MGMA

Medical Practice Frontline Manager

Playbook

Updated: 2026





What Does This Playbook Cover?

When a frontline manager isn't working out, your practice feels it before leadership can name it. Turnover ticks up. Patient complaints surface without a clear source. Schedules fall apart in ways that are hard to trace. By the time you see the pattern, you've already lost months of operational momentum and staff trust.

This playbook gives practice administrators a working roadmap for defining, hiring, developing, and retaining frontline managers in small and midsize medical practices. It covers role definition, hiring criteria, onboarding, performance management, and the signals that a manager isn't meeting the standard — along with what to do when that happens. Use this playbook when you're establishing the role for the first time or fixing one that isn't working.

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Introduction

Frontline managers — supervisors of front desk, clinical support, and billing teams — hold one of the most consequential and least invested roles in your practice. They're accountable for the workflows patients and staff feel most directly. But in many practices, they're undertrained, under authorized, and rarely told what success looks like. The cost shows up in turnover, inconsistency, and a quiet erosion of trust.

A May 2025 MGMA *Stat* poll found that front-office staff — receptionists, patient service reps, and other front-desk roles — are among the most cited turnover hotspots in practices with higher churn. Even in steadier practices, those positions still saw the highest departure rates. But what sets these practices apart isn't necessarily wages. An Oct. 2025 MGMA Stat poll on morale found that improving practices pair compensation resets with the management behaviors that make work feel fair — coaching from supervisors, inclusion in decisions, and visible appreciation.

These are the outputs of effective management, not just effective pay. The medical practices that break the cycle treat frontline management as a system to build, not a position to fill.



Understand What a Frontline Manager Actually Does

Frontline managers sit in a structural gray zone. They're not the administrator, and they're not line staff — they're the layer in between, accountable for daily execution and expected to resolve problems independently, and often without the authority, training, or clarity to do either.

Before you hire, promote, or evaluate a management position, get specific about what the role actually owns. A title and a team aren't a role definition.

Step-by-Step: Defining the Frontline Manager Role

Step 1: List the decisions this role should own

- Don't stop at "manage the front desk team." Be specific: approve schedule changes, resolve front-desk patient concerns, lead the daily huddle, conduct monthly one-on-ones, and escalate unresolved clinical issues. If you can't identify the decisions, the role isn't clearly defined yet.
- *Typical owner: Practice administrator*

Step 2: Define the manager's authority

- Clarify which decisions the manager can make independently and which require escalation. Responsibility and authority should align. When managers are accountable for outcomes but lack decision-making authority, confusion and delays often follow.
- *Typical owners: Practice administrator*

Step 3: Reinforce the reporting structure

- In a small practice, the org chart may seem obvious, but reporting lines often become blurred. When staff routinely bypass the manager and go directly to the administrator, the structure breaks down. Address those situations directly and consistently so employees understand where decisions should be made.
- *Typical owners: Practice administrator*

Step 4: Write it down

- A job description isn't a role definition. A role definition says what the manager's accountable for producing, who they answer to, and what authority they have to act. Put it in writing. Revisit it annually and whenever the scope changes.
- *Typical owners: Practice administrator, HR*



Accountability Clarity

*The **administrator's** accountable for the outcome of frontline management. The **manager** owns daily execution. If both are in there when a staff conflict arises, one of them is in the wrong room.*



Decision Point: **Is the Role Ready to Fill?**

- ☑ If the manager's decisions, authority, and escalation boundaries aren't defined: Stop and define them before hiring or promoting anyone.
- ☑ If staff routinely bypass the manager: Repair the reporting structure before treating the manager as the sole problem.
- ☑ If the manager owns outcomes without the authority to act: Either expand their authority or narrow their accountability.

KEY TAKEAWAY

Understand What a Frontline Manager Actually Does

A frontline manager is your practice's daily execution layer, not a vague middle-management position on the org chart. When the role lacks clear definition, the administrator becomes the default manager, and staff learn to work around the structure instead of through it.

Explore More

For compensation benchmarks for administrative and supervisory roles, filter by practice setting and job function in MGMA DataDive. For role definition templates and HR documentation guidance, see MGMA's HR Resources library.

Hire for Management Capability

Promoting the highest performer is common — and often wrong. Excellence as a scheduler, medical assistant, or billing specialist depends on precision, speed, patient focus, and technical skill. Management requires different strengths: judgment in ambiguity, accountability, and the ability to deliver difficult feedback. Those are the capabilities practices must assess before promotion.

What to Look for in the Interview

A strong interview should surface three things: How the candidate handles conflict, how they set and communicate expectations, and what they do when a decision isn't clearly theirs to make. Generic questions get generic answers — use behavioral ones that require a specific example.

