Medicaid Industry Jobs Hunter 01/13/20

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Medicaid Jobs Hunter

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Medicaid DDI Leader | DXC Technology

Medicaid DDI Leader

DXC Technology Jackson, MS

Job Description

Essential Job Functions

- Oversees development of work statements, scope/priority definitions and the creation of budgets and schedules for large complex programs. Develops documents with appropriate standards and client requirements and needs.
- Oversees the selection of assigned personnel for projects. Ensures communication and understanding of deadlines, assignments and objectives. Acts as point of contact with client program management.
- Performs ongoing review of program status; identifies risks. Documents program progress including implementation, timelines, issues, risks and successes to maintain program course. Assesses results and determines and implements risk mitigation solutions as

appropriate.

- Maintains grade and quality of program deliverables within defined and agreed upon program requirements. Identifies and resolves matters of significance impacting the productivity of several large, complex, global programs. Oversees and implements changes and adjusts as appropriate.
- Interfaces with team members, stakeholders and management to anticipate and manage changes to projects, such as but not limited to, technical requirements, business requirements and schedule. Determines when additional resources are needed and implements same. Identifies or gathers information regarding possible solutions that may create additional, different or unique project objectives or results.
- Participates in discussions regarding project-related decisions and project direction at the executive level. Participates in proposal efforts and sales calls to ensure product meets client needs and specifications.
- Manages expectations of client project/senior management, company management and project team for agreed upon project performance by obtaining, providing and interpreting project metrics. Leverages corporate synergies to improve customer information technology performance.
- Gathers feedback from client on program results; analyzes feedback and incorporates same into future programs. Identifies and determines global implications of program parameters and redefines, redesigns or revises as appropriate.
- Oversees assigned personnel for programs. Assigns work and provides direction with regard to timeliness and completion of objectives. Addresses performance issues within prescribed guidelines. Provides performance input at regular intervals.
- Prepares and recommends program operating and personnel budgets for approval. Monitors spending for adherence to budget, recommends variances as necessary. Balances program resources (people, budget, material, time) to optimize program objectives for several large, complex, global projects.

Basic Qualifications

- Bachelor's degree or equivalent combination of education and experience
- Master's degree in a related field preferred
- Twelve or more years of project management experience
- Experience working with project management methodology such as Catalyst including budget development, project planning, control and assurance methodologies including earned value management, project management software and finance and accounting concepts and practices
- Experience working with quality management approaches and techniques
- Experience working with delivery assurance policies, procedures, and principles to ensure compliance
- Experience working with productivity and methodology tools that

increase project efficiency and effectiveness
- Experience working with administrative processes
- Experience working with client vision, business objectives, and critical success factors
- Experience working with delivery assurance principles and appropriate procedures relevant to area
- Experience working with techniques and approaches related to the architecture, development, integration, and deployment of project phases
- Project Management Certification (PMP) preferred
- Prior MMIS experience highly preferred
- Public sector experience in contracting, statutory compliance, enforcement of standards and requirements, and delivery of mission services preferred

Other Qualifications
- Strong creative, analytical and problem solving skills
- Strong leadership and negotiation skills to manage programs and develop new business
- Strong interpersonal, leadership and presentation skills for interacting with and influencing team members, clients, thought leaders, and globally recognized subject matter experts
- Strong human relations skills to select, develop, coach and mentor employees
- Strong communication skills
- Good strategic management and planning skills
- Personal computer and business solutions software skills
- Ability to manage large or multiple projects, handle multiple tasks simultaneously, and to switch between tasks quickly
- Ability to deal with ambiguity and change
- Ability to work in a team environment
- Ability to create and maintain formal and informal networks
- Willingness to travel

Work Environment
- Office environment
- Frequent evening or weekend work and on-call work

Practice Management Training Coordinator | Unity Health Care

Source URL: https://www.linkedin.com/jobs/view/1686264994/?
eBP=CwEAAAFvnzAjqlr0T5sQs2MYMPsmzn2Mu7UH7yGOQeNBHl0rNjCGJrtpLf90NsJaMo0kLumDD0z8HjR5GLN37PpyS5ztE6sEdJXPV_73QkwRU5
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Practice Management Training Coordinator

Unity Health Care

Washington, District of Columbia

INTRODUCTION

Under the supervision of the Director of Revenue Reimbursement, the Practice Management Training Coordinator is responsible for assisting the Senior Practice Management Specialist in planning and executing assigned projects. Tasks can include system configuration, training end users and super-users, planning for upgrades and enhancements, and overall support of Unity's Practice Management system.

DUTIES AND RESPONSIBILITIES

- Performs Clinical Practice Management Systems training for all new employees and other staff members.
- Assists with maintaining and updating policy, procedure, and/or front office workflows.
- Maintains strict confidentiality regarding confidential conversations, documents, and files.
- Assists in the monitoring and follow-up with staff using the practice management system.
- Assists Sr. PM Training Specialist with monthly registration clerk meetings.

· Assists in configuration and testing activities to build and validate the system according to Unity's requirements.

· Plans, schedules, and tracks project timeline and milestones and deliverables using the appropriate tools.

- Configures eClinicalWorks system at the request of ECW stakeholders, including development of provider working hours and visit types and visit type rules.
- Assists in facilitating and supports standard system design and configuration decisions for Unity's PM functionality by working collaboratively with medical and clinical staff across all sites.
- Supports specialized training regarding schedule maintenance and document management.

·   Provides on-site support as needed with PM initial implementation, upgrades, or enhancements.

- Monitors and responds to support "Ticket" requests.
- Travels to sites to follow up on training and support issues.
- Performs other duties as assigned.

QUALIFICATIONS

- Associates degree required; Bachelor's degree preferred.
- Minimum of three (3) years working experience in health services operations.

§ Minimum of three (3) years experience in registration, billing, or charge entry functions.

§ Experience as a Registration Clerk III or cashier preferred.

KNOWLEDGE & EXPERIENCE REQUIRED BY THE POSITION

·   Familiar with medical billing and collection procedures to include Medicaid, Medicare, private insurance, and self-pay.

