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clay@mostlymedicaid.com | 919-727-9231

Medicaid Jobs Hunter

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9. Income Maintenance Caseworker II- Adult Medicaid Processing
10. Eligibility Specialist, Medicaid/Medicare Jobs in Scottsdale, AZ - Centauri Health Solutions, Inc.

Metroplus Health Plan - Social Worker Job in New York, NY

SourceURL: https://www.glassdoor.com/job-listing/care-manager-social-worker-metroplus-health-plan-JV_IC1132348_KO0,26_KE27,48.htm?jl=3252500375

Care Manager - Social Worker

Metroplus Health Plan

MetroPlus Health Plan provides the highest quality healthcare services to residents of Bronx, Brooklyn, Manhattan, Queens and Staten Island through a comprehensive list of products, including, but not limited to, New York State Medicaid Managed Care, Medicare, Child Health Plus, Exchange, Partnership in Care, MetroPlus Gold, Essential Plan, etc. As a wholly-owned subsidiary of NYC Health + Hospitals, the largest public health system in the United States, MetroPlus network includes over 27,000 primary care providers, specialists and participating clinics. For more than 30 years, MetroPlus has been committed to building strong relationships with its members and providers to enable New Yorkers to live their healthiest life.

Position Overview

The primary goal of the Case Manager is to optimize members health care and delivery of care experience with expected cost savings due to improved quality of care. This is accomplished through engagement and understanding of the members needs, environment, providers, support system and optimization of services available to them. Case Manager is expected to assess and evaluate members needs, be a creative, efficient and resourceful problem solver. This will be accomplished through in field work in members homes, facilities, provider offices and community resources. The Case manager serves as members advocate and accompanies the member throughout their care journey in the field.

Case Manager is monitored and assessed based on value added to improved health status of member. That includes, but not limited to their disease management physical and behavioral, medication adherence, and utilization of emergency services, hospitalizations and avoidable complications. Case Managers primary role is to support members in need and problem solve issues in a beneficial manner for the member and Plan. The support is comprehensive and includes clinical, social, financial, environmental and safety aspects.

This is a hands on, involved, predominately field based position and will require travel within the MetroPlus Health Plan service area.

Cook County Government hiring DIrector of Finance, Medicare and Medicaid- County in Chicago, IL, US

SourceURL: https://www.linkedin.com/jobs/view/director-of-finance-medicare-and-medicaid-county-at-cook-county-government-1303388868

DIrector of Finance, Medicare and Medicaid- County

Chicago, IL, US

0 applicants

DIrector of Finance, Medicare and Medicaid- County Care*Job Number: 00123104
- Job Posting :May click apply PM*Closing Date*:Jun click apply PMFull-time
A.M.

P.M.

Posting Salary: COMPETITIVE
Organization :Health and Hospital Systems

Location: Managed Care 600 W. Jackson Chicago, IL

Position Summary

The Director of Finance Medicare/Medicaid, County Care provides leadership and oversight for the Cook County Health's strategic plan for Medicaid and Medicare products.This includes, but is not limited to, responsibility for County Care financial reporting, driving medical cost action planning processes and execution to achieve established goals and targets.Assists in hiring and managing County Care Finance Department Staff.Work with the Director of Finance to create an innovative department, which is in alignment with and supports the Cook County Health's mission statement and strategic plan.

Typical Duties
- Implements, directs and oversees CountyCare Strategic Plan as it relates to Medicaid and Medicare products.
- Works directly and communicates with Senior Leadership Team to plan, organize and direct the identification, prioritization and implementation of Medicare/Medicaid programs that improve financial, services and clinical outcomes.
- Drives medical cost action planning processes for the health plan; executes the short-term and long-range financial and operational plan Medicaid and Medicare programs.
- Keeps Senior Leadership abreast of the plan operating budget, forecasts performance and initiatives

Minimum Requirements
- Bachelor's degree from an accredited college or university (official transcripts due at time of interview)
- Five (5) years of managed care health plan finance experience
- Two (2) years of management experience
- Current knowledge of Medicare and Medicaid programs, rules and regulations
- Intermediate proficient with Microsoft Word and Excel

Preferred Qualifications
- Master's Degree in Finance, Economics, or other related quantitative field

Knowledge, Skills, Abilities And Other Characteristics
- Knowledge of Medicare and Medicaid programs, rules and regulations
- Ability to use business and technical knowledge to use appropriate techniques in solving problems
- Knowledge of regulatory standards in the healthcare industry
- Strong knowledge of Microsoft Office Word and Excel
- Excellent written and verbal communication skills to work with all levels of individuals internally and externally
- Excellent analytical, critical thinking, negotiation, persuasion and decision making and time management skills
- High numeracy and sound technical skills