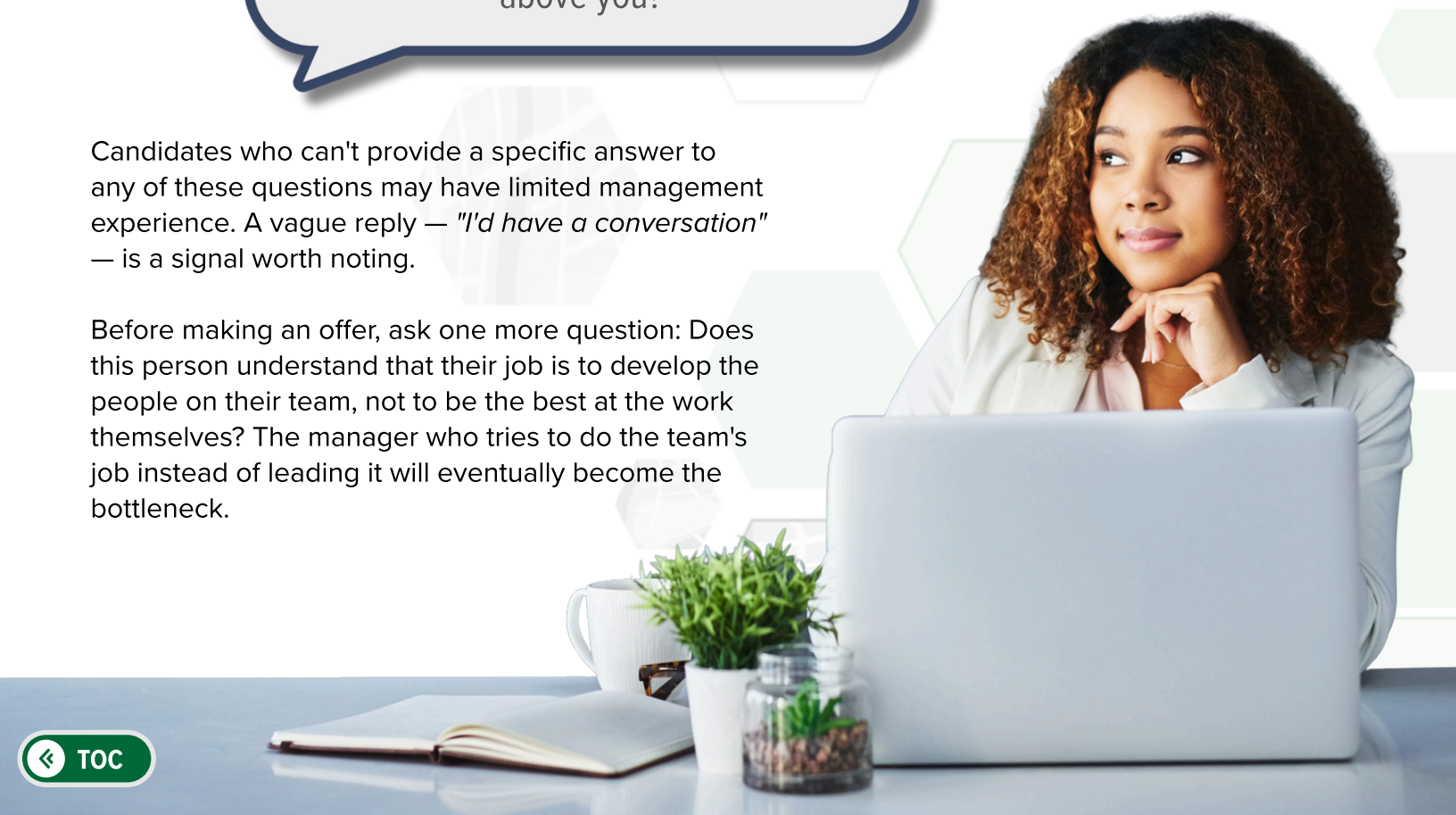
> Tell me about a time you had to hold a colleague to a standard they were actively resisting.

> Describe a situation where you had to make a consequential call without enough information.

> What do you do when a member of your team goes around you to someone above you?

Candidates who can't provide a specific answer to any of these questions may have limited management experience. A vague reply — *"I'd have a conversation"* — is a signal worth noting.

Before making an offer, ask one more question: Does this person understand that their job is to develop the people on their team, not to be the best at the work themselves? The manager who tries to do the team's job instead of leading it will eventually become the bottleneck.



Step-by-Step: Hiring a Frontline Manager

Step 1: Define the role before opening the search



- Identify the decisions the manager will own, their authority, and the metrics they will be accountable for. Build the job description from those requirements — not from the last person's version.
- Typical owner: Practice administrator, HR

Step 2: Screen for judgment, not just experience



- A resume shows tenure and titles, not whether someone can handle conflict, make difficult calls, or develop others. Use behavioral questions and give those answers real weight.
- Typical owner: Practice administrator

Step 3: Include the team deliberately



- Have direct reports meet the finalist before an offer is made. They're not there to vote; they may spot dynamics the administrator misses. Watch whether the candidate treats staff with the same respect they show leadership.
- Typical owner: Practice administrator

Step 4: Check references for what resumes can't show



- Ask former supervisors how the candidate handled accountability, responded to feedback, and performed as a manager. Specific questions produce useful answers.
- Typical owner: Practice administrator, HR

Step 5: Make the offer with clear expectations



- Include the role definition, metrics, authority, and development support in the offer conversation. Hesitation at this stage is useful information — better now than at the 90-day review.
- Typical owner: Practice administrator, HR



Common Pitfall: Practices often run a hiring process designed to fill the seat quickly rather than to find the right person. A vacancy is expensive, but the wrong hire is more expensive. The cost of an extra two weeks in the search is small compared to the cost of a manager exit at six months.



