consulting | training | free webinars

clay@mostlymedicaid.com | 919-727-9231

Medicaid Jobs Hunter

1. Care Manager - Medicare/Medicaid | Healthfirst
2. Home Health Billing Specialist/Medicare/Medicaid Billing Jobs in North Charleston, SC - Interim HealthCare
3. Medicaid Program Advisor - DPDM-Item 1436 | PCG Staffing Solutions Organization LLC
4. Medicaid Enrollment Rep I | WellCare Health Plans
5. Civil Attorney III - Medicaid Investigations
6. Director, State Behavioral Health - Medicaid LOB | WellCare Health Plans
7. Sr Advisor SAE - Aetna Medicaid | CVS Health
8. Program Analyst | Independent Care Health Plan
9. Application Assistance Specialist - The Health Plan | Texas Children's Hospital
10. Nurse Practitioner - Clinic (Everett, WA) | Molina Healthcare

Care Manager - Medicare/Medicaid | Healthfirst

SourceURL: https://www.linkedin.com/jobs/view/care-manager-medicare-medicaid-at-healthfirst-1194196208/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Position Summary

The Care Manager plans and manages behavioral and/or physical care with members and their beneficiaries and works with clinicians and health care team members. The Care Manager facilitates care and medical attention and addresses identified member needs across the continuum of care. The Care Manager is responsible for applying care management principles when engaging members and addressing coordination of the member's health care services. The Care Manager is assigned to a specific product line such as FIDA, CompleteCare, SNP, Medicaid/Medicare, PHSP, HARP, etc.

- Depending on one's residence and line of business, the Care Manager may be expected to make home, nursing home, and other related sites visits around downstate New York.

Duties/Responsibilities

- Advocates, informs, and educates beneficiaries on services, self-management techniques, and health benefits.
- Conducts assessments to identify barriers and opportunities for intervention.
- Develops care plans that align with the physician's treatment plans and recommends interventions that align with proposed goals.
- Generates referrals to providers, community-based resources, and appropriate services and other resources to assist in goal achievement.
- Collaborates with provider doctors, social workers, discharge planners, and community based service providers to coordinate care accordingly.
- Coordinates and facilitates with the multi-disciplinary health care team as necessary in order to ensure care plan goals are achieved and maximize member outcomes.
- Assists in identifying opportunities for alternative care options based on member needs and assessments.
- Evaluates service authorizations to ensure alignment and execution of the member's care and physician treatment plan.
- Contributes to corporate goals through ongoing execution of member care plans and member goal achievement.
- Documents all encounters with providers, members, and vendors in the appropriate system in accordance with internal and established documentation procedures; follows up as needed; and updates care plans based on member needs, as appropriate.
- Occasional overtime as necessary.
- Additional duties as assigned.

Minimum Qualifications

- NYS RN or
- LCSW, LMSW, LMFT, LMHC, LPC, licensed psychologist (any state)

Preferred Qualifications

- Strong interpersonal and assessment skills, especially the ability to relate well with seniors, their families, and community care providers, along with demonstrated ability to handle rapidly changing crisis situations.
- Fluency in Spanish, Korean, Mandarin, or Cantonese.
- Knowledge and experience with the current community health practices for the frail adult population and cognitive impaired seniors.
- Knowledge of InterQual and LOCADTR.
- Experience managing member information in a shared network environment using paperless database modules and archival systems.
- Experience and knowledge of the relevant product line
- Relevant work experience preferably as a Care Manager
- Demonstrated ability to manage large caseloads and effectively work in a fast-paced environment
- Proficient with simultaneously navigating the Internet and multi-tasking with multiple electronic documentation systems
- Experience using Microsoft Excel with the ability to edit, search, sort/filter and other Microsoft and PHI systems

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. Applicants and employees are considered for positions and are evaluated without regard to mental or physical disability, race, color, religion, gender, national origin, age, genetic information, military or veteran status, sexual orientation, marital status or any other protected Federal, State/Province or Local status unrelated to the performance of the work involved.

If you have a disability under the Americans with Disability Act or a similar law, and want a reasonable accommodation to assist with your job search or application for employment, please contact us by sending an email to careers@Healthfirst.org or calling 212-519-1798 . In your email please include a description of the accommodation you are requesting and a description of the position for which you are applying. Only reasonable accommodation requests related to applying for a position within Healthfirst Management Services will be reviewed at the e-mail address and phone number supplied. Thank you for considering a career with Healthfirst Management Services.