·   Extensive knowledge of computer software programs to include, Excel, PowerPoint, MS Word, (eClinical Works, AS/400 or other Patient Management Systems a plus).

·   Prior experience as a team leader.

·   Demonstrated experience as a practice management trainer.

·   Ability to work under pressure and independently with minimum of supervision.

·   Ability to work in a team oriented environment and interrelate well with individuals.

·   Good oral, written, and telephone communication skills.

·   Superior communication skills.

·   History of positive customer relations as demonstrated by supervisor recommendation.

Medicaid Pharmacy Office Director -Denver | Colorado State University

Source URL: https://www.linkedin.com/jobs/view/1686259987/?eBP=NotAvailableFromVoyagerAPI&recommendedFlavor=SCHOOL_RECRUIT&refId=ec86d0c8-14cf-4386-84ff-3a0f0c34a786&trk=d_flagship3_search_srp_jobs

Medicaid Pharmacy Office Director -Denver

Colorado State University

Denver, CO, US

Medicaid Pharmacy Office Director Print Apply Medicaid Pharmacy Office Director Salary $135,000.00 - $158,000.00 Annually Location Denver, CO Job Type Full Time Department Department of Health Care Policy and Financing Job Number UHA-04117-12.2019 Closing 1/10/2020 11:59 PM Mountain + Description + Benefits + Questions Department Information The Department of Health Care Policy and Financing offers a competitive benefits package to include the Public Employees Retirement Account (PERA) , 401k/457, health/dental insurance options, 10 holidays, accrual of paid sick and vacation/annual time, flex place and flex time. The Department is also centrally located; offers affordable ECO passes; has a fitness center on-site; and a variety of discounts on services and products are available to state employees through the State of Colorado's Work-Life Employment Discount Program. The Department also encourages employees to take advantage of advanced education and offers reduced college tuition through CSU Global for their employees. This Department is a "Tobacco Free Workplace". For more information visit: https://www.colorado.gov/hcpf. Pharmacy Office The Pharmacy Office exists to develop and implement prescription drug strategy that achieves the Department's objectives to control prescription drug costs while improving the health of Medicaid and CHP+ members. The office manages the operations associated with the Medicaid prescription drug benefits and oversees the CHP+ contractors' prescription drug practices. This includes administration for about 1.3M members and a Pharmacy spend of over $1 billion. The office further applies the state pharmacy rules in a fair and reasonable manner to ensure that providers can provide high quality services and Medicaid clients can continue to have adequate access to pharmaceutical care. As the largest health plan in the state, serving more than 1.3M Coloradans, the Office also leads collaborative discussions to drive effective prescription drug Affordability policy for the State, benefiting Medicaid, CHP+, employers and all Coloradans. This includes critical projects like importing drugs from Canada, driving efficient use of opioids, providing prescribers with tools that help them improve member health through efficacious prescribing practices, evolving value based contracting and more. The Pharmacy Office manages the following benefits: retail, outpatient and

inpatient physician drug, and physician administered drug. Increasing focus is on the emerging impact of Specialty drug costs and utilization. The Office also manages the contract with the Department's pharmacy benefit management system (PBMS, currently managed by Magellan) and handles the system changes needed for the PBMS. The PBMS adjudicates outpatient pharmacy claims, handles pharmacy prior authorizations and manages federal and supplemental rebates. Description of Job What You'll be Doing This position has responsibility for pharmacy decisions across the Department. As the Office Director, this position is responsible for developing and implementing the pharmacy strategic plan and vision to support the Department's overall mission and objectives. The position will collaborate with Department leadership on Department budget, legislative, and policy strategy. This position may act as, or oversee, the clinical lead for the Pharmacy Office. Position oversees the development, implementation, and administration of multiple pharmacy programs, such as the Preferred Drug List, the Pharmacy & Therapeutics Committee, the Drug Utilization Board, and physician administered drugs. The position uses pharmacy knowledge daily to apply managed pharmacy knowledge and insights into the Office's programs and policies. Position oversees any Request for Proposal (RFP), Documented Quote (DQ), and existing vendor contracts supporting the Pharmacy Office. Position provides financial and impact analysis in response to Legislative and Executive Branch requests concerning pharmacy programs and benefits. This position establishes and maintains written and oral communications with the Department's Executive Director and other state departments, federal agencies, state boards, associations, providers and clients. Position communicates with clients, providers, manufacturers, advocacy groups, and the public. Position evaluates information, rules, and guidelines and interprets this guidance to communicate with these outside parties, through written correspondence, phone calls, and meetings. Position oversees meetings with internal and external stakeholders related to policy development, information sharing and the coordination of operations. Key responsibilities include: + Engage in strategic planning for the Office, shared leadership of the Department, including carrying out its mission and goals. + The Office Director will work with the Executive Director in setting goals for the Office, identifying key initiatives to achieve those goals, developing budget requests and hiring staff to execute those goals. + Position leads the development of legislation content and policy necessary to achieve Department mission and goals. + Position shall exercise leadership and motivate supervisors/managers to strive for designing and implementing high performing teams and industry leading, effective programs. + Oversees Office, staff, budget, goals. + Monitors on-going projects and initiatives as need to ensure completion on time, within budget, to achieve Department goals. + Position is responsible for the health outcomes of Medicaid members due to prescription drug therapy. Position is responsible for Pharmacy Office projects + Position is responsible for vendor contracts supporting Office, including and to meet the needs of internal Department staff, staff of other state departments, and with external contractors, stakeholders, and