Decision Point: **Promote from Within or Search More Broadly?**

- ☑ Promote internally when the candidate has demonstrated sound judgment, accountability, and the ability to develop others, not simply strong technical performance.
- ☑ Search externally when the role requires leadership experience or operational discipline the current team has not yet had the chance to build.
- ☑ Delay the offer when a candidate can't give specific examples of handling conflict, setting standards, or making difficult calls.

KEY TAKEAWAY

Hire for Management Capability

The best scheduler, biller, or medical assistant isn't automatically the best manager. Management requires a different muscle: the ability to make decisions, hold the line, and help other people perform better.

Explore More

For hiring frameworks, behavioral interview guides, and job description templates, see MGMA Tools & Checklists – Recruiting & Onboarding, the MGMA Interviewing Toolkit, and MGMA Job Descriptions.

Set Expectations Before Day One

Frontline managers don't fail because they stop caring. They fail because no one told them what success looks like. A manager given a title, a team, and a desk is set up for improvisation, not management. The practice administrator's job at the start of a new manager's tenure is to make success concrete and measurable before the first day of work — not after the first performance review.

Step-by-Step: Onboarding a Frontline Manager



Step 1: Define the performance metrics before the manager starts

- What does strong performance in this role look like at 90 days? At six months? Identify the operational metrics the manager will own — patient wait time, staff turnover rate within their team, schedule fill rate, denial rate, whatever is relevant to their function — and share them at the outset, not after the first review cycle.
- Typical owner: Practice administrator



Step 2: Give the manager a structured first two weeks

- A new manager should spend the first two weeks observing, listening, and meeting individually with each direct report — not making changes. A manager who tries to fix things before understanding them rarely fixes the right things. Make this expectation explicit so the manager doesn't interpret stillness as failure.
- Typical owner: Practice administrator, manager



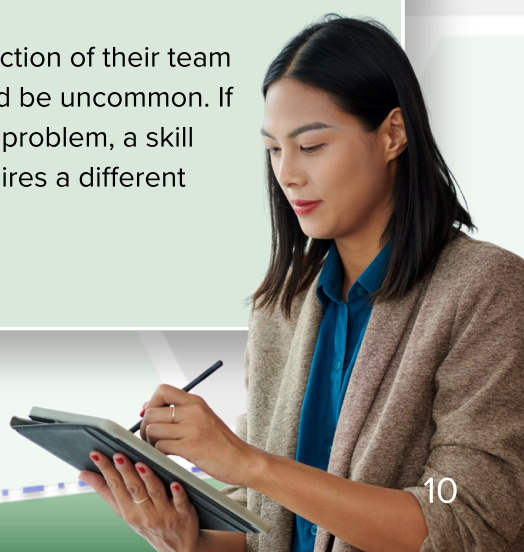
Step 3: Schedule a 30-day check-in

- It's too early to evaluate performance but not to discuss what the manager has observed, where they feel uncertain, and where they need more authority or support. This conversation sets the tone for how feedback will flow in both directions. A manager who learns early that upward candor is welcomed will use it.
- Typical owner: Practice administrator



Step 4: Set a 90-day milestone

- At 90 days, the manager should be operating the daily function of their team independently. Staff escalations to the administrator should be uncommon. If they aren't, diagnose the gap specifically: Is it an authority problem, a skill problem, or a credibility problem with the team? Each requires a different intervention.
- Typical owner: Practice administrator



Decision Point: **Does This Manager Have a Real 90-Day Runway?**

- **If success metrics and authority boundaries aren't established**: Set them before the manager begins.
- **If the manager's new to leadership**: Build in more frequent check-ins, observation time, and explicit coaching.
- **If the manager's experienced but new to your practice**: Familiarity with management doesn't equal familiarity with your workflows, culture, or standards.



Set Expectations Before Day One

A manager can't meet a standard they have never been shown. Define success early, make it measurable, and give the manager enough context to lead intentionally rather than improvise under pressure.

Explore More

For onboarding frameworks and 90-day performance templates, see MGMA Tools & Checklists – Recruiting & Onboarding, especially the Medical Practice Staff Onboarding Checklist and Orientation Timeline. For operational and compensation benchmarks, use MGMA DataDive Management and Staff Compensation and DataDive Financials and Operations.

Build the Skills That Don't Come Naturally

Giving feedback, navigating difficult conversations, delegating, and holding standards under pressure are learned management skills. They don't develop through observation alone. When practices fail to develop these skills, then blame managers for lacking them, the issue is inadequate development — not simply the person in the role.

Developing a frontline manager doesn't require a formal program. It requires specific coaching, opportunities to practice, and follow-up on what happened.