EEO Law Poster and Supplement

Home Health Billing Specialist/Medicare/Medicaid Billing Jobs in North Charleston, SC - Interim HealthCare

SourceURL: https://www.careerbuilder.com/job/J3P04R6QS3BLMBFLR6F

Job Description

Interim Healthcare is hiring a home health billing specialist. Interim is hiring an in individual who performs and provides billing and collection services specific to the Home Health Department. The billing specialist regularly interacts with patients, insurance companies, physicians' offices and other departments regarding patient's accounts. This role analyzes selected bills showing amounts to be paid by insurance company and by patient and verifies them for accuracy. The specialist also answers patient's questions regarding statements and insurance coverage.
Job Requirements
The Billing Specialist Position requires experience with several essential functions listed below:

- Verify insurance eligibility and obtain financial responsibility for patient
- Submit, obtain and track prior authorization for all insurances.
- Submit and bill claims.
- Handles billing of payer claims (primary, secondary and tertiary) according to contract terms to include Medicare and Medicaid guidelines.
- Review claims for errors and make necessary corrections prior to submission to Clearinghouse to ensure accuracy.
- Submit paper claims along with required third party EOB and/or medical documentation.
- Work rejections from Clearinghouse and Payers and correct EMR issues that may cause Clearinghouse rejections
- Resubmit corrected claims improperly paid by the Payer.
- Filing appeals and working denied claims to obtain payment.
- Maintains patient confidentiality and privacy; while adhering to all HIPPA guidelines/regulations

The Billing Specialist Position also requires:

- Strong self-generated initiative
- Strong attention to detail
- In depth knowledge of Medicare claims submission
- Excellent problem-solving skills including ability to resolve and understand discrepancies and inconsistencies
- Understanding of ICD10 / CPT and HCPCS coding
- Ability to work well with others in a team atmosphere
- Knowledge of DDE, TMHP, Ability, Zirmed, and Kinnser/Wellsky.
- Experience billing for Home Health Medicare, Medicare Replacement Plans, Medicaid, Medicaid HMOs and Commercial Insurances.

Required Experience/Qualifications:

1 years of Home Health Billing experience

Strong knowledge of insurance requirements and medical billing

High level of professionalism

Strong customer service skills

Excellent written and verbal communication skills

Ability to handle phone based on-call responsibilities on a monthly rotation - 1 weekend a month plus 4-6 weekdays per month.

Job Benefits

- Locally Owned and Operated
- Free Education Courses
- Competitive Salary and Benefits
- Paid Time Off
- Health Coverage
- Dental Coverage
- Paid Holidays
- Direct Deposit
- Weekly Pay

Company Overview

Interim HealthCare is America's leading provider of home care, hospice and healthcare staffing. We offer one of the most comprehensive selections of career opportunities in the industry ranging from per diem to full-time.

If you're looking for a stable career opportunity, look no further. We offer the security of working for an established company. Nationally, Interim HealthCare has been providing great jobs to great people for over 50 years and there are more than 300 offices across the country. That kind of stability combined with our commitment to integrity makes us your perfect career partner. Interim HealthCare is an Equal Opportunity Employer. Each Interim HealthCare location is independently owned and operated.

Other Info

- Job City: North Charleston
- Job State: SC
- Employee Type: Full Time
- Min Salary: $18.00
- Max Salary: $20.00
- Compensation Type: Hourly

Medicaid Program Advisor - DPDM-Item 1436 | PCG Staffing Solutions Organization LLC

SourceURL: https://www.linkedin.com/jobs/view/medicaid-program-advisor-dpdm-item-1436-at-pcg-staffing-solutions-organization-llc-1211094998/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Medicaid Program Advisor (DPDM) in Albany, NY

Responsibilities Include

The Medicaid Program Advisor will assist with the implementation and oversight of the First 1000 Days on Medicaid initiative. This initiative recognizes that a child´s first three years are the most crucial years of their development. Through this initiative, we are taking steps to ensure that New York´s Medicaid program is working with health, education and other system stakeholders to maximize outcomes and deliver results for the children we serve. The Medicaid Program Advisor will work closely with medical directors and other staff to assist with the associated research, planning, project management and coordination between offices to implement an established ten-point plan. Details regarding the plan can be found at:

Seniority Level

Associate

Industry

- Insurance
- Financial Services
- Hospital & Health Care

Employment Type

Full-time

Job Functions

- Other

Medicaid Enrollment Rep I | WellCare Health Plans

SourceURL: https://www.linkedin.com/jobs/view/medicaid-enrollment-rep-i-at-wellcare-health-plans-1165498837/?

utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Prospects and markets the Medicaid product to interested eligible candidates in the service area, according to the prescribed rules and regulations of the Medicaid Contract. Meets the minimum enrollment goal of new members using event planning, presentation materials and sales techniques.