customers. + Position is responsible for Pharmacy office utilization, claim trend and overall prescription drug cost control results and initiatives that support those results. + Position is responsible for crafting the Affordability strategy and related initiatives for the state as well as for the programs administered by the Department. + Office projects may include, among others, Pharmacy Gold Standard projects, Department health promotion initiatives, Department budget reduction, and legislative initiatives. + This position may be assigned additional, time-limited or ongoing project work by the Executive Director in areas including, but not limited to, the following: improving pharmacy related business processes; improving client access to cost-effective, quality health care services; improving client health outcomes; reducing per-capita or per-unit health care costs, and improving pharmacy related internal business performance. + Position serves as the managed pharmacy expert both to external parties and internal Department personnel. This requires consistent monitoring of evolving reference material related to prescription drug innovation, outcomes and reimbursement. This research may include provider reporting principles and regulations; state and federal statutes and regulations; Medicaid benefit policies; billing manuals and procedures; claims payment reports; state and national association material, and other miscellaneous references. + Position establishes tactical plans to achieve clinical pharmaceutical objectives. For example: This position will oversee changes to the Preferred Drug List or prior authorization criteria. + Position oversees the processes to investigate pharmacy complaints, deciding the appropriate course of action, and then making corrections. For example: This position may investigate complaints by providers related to prior authorization criteria established by the Department. + Position uses judgment to determine which drugs should be on the PDL after receiving input from the Department CMO and Unit pharmacists about relevant clinical efficacy studies and cost savings from manufacturers. + This position oversees the management of the PBMS Contract. + This position oversees the management of the Drug Utilization Review (DUR) Board and the Pharmacy and Therapeutics (P&T) Committee. + Position supervises the creation and execution of the PDL Supplemental Rebate Contracts and Value Based Contracts. + Position is responsible for working with Department staff to write RFPs, DQs, or other documents for any contractor who will assist the Department with regard to the DUR Board, the P&T Committee and the PDL and for negotiating and awarding the contract(s). + Position is responsible for negotiating contract deliverables and terms, preparing contract language, tracking contracts through the approval process, monitoring contract compliance, issuing contract amendments, and managing any contract terminations. + In conjunction with the Department CMO and Pharmacy Clinical Lead position, this position is responsible for drafting and submitting any changes to Pharmacy Benefits Rules related to the clinical policies supervised by the Position to Department leadership and the Medical Services Board. + Plan, prioritize, assign, analyze and monitor workflow, and maintain appropriate staffing levels and review progress to ensure the quality and quantity of work meets standards and deadlines for deliverables to

meet program goals and objectives. + Establish the overall goals and priorities for Pharmacy Office staff. + Confirm promotions and changes in pay + Resolve problems, performance issues, disputes, and informal grievances and initiate corrective action or recommend discipline as needed. + Identify training and developmental needs, and provide training as needed. + Provide feedback and coaching, write performance plans, and sign performance evaluations to direct reports. + Ensure an enjoyable, rewarding Pharmacy Office work environment. Minimum Qualifications, Substitutions, Conditions of Employment & Appeal Rights MINIMUM QUALIFICATIONS: Education and Experience: + Bachelor's degree from an accredited institution in a health-related field, pharmacy, management, finance, public health, business,the practice of medicine, or public administration; and + Six years of professional experience in health care or health plan management with specific experience in pharmacy administration, public assistance program leadership, public health program leadership and serving the needs of Individuals requiring long term services and supports, of which 2 years must have included experience with public administration, establishing goals, and developing & managing a budget. This experience MUST be clearly explained in your employment history of the online. Substitutions: A combination of professional work experience which provided the same kind, amount and level of knowledge acquired in the required education, may be substituted on a year-for-year basis for the bachelor's degree. A master's degree from an accredited college or university in Pharmacy, Public Health, Public Policy, Health Care Administration, or other closely related field may be substituted for the bachelor's degree and one year of general experience. DEFINITION OF PROFESSIONAL EXPERIENCE: Work that involves exercising discretion, analytical skill, judgment, personal accountability, and responsibility for creating, developing, integrating, applying, and sharing an organized body of knowledge that characteristically is uniquely acquired through an intense education or training regimen at a recognized college or university; equivalent to the curriculum requirements for a bachelor's or higher degree with major study in or pertinent to the specialized field; and continuously studied to explore, extend, and use additional discoveries, interpretations, and application and to improve data, materials, equipment, applications and methods. Preferred Qualifications: + Medicaid administration experience + Experience with federal programs + Master's degree in related field + Proven experience managing clinicians + Proven experience managing pharmacy related programs + Proven experience implementing strategies to control health care costs + Knowledge of federal health care programs and related requirements + Proven ability to craft and implement strategy to achieve goals + Change management and project management expertise + Excellent public speaking skills + Creative and innovative thinker and problem solver CONDITIONS OF EMPLOYMENT: + All positions at HCPF are security sensitive positions and require that the individuals undergo a criminal record background check as a condition of employment. + Significant statewide travel to meet and collaborate with stakeholders and other community partners is a regular part of this position. Reliable transportation is necessary. +

Employees who have been disciplinarily terminated, resigned in lieu of disciplinary termination, or negotiated their termination from the State of Colorado must disclose this information on the application. Appeal Rights If you receive notice that you have been eliminated from consideration for the position, you may protest the action by filing an appeal with the State Personnel Board/State Personnel Director within 10 days from the date you receive notice of the elimination. Also, if you wish to challenge the selection and comparative analysis process, you may file an appeal with the State Personnel Board/State Personnel Director within 10 days from the receipt of notice or knowledge of the action you are challenging. Refer to Chapters 4 and 8 of the State Personnel Board Rules and Personnel Director's Administrative Procedures, 4 CCR 801, for more information about the appeals process. The State Personnel Board Rules and Personnel Director's Administrative Procedures are available at www.colorado.gov/spb. A standard appeal form is available at: www.colorado.gov/spb. If you appeal, your appeal must be submitted in writing on the official appeal form, signed by you or your representative, and received at the following address within 10 days of your receipt of notice or knowledge of the action: Colorado State Personnel Board/State Personnel Director, Attn: Appeals Processing, 1525 Sherman Street, 4th Floor, Denver, CO 80203. Fax: 303-866-5038. Phone: 303-866-3300. The ten-day deadline and these appeal procedures also apply to all charges of discrimination. Supplemental Information Applicants are encouraged to attach a cover letter and resume to their application. Please note that ONLY your State of Colorado job application will be reviewed during the initial screening; if you submit a resume and cover letter, they will be reviewed in later stages of the selection process. Therefore, it is paramount that you clearly describe all of your relevant experience on the application itself. Applications left blank or marked "SEE RESUME" will not be considered. Your application will be reviewed against the minimum qualifications for the position. If your application demonstrates that you meet the minimum qualifications, you will be invited to the comparative analysis process, which is described below. Comparative Analysis Process The comparative analysis process will consist primarily of a review of applications against the minimum and preferred qualifications of this position. Applications will be reviewed in comparison to all others in the applicant pool in order to identify a top group of up to 6 candidates who may be invited for a final interview. Depending on the size of the applicant pool, additional selection processes may be utilized to identify a top group of candidates. Applicants will be notified of their status via email. Failure to submit properly completed documents by the closing date of this announcement will result in your application being rejected. ADAAA Accommodations: Any person with a disability as defined by the ADA Amendments Act of 2008 (ADAAA) may be provided a reasonable accommodation upon request to enable the person to complete an employment assessment. To request an accommodation, please contact the person listed on this announcement by phone or email at least five business days before the assessment date to allow us to evaluate your request and prepare for the accommodation. You may be asked to