Step-by-Step: Coaching a Frontline Manager

Step 1: Debrief difficult situations



- After a staff conflict, patient escalation, or coverage crisis, follow up within a day or two. Ask what happened, what the manager decided, and what they would do differently next time. Debriefing turns experience into judgment.
- Typical owner: Practice administrator

Step 2: Model the feedback conversation



- Managers often avoid critical feedback because they do not know how to deliver it without damaging the relationship. Before a difficult conversation, walk through the opening, the specific message, and the expected outcome. Modeling beats a generic training module.
- Typical owner: Practice administrator

Step 3: Assign one coaching action and follow up



- Give the manager a specific behavior to practice, with a deadline: for example, deliver one piece of direct feedback to a team lead this week. Then ask how it went. Without follow-up, coaching becomes a nice conversation with no operational impact.
- Typical owner: Practice administrator

Step 4: Connect managers with peers



- Create a regular space for frontline managers to compare challenges and share what's working. In smaller practices, use external peer networks or local MGMA connections. Managers do better when they're not reinventing the wheel alone.
- Typical owner: Practice administrator





Common Pitfall: Administrators often assume development is happening because they had one good conversation. Development requires repetition and structured follow-up. A single coaching exchange without subsequent accountability produces nothing lasting.

Decision Point: **Is This a Coaching Need, a Training Need, or a Performance Issue?**

- Use **coaching** when the manager understands the expectation but needs help applying it in a specific situation.
- Use **structured training** or **role practice** when the manager lacks a foundational skill, such as giving feedback, delegating, or handling conflict.
- Move to **formal performance management** when the same gap persists after clear coaching, practice, and follow-up.

KEY TAKEAWAY

Build the Skills That Don't Come Naturally

Management judgment doesn't emerge by osmosis. Debriefing real situations, modeling difficult conversations, and checking whether the manager used the coaching are what turn experience into actual leadership skill.

Explore More

For manager development, see MGMA Training, MGMA ACMPE resources, Principles of Practice Management Certificate, and Essentials of Group Practice Management (online MGMA course). For peer learning, direct managers to MGMA State Affiliates and the MGMA State Events Calendar.

Hold Standards Without Losing the Manager

Frontline managers must hold their teams accountable while meeting a higher standard themselves. When performance slips, your response can determine whether the manager improves or the problem deepens.

Step-by-Step: The Performance Conversation

Step 1: Name the specific gap



- Replace general impressions with observable facts: “Four staff members brought scheduling disputes directly to me in the past 30 days. Those issues should have been resolved at your level.” Specific examples make the problem harder to deflect and easier to address.
- Typical owner: Practice administrator

Step 2: Ask before diagnosing



- Ask the manager what's driving the pattern. The issue may be workload, unclear authority — or a team dynamic leadership has not seen. Listen before deciding on the intervention.
- Typical owner: Practice administrator

Step 3: Set a clear expectation for improvement



- Define the behavior, deadline, and escalation threshold: “By the end of next month, bring me scheduling disputes only when a policy exception is involved.” Document the expectation.
- Typical owner: Practice administrator

Step 4: Schedule the follow-up



- Set the next check-in before the conversation ends, ideally within two weeks. Without follow-up, the expectation is just a warning that wandered off into the void.
- Typical owner: Practice administrator



Decision Point: **Can This Gap Be Corrected Through Coaching?**

- **Coach first** when the problem is specific, recent, and the manager has the authority and support to address it.
- **Set a documented improvement expectation** when the pattern is recurring or affecting staff, patients, or daily operations.
- **Escalate the response** when the manager minimizes the problem, resists accountability, or fails to improve after direct feedback.



Hold Standards Without Losing the Manager

Specificity is the difference between accountability and frustration. Name what happened, explain why it matters, set the expectation for change, and follow up before the conversation disappears into the workday.

Explore More

For performance documentation, evaluation structure, and manager accountability, see MGMA's Performance Evaluation Toolkit and HR Policies & Procedures Manual for Medical Practices, 5th Edition.

Decide When to Escalate or Exit

A frontline manager should not remain in the role indefinitely when clear expectations, support, and direct feedback have not changed the pattern. The goal is a fair, documented decision that protects the team and your practice.

When a Role Exit May Be Appropriate

Consider a role exit when:

- Performance has not improved after 60 to 90 days of clear expectations, support, and feedback.
- Staff have lost confidence in the manager and the administrator's routinely managing the team instead.
- The manager's creating cultural damage through favoritism, inconsistent accountability, or behavior that conflicts with practice values.
- The manager focuses more on managing leadership's perception than developing and holding their team accountable.

Step-by-Step: Moving Through an Exit Decision

Step 1: Document the gap and prior interventions



- Record the expectations set, feedback given, support provided, and changes requested. Thin documentation is a process problem to correct before acting, not an excuse to ignore a clear performance pattern.
- Typical owner: Practice administrator, HR

Step 2: Involve HR or legal counsel early



- Performance improvement plans, role changes, and termination decisions carry legal and procedural requirements that vary by state and employment agreement. Finalize the process before starting the conversation.
- Typical owner: Practice administrator, HR

Step 3: Consider a role redesign



- A strong individual contributor may be poorly suited to people management but still valuable to your practice. Consider a senior individual contributor role or narrower scope before defaulting to separation.
- Typical owner: Practice administrator

Step 4: Communicate the decision directly



- State the decision and reason plainly. A manager who has received clear, consistent feedback should not be surprised; when they are, the feedback process broke down earlier.
- Typical owner: Practice administrator, HR

What a Role Exit Does Not Mean

A manager may be wrong for management without being wrong for your practice. When a capable employee was promoted too soon or placed in an ill-fitting role, a lateral move can preserve valuable expertise and avoid losing someone your practice still needs.

