**Program Manager – Medical** **Claims Processing**

**Location: Austin, TX**

EM Key Solutions Inc, a proven Government Contractor, is seeking a unique, self-motivated, and influential individual to lead a large program team and support our Government client.

**Essential Functions and Job Responsibilities:**

Reporting to the Chief Operating Officer, this Program Manager will provide senior leadership and oversight for VA Medical Claims Processing (MCP).

This senior leader will be responsible to the COO for the full management scope of responsibilities for the VA MCP contract.  The Program Manager will provide the supervision needed for all personnel to perform the scope of work accurately, efficiently and within established time frames to attain the required performance metrics required by the contract. The PM will be the primary interface with the Government and ensure this contract is sufficiently staffed and there is no lapse in services, this includes the overall performance and success of the project including, but not limited to:

* The day-to-day management of overall MCP program, leadership, quality management, and processing medical claims, adjudicated in accordance with appropriate fee schedules and other requirements
* Project staffing, staff assignments, and performance management
* Supervise, manage, and motivate team leads of Medical Claims Processors as well as Deputy Program Manager
* Direct the assignment of tasks, training, and management of goals by the Medical Claims Processor Supervisors and the Deputy Program Manager
* Reporting and communicates information on productivity and statistical analysis to upper level management
* Customer relations – client facing and support coordination with the FSC Office
* Internal reporting, quality management, metrics, knowledge management, and risk management.
* Acting as the key interface and point of contact with Government project authorities and representatives on technical and contract administration issues.
* Supervising VA MCP project operations by developing management procedures, planning and directing project execution, monitoring and reporting progress
* Resource for examining and processing complex and specialty claims according to contracts, internal standards, and established guidelines
* Input and validate medical claims data into client system to analyze rejected claims data:
  + Review documentation authorizing benefits payments
  + Determine appropriate amount due to recipient and process all necessary payment transactions
  + Analyze and audit any overpayment of claims
  + Record and issue letters informing debtors of obligations
  + Respond to written and oral vendor inquiries; follow up as needed
* Examine vouchers, invoices, claims, and other payment requests for medical service for authorized patients:
  + Documents must be accurate, provide adequate documentation or citations, and comply with laws and regulations
  + Justification submitted must be in compliance with CPT, HCPCS, and ICD-9-CM and ICD-10-CM standards
  + Review claims for completeness and accuracy
  + Complete procedural processing of standardized vouchers for various types of medical expenses
  + Maintain an understanding of billing and regulations as related to Medicare
  + Possess knowledge of electronic claims editing and submission capabilities, including online claims processing and query systems
  + Respond to written and oral inquiries by vendor.
* Analyze bulk claims and determine appropriate payment amounts:
  + Ensure appropriate diagnostic and procedural coding for all CMS 1500, UB04, and other claim forms
  + Prepare claims for payments
  + Validate appropriate claim adjustments to resolve payment discrepancies
  + Ensure accuracy of information included in the vendor file for medical providers

**Minimum Requirements:**

* Bachelor’s degree in Health Services Administration, Management, Business, or a related field plus 10+ years experience program management
* The candidate must have a minimum of two years proven experience managing large complex programs with a minimum of 50 personnel at all times
* Solid interpersonal skills; demonstrable team building skills
* At least 5 years of experience supervising personnel on processing medical claims and vouchers using numerous database applications in accordance with medical claims coding regulations and guidelines
* At least 5 years experience with medical claims or related area
* At least 5 years experience with meeting organizational goals, continuous improvements, and human capital management strategies
* At least 5 years experience in management and leading large numbers of staff with demonstrated success leading a large team focused on meeting organizational goals, continuous improvement and implementing human capital management strategies
* Proven capability and experience to supervise a team of the size needed to perform the scope and accuracy of work and to attain the required performance metrics required by the Government
* Possess in depth understanding of billing and follow up regulations as it relates to Medicare
* Possess an in depth understanding of electronic claims editing and submission capabilities including Medicare and NEIC on-line claims processing and query system
* Understanding of Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS) and International Classification of Diseases, Tenth Revision Clinical Modification (ICD-10-CM) standards (or latest version)
* Understanding of electronic claims editing and submission capabilities including Medicare and NEIC online claims processing and query system
* Demonstrated success working in a team environment focused on meeting organizational goals and objectives required
* Strong leadership skills and experience, with experience partnering and building relationships with government clients and partner companies
* Significant experience managing large multi-million dollar government contracts
* Health services experience should include most if not all of the following disciplines: health services administration each and education
* Proven leadership ability, with specific senior management experience in the information technology and quality management fields
* Experience conducting marketing and client management activities supporting business development
* Strong interpersonal skills and teamwork orientation
* Must have strong customer service skills
* Familiar with standard concepts, practices, and procedures with a particular field
* Ability to manage multiple projects and deadlines with changing priorities
* Relies on experience and judgment to plan and accomplish goals
* Must have experience working with web-based applications
* Must have good math skills and attention to detail
* Must have good Microsoft Office skills (Excel, Word, Outlook, and Access).
* Outstanding written and verbal communication skills and ability to communicate directly with all levels of the organization
* Must be able to travel when needed

**Additional Desired Qualifications:**

* Any clinical experience would be a plus
* Experience in a clinical setting and with clinical workflows
* Experience with VA healthcare software applications
* Business knowledge of healthcare applications

EM Key Solutions provides our customers with value-added management consulting and information technology services that consistently deliver success. From Systems Lifecycle Support and Healthcare IT Solutions to Network and Desktop Solutions and e-Business, EMKS is focused on making our clients’ businesses run smoother and better. With a highly trained technical staff, we apply state-of-the-art information technologies, the industry's most advanced methodologies, and broad-based support services to clients in U.S. Government agencies and the commercial sector.

**EMKS is an Equal Opportunity Employer.**  
**All qualified candidates are encouraged to apply, including:**  
**Minorities, Women, Individuals with Disabilities, and Protected Veterans.**