



Provider Enrollment Manager

SALARY INFO:

Salary Range: \$47,982.94 - \$59,331.12

Pay Grade: L

AGENCY SUMMARY:

The Georgia Department of Community Health (DCH) is one of Georgia's four health agencies serving the state's growing population of almost 10 million people. DCH serves as the lead agency for Medicaid, oversees the State Health Benefit Plan (SHBP), and includes Healthcare Facility Regulation, impacting one in four Georgians. Through effective planning, purchasing and oversight, DCH provides access to affordable, quality health care to millions of Georgians, including some of the state's most vulnerable and under-served populations. Six enterprise offices support the work of the agency's four program divisions. DCH employees are based in Atlanta, Cordele and across the state.

JOB SUMMARY:

DCH is seeking qualified candidates for a **Provider Enrollment Manager**. This position will work in the Eligibility and Enrollment Unit of the **Medical Assistance Plans (Medicaid) Division**. This is a hybrid position that requires in-office and remote work with the approval of the supervisor. The days and frequency in the office can change at any time during employment based on the business needs of the organization.

Under general supervision of the Director of Provider Enrollment, the Provider Enrollment Manager reviews, monitors and ensures compliance with Medicaid policies and procedures; provides technical and customer support; conducts training; and participates in meetings for assigned program areas. Supervises clerical and/or Regulatory Analyst staff. Interprets program policies in the areas of responsibilities and serves as a resource and DMA representative to assist providers in resolving complex problems. May function as staff advisor to analysts in areas of responsibility and as primary point of communication with professionals and groups related to programs in area of assignment. Analyzes the nature and scope of policy related problems and develops or assists with the development of appropriate corrective measures or changes to policy at it relates to Provider Enrollment.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Develops policies and procedures and makes recommendations for changes to Medicaid program area of assignment.
2. Receives and responds to written and verbal inquiries related to Medicaid eligibility regulations and procedures.
3. Ensures that Medicaid Provider Enrollment regulations/procedures are applied correctly.
4. Supervises Medicaid Provider Enrollment Regulatory Analyst staff
5. Interviews, trains, recommends hiring, evaluates performance and recommends discipline and discharge of subordinates. (Performed by some incumbents)
6. Trains providers, DCH staff and fiscal agents in Medicaid policies, procedures and processes.
7. Assists with the development, evaluation and awarding of RFPs related to Medicaid programs.



8. Participates in establishing and developing the Medicaid contract documents, applications, and informational materials for recipients and providers.
9. Recommends modifications to and identifies problems with MMIS Programs.
10. Coordinates the activities for programs in area of responsibility.
11. Ensures timely processing of applications.
12. Coordinates and plans activities for assigned Advisory Committee. Acts as liaison between committee and department.

MINIMUM QUALIFICATIONS:

- Bachelor's degree in operations, management, business administration, or a related field which includes two (2) years in a managerial or supervisory role

OR

- six (6) years of related professional experience which includes two (2) years in a managerial or supervisory role.

Note: An equivalent combination of knowledge, education, job or intern experience, training, or certifications that provides the necessary knowledge and skills to successfully perform the job at the level listed may be substituted year-over-year.