Decision Point: **Can This Person Succeed in a Different Role?**

- Consider a scope adjustment or lateral move when the employee remains a strong contributor but isn't effective at people management.
- Move toward a role exit when credibility is gone, cultural harm is recurring, or clear support and feedback have not changed the pattern.
- Pause before acting only long enough to ensure the record is accurate and HR or legal counsel has reviewed the process





Decide When to Escalate or Exit

Removing someone from management isn't always a judgment on their value to your practice. But keeping the wrong person in the role after the evidence is clear asks the entire team to take the fall.

Explore More

For performance improvement, HR documentation standards, employee relations, discipline and separation workflows, check out the MGMA's Human Resources Management Certificate. For succession planning and evaluating whether a strong employee may be better suited for a different role, review Succession Management: An Essential Strategy for Organizational Success (MGMA Insight Article). For role transitions and employee departures, use MGMA's Sample Exit Interview Questions for a Medical Practice tool.

Keep Successful Managers from Leaving

Effective frontline managers often leave before leadership realizes they're at risk. By the time they announce an offer elsewhere, the decision is usually made.

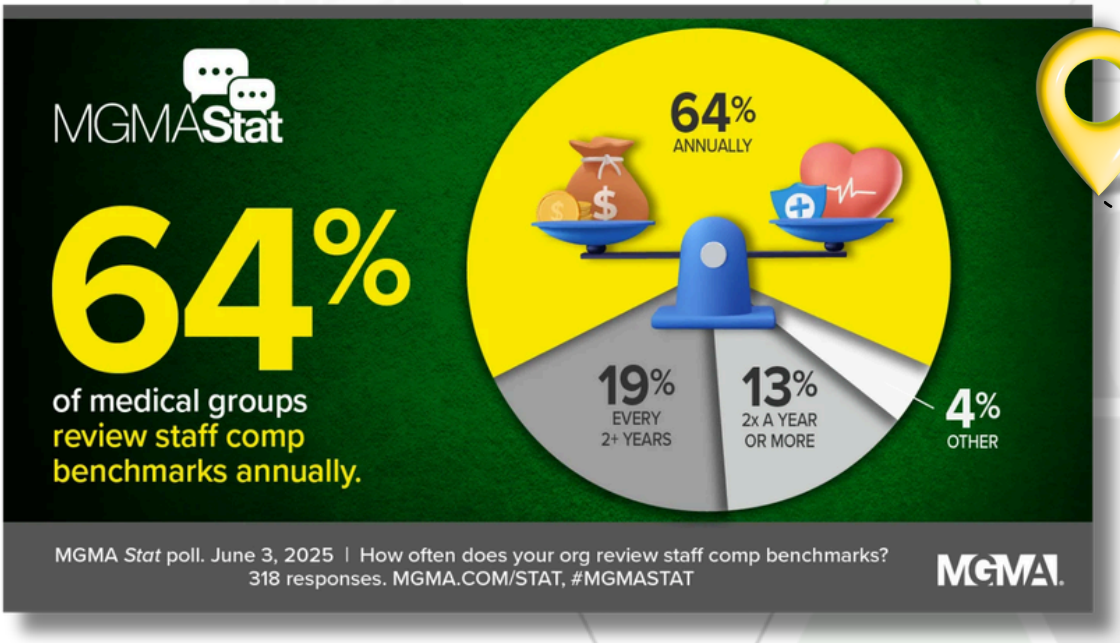
Satisfaction alone doesn't guarantee retention. A LocumTenens.com and Advisory Board workforce study found that 76% of clinicians were satisfied in their jobs, yet nearly one-third were considering leaving within 24 months. Similar signals appear among managers: They stop raising concerns, asking about your practice's direction, or investing in their team. Those shifts deserve attention before they become a resignation.

What Frontline Managers Need

Compensation matters, especially when it's inequitable or materially below market. But effective managers also need visible recognition, authority that matches their accountability, and a credible path for growth. Practices often lose good managers because they felt capped, overlooked, or responsible for outcomes they couldn't control.

Review compensation before a manager's departure forces the issue. Use MGMA DataDive to compare supervisory and administrative roles by region, practice size, and function. A manager paid below the 25th percentile for a comparable local role is a retention risk, regardless of how positive they seem in check-ins. MGMA's *2025 Management and Staff Compensation report*, drawing on more than 4,300 medical groups, reflects significant recent pay pressure across these roles. And a June 2025 MGMA *Stat* poll found that 64% of practices now benchmark staff compensation annually.

If your practice can't reach market median, address that gap openly before the manager learns their value through another offer.