Essential Functions

- Markets Medicaid products to all interested eligible candidates.
- Conducts individual presentations to perspective members.
- Coordinates and conducts approved marketing events.
- Generates referrals utilizing community resources, supplied company tools, event planning and community networking.
- Prospects for leads and converts leads into appointments.
- Converts appointments into enrollments.
- Provides ongoing assistance to Medicaid members, as necessary, answering questions and/or directing inquiries to Customer Service.
- Continually monitors activities of health industry competitors and provides information to management.
- Performs other duties as assigned.

Additional Responsibilities:

- Reviews and quality checks enrollment paperwork before processing.
- When needed, assists in the creation of materials such as flyers, pamphlets, event material etc.
- May be asked to support and travel to other territories from time to time.
- Conducts new member orientations.
- Contacts approved leads by telephone to set appointments.
- Required to use personal transportation for appointment with prospective members and events.

Candidate Education

- Required A High School or GED

Candidate Experience:

- Required 6 months of experience in sales

Candidate Skills:

- Intermediate Demonstrated interpersonal/verbal communication skills
- Intermediate Ability to work independently
- Intermediate Ability to work in a fast paced environment with changing priorities
- Intermediate Knowledge of healthcare delivery
- Intermediate Knowledge of community, state and federal laws and resources
- Intermediate Ability to represent the company with external constituents
- Intermediate Demonstrated customer service skills
- Intermediate Demonstrated written communication skills
- Intermediate Ability to effectively present information and respond to questions from families, members, and providers
- Intermediate Demonstrated organizational skills
- Intermediate Demonstrated negotiation skills
- Intermediate Other Goal and result driven in sales
- Intermediate Other Ability to pay close attention to detail

Licenses and Certifications:

A License In One Of The Following Is Required

- Required Other State required certification must be obtained within 90 days of hire

Technical Skills:

- Required Intermediate Microsoft Outlook
- Required Intermediate Microsoft Word
- Required Intermediate Microsoft Excel

Languages:

About Us

Headquartered in Tampa, Fla., WellCare Health Plans, Inc. (NYSE: WCG) focuses primarily on providing government-sponsored managed care services to families, children, seniors and individuals with complex medical needs primarily through Medicaid, Medicare Advantage and Medicare Prescription Drug Plans, as well as individuals in the Health Insurance Marketplace. WellCare serves approximately 5.5 million members nationwide as of September 30, 2018. WellCare is a Fortune 500 company that employs nearly 12,000 associates across the country and was ranked a "World's Most Admired Company" in 2018 by Fortune magazine. For more information about WellCare, please visit the company's website at www.wellcare.com. EOE: All qualified applicants shall receive consideration for employment without regard to race, color, religion, creed, age, sex, pregnancy, veteran status, marital status, sexual orientation, gender identity or expression, national origin, ancestry, disability, genetic information, childbirth or related medical condition or other legally protected basis protected by applicable federal or state law except where a bona fide occupational qualification applies. Comprehensive Health Management, Inc. is an equal opportunity employer, M/F/D/V/SO.

Civil Attorney III - Medicaid Investigations

SourceURL: https://www.governmentjobs.com/jobs/2388728-0/civil-attorney-iii-medicaid-investigations?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Description of Work

THE STARTING SALARY FOR A NEW HIRE TO THIS POSITION IS LIMITED TO THE RECRUITMENT RANGE OF $ 84,728 to $ 86,423.

Salary offers for the selected candidate are based on the candidate's education and experience related to the position, as well as our agency budget and equity.

For current State employees, please note that as of June 1, 2018, promotional priority and salary administration will be made based on the new Statewide NC Classification System.

The selected candidate will be required to undergo and pass a criminal, DMV, and financial background check.

The North Carolina Department of Justice, led by the Attorney General of North Carolina, represents the State of North Carolina in court and provides legal advice and representation to most state government departments, agencies, officers, and commissions. The Department also represents the State in criminal appeals from state trial courts, and brings legal actions on behalf of the state and its citizens when the public interest is at stake.

