- Overseeing the strategic future planning of the enrollment function. Ensuring the Enrollment function has sufficient capacity and growth to support new business.
- Ensuring that prospective enrollees are appropriately screened to meet eligibility requirements within regulatory timelines.
- Leading the enrollment team to ensure timely and accurate completion of all required eligibility documents, accurate recording of assessments, and guaranteeing productivity standards.
- Leading and coordinating interdepartmental projects with other areas of the organization; including Retention, IT, Marketing departments, Compliance, and Provider Relations.
- Working closely with the Sales and Compliance teams to ensure timely submissions and resolution of eligibility issues, as well as establishing departmental goals and ensuring quality goals are met.
- Analyzing workflows, identifying deficiencies, and developing more efficient processes.



- Preparing enrollment analysis and enrollment reports for the Director of Enrollment.
- Overseeing surplus billing and working closely with the Finance department in the reconciliation of capitation payments.
- Directing the implementation of Medicare regulations and related products.
- Serving as a subject matter expert and coordinating departmental procedures.
- Ensuring compliance with company and statutory policies.
- Developing departmental policy and procedural documentation.
- Ensuring the required member mailings are sent in a timely fashion.

Education & Experience:

- Undergraduate degree
- 3 years' experience in a managerial role
- 3 years' healthcare industry experience, preferably with Medicare Advantage plans
- Deep understanding of government programs including Medicare Advantage
- Sound judgment, tact, and discretion, with the ability to work with Company employees at all levels
- Preferred 2-4 years progressive work experience in business or health operations.
- Preferred experience with managed care and 3-4 years supervisory experience.
- Intermediate computer knowledge, Excel, Word, prominence, ACD system, scanning and creating pdf files.

Knowledge/Skills/Abilities

- Experience in the health care industry.
- Strong knowledge of Medicare.
- Strong interpersonal skills and the ability to establish rapport with all levels of an organization.
- Strong customer service skills.
- Exceptional written and verbal communication skills.
- Expert knowledge of Medicare reimbursement methodologies.
- Ability to convey complex or technical information in a manner that is easy to understand.
- Understand and interpret reimbursement policy standards.

Physical & Working Environment.

Typical Physical Demands.

Position requires a great amount of sitting and standing. Some lifting, stooping, bending, or reaching is required. May require lifting up to 15-30 pounds. Requires manual dexterity sufficient to operate a computer, calculator and telephone. Requires normal range of hearing and vision. Requires the ability to type and file.

Typical Working Conditions.

Work is performed in an office environment and/or remotely. The job involves frequent contact with staff and public. Work may be stressful at times. May occasionally work some irregular hours.

Qualifications:



What's in it for you?

1. A competitive compensation and benefits program.
2. Generous paid-time-off (PTO).
3. Ten paid holidays per year.
4. Excellent 401k saving plan, employer provides up to 4% match and employer contribution match is 100% immediately vested.
5. A work-life balance and much more!

Please email your resume directly to hr@ccmapd.com

Clever Care Health Plan Inc. is an equal opportunity employer and it is our policy to abide by all federal, state, and local laws prohibiting employment discrimination. All qualified applicants will receive consideration for employment.