Step-by-Step: A Retention Structure That Does Not Require a Large Budget

Step 1: Hold an annual stay conversation



- Ask: "What's one change that would make this job more sustainable?" Listen without defending. The answer often reveals more about flight risk than a survey ever will.
- Typical owner: Practice administrator

Step 2: Share relevant practice performance data



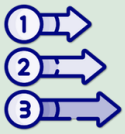
- Give managers visibility into the numbers that affect their work, including patient volume, staffing pressures, and operational targets. Context helps them make better decisions and strengthens their investment in your practice.
- Typical owner: Practice administrator

Step 3: Make one professional development commitment each year



- This might be a regional MGMA event, an online management course, or access to a peer network. The investment does not need to be large, but it should be visible.
- Typical owner: Practice administrator

Step 4: Discuss what comes next



- Managers need an honest view of their future, whether that means broader scope, compensation progression, or greater operational responsibility. You don't have to promise a promotion, but you do need to show that the role isn't a dead end.
- Typical owner: Practice administrator



Common Pitfall: Waiting for the exit interview to learn what could have been addressed months earlier. A brief, honest stay conversation during a regular check-in can surface the same issues while there's still time to act.



Decision Point: **Is This Manager Being Retained Intentionally?**

- Address compensation when market data shows the manager is paid below comparable roles.
- Address authority and workload when accountability has grown faster than decision-making power or support.
- Address career growth when the manager can't see a path forward, whether that means a larger role, additional development opportunities, or increased compensation.



Keep Successful Managers from Leaving

Effective managers often leave quietly, long before they submit notice. A stay conversation, honest compensation review, and visible investment in their future are far less expensive than rebuilding a functioning team after they're gone.

Explore More

For retention and workforce planning strategies, review Successful Healthcare Hiring & Employee Retention in 2024 (MGMA Deep Dive). For practical insights on recognizing and rewarding employee performance, see Building a Better Carrot: Developing a Staff Financial Incentive Bonus Program (MGMA Insight Article).

Managing Frontline Manager Performance Over Time

Frontline manager development should not end after onboarding.Without consistent oversight, small performance issues can go unnoticed until they become larger problems. At a minimum, administrators should be checking three things regularly:

- Whether the manager's resolving team-level issues without escalating to the administrator
- Whether staff members are going around the manager
- Whether the manager's actively developing the people on their team

30-60-90 Framework for Monitoring Frontline Manager Performance

Use the 30-60-90 framework below to make manager oversight an operating rhythm rather than a once-a-year surprise. The goal is to spot whether a new manager's gaining real traction before small gaps become staff workarounds, turnover, or repeated administrator intervention.

Phase	Focus	Key Actions	Typical Owner
First 30 Days	**Establish structure and clarity**	• Role definition, authority parameters, and reporting structure confirmed in writing • Performance metrics and 90-day milestones communicated before the manager's first week • Check-in cadence established and first 30-day check-in scheduled • Manager completes individual meetings with each direct report	Practice administrator
Days 31–60	**Build operating rhythm and surface gaps**	• Confirm team-level issues are being resolved at the manager's level, not escalated • Identify any authority or credibility gaps surfaced in the 30-day check-in and address them directly • First specific coaching action assigned and followed up on • Early performance metrics reviewed against established benchmarks	Practice administrator, manager
Days 61–90	**Confirm independent operation**	• Manager operating independently on daily function — administrator intervention should be uncommon • 90-day milestone review: is the manager hitting the operational metrics defined at the outset? • Determine whether a development investment, scope adjustment, or performance conversation is warranted • Document the outcome of the 90-day review	Practice administrator
Ongoing (quarterly minimum)	**Sustain performance and retention**	• Review team performance metrics attributable to the manager's function against established benchmarks • Hold a dedicated check-in focused on what's working, what isn't, and what the manager needs • Annual stay conversation — not a performance review, a direct question about sustainability and growth • Compensation competitiveness and development engagement reviewed at least annually	

Consider a strategy change when:

- Staff turnover within the manager's team is accelerating without a clear operational explanation
- The administrator's regularly pulled into issues that should be resolved at the manager's level
- The manager isn't providing feedback to direct reports or holding team members accountable for expectations.
- The same operational failures recur without visible correction

When any of these arises, don't wait for the next scheduled check-in. Address it immediately.

Decision Point: **What Does the Evidence at 90 Days Require?**

- ☑ Move to quarterly oversight once the manager is handling routine issues independently. Team performance should remain stable, and staff should be following the reporting structure.
- ☑ Invest in targeted development when the manager has traction but shows a specific authority, credibility, or skill gap.
- ☑ Begin a formal performance conversation when the administrator is still stepping in regularly or when staff repeatedly bypass the manager. If problems continue, reassess the role and expectations.

KEY TAKEAWAY

Managing Frontline Manager Performance Over Time

The 30-60-90 process is the beginning of performance management, not the end of onboarding. Watch for drift early; by the time recurring failures are obvious to everyone, your practice has usually already paid for them in turnover, lost trust, and administrator bandwidth.

Explore More

For guidance on involving employees in operational improvement and identifying performance issues before they become retention problems, see Cultivating Employee Voice to Enhance Organizational Performance Within Healthcare Organizations (MGMA Insights Article). For guidance on incorporating quality improvement and performance monitoring into daily operations rather than annual reviews, see Quality Improvement in Daily Medical Practice Operations: Moving from Projects to Practice Habits.

Conclusion

The frontline manager role is not a reward for top performers. It is a distinct operational job that directly shapes how patients and staff experience your practice. Treating it as a seat to fill, rather than a function to build, shows up later in turnover, inconsistency, and a quietly eroding culture. Administrators who define the role, hire for management capability, and invest in development build the operating layer the rest of the practice depends on.