This position is not-subject to the Fair Labor Standards Act.

This position is located in the Medicaid Investigations Division of the Department of Justice. The Attorney General's Medicaid Investigations Division investigates and prosecutes health care fraud committed by Medicaid providers and the physical abuse of patients and embezzlement of patient funds in Medicaid-funded facilities. These cases protect and recover taxpayers dollars that can be used to provide needed medical services to Medicaid enrollees. These cases also protect our most vulnerable elderly and disabled citizens.
Our Medicaid Investigations Division (MID) is staffed by Department of Justice attorneys, investigators, auditors, analysts, and a nurse investigator, paralegals, and administrative staff. MID provides state and national training opportunities to aid employees in understanding the complexities of health care fraud investigations. Cases are tried in state and federal court in partnership with law enforcement agents with federal and state agencies such the Office of Inspector General, FBI, IRS, NC SBI, Sheriffs' Offices, and Police Departments.

Over the past decade, the NC MID has recovered more than $20 million per year for the past three years and helped win more than 450 criminal convictions in health care fraud and abuse cases.

The Attorney General's office and the Medicaid Investigations Division are committed to ending Health Care Fraud. The link below is provided for your information.
https://www.ncdoj.gov/Top-Issues/Stop-Health-Fraud-(1).aspx

The Civil Section conducts investigations and brings state and federal actions against Medicaid providers alleged to have committed complex health care fraud schemes.

This Attorney III (Senior Civil Attorney) will be assigned to investigate and litigate complex civil matters related to health care providers.

The primary purpose of this position is to prepare and conduct state and federal investigations and civil prosecutions of Medicaid providers who commit the most complex health care fraud schemes, the embezzlement of recipient funds, and the physical abuse of patients by Medicaid providers.

- Responsible for conducting investigations, engaging in settlement negotiations, and conducting civil litigation in complex multi-state civil qui tam actions; serving on national state intake / investigative / civil settlement negotiating teams; formulating and implementing the structure of the financial portions of criminal and civil settlements, and; analyzing financial settlements proposed by opposing counsel.
- Responsible for pursuing and assisting in the recovery of civil damages and penalties from Medicaid providers by bringing and/or supporting state and federal forfeiture proceedings.
- Will handle, assist, and support criminal investigations and prosecutions if needed and requested by the Unit Director.
- Analyzes case referrals to determine the nature of the case and decide whether the allegations show sufficient merit to warrant a civil action.
- Supervises the preparation of cases being presented in state or federal court. In order to be successful, each case must adhere to many varied, technical,

complicated, and sometimes diverse legal principles.
- Must be able to advise and assist financial investigators in discovering, locating and identifying financial assets and income generating ability of targets as a source for recovering damages and penalties and to assess the target's reasonable ability to pay restitution and monetary penalties.
- Provides consultation and advice to the Unit Director; acts as a liaison between the Director and Civil Chief and civil enforcement attorneys with the United States Department of Justice and other states; and keeps the Director and Civil Chief apprised of important developments in civil cases.

This position requires travel which may include overnight.
This position requires some overtime.

Director, State Behavioral Health - Medicaid LOB | WellCare Health Plans

SourceURL: https://www.linkedin.com/jobs/view/director-state-behavioral-health-medicaid-lob-at-wellcare-health-plans-887447267/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Plans, coordinates and manages overall behavioral health services in a dedicated WellCare region, including provider identification, negotiation, contracting and service functions. Responsible for overseeing regulatory compliance with laws, regulations and policies that govern behavioral health aspects of Medicaid and Medicare business. Acts as the behavioral health leadership representative for the region assuring customer service, provider and government relations and that operations goals and objectives are achieved. Assignments are broad in nature, usually requiring considerable creativity, originality and ingenuity.

Reports to: TBD

Department: Health Services
Position Location: Houston, TX

Essential Functions

- Negotiates and contracts with mental health and substance abuse providers to meet network requirements, identifies network expansion opportunities and services providers.
- Assists in establishing effective operational practices and works closely with various health plan departments and regulatory agencies to ensure contracts meet operating, financial and legal standards.
- Performs data analysis and develops specific actions to manage medical cost trends.
- Assists in developing practices to assist risk partners in managing financial risk.
- Directs area activity to ensure compliance with all regulatory and organizational requirements and standards.
- Identifies areas to improve provider and member service levels within operating budget parameters.
- Educates and enhances relationships within the provider community, including community mental health centers, hospitals and individual providers and groups.
- Manages resources to meet operational goals and budgets, coordinating with services provided in Tampa, FL.