provide additional information, including medical documentation, regarding functional limitations and type of accommodation needed. Please ensure that you have this information available well in advance of the assessment date. ~THE STATE OF COLORADO IS AN EQUAL OPPORTUNITY EMPLOYER~ Technical Help If you experience difficulty in uploading or attaching documents to your online application, call NEOGOV technical support at 877-204-4442 anytime between 6:00 a.m.-6:00 p.m. (Pacific Time).

Market Strategist | Director, State & Public Health | Kansas City, Missouri | Cerner

Source URL: https://careers.cerner.com/job/58127BR

Director, State & Public Health

Kansas City, Missouri, United States

Job Description

Cerner's State and Public Health team delivers analytics and population health solutions for State Medicaid agencies. We are excited to share that we are currently looking to onboard an executive to lead our Medicaid MMIS strategy team and help drive innovation for the Medicaid market through solutions, capabilities, content development and client consulting. You will bring your deep expertise in Medicaid MMIS knowledge from a policy, functional, technical, and fiscal agent business operations perspective. Additionally, your strong understanding of business operations reporting needs as well as standard reporting capabilities such as Federal reporting (CMS-27, CMS-21, etc.), Transformed Medicaid Statistical Information System (T-MSIS) and Medicaid Management and Administrative Reporting (MAR) will be critical.

We welcome a leader with a well-rounded history serving in a variety of Medicaid and/or fiscal agent capacities, such as a Business Analyst with knowledge from both the business operations and technical perspective. If this profile aligns to your skills, interest and passion, we

highly encourage you to apply!

Sales, Marketing & Strategy

Whether your strength lies in sales, relationship management, marketing or strategy, you will be driving positive change by communicating the value of solutions that help solve the world's most complex health challenges.

About Sales, Marketing & Strategy

Qualifications

Basic Qualifications

- Bachelor's degree in Marketing, Communications, Business Administration, Health Care or related field, or equivalent relevant work experience
- At least 7 years of Medicaid experience focused on solution strategy, consulting, policy, regulatory compliance, or research work
- At least 5 years recent experience in a leadership role with Medicaid business strategy focus

Preferred Qualifications

- At least 10 years of Medicaid experience focused on solution strategy, consulting, policy, regulatory compliance, or research work
- At least 5 years of product management experience
- At least 3 years of experience in Medicaid System Development Life Cycle

Expectations

- Must live in or be willing to relocate to the Kansas City metro area
- Ability to travel up to 25%

Additional Information

Applicants for U.S. based positions with Cerner Corporation must be legally authorized to work in the United States. Verification of employment eligibility will be required at the time of hire. Visa sponsorship is not available for this position.

Some Cerner positions may be obligated to comply with client-facing requirements and occupational health requests, including but not limited to, an immunization set, an annual flu shot, an annual TB screen, an updated background check, and/or an updated drug screen.

Relocation Assistance Available for this Job:

Yes - Domestic/Regional

Virtual Eligible Job

No

Cerner is a place where people are encouraged to innovate with confidence and focus on what is important – people's health and the care they receive. We are transforming health care by developing tools and technologies that make it more efficient for care providers and patients to navigate the complexity of our health. From single offices to entire countries, Cerner solutions are licensed at more than 25,000 facilities in over 35 countries.

Cerner's policy is to provide equal opportunity to all people without regard to race, color, religion, national origin, ancestry, marital status, veteran status, age, disability, pregnancy, genetic information, citizenship status, sex, sexual orientation, gender identity or any other legally protected category. Cerner is proud to be a drug-free workplace.

EEO is the Law (English)
E-Verify Participation (English)
Right to Work (English)

EEO is the Law (Spanish)
E-Verify Participation (Spanish)
Right to Work (Spanish)

If you are an individual with a disability who is unable to use our online tools to search and apply for jobs, and need assistance or an accommodation in the recruiting process, please contact us by calling 866-434-1543 or by emailing .

Medicaid Program Monitor (Medicaid budgeting & reporting) | State of Louisiana

Source URL: https://www.linkedin.com/jobs/view/1686883418/?eBP=NotAvailableFromVoyagerAPI&refId=ec86d0c8-14cf-4386-84ff-3a0f0c34a786&trk=d_flagship3_search_srp_jobs

Medicaid Program Monitor (Medicaid budgeting & reporting)

State of Louisiana Baton Rouge, LA

Supplemental Information
This position is located within the Louisiana Department of Health l Medical Vendor Administration l Support and Waivers l EBR Parish.
Cost Center: 0305-7200
Position Number(s): 50580588
This vacancy is being announced as a Classified position and may be filled either as a Probationary Appointment, Job Appointment or Promotional Appointment.
(Job Appointments are Temporary Appointments up to 48 months)
* Resumes will not be accepted in lieu of job experience on application.*
REVIEW YOUR APPLICATION TO MAKE SURE IT IS CURRENT. Failure to provide your qualifying work experience may result in your application not being considered.
There is no guarantee that everyone who applies to this posting will be interview. The hiring supervisor/manager has 90 days from the closing date of the announcement to make a hiring decision. Specific information about this job will be provided to you in the interview process, should you be selected.