VETERAN PREFERENCE

PLEASE READ

When applying for employment with the Cook County Health & Hospitals System, preference is given to honorably discharged Veterans who have served in the Armed Forces of the United States for not less than 6 months of continuous service

To Take Advantage Of This Preference a Veteran Must
- Meetthe minimum qualifications for the position.
- Identify self as a Veteran on the employment application by answering yes to the question by answering yes to the question, "Are you a Military Veteran?"
- Attach a copy of their *DD 214, DD 215 or NGB 22
- (Notice of Separation at time of application filing.Please note:If you have multiple DD214s, 215s, or NGB 22S, Please submit the one with the latest date.Coast Guard must submit a certified copy of the military separation from either the Department of Transportation (Before 9/11) or the Department of Homeland Security (After 9/11). **Discharge papers must list and Honorable Discharge Status.Discharge papers not listing an Honorable Discharge Status are not acceptable**

OR

A copy of a **valid State ID Card or Driver's License** which identifies the holder of the ID as a Veteran, may also be attached to the application at time of filing.

If items are not attached, you will not be eligible for Veteran Preference

VETERANS MUST PROVIDE ORIGINAL APPLICABLE DISCHARGE PAPERS OR APPLICABLE STATE ID CARD OR DRIVER'S LICENSE AT TIME OF INTERVIEW .

Benefits Package
- Medical, Dental, and Vision Coverage
- Basic Term Life Insurance
- Pension Plan
- Deferred Compensation Program
- Paid Holidays, Vacation, and Sick Time
- You may also qualify for the Public Service Loan Forgiveness Program (PSLF)

For further information on our excellent benefits package, please click on the following link:

MUST MEET ALL REQUIRED QUALIFICATIONS AT TIME OF APPLICATION FILING .

Degrees awarded outside of the United States with the exception of those awarded in one of the United States' territories and Canada must be credentialed by an approved U. S. credential evaluation service belonging to the National Association of Credential Evaluation Services (NACES) or the Association of International Credential Evaluators (AICE). Original credentialing documents bust be presented at time of interview.*

Please note all offers of Employment are contingent upon the following conditions: satisfactory professional & employment references, healthcare and criminal background checks, appropriate licensure/certifications and the successful completion of a physical and pre-employment drug screen.*

CCHHS is strictlyprohibitedfromconditioning,basingorknowinglyprejudicingoraffectinganytermoraspectofCountyemploymentorhiringuponorbecauseofanypoliticalreasonorfactor.*

COOK COUNTY HEALTH & HOSPITALS SYSTEM IS AN EQUAL OPPORTUNITY EMPLOYER

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Metroplus Health Plan - Registered Nurse (RN) Job in New York, NY

SourceURL: https://www.glassdoor.com/job-listing/care-manager-registered-nurse-rn-metroplus-health-plan-JV_IC1132348_KO0,32_KE33,54.htm?jl=3252353881

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Position Overview

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Recruiting International hiring Health Plan Account Mgr CHC in Houston, TX, US

SourceURL: https://www.linkedin.com/jobs/view/health-plan-account-mgr-chc-at-recruiting-international-1305728318

About Us

Community Health Choice, Inc. (Community) is a non-profit managed care organization (MCO), licensed by the Texas Department of Insurance. Through its network of more than 10,000 providers and 94 hospitals, Community serves over 400,000 Members with the following programs:

Medicaid State of Texas Access Reform (STAR) program for low-income children and pregnant women

Childrens Health Insurance Program (CHIP) for the children of low-income parents, which includes CHIP Perinatal benefits for unborn children of pregnant women who do not qualify for Medicaid STAR

Health Insurance Marketplace Plans that offer individual health coverage that includes preventive care, emergency services, prescription drugs, and hospitalization available to all, regardless of pre-existing conditions.

Improving Members' experiences is at the heart of every Community position. We strive every day to make sure that our Members have access to the high-quality health care they need and deserve.

Community is accredited by URAC for its health plan operations. We offer care management programs for asthma, diabetes, and high-risk pregnancy. An affiliate of the Harris Health System (Harris Health), Community is financially self-sufficient and receives no financial support from Harris Health or from Harris County taxpayers.

Job Profile

The Health Plan Account Manager position is responsible for proactively managing client service, enrollment, and renewal activities and administration of assigned client account(s). Account Managers serve as the primary day-to-day contact for all client accounts and any internal or external partners who work and/or provide services on the account.