- Coordinates closely with the regional health plan(s) in meeting service objectives and community needs.
- Implements corporate and area initiatives to achieve optimum results.
- Identifies and assesses opportunities to improve HBH results, communications and operating efficiencies.
- Provides technical direction to team associates, other directors and management.
- Participates in HBH and health plan operational meetings.
- Performs all other related duties as assigned by leadership.

This position is contingent upon the bid award in the state of Texas to WellCare Health Plans, Inc.

Education And Experience

- Bachelors level education or equivalent directly related experience
- 7-10 years of progressively responsible managerial experience
- Strong functional and technical knowledge of healthcare delivery
- 5 years of behavioral health management experience, particularly in the areas of provider and network management and operations
- Demonstrated people management and facilitative skills
- Excellent interpersonal skills and demonstrated ability to influence internal and external constituents
- Proven analytical skills and financial skills

Communication And Numeric Skills

- Verbal and written communication skills sufficient to communicate clearly and grammatically both complex and simple messages to a wide audience either within or outside of the organization.

Computer Skills

- Knowledge of Microsoft Outlook sufficient to communicate with both internal and external contacts.
- Knowledge of Microsoft Word and Excel sufficient to enter data, create tables, calculate mathematical and statistical formulas, copy or cut and paste data and print results as required.
- Experience with Microsoft Access preferred.

About Us

Headquartered in Tampa, Fla., WellCare Health Plans, Inc. (NYSE: WCG) focuses primarily on providing government-sponsored managed care services to families, children, seniors and individuals with complex medical needs primarily through Medicaid, Medicare Advantage and Medicare Prescription Drug Plans, as well as individuals in the Health Insurance Marketplace. WellCare serves approximately 5.5 million members nationwide as of September 30, 2018. WellCare is a Fortune 500 company that employs nearly 12,000 associates across the country and was ranked a "World's Most Admired Company" in 2018 by Fortune magazine. For more information about WellCare, please visit the company's website at www.wellcare.com. EOE: All qualified applicants shall receive consideration for employment without regard to race, color, religion, creed, age, sex, pregnancy, veteran status, marital status, sexual orientation, gender identity or expression, national origin, ancestry, disability, genetic information, childbirth or related medical condition or other legally protected basis protected by applicable federal or state law except where a bona fide occupational qualification applies. Comprehensive Health Management, Inc. is an equal opportunity employer, M/F/D/V/SO.

Sr Advisor SAE - Aetna Medicaid | CVS

Health

SourceURL: https://www.linkedin.com/jobs/view/sr-advisor-sae-aetna-medicaid-at-cvs-health-1195002521/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Job Description

As a Strategic Account Executive (SAE) - Senior Advisor, you will serve as the senior level liaison for clients within the Health Plan segment, specifically supporting Aetna Medicaid. This is an excellent opportunity to interface with Executive Leadership both internally and externally. As a seasoned healthcare sales professional, you will use your years of expertise to grow our business through renewal, retention, and up-sell of existing clients. You will accomplish this through:

- Leading the strategic account team (including account management, clinical, and operations) as the quarterback and have full ownership for client satisfaction and service delivery.
- Influencing client up-sell opportunities through utilizing your consultative selling skills by recommending CVS Health solutions to meet key client needs.
- Developing and delivering quarterly and annual reporting to clients on their drug trend and financial performance and facilitates in identifying client cost-saving opportunities.
- Formulating responses to Request for Proposals (RFPs) through collaboration with primary internal partners such as underwriting.

Your success as a Strategic Account Executive will be driven by your ability to grow revenue for the assigned book of business and achieve above average client satisfaction scores. You will function as a leader for the account team and your ability to influence others to deliver results for your client will also be a key factor in your success. Your understanding of the PBM and managed care environment as well as keeping up to date on market trends will enable you to position CVS Health programs and solutions effectively to client decision makers. The contributions you will make as a Strategic Account Executive will position CVS Health for long term growth in the competitive PBM marketplace.

This position can be remotely based or in a CVS Corporate Hub. The ideal candidate will be in the central, midwest, or eastern part of the country. You must have ability to travel up to 40% of the time.