Experience Preferred

Prefers experience in utilizing Business Objects and SAS or Microsoft

SQL to monitor expenditures.
WORKING JOB TITLE: Medicaid Budgeting and Reporting

Working Job Description

The incumbent is responsible for assisting with the preparation and monitoring of the administrative budget, monitoring contract expenditures and facilitating contract reporting. In addition to reviewing and tracking programmatic waiver expenditures to ensure accuracy of the federal financial reporting for all home and community based waivers as required by federal regulations and assisting in the ongoing tracking of Electronic Visit Verification Outcome Measures and Key Performance Indicators.
No Civil Service test score is required in order to be considered for this vacancy.
To apply for this vacancy, click on the "Apply" link above and complete an electronic application, which can be used for this vacancy as well as future job opportunities. Applicants are responsible for checking the status of their application to determine where they are in the recruitment process. Further status message information is located under the Information section of the Current Job Opportunities page.

For Further Information About This Vacancy Contact

Sanaretha Gray @ Sanaretha.Gray@la.gov
LDH/HUMAN RESOURCES
P.O. BOX 4818 BATON ROUGE, LA 70821
225 342-6477

Qualifications

MINIMUM QUALIFICATIONS:

A baccalaureate degree plus three years of professional level experience in administrative services, economics, public health, public relations, statistical analysis, social services, or health services.

Substitutions

Six years of full-time work experience in any field may be substituted for the required baccalaureate degree.
Candidates without a baccalaureate degree may combine work experience and college credit to substitute for the baccalaureate degree as follows:
A maximum of 120 semester hours may be combined with experience to substitute for the baccalaureate degree.

30 to 59 semester hours credit will substitute for one year of experience towards the baccalaureate degree.
60 to 89 semester hours credit will substitute for two years of experience towards the baccalaureate degree.
90 to 119 semester hours credit will substitute for three years of experience towards the baccalaureate degree.
120 or more semester hours credit will substitute for four years of experience towards the baccalaureate degree.
College credit earned without obtaining a baccalaureate degree may be substituted for a maximum of four years full-time work experience towards the baccalaureate degree. Candidates with 120 or more semester hours of credit, but without a degree, must also have at least two years of full-time work experience tosubstitute for the baccalaureate degree.
Graduate training with eighteen semester hours in one or any combination of the following fields will substitute for a maximum of one year of the required experience on the basis of thirty semester hours for one year of experience: public health; counseling; social work; psychology; rehabilitation services; economics; statistics; experimental/applied statistics; business, public, or health administration.
A master's degree in the above fields will substitute for one year of the required experience.
A Juris Doctorate will substitute for one year of the required experience.
Graduate training with less than a Ph.D. will substitute for a maximum of one year of experience.
A Ph.D. in the above fields will substitute for two years of the required experience.
Advanced degrees will substitute for a maximum of two years of the required experience.

Note

Any college hours or degree must be from a school accredited by one of the following regional accrediting bodies: the Middle States Commission on Higher Education; the New England Association of Schools and Colleges; the Higher Learning Commission; the Northwest Commission on Colleges and Universities; the Southern Association of Colleges and Schools; and the Western Association of Schools and Colleges. Job Concepts

Function Of Work

To perform advanced research, analyses, and/or policy management activities for Medicaid programs.

Level Of Work

Advanced.

Supervision Received

Broad from a Medicaid Program Supervisor or above.

Supervision Exercised

None.
Location of Work:
Department of Health and Hospitals, Medical Vendor Administration.

Job Distinctions

Differs from Medicaid Program Specialist 2 by the presence of advanced research, analysis and policy management responsibility.
Differs from Medicaid Program Supervisor by the absence of supervisory responsibility.
Examples of Work
Conducts audits of eligibility enrollment applications; prepares reports on results of each audit.
Prepares, interprets and clarifies eligibility policies and procedures.
Revises rules, regulations, and procedures to meet changes in law or policy.
Compiles data and proposes budgets for subprogram studies and proposed legislation; determines programmatic impact and composes response for
fiscal statements and fiscal notes.
Reviews current and proposed state and federal regulations and/or revisions to those regulations for hospitals and home health providers.
Evaluates new and/or revised regulations to determine the impact to the state Medicaid program.
Reviews audits performed by the contracted auditor to determine compliance with federal and/or state policies and regulations, which affect allowable costs.
Coordinates compliance monitoring of Medicaid Application Centers statewide.
Receives, approves and schedules all requests for Application Center Representative training.
Advises and assists field staff in performing on-site monitoring reviews to ensure that the Application Centers adhere to federal, state and agency
rules and regulations.
Assist in negotiating contractual agreements between the Department of Health and Hospitals and the Application Centers.
Provides functional supervision over contract staff.
Monitors and evaluates training provided by contract staff.
Prepares the annual budget request utilizing the prescribed format and

addendums issued by the Office of Planning and Budget. Prepares detailed analyses
and narratives supporting and/or justifying the request as submitted.
Responds to requests for additional information and modifications to the budget during
the legislative approval process.
Trains staff of all Medical Vendor Administration sections in fiscal management, budget development and variance reporting.
Develops training module and provides essential guidance to managers regarding preparing accurate, pertinent and substantiated data.

Director - Managed Care Revenue Contracting | The Oklahoman

Source URL: https://www.linkedin.com/jobs/view/1686252139/?eBP=NotAvailableFromVoyagerAPI&refId=ec86d0c8-14cf-4386-84ff-3a0f0c34a786&trk=d_flagship3_search_srp_jobs

Director - Managed Care Revenue Contracting

The Oklahoman Oklahoma City, OK

Responsibilities

This position is responsible for all aspects of managed care and direct revenue contract management including negotiation, analysis interpretation, implementation, maintenance of the contracts performance, and payer relations. The position is also responsible for coordination and communication between managed care and other key stakeholder departments and Leadership. This position will be responsible for developing new and existing relationships with third party payers to ensure competitive reimbursement rates and contract language attainable through the revenue cycle operations. Will oversee payer credentialing. Will assist departments with various payer prior authorization, eligibility, protocol, referrals, enrollment, billing issues, and education that relate to contracting. Will manage the denials and appeals staff and processes and report payer outcomes and trends as it relates to applicable denials. Communicates with respective payers related to trends and compliance with contract parameters.