Qualifications

- Bachelor's Degree or four years in health insurance may substitute in lieu of degree.
- Health and Life Insurance License required.
- Must have a valid driver's license

Work Experience

- 2 years individual or group sales.
- Account management experience preferred.

Skills

- Analytical
- Research
- P.C.
- MS Word
- MS Excel
- MS Access
- Writing /Composing/Correspondence/Reports

Benefits And EEOC

Community employees benefits are provided by Harris Health. These benefits are designed to provide you with flexibility and choices in meeting your specific needs.

Community is an Equal Opportunity Employer.

Job Category

All Jobs

Capgemini hiring Medicare/Medicaid/ Claims(Healthcare) - Supervisor/Lead in El Paso, TX, US

SourceURL: https://www.linkedin.com/jobs/view/medicare-medicaid-claims-healthcare-supervisor-lead-at-capgemini-1297367141

About Capgemini

A global leader in consulting, technology services and digital transformation, Capgemini is at the forefront of innovation to address the entire breadth of clients' opportunities in the evolving world of cloud, digital and platforms. Building on its strong 50 year heritage and deep industry-specific expertise, Capgemini enables organizations to realize their business ambitions through an array of services from strategy to operations. Capgemini is driven by the conviction that the business value of technology comes from and through people. It is a multicultural company of over 200,000 team members in more than 40 countries. The Group reported 2018 global revenues of EUR 13.2 billion.

Visit us at www.capgemini.com . People matter, results count.

Click the following link for more information on your rights as an Applicant - http://www.capgemini.com/resources/equal-employment-opportunity-is-the-law

Job

Business Analyst

Schedule

Full-time

Primary Location

US-TX-El Paso

Organization

BSv US

Looking for Team Leader with minimum experience for 4-5 years in US Health Care domain and managing large teams. End to End understating to various health care products and plans. He will be responsible to provide training for new Hires general claims support by reviewing, researching, investigating, negotiating, processing and adjusting claims. Work Exposure in: BPO, Customer Service, Payer Operations

Productivity & Quality Management

- Should be able drive daily task handling through various form & medium of communication, written and/or verbal, phone, email, chat, web forms, and social communications, as well as self-service support sites.
- S/he should be able to drive the quality, productivity targets with team(s) & defined timelines to ensure Service Level Agreements (SLAs) and ensure there is no penalty due to miss in SLA's.
- S/he should ensure accuracy in the reports submitted.
- Demonstrate analytical capabilities while performing tasks.
- Should adhere to established policies, procedures, and compliance which result in a satisfactory audit rating.

Process Management

- Maintain performance and deliver as per the process metrics and should be able to work and deliver under pressure and contribute towards process improvement in the projects.
- Supporting the batch when they are released from training to transaction.
- Helping new batches in their learning curve.
- Perform Root Cause Analysis for all the critical misses, and effectively handling escalations,
- providing regular feedbacks to help them to perform better
- Running programs for outliers on the production floor so that they can meet the production and quality targets.

Specialized/Practical Knowledge

- Minimum 4-5 years Exp in US Health Care
- Strong experience in People Management and experience in managing large teams
- Full time Bachelor's degree/Diploma from an accredited institute (Any Graduate (Non –Technical/Technical)
- Work Exposure in: BPO, Customer Service, Payer Operations
- Excellent grasping powers able to understand the various processes.
- Team player with excellent verbal and written communication skill.
- Should have working knowledge of Microsoft Office skills (excel in particular).
- Willing to work in 24/7 environment and sign a service agreement as per company norms.

Ability to work in flexible work schedule, including holidays & weekends.

Knowledge, Skills And Abilities

- Should be committed and focused to succeed under challenging work environment
- Should be able to adapt with the changes in the processes and updates in a dynamic process.
- Strong numerical skills and a positive "Can do" attitude combined with strong attention to detail and an awareness of current market issues.
- Should take up necessary trainings to enhance one's skills and demonstrate interest in learning about self.
- Should ensure there are no competency gaps in the current role through on the job training, mentoring or external trainings.
- Should develop skills in specific technology area / domain through certification

S/he should seek feedback on one's performance and uses that feedback to grow

- Open for working in high pressure environment.

All prospective employees must pass a thorough background check prior to joining and reference checks prior to offer.