RECOMMENDATIONS IN THIS PLAYBOOK

- MGMA DataDive Management and Staff Compensation
- 2025 MGMA Management and Staff Compensation Data Report, "Talent Tug-of-War: Budget Breakers and Opportunity Makers"
- MGMA DataDive Financials and Operations
- Can staff turnover continue to be tamed in medical practices into 2026?
- Medical practice staff morale mostly steady: How leaders are aiming for better
- 5 proven tactics to retain front-desk staff — and how to do them right
- How often should you benchmark staff compensation in your medical practices?
- MGMA Tools & Checklists – Recruiting & Onboarding
- Medical Group Interviewing Toolkit
- Performance Evaluation Toolkit
- HR Policies & Procedures Manual for Medical Practices, 5th Edition
- MGMA Training
- Principles of Practice Management Certificate
- Essentials of Group Practice Management
- ACMPE resources and Body of Knowledge

ADDITIONAL PLAYBOOKS

- Medical Practice Staff Recruitment
- Medical Practice Staff Onboarding
- Medical Practice Staff Compensation and Benefits
- Mission, Vision and Values

Have a question? Click here

ASK MGMA An Advisor

Appendix

Use these fillable tools as inserts or companion assets for the Medical Practice Frontline Manager Playbook. Adapt language to align with internal HR policies, employment agreements and state-specific requirements.

Appendix A: **Authority / RACI Matrix**

Purpose: Define decision rights before hiring, promoting or evaluating a frontline manager. R = Responsible; A = Accountable; C = Consulted; I = Informed.

Decision / activity	Frontline manager	Practice administrator	HR / compliance	Team / staff	Local policy notes
Approve day-to-day schedule swaps within policy	R	A	C	I	Define limits: overtime, PTO conflicts, provider template changes
Approve overtime or agency coverage	C	A	C	I	Set dollar/hour threshold requiring administrator approval
Run daily huddle and assign coverage	R	A	C	I	Use standard huddle agenda and coverage board
Resolve routine patient service recovery issue	R	A	C	I	Escalate safety, privacy, legal or threatening behavior immediately
Coach staff on attendance/tardiness pattern	R	A	C	I	Manager documents coaching per HR policy
Issue formal discipline or PIP	C	A	R	I	HR/legal review as required before formal action
Approve workflow change affecting one team	R	A	C	I	Document change and monitor metrics for 30 days
Approve workflow change affecting multiple departments	C	A	C	I	Cross-functional review required
Interview candidates for direct-report roles	R	A	C	I	Use structured interview guide and defined selection criteria
Make final hiring decision	C	A	C	I	Administrator/HR final approval based on policy
Approve staff compensation change	I	A	C	I	Use compensation benchmarks and internal equity review
Escalate compliance, safety or harassment concern	R	A	R	I	Immediate HR/compliance escalation; do not route as routine management issue

Appendix B: **Frontline Manager Competency Model**

Purpose: Use this model for interviewing, promotion decisions, onboarding, coaching and annual development planning.

Competency	Standard	Observable behaviors	Red flags	Assessment method
Judgment in ambiguity	Makes reasonable decisions when information is incomplete; knows when to escalate.	Uses facts, asks clarifying questions, identifies risk.	Defers all decisions; over-escalates; makes exceptions inconsistently.	Behavioral interview scenario; 30/60/90 observation
Accountability	Owns team outcomes without blaming staff, systems or leadership by default.	Names gaps, follows through, closes loops.	Explains problems but does not act; avoids difficult follow-up.	Manager scorecard; administrator check-ins
Delegation	Assigns work clearly and follows up without taking everything back.	Sets owner, due date, expected outcome.	Becomes bottleneck; "rescues" staff instead of coaching.	Workload review; huddle observation
Feedback and coaching	Gives timely, specific feedback that improves behavior.	Uses examples; documents expectations; follows up.	Avoids conflict; gives vague feedback; surprises staff at review time.	Role play; documentation audit
Conflict management	Addresses tension early and fairly.	Listens, names behavior, redirects to standards.	Takes sides; triangulates; lets resentment build.	Staff pulse feedback; incident debrief
Communication	Communicates priorities, changes and expectations consistently.	Uses huddles, one-on-ones and written follow-up.	Staff hear different messages; repeated confusion on basics.	Team survey; huddle audit
Data use	Uses basic metrics to spot drift and improve operations.	Tracks access, productivity, denials, turnover or service metrics.	Relies only on anecdotes; does not review trends.	KPI scorecard review
Service recovery	Handles routine patient complaints professionally and within policy.	De-escalates, documents, escalates appropriately.	Dismisses complaints; escalates everything; promises beyond authority.	Complaint log review
Change leadership	Introduces workflow changes with context, training and follow-up.	Explains why, tests small, monitors effect.	Announces changes without support; abandons follow-up.	Change plan review

Appendix C: **Function-Specific KPI Scorecard**

Purpose: Select 5–8 metrics relevant to the manager's function. Avoid making one manager accountable for outcomes they cannot influence.