Required Qualifications

- At least 3 years of cumulative Account Management or equivalent client-facing experience in healthcare or the PBM industry.
- Must be able to travel up to 40%.
- Travel may require but is not limited to flights, overnight stays, local travel, travel on short notice and other travel deemed necessary by the Company.
- Must possess a valid and current driver's license.
- Must possess personal vehicle sufficiently reliable to meet the requirements of the job and is appropriately insured.

Preferred Qualifications

Preferred Qualifications

- 5+ years of experience managing health plan accounts.
- 5+ years of experience managing a book of business in PBM industry.
- Medicaid/Duals experience

Education

- Bachelor's degree is strongly preferred. HS Diploma/GED required.

Business Overview

It’s a new day in health care.

Combining CVS Health and Aetna was a transformative moment for our company and our industry, establishing CVS Health as the nation’s premier health innovation company. Through our health services, insurance plans and community pharmacists, we’re pioneering a bold new approach to total health. As a CVS Health colleague, you’ll be at the center of it all.

We offer a diverse work experience that empowers colleagues for career success. In addition to skill and experience, we also seek to attract and retain colleagues whose beliefs and behaviors are in alignment with our core values of collaboration, innovation, caring, integrity and accountability.

CVS Health is an equal opportunity/affirmative action employer.
Gender/Ethnicity/Disability/Protected Veteran – we highly value and are committed to all forms of diversity in the workplace. We proudly support and encourage people with military experience (active, veterans, reservists and National Guard) as well as military spouses to apply for CVS Health job opportunities. We comply with the laws and regulations set forth in the following EEO is the Law Poster: EEO IS THE LAW and EEO IS THE LAW SUPPLEMENT. We provide reasonable accommodations to qualified individuals with disabilities. If you require assistance to apply for this job, please contact our Advice and Counsel Reasonable Accommodations team. Please note that we only accept applications for employment via this site.

If technical issues are preventing you from applying to a position, contact Kenexa Helpdesk at 1-855-338-5609 or cvshealthsupport@us.ibm.com. For technical issues with the Virtual Job Tryout assessment, contact the Shaker Help Desk at 1-877-987-5352.

Seniority Level

Associate

Industry

- Information Technology & Services
- Financial Services
- Hospital & Health Care

Employment Type

Full-time

Job Functions

- Other

Program Analyst | Independent Care Health Plan

SourceURL: https://www.linkedin.com/jobs/view/program-analyst-at-independent-care-health-plan-1209045574/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

JOB REQUIREMENTS: Assists with tracking, auditing and maintenance of databases to ensure contract compliance and to promote efficient program operations Distills data into user-friendly reports appropriate for monitoring program operations and to support IDT staff activities Works with Program Manager and other Departments (Analytics, Quality and IT) to develop reports for HEDIS measures and subsequent programming using SQL and/or Access Analyzes data from ProAm and other sources to create reports Manages assignments related to under/over utilization and other improvement projects Manages the Medtronic database for FCP; participates in Medtronic meetings; provides input on programming Provide analytics and tracking for the FCP members in Follow to Home Program in Access Provide analytics and tracking for the readmission prevention program Work with Quality staff to track inputs and outcomes associated with performance improvement project and quality improvement performance Exhibit understanding of Family Care Partnership benefits and policies and procedures Meets productivity standards for assigned tasks Maintains confidentiality in accordance with iCare's policies and procedures Attends internal meetings as appropriate, and participate in interdisciplinary meeting to support Family Care Partnership projects iCare is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity or national origin. **OTHER EXPERIENCE AND QUALIFICATIONS: Exceptional organizational skills and the ability to multi-task in a fast-paced environment 1-3 years of customer service experience in the medical or insurance field Understanding of medical terminology Must be competent working with Microsoft Office products and able to learn new applications Ability to work independently without constant supervision and to work collaboratively within a team** APPLICATION INSTRUCTIONS: Apply Online: ipc.us/t/C260CB912BE5493B

Seniority Level

Associate

Industry

- Non-profit Organization Management
- Insurance
- Hospital & Health Care

Employment Type

Full-time

Job Functions

- Management
- Manufacturing

Application Assistance Specialist - The Health Plan | Texas Children's Hospital

SourceURL: https://www.linkedin.com/jobs/view/application-assistance-specialist-the-health-plan-at-texas-children%27s-hospital-1211384299/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Summary

We are searching for an Application Assistant Specialist – someone who works well in a fast-paced setting. In this position, you'll provide excellence in service to help meet the unique needs and inquiries of applicants seeking assistance for Medicaid and CHIP state benefits and ensure appropriate guidance through the process.