Qualifications

- Minimum of five (5) years of experience in the healthcare management managed care environment required; including third-party contracting, negotiating, reimbursement and analysis.
- Minimum of three (3) years of experience in a management capacity.
- Preferred experience in managing, analyzing and reporting denials and appeals.
- Must have effective communication, facilitation, interpersonal and professional diplomacy skills.
- Strong attention to detail with ability to manage multiple priorities while meeting timelines.

Business Analyst III - Medicaid / Medicare | Centene Corporation

Source URL: https://www.linkedin.com/jobs/view/business-analyst-iii-medicaid-medicare-at-centene-corporation-1656344745/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Business Analyst III - Medicaid / Medicare

Centene Corporation Fresno, CA

Professional

Transforming the health of the community, one person at a time

Who We Are

Centene is committed to helping people live healthier lives. We provide access to high-quality healthcare, innovative programs and a wide range of health solutions that help families and individuals get well, stay well and be well.

What's it like to work for Centene?

Bringing our Purpose to Life Working at Centene

https//www.youtube.com/watch?
v=5I6jK_Io5V8&list=PLrbAom5gY6_q3Qugxz2LEhRlzMfcs6I7r&index=1
9

Subsidiaries

Health Plans Serving Members and Their Communities

Caring for our members, and the communities they call home, means being where they are. Centene's unwavering commitment to a local approach is demonstrated every day by its state-based health plans. Our experience in healthcare began as a single Medicaid health plan in Wisconsin that now stretches from coast to coast and beyond. We offer a full range of high-quality commercial and government-sponsored healthcare programs.

Even as we expand, we are able to remain attentive to the unique needs of the communities we serve by building a local presence in each of our markets from the ground up. Working hand in hand with local healthcare providers and other groups that share our dedication, our employees help members access care, coordinate referrals to health and social services, and address concerns and questions.

Careers at Centene

https//jobs.centene.com/#careers-menu-item

The Pharmacy Encounter team you will work with States MMIS and Encounter teams, Centene Encounters Business Office, Claims processors, and Internal Business Partners to research, analyze, and correct previously submitted, rejected Medicaid, Medicare, Marketplace Encounters.

Position Purpose Perform various analysis and interpretation to link business needs and objectives for assigned function.

- Support business initiatives through data analysis, identification of implementation barriers and user acceptance testing of various systems
- Identify and analyze user requirements, procedures, and problems to improve existing processes
- Perform detailed analysis on multiple projects, recommend potential business solutions and ensure successful implementations
- Identify ways to enhance performance management and operational reports related to new business implementation processes
- Coordinate with various business units and departments in the

development and delivery of training programs
- Develop, share, and incorporate organizational best practices into business applications
- Diagnose problems and identify opportunities for process redesign and improvement
- Formulate and update departmental policies and procedures
- Serve as the subject matter expert on the assigned function product to ensure operational performance.
- Ability to travel

Education/Experience
Encounters
Bachelor’s degree in related field or equivalent experience.

4+ years of business process analysis (i.e. documenting business process, gathering requirements) experience in healthcare industry or 3+ years of managed care encounters experience.

Advanced knowledge of Microsoft Applications, including Excel and Access preferred.

Experience with encounters or claims business analysis experience in healthcare, preferably managed care or Medicaid. Knowledge of Amisys or other claims system, HIPAA transactions (i.e. 837, 999, 824, 277) and SQL Scripting preferred.

Preferred

Experience in research that includes referring to set-up/configuration guides, comparing files, identifying trends, reporting findings to a variety of audiences including clients’ (health plans), State Government Agencies, Auditors, etc.

Experience managing positive working relationships with clients as well our vendors.

Experience reporting metrics to our clients’ using a variety of systems and tools including SQL Server Reporting Studio, SQL Server Management Studio, Excel, Access and others.

Demonstrated success in critical thinking and independent work

Experience working in an Agile environment.

Prior Experience in a the Healthcare industry specifically Medicaid and PBM environment is highly desirable.

Centene is an equal opportunity employer that is committed to diversity, and values the ways in which we are different. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, veteran status, or other characteristic protected by applicable law.

Site Director Medicare Medicaid El Paso Health Plan | UnitedHealth Group

Source URL: https://www.linkedin.com/jobs/view/site-director-medicare-medicaid-el-paso-health-plan-at-unitedhealth-group-1551829539/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Site Director Medicare Medicaid El Paso Health Plan

UnitedHealth Group El Paso, TX

For those who want to invent the future of health care, here's your opportunity. We're going beyond basic care to health programs integrated across the entire continuum of care. Join us and help people live healthier lives while doing **your life's best work.(sm)**

You will be located in the El Paso Health Plan office and may have some flexibility to occasionally telecommute as you take on some tough challenges.

Primary Responsibilities

- Direct the activities of a team of clinicians who are responsible for delivering care management to individuals receiving Medicare or Medicaid services within the El Paso Health service area
- Services include comprehensive assessment, development of individualized services plans, care coordination and planning, and ongoing support and facilitation with other

interdisciplinary care team members

- Directly supervise and develop assigned leadership team and maintain accountability for team development and performance
- Partner with Talent Acquisition to successfully identify and hire new employees according to set timeframes in preparation for implementation dates for Medicare and Medicaid services
- Actively participate in the implementation and planning prior to program roll-out to ensure staff readiness and flawless execution
- Monitor program performance and compliance metrics against targets and contractual expectations and make operational adjustments as needed
- Conduct regular meetings with staff to address issues and concerns and to communicate corporate and program updates
- Implement operational initiatives in conjunction with our client partner to meet program and client expectations and ensure contract compliance
- Attend and actively participate in onsite meetings with our client partner developing strong rapport and relationships with day to day contacts
- Oversee the orientation, training, and ongoing education and skill development of the Service Coordination team to ensure operational readiness of all newly hired staff
- Ensure compliance with State and Federal regulations, contract requirements, URAC and NCQA standards, and company policies and procedures
- Collaborate cross-functionally to meet goals and objectives and drive staff efforts in implementing activities to meet business goals and client expectations
- Attend meetings at El Paso Health office and travel to member home visits in El Paso with staff as needed to attend in-person assessments
- Interact with multiple stakeholders internally as well as with client partner and possible state regulators and community-based providers

You'll be rewarded and recognized for your performance in an environment that will challenge you and give you clear direction on what it takes to succeed in your role as well as provide development for other roles you may be interested in.