Function	Suggested KPIs	Review cadence	Data source	If results drift, first response
Front desk / patient access	Average speed to answer; abandonment rate; third-next-available appointment; registration accuracy; copay collection rate; patient complaints related to access	Weekly for access metrics; monthly for trend review	Phone system, PM system, patient complaints, denial reports	Review staffing patterns, scripts, templates, escalation rules
Clinical support / MA team	Rooming cycle time; provider start-time readiness; refill/task turnaround; vaccine/medication reconciliation defects; clinical inbox aging; overtime hours	Weekly huddle; monthly dashboard	EHR task queues, time studies, safety/quality logs	Clarify standing orders, cross-training, task ownership
Billing / revenue cycle	Claim denial rate; days in A/R; clean claim rate; charge lag; unresolved work queue volume; patient balance follow-up aging	Weekly work queue review; monthly dashboard	PM system, clearinghouse, payer reports	Retrain on root causes; revise front-end handoffs; escalate payer issues
Patient experience / service recovery	Complaint volume; issue resolution time; service recovery documentation; patient satisfaction comments; call-backs completed	Monthly minimum; immediate review for serious events	Survey platform, complaint log, service recovery log	Coach on scripts; define escalation threshold; close loop with patient
Staff engagement / retention	Turnover rate; vacancy days; absence/tardy patterns; one-on-one completion; training completion; pulse survey themes	Monthly or quarterly depending on volume	HRIS, schedule, LMS/training system, pulse surveys	Hold stay conversations; adjust workload; address conflict or inequity
Manager operating effectiveness	Administrator escalations that should have stayed with manager; unresolved team conflicts; overdue coaching follow-ups; missed huddles/check-ins	Monthly during first 90 days; quarterly ongoing	Administrator log, check-in notes, team pulse feedback	Revisit authority, coaching needs, role fit or formal performance plan

Appendix D: **Fillable 90-Day Frontline Manager Worksheet**

Purpose: Use during onboarding or performance reset. Complete at day 0, day 30, day 60 and day 90.

Section	Prompt 1	Prompt 2	Prompt 3	Prompt 4
Role scope and team	Team/function covered	Direct reports	Key workflows owned	Known constraints
Authority boundaries	Decisions manager owns	Decisions requiring approval	Escalation triggers	Staff bypass protocol
90-day outcomes	Operational metric 1	Operational metric 2	People/retention metric	Patient/service metric
First 30 days	Individual staff meetings completed	Workflow observations	Quick risks identified	Support needed
Days 31–60	Coaching action assigned	Authority gap addressed	Metric trend reviewed	Follow-up date
Days 61–90	Independent operation evidence	Persistent gaps	Development need	90-day decision
Decision at 90 days	Move to quarterly oversight	Targeted development plan	Scope adjustment	Formal performance process

90-Day Check-In Notes

Checkpoint	Question 1	Question 2	Follow-up
30-day check-in date:	What is working?	What is unclear?	Action / owner / due date:
60-day check-in date:	Progress since last check-in?	Metric or behavior drift?	Action / owner / due date:
90-day review date:	Evidence reviewed?	Decision made?	Next review date:

Appendix E: **Stay Conversation Script and Flight-Risk Guide**

Purpose: Use at least annually for effective managers, and sooner after major workflow, staffing, compensation or leadership changes. This is not a performance review.

Item	Script / question
Opening script	"I want to talk about what will help you stay successful here. This is not a performance review. I'm looking for honest feedback about what is sustainable, what is getting harder and where you want to grow."
Question 1	What part of this role is most energizing right now?
Question 2	What part of the role is becoming less sustainable?
Question 3	Where do you feel accountable for outcomes you cannot fully control?
Question 4	What decision rights or support would help you lead more effectively?
Question 5	What is one thing that would make you more likely to still be here a year from now?
Question 6	Do you feel your compensation, title and scope are aligned with your responsibilities?
Question 7	What development opportunity would be most meaningful this year?
Question 8	What should I know that I may not be seeing?
Closing script	"Thank you for being candid. I may not be able to fix everything immediately, but I will follow up on what I can address and be transparent about what I cannot."

Flight-risk signal	Recommended administrator response
Stops raising concerns or participating in planning	Ask directly what has changed; schedule follow-up within two weeks
Increased frustration with authority limits or workload	Review RACI matrix; remove low-value tasks; clarify escalation support
Compensation concerns or external market references	Conduct market/internal equity review; communicate timeline and constraints
Declining follow-through or missed manager routines	Assess burnout, role fit or competing priorities before moving to discipline
Loss of trust with team or visible conflict fatigue	Offer coaching, mediation support or scope adjustment
Increasing interest in development without visible path	Create development plan, MGMA education/networking commitment or stretch project

HR / Legal Caution Box

Purpose: Insert this caution box in sections covering performance improvement, discipline, role changes or separation decisions.

HR / Legal Caution: This playbook is intended as operational guidance, not legal advice. Before implementing a formal performance improvement plan, changing a manager's role, reducing pay or authority, or ending employment, align the process with your organization's HR policies, employment agreements, documentation standards and applicable federal, state and local requirements. Involve HR and legal counsel early when the situation involves protected leave, accommodation requests, wage/hour concerns, harassment or discrimination allegations, retaliation risk, patient safety, licensing, whistleblower activity or inconsistent prior treatment.