



PATIENT SERVICES MANAGER JOB ANNOUNCEMENT

Santa Cruz Community Health (SCCH) began as a women's health collective in 1974 with the mission to improve the health of our patients and the community and advocate the feminist goals of social, political, and economic equality. Now, more than 45 years later, we serve that same mission as a nonprofit Federally Qualified Health Center operating three separate sites: the Santa Cruz Women's Health Center in downtown Santa Cruz serving women and children; the East Cliff Family Health Center in Live Oak, serving everyone; and the Santa Cruz Mountain Health Center providing easier access to care for our patients in the San Lorenzo Valley.

SCCH has a diverse patient population and an engaging and friendly work environment. Our caring and committed staff works as a team to fulfill our mission so that all our patients have access to comprehensive, quality health care.

POSITION SUMMARY:

The Patient Services Manager (PSM) is responsible for the overall management of the Patient Services Team, which includes the Call Center, the Medical Records staff, and the Insurance Verification Specialist. The PSM has the support of a Call Center Lead. The PSM ensures optimal performance for the agency's Call Center, Medical Records and Insurance Verification functions, and creates a work environment that supports excellent internal and external customer service. The PSM serves as a resource for all Patient Services staff and addresses administrative issues and concerns as well as applicable patient grievances. Overall, the PSM ensures that patients receive excellent, accurate customer service, and that Patient Services operations are conducted in support of the Patient Centered Medical Home Model.

Classification: Full-time, exempt
Reports to: Chief Operating Officer

Location: Administration
Hours: 8:00AM-5:00PM (flexible)

CORE JOB RESPONSIBILITIES:

ESSENTIAL FUNCTIONS INCLUDE BUT ARE NOT LIMITED TO:

Department Operations

- Serve as key responsible person in the management of the Call Center staff, Medical Records staff and Insurance Verification staff;
- Update scheduling guidelines, distribute and train Call Center, Medical Records and Insurance Verification staff; train other agency staff as requested;
- Ensure that Call Center, Medical Records and Insurance Verification staff are scheduled according to protocol and that proper coverage is maintained in each area;
- Meet regularly with staff as a group and as individuals, to drive team cohesion and individual growth;
- Monitor, collect, analyze and share Call Center statistics;
- Conduct frequent quality assurance audits of Call Center and Medical Records departments and produce and share reports;
- Monitor productivity and workflow efficiency of Call Center and Medical Records departments

- Study and standardize procedures to improve staff efficiency;
- Address applicable patient complaints and grievances;
- Recommend and apply corrective actions to address complaints and grievances;
- Maintain current understanding of clinic operations and procedures at all sites;
- Work across clinic leadership to ensure standardization of applicable policies and procedures;
- Collaborate with colleagues to drive quality and process improvement techniques throughout the organization utilizing data tracking tools (e.g. Tableau, Call Center Manager) to support and drive improvement;
- Gather performance data and participate in the design and implementation of new workflows;
- Support process standardization and improvement activities through use of evidence-based systems change practices (e.g. PDSA cycles), working with other SCCH leaders, and providing staff training;
- Ensure the protection of individually identifiable health information per HIPAA regulations;
- Attend and/or prepare for meetings, participate in organization committees, and attend assigned trainings.

Team Management & Development

- To ensure optimum flow and patient satisfaction, support Lead to develop and maintain staff schedule in Call Center; develop and maintain staff schedules for Medical Records Department;
- Assess and approve overtime as needed;
- Provide mentoring and coaching for direct reports and provide consistent coaching and feedback to staff through one-on-one meetings;
- Facilitate regular team meetings;
- Develop and maintain positive, patient-centered culture;
- Maintain collaboration and cohesion among staff and resolve internal grievances;
- Obtain leadership approval for new staff positions and manage recruitment needs, including hiring, training, and staff development;
- Participate in development of training strategies to assure staff knowledge, for example: working knowledge of policies and procedures, technical skills proficiency, and understanding of organization's culture;
- Maintain oversight of staff schedules, manage PTO requests, and approve timecards;
- Manage team performance, holding staff accountable for complying with policies, procedures, guidelines, workflows, etc., including introducing corrective action if necessary.

CORE SUPERVISORY RESPONSIBILITIES:

Leadership:

- Supervise, manage, and direct Medical Records and Insurance Verification staff. Supervise, manage, and direct Call Center staff, with day-to-day support from Call Center Lead;
- Appropriately use decision-making tools such as Consent Decision-Making and written Proposals and Memos to convey recommendations for decisions;
- Create opportunities and produce results through delegation and staff empowerment.

Employee Development & Career Path Planning:

- Plan, define and set SMART goals with direct reports and create learning and coaching opportunities to support career plan development;
- Manage performance measurement process including 1:1 meetings and annual reviews consistent with SCCH-wide standards;
- Oversee Rewards & Recognition and Staff Development & Training budgets and make recommendations for use of these funds.



Minimum Requirements:

QUALIFICATIONS

- Three years' experience in a healthcare setting
- Experience working with under-resourced populations
- Staff management, supervision, or team lead experience
- Experience working with groups; experience maintaining positive work environments
- Knowledge of standard healthcare practice policies and procedures

Preferred Qualifications:

- BA/BS in related field
- Bilingual in English and Spanish; bicultural preferred
- Experience working in or managing a call center and/or medical records department

WORK CONDITIONS

Working conditions described are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions. Variations in conditions may occur under certain circumstances.

SALARY AND BENEFITS:

Competitive compensation & benefits package are available to staff working at least 20 hours per week. Paid time off and paid holidays accrue from date of hire. Employer subsidized group health, dental, vision and life insurance plans the first of the month after 30 days of employment. Automatic 2% enrollment in an Employer sponsored 401K plan with a 2% retirement match.

APPLICATION PROCESS:

To apply, download our employment application on our [Careers page](#). Submit application and current resume with letter of interest Human Resources. No phone inquiries, please.

**SANTA CRUZ COMMUNITY HEALTH IS AN EQUAL OPPORTUNITY EMPLOYER
(W/M/V/D).**