Required Qualifications

- Bachelor of Science in Nursing
- Active, unrestricted Texas Nursing license
- Bilingual (English / Spanish)
- 1+ years of experience working directly with Medicare / Medicaid / LTSS in the state of Texas
- 3+ years of experience in a leadership role directly leading staff
- Hands-on experience with Service / Care Coordination or Case Management, etc.

- Experience with client-facing interactions
- Adept and comfortable verbally presenting to a variety of audiences, clients, etc.
- 1+ years of demonstrated experience building and grooming trusted business relationships
- Experience working with diverse groups of stakeholders, consumers and state / federal regulators
- Strong operational experience inclusive of managing budgets and comprehensive operational oversight
- Ability to office in El Paso Health Plan location
- Ability to successfully track performance to ensure service level agreements / performance guarantees
- Successful management of metrics, business objectives, and actively addressing risks related to performance metrics

Preferred Qualifications

- Health plan experience

Careers with Optum. Here's the idea. We built an entire organization around one giant objective; make the health system work better for everyone. So when it comes to how we use the world's large accumulation of health-related information, or guide health and lifestyle choices or manage pharmacy benefits for millions, our first goal is to leap beyond the status quo and uncover new ways to serve. Optum, part of the UnitedHealth Group family of businesses, brings together some of the greatest minds and most advanced ideas on where health care has to go in order to reach its fullest potential. For you, that means working on high performance teams against sophisticated challenges that matter. Optum, incredible ideas in one incredible company and a singular opportunity to do **your life's best work.(sm)**

- All Telecommuters will be required to adhere to UnitedHealth Group's Telecommuter Policy.
  Diversity creates a healthier atmosphere: UnitedHealth Group is an Equal Employment Opportunity/Affirmative Action employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, national origin, protected veteran status, disability status, sexual orientation, gender identity or expression, marital status, genetic information, or any other characteristic protected by law.

  UnitedHealth Group is a drug-free workplace. Candidates are required to pass a drug test before beginning employment.

  Job Keywords: Site Director, Medicare, Medicaid, Healthcare, Health Care, RN, Nurse, Care Coordination, Case Management, Telecommute, Remote, El Paso, TX, Texas

Solution Strategist | Director, State & Public Health | Kansas City, Missouri | Cerner

Source URL: https://careers.cerner.com/job/58837BR

Director, State & Public Health

North Kansas City, Missouri, United States

Solution Strategy

Job Description

Cerner's State Government and Medicaid team aligns with State and local agencies to provide clinical and population health solutions that improve outcomes, lower cost, and support policy initiatives. We are excited to onboard an executive as our Medicaid Market Strategist to support the drive towards innovative modular solutions. You will be a critical member of the leadership team to assist in growing our business with broad expertise in Medicaid policy, strategy, sales, and government relations.

The role will have a myriad of responsibilities from creating integrated go-to-market strategies, aligning with Cerner's State Government Relations team to promote a government policy environment favorable to Cerner; driving strategy for high impact policy and procurement advocacy; leading collaboration with marketing, solution strategy and other stakeholders to generate client-facing collateral to drive sales and increase brand equity.

We welcome a leader with a well-rounded industry leader with a history serving in a variety of State Government and Medicaid leadership roles. If this profile aligns to your skills, interest and passion, we highly encourage you to apply!

Sales, Marketing & Strategy

Whether your strength lies in sales, relationship management, marketing or strategy, you will be driving positive change by communicating the value of solutions that help solve the world's most complex health challenges.

About Sales, Marketing & Strategy

Qualifications

Basic Qualifications

- Bachelor's in Business Administration or related field or equivalent relevant experience
- 10+ years of government, politics or public policy work experience focused on health and technology

Expectations

- Ability to travel up to 60%
- Ability to reside in the Kansas City metropolitan area
- Work in accordance with corporate and organizational security policies and procedures, understand personal role in safeguarding corporate and client assets, and take appropriate action to prevent and report any compromises of security within scope of position

Additional Information

Applicants for U.S. based positions with Cerner Corporation must be legally authorized to work in the United States. Verification of employment eligibility will be required at the time of hire. Visa sponsorship is not available for this position.

Some Cerner positions may be obligated to comply with client-facing requirements and occupational health requests, including but not limited to, an immunization set, an annual flu shot, an annual TB screen, an updated background check, and/or an updated drug screen.

Relocation Assistance Available for this Job:

Yes - Domestic/Regional

Virtual Eligible Job

No

Cerner is a place where people are encouraged to innovate with confidence and focus on what is important – people's health and the care they receive. We are transforming health care by developing tools

and technologies that make it more efficient for care providers and patients to navigate the complexity of our health. From single offices to entire countries, Cerner solutions are licensed at more than 25,000 facilities in over 35 countries.

Cerner's policy is to provide equal opportunity to all people without regard to race, color, religion, national origin, ancestry, marital status, veteran status, age, disability, pregnancy, genetic information, citizenship status, sex, sexual orientation, gender identity or any other legally protected category. Cerner is proud to be a drug-free workplace.

EEO is the Law (English)
E-Verify Participation (English)
Right to Work (English)

EEO is the Law (Spanish)
E-Verify Participation (Spanish)
Right to Work (Spanish)

If you are an individual with a disability who is unable to use our online tools to search and apply for jobs, and need assistance or an accommodation in the recruiting process, please contact us by calling 866-434-1543 or by emailing .