- Customer Service Associate/Customer Care Representative
- Analyst

Entry level Agent

- Subject Matter Expert
- Strong business sense and healthcare industry preferred

Request you to send your resume to harish.gotur@capgemini.com

Ivy Exec hiring Senior Director-Medicaid Health Plan in Scottsdale, AZ, US

SourceURL: https://www.linkedin.com/jobs/view/senior-director-medicaid-health-plan-at-ivy-exec-1302960389

Responsible for the management and direction of all financial affairs for the SBU including business strategy, account management and operations effectiveness. Specific areas of focus include customer contracting, rate negotiations, product pricing, analysis of utilization and medical cost trends, new product development and implementation with customers. This position is responsible for the prioritization and coordination of all financial analytics including analysis of financial results, forecasting/budgeting and performance measurement, as well as the application of such information to direct and educate the senior SBU management team on all business issues.
Oversees the financial terms of all contracts and coordinates all related activities such as rate renewals/rate openers and settlements of contingencies under each contract (e.g., performance penalties/incentives).
Analyzes and reports monthly financial results for the SBU to leadership and appropriate staff members.
In partnership with SBU leadership, develops and maintains long-term strategic plan for business including 5-year financial plan, including specific strategic initiatives, related investment/capital deployment requirements and cost/benefit analyses.
Manages the preparation of the fiscal operating budget for the SBU as well as quarterly forecasts and monthly forward outlook.
Prioritizes and coordinates all cost of care analytics for business, maintain appropriate data environment (framework) to ensure relevance of information applied in management of business and partner with SBU leadership to guide operations and strategies to optimize effectiveness of care management activities.
Monitors all balance sheet accounts associated with contracts managed by the SBU including accounts receivable, funds withheld by customers, claims recoverables, etc.
Performs special projects and other tasks, as requested by leadership.
General Job Information
Title
Senior Director-Medicaid Health Plan for Florida - Remote Opportunity
Grade
31
Job Family
Finance Group
Country
United States of America
FLSA Status
United States of America (Exempt)

Recruiting Start Date
4/24/2019
Date Requisition Created
4/23/2019

Minimum Qualifications

Education
Bachelors (Required), Masters
License and Certifications - Required

License And Certifications - Preferred

CPA - Certified Public Accountant - Enterprise

Responsibilities

Other Job Requirements

10+ years of progressive experience in financial operations within managed care, health care or insurance industries.
5+ years of experience in a managerial position interfacing with senior management.
Must be able to handle multiple priorities and meet tight deadlines.
Must be detail oriented and have excellent analytical skills.
Must have good communication skills, both written and verbal and experience with communication at an executive level.
Must be able to interact with all levels of staff, including all senior management.

- **Seniority level**

  Director

- **Employment type**

  Full-time

- **Job function**

  Health Care Provider

- **Industries**

  Marketing and AdvertisingInformation Technology and ServicesInternet

United Healthcare Health Insurance Sales Job in Knoxville, TN

SourceURL: https://www.glassdoor.com/job-listing/health-insurance-sales-united-healthcare-JV_IC1144394_KO0,22_KE23,40.htm?jl=3252588031

The Independent Career Agent is responsible for educating Medicare beneficiaries in the community on Medicare options and helping them make informed decisions regarding which plan is most appropriate for their needs. An ideal candidate will have a passion for helping the aging and disabled community, confidence to work within their community as a subject matter expert, the ability to quickly learn a new industry with high compliance, and ethical standards and the motivation to work in an exceptional sales environment.

Primary Responsibilities

The Medicare population is one of the fastest growing market segments in health care, and UnitedHealthcare is one of the largest businesses in the nation dedicated to serving Medicare beneficiaries' unique health care coverage needs. Up for the challenge of a lifetime? Join a team dedicated to finding bold new ways to proactively help improve the health and quality of life of our customers. You'll find a wealth of dynamic opportunities to grow and develop your business. Medicare can be a very challenging system to navigate. That's why we're putting a team of independent business owners into this growing community of Medicare beneficiaries to help them sort through their choices and decide on the best way to protect their health. UnitedHealthcare is dedicated to developing agents as they become subject matter experts in the Medicare space. Teaming up with UnitedHealthcare puts you into business with a strong partner and the only Medicare Advantage plan that carries the AARP name. Run your own business with the tools, purchasing power and resources of a top Fortune 500 company, UnitedHealth Group is currently ranked #6 on the Fortune 500.

