Claims Manager

MSO, Inc. of Southern California | Costa Mesa, CA Full-Time | Exempt | Remote | Reports to President/CEO **Salary Range: $90,000 to $110,000 annually**

This is a remote position. Candidates must reside in California, with Southern California residency preferred for occasional on site meetings at our Costa Mesa office.

About the Role

MSO, Inc. of Southern California, a management services organization serving Independent Physician Associations and medical groups across California and Texas since 2001, is seeking an experienced Claims Manager to lead our Claims Department. This position is responsible for the supervision, direction, and monitoring of claims operations, ensuring accurate and timely claims adjudication in accordance with provider contracts, Health Plan requirements, and regulatory standards for Medi-Cal, Medicare, and Commercial lines of business.

Key Responsibilities

- Oversee day-to-day workflow of the Claims Department, including supervision, training, and development of claims staff
- Ensure timely, accurate claims adjudication and payment, including correct interest calculations, in compliance with regulatory and Health Plan standards
- Prepare and submit Claims Timeliness Reports and other required Health Plan reporting with organized proof of submission
- Manage provider and Health Plan appeals and oversee timely, accurate payment recovery
- Coordinate claims audits and corrective action plans with Health Plans, auditors, and providers
- Develop and maintain department policies, procedures, and process improvement initiatives
- Create reports to track and trend staff performance and identify training opportunities

- Support electronic claims submission integration, system upgrades, and auto adjudication improvements
- Collaborate with Provider Services on provider, vendor, and contract data maintenance
- Keep executive leadership and clients informed on processing status, backlog, refunds, and unresolved issues

Qualifications

- Minimum five (5) years of medical claims adjudication experience, preferably in managed healthcare
- Minimum three (3) years of supervisory experience with strong leadership and managerial skills
- Experience processing both Professional and Technical/Facility claims
- Expertise in ICD, CPT, and HCPCS coding; understanding of APR-DRG, DRG, LTC PPS, and SNF PPS methodologies
- Strong knowledge of DHCS, DMHC, CMS, and Health Plan regulations and reporting requirements for Medi-Cal, Medicare, and Commercial claims
- Definitive understanding of provider and Health Plan contracting, delineation of risk, medical terminology, and standard industry reimbursement methodologies
- Familiarity with IPA/Medical Group benefits and contracts
- Proficient computer skills; strong Excel skills preferred
- Excellent verbal and written communication, analytical, organizational, and problem-solving skills
- Ability to work independently with limited supervision; detail oriented and team focused
- High school diploma required; some college preferred
- Claims audit and training/presentation experience preferred

Location and Work Arrangement

This position is remote. Southern California residents are preferred, as occasional on site meetings will be held at our corporate office in Costa Mesa, California.

How to Apply

Submit your resume to MSO, Inc. of Southern California, 3330 Harbor Blvd, Suite 200, Costa Mesa, California 92626.