Government Health Actuary Senior Analyst | Mercer

Source URL: https://www.linkedin.com/jobs/view/1645533357/?eBP=CwEAAAFvnzAfd0QrQAqGd_Wt_1xnmVUUna4UPx2U4W6tHc-
Z3N1VuUsOAA0XySVVrzfW29u9ywFs6meId15ZdooNJlzP2eBkuL5r3vcbxS4F96bMgpwsa36BxiSKUtLqgPNu8Z4AuIA72NoLWHFjuziLYsks8pOJlGozp
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3a0f0c34a786&spSrc=CwEAAAFvnzAfmB8JfuVTyeKrMfAd4_zofh50A0zYUrtGu40G0a98J8hqBaeJKn2H71DO5XtDl4AJVznp6SdaTy6fIQ&trk=d_flagsh

Government Health Actuary Senior Analyst

Mercer's Government Human Services Consulting (GHSC) practice focuses on the unique and challenging needs of the public health care sector, providing a wide array of consulting services to local, state, and federal government agencies across the country. GHSC helps clients achieve better outcomes, develop and deploy defensible strategies, and reshape the delivery of health care. We deliver an individualized focus, powered by industry-leading experience, integrated capabilities and passionate people. GHSC has been partnering with states and other stakeholder organizations for over 34 years to face the demands and pace of change with data-driven pricing, clinically-informed policy and trusted, reliable strategies to manage and deliver care.

To accomplish these challenging and exciting tasks, GHSC brings together a team of highly-skilled and dedicated consultants, clinicians, actuaries, analysts, accountants and pharmacists across four offices in Phoenix, Minneapolis, Atlanta and Washington DC.

To learn more about Mercer's GHSC practice, please visit www.mercer-government.mercer.com.

To fulfill this role, the Government Health Care Actuarial Analyst can expect to:

- Apply actuarial methods and assumptions in health care rate development
- Perform comprehensive analysis of health care data using spreadsheet and database management software
- Assist in the development of client communications, proposals, reports, spreadsheets, and presentations
- Gain an understanding of health care delivery systems, specifically government-sponsored health and welfare programs, such as Medicaid and Medicare
- Work in a fast-paced, challenging and dynamic consulting environment with colleagues across all organizational levels to meet and exceed client demands and deadlines
- Collaborate with a focused group of colleagues on smaller team

based assignments, with opportunities to participate in larger scale client and industry projects
- Grow your career by partnering with a supervisor that has similar clients, projects and/or career objectives
- Participate in a mentorship program with veteran actuaries that have years of experience in the consulting industry
- Achieve professional success by taking advantage of a competitive actuarial study program
- Have opportunities to participate in Mercer Cares, our community outreach and volunteerism initiative, which coordinates company volunteer events to encourage employees to give back to our community

Qualified candidates for a Government Health Care Actuarial Analyst position will have:

- A bachelor's degree in economics, finance, mathematics, actuarial science, statistics, public policy, public health, or a related analytical major
- Minimum GPA of 3.0
- A commitment to achieving a Society of Actuaries (SOA) designation, as demonstrated by having passed at least one SOA or Casualty Actuarial Society (CAS) exam
- Strong analytical, mathematical, and project management skills
- Proficiency using Microsoft Excel or similar programs. Knowledge of other Microsoft Office products such as Access or PowerPoint is beneficial
- Ability to work both independently and in a dynamic team environment with rapidly changing priorities and demands
- Excellent organizational, interpersonal, verbal, and written communication skills
- Eagerness to drive results and take initiative

To be eligible for consideration, candidates must currently possess unrestricted authorization to work in the United States. Please note that at this time, the Company does not intend to sponsor work visas with respect to these positions.

Our deep knowledge bank, with winning strategies, creative ideas, tested innovation and industry recognized guidelines are why clients choose Mercer. This is our foundation, but our people bring everything to life, sharing their experience and knowledge to improve every outcome. Employees choose Mercer for career growth, as well as the opportunity to assist clients in providing efficient and innovative ways to deliver vital health care services. Projects include helping clients navigate the Affordable Care Act, program design for innovative models of health care, analyzing health care costs and trends, and assessing quality incentives and strategies to improve overall managed care

program effectiveness. Mercer's stimulating and learning filled environment helps build strong relationships with colleagues and our clients.

Mercer is an equal opportunity employer. M/F/D/V.

COMPANY PROFILE:

At Mercer, we make a difference in the lives of more than 110 million people every day by advancing their health, wealth, and careers. We're in the business of creating more secure and rewarding futures for our clients and their employees — whether we're designing affordable health plans, assuring income for retirement or aligning workers with workforce needs. Using analysis and insights as catalysts for change, we anticipate and understand the individual impact of business decisions, now and in the future. We see people's current and future needs through a lens of innovation, and our holistic view, specialized expertise, and deep analytical rigor underpin each and every idea and solution we offer. For more than 70 years, we've turned our insights into actions, enabling people around the globe to live, work, and retire well. We embrace a culture that celebrates and promotes the many backgrounds, heritages and perspectives of our colleagues and clients. At Mercer, we say we *Make Tomorrow, Today*. Visit www.mercer.com for more information and follow us on LinkedIn and Twitter @Mercer

Marsh & McLennan Companies offers competitive salaries and comprehensive benefits and programs including: health and welfare, tuition assistance, 401K, employee assistance program, domestic partnership benefits, career mobility, employee network groups, volunteer opportunities, and other programs. For more information about our company, please visit us at: http://www.mmc.com/. We embrace a culture that celebrates and promotes the many backgrounds, heritages and perspectives of our colleagues and clients. For more information, please visit us at: www.mmc.com/diversity.

Mercer LLC and its separately incorporated operating entities around the world are part of Marsh & McLennan Companies, a publicly held company (ticker symbol: MMC).

Marsh & McLennan Companies and its Affiliates are EOE Minority/Female/Disability/Vet/Sexual Orientation/Gender Identity employers.