Required Qualifications

- Professional motivated self-starter looking for a long-term career move into individual sales
- Ability to work within a commission-only sales team environment
- Compassionate individual with a passion for helping the senior and disabled population make challenging healthcare decisions. Ethical behavior and integrity is required.
- Dedication to local and national training to become an industry expert abiding by UnitedHealthcare and CMS compliance standards
- Current state health insurance license or willingness to license

Preferred Qualifications

- 2+ years Sales, Marketing, Teaching, Medicare/Medicaid or other Healthcare experience preferred
- Experience in business planning, sales strategy and market analysis
- Portfolio sales experience
- Experience in networking within the community
- Multi lingual individuals are encouraged to apply

Please click apply now to submit a resume.

Knoxville News Sentinel. Keywords: Insurance Sales Agent, Location: Knoxville, TN - 37916

Independent Care Health Plan hiring Contract and Network Development Specialist - Family Care Partnership in Madison, WI, US

SourceURL: https://www.linkedin.com/jobs/view/contract-and-network-development-specialist-family-care-partnership-at-independent-care-health-plan-1302157279

Job Description

The purpose of the **Network Development Contract Specialist (NDCS)** position is to develop and maintain a robust network of contracted providers to meet the needs for iCare membership and all lines of business. The NDCS proactively engages all levels of providers to achieve iCare goals and objectives, participates in the development of new provider networks, and successfully negotiates provider contracts favorable to iCare's business objectives. This position will effectively interact with providers, iCare department leaders, and iCare staff to assure contract compliance as well as clearly communicate with other iCare departments to assure that all applications properly reflect the contracted services and other negotiated contract terms.

This position effectively and efficiently develops and maintains a network of contracted providers to meet the needs for iCare membership and lines of business.

- Develops the iCare's provider network to best serve the needs of iCare enrollees.
- Works in collaboration with internal staff to complete and periodically update market analyses to determine network adequacy and identify network development needs.
- Participates in development of contracting strategy, including analysis of provider contracts, scope of provider services and provider profiles.
- Develops, in collaboration with iCare leadership and staff, strategies to engage providers around iCare goals for improvement in quality and service to members
- Participates in the assessment of the network development opportunities for new products, lines of business and expansion markets.
- Negotiates and prepares agreements and contracts for providers to achieve financial and non-financial goals according to iCare policy and limitations.
- Assists in the development of policy, procedures and protocols for provider data base setup and maintenance.
- Facilitates iCare credentialing process or credentialing delegation process
- Responds to requests from providers relative to contact concerns, problems and issues; conducts necessary research and analysis and responds verbally or by correspondence as appropriate.
- Interacts with other departments and seeks appropriate resolution to provider/contract issues. Advises internal staff on issues related to provider contracts and network.
- Delivers reports summarizing contracting and other activity periodically to management as requested
- Maintains compliance with all regulatory requirements.

Experience And Skills

- Broad knowledge of health care marketplace including hospital, physician and other long term care providers.
- Minimum of 5 years' experience in health insurance/managed care environment with knowledge of Medicaid and Medicare benefits and services and including provider contracting experience.
- Bachelor's degree in business administration, health care administration or related field, preferred.
- Excellent negotiation and problem-solving skills.
- Excellent oral and written communication skills; especially demonstrated telephone skills.
- Demonstrated knowledge of keyboard, Word, Excel, PowerPoint, email, and other office software applications.

Income Maintenance Caseworker II- Adult Medicaid Processing

SourceURL: https://www.governmentjobs.com/jobs/2464844-0/income-maintenance-caseworker-ii-adult-medicaid-processing?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Description

Johnston County Department of Social Services has an immediate opening for an Income Maintenance Caseworker II position in the Adult Medicaid Processing Unit, located at 714 North Street, Smithfield.

Will accept work against if fully qualified applicants are not located.

Duties and Responsibilities

The primary purpose of this position is to determine eligibility and process applications for Adult Medicaid programs. This position obtains all necessary verifications as well as third party verifications in order to determine eligibility for Adult Medicaid and processes Adult Medicaid applications in NC FAST. It is also the responsibility of this position to ensure timeliness standards are met in accordance to Medicaid policy.

Knowledge, Skills and Abilities

Considerable knowledge of the program/areas of assignment. General knowledge of all agency and community programs and services which could affect the client/applicant. Good knowledge of all agency and community programs and services which could affect the client/applicant. Good mathematical reasoning and computational skills. Ability to read, analyze, and interpret rules, regulations and procedures. Ability to communicate with clients/applicants, the public at large, and public officials to obtain data, and to explain and interpret rules, regulations and procedures. Ability to instruct and to evaluate the work of lower level employees. Ability to perform casework functions with structured time frames.

Desired Education and Experience

One year of experience as an Income Maintenance Caseworker I.

Will accept IMC I work against:

Graduation from high school and three years of paraprofessional, clerical, or other public contact experience which included negotiating, interviewing, explaining information, gathering and compiling of data, the analysis of data and/or the performance of mathematical or legal tasks; or an equivalent combination of training and experience.

Eligibility Specialist, Medicaid/Medicare Jobs in Scottsdale, AZ - Centauri Health Solutions, Inc.

SourceURL: https://www.careerbuilder.com/job/J2Z77F5ZN61XCS04RNT

Full-Time
Travel - None
Experience - 2 years
Degree - High School
Healthcare - Health Services
Health Care, Customer Service, Insurance

Job Description

As a Medicare/Medicaid Eligibility Specialist you will advocate and assist low-income Medicare beneficiaries enrolled in a contracted health plan in the application and eventual re-qualification for government assistance programs.

This will require you to project empathy over the phone to gain the applicant's trust and gain their consent for us to provide application assistance. You will then provide program qualification and application expertise to the applicant and manage outreach to government offices that process and adjudicate applications.

The person performing this role must have a strong working knowledge of program qualification requirements spanning 50 states, 3 territories and hundreds of counties specific to Medicaid, Special Needs Programs (SNP), Low Income Subsidy (LIS) and the Medicare Savings Program (MSP).

Join our award-winning health care services firm as a Medicare/Medicaid Eligibility Specialist working with health plan members to determine eligibility for Social Security disability benefits. The Medicare/Medicaid Eligibility Specialist advocates and assists low-income Medicare beneficiaries apply to and requalify for government assistance programs.

The Medicare/Medicaid Eligibility Specialist projects empathy over the phone and gains the required trust and consent to provide application assistance. The Medicare/Medicaid Eligibility Specialist provides program qualification/application expertise and manages outreach to government offices.

We offer a vibrant, positive team culture with a focus on customer service and professional growth. We make a difference in the lives of our customers, our community, and our associates. In fact, our service vision is "Come from a place of kindness in every interaction." If that aligns with your personal values, your qualifications meet our requirements, and you are interested in our Medicare/Medicaid Eligibility Specialist role, we would love to talk!

About the Centauri Health Solutions Environment

We believe strongly in providing employees a rewarding work environment in which to grow, excel and achieve personal as well as professional goals. We offer our employees competitive compensation and a comprehensive benefits package that includes generous paid time off, a matching 401(k) program, tuition reimbursement, annual salary reviews, a comprehensive health plan, and paid volunteer time.

About Centauri Health Solutions

We help hospitals and health plans improve their revenue and deliver community benefit. On their behalf, we help their patients and plan members with low or no income, and those who are aged or disabled, to enroll in government-funded assistance programs and realize quality-of-life improvements. Leveraging unmatched experience in program eligibility with the latest technologies, our dedicated, compassionate professionals yield results that exceed customer expectations. We have positively impacted the lives of millions of people and added billions of dollars to our nation's healthcare economy. To learn more about our organization, please visit our websites: Centaurihs.com and HumanArc.com.

The Medicare/Medicaid Eligibility Specialist will possess strong working knowledge of program qualification requirements spanning 50 states, 3 territories and hundreds of counties specific to Medicaid, Special Needs Programs (SNP), Low Income Subsidy (LIS) and the Medicare Savings Program (MSP).

Responsibilities:

- Conducts telephonic outreach activities for members who need to apply or recertify and are potentially eligible for various Medicaid programs including the Medicare Savings Programs.
- Collaborates with government offices to accurately complete the application and recertification process.
- Secures documentation for Medicaid/MSP renewal applications if needed for members.
- Attention to detail by adhering to state requirements and securing supporting documentation.
- Meets daily, weekly, and monthly production goals. Must also meet quality standards by ensuring proper phone etiquette and adherence to scripts, state regulations, HIPAA compliance, meet ongoing corporate compliance standards, and make accurate and descriptive documentation.
- Participates as required in operational development programs.
- Research changes with any state and federal regulatory requirements to adhere to strict compliance of all aspects of Medicare programs and Medicaid Outreach Operations.
- Demonstrates behaviors, actions, and attitudes that reflect our vision, mission and values.
- Performs other duties as assigned.

Education:

- Bachelor's degree or Associate diploma with 2-3 years related experience with direct consumer interaction, telephone experience and Medicare/Medicaid program experience.

Job Type: Full-time

Centauri Health Solutions is an equal opportunity employer.