Think you've got what it takes?

Responsibilities

Job Duties & Responsibilities

HOU123

- Assist families with applications and distribute the appropriate documents as needed to complete a successful application
- Assist families with direct communication needs from HHSC by providing a detailed explanation
- Provide language interpretation assistance as needed
- Document a summary of interactions with the family and collect relevant program assistance data
- Track Medicaid or CHIP application and provide proof of submissions on the weekly activity report
- Coordinate with the marketing team in efforts related to application assistance events in the community
- Create and distribute a weekly report of families that are assisted with Medicaid and CHIP
- Identify opportunities to effectively support the needs of key service lines
- Write, edit, and deliver a monthly report highlighting key territory activities of target zip codes within your designated territory and track the related performance goals
- Provide appropriate education material about each program that is offered
- Develop and maintain a database of relevant information for contacts, providers, and community organizations
- Work on special projects as needed

Serve as a family advocate when collaborating with other team members

Qualifications

Skills & Requirements

- High school diploma or GED
- Bachelor's degree preferred
- Community Health Worker certification and valid Texas Driver's license are required,
- Successful completion of a proficiency assessment in oral and written English/Spanish; Bi-lingual required
- 4 years' experience in customer service or business
- Experience in health care is desired

Nurse Practitioner - Clinic (Everett, WA) | Molina Healthcare

SourceURL: https://www.linkedin.com/jobs/view/nurse-practitioner-clinic-%28everett%2C-wa%29-at-molina-healthcare-1211125351/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Description

Molina Healthcare has always been a special place to work. Founded by Dr. C. David Molina 35 years ago, the company has grown over the past few decades from a single clinic to health plans serving fifteen states. During the time of expansion we have never lost sight of the mission that defines us; to serve the most financially vulnerable members of our society with dignity and respect. Our goal is to ensure "that everyone has access to quality healthcare."

MyHealth-Everett provide comprehensive services for Medicare, Marketplace, and Medicaid recipients. Through our clinical center we are able to provide our patients a safe and comfortable environment to deliver high quality health care services.

By utilizing Epic, our customized electronic health record, as well as advanced point-of-care testing equipment, we are able to provide our patients with a thorough and comprehensive health care experience. We use technology to strategically schedule visits with the aim of maximizing patient care time while decreasing wait times. Visits vary from preventive care for diabetics, to post-partum assessments, and annual comprehensive exams to make sure our health plans receive a complete and accurate picture of our patients' health conditions and needs.

We are looking for Family Nurse Practitioners who are committed to caring for those who are often overlooked and under-served in our society. As the next generation of delivery models unfold, this is an opportunity to join a progressive organization that has never lost sight of the mission of meeting the medical, psychological and social needs of each patient. As a result, this strengthens the communities we serve and delivers superior outcomes.

ABOUT US: Molina Healthcare, a FORTUNE 500, managed care organization, arranges for the delivery of health care services and offers health information management solutions to nearly five million individuals and families who receive their care through Medicaid, Medicare and other government-funded programs in fifteen states.

As a Nurse Practitioner You Will

► Complete a comprehensive review and assessment of patients' medical history, current medications, psycho-social well-being and social determinants of health

► Document progress notes that support comprehensive capture of all active diagnoses

► Provide incomplete preventive care services as determined by HEDIS or Medicare 5 Star requirements

► Perform point-of-care lab and diagnostic testing, such as Hemoglobin A1C, monofilament, nephropathy screening and diabetic retinal exams

► Follow-up on abnormal results and coordinate ongoing care

► Write prescriptions with the support and oversight of a collaborating physician

► Help at-risk patients transition from the hospital and other facilities to their own home through assessments, post discharge medication reconciliation, referrals and care coordination

Minimum Requirements

► Board certified as an Advanced Nurse Practitioner in the specialty area of family medicine

► Hold an active, unrestricted state Nurse Practitioner license, as well as DEA and NPI number

► Have a current provider card in Basic Life Support (BLS)

► Ideal Candidates Have

► A passion to serve the under-served

► Previous experience working with Medicaid, Marketplace and Medicare populations ► At least 3 years of clinical experience preferably in a primary care, home health, palliative care and/or hospice settings

► Epic EHR experience

► Bilingual or multi-lingual communication skills

You Will Love This Job If

► You consider yourself a self-starter and enjoy being outside of the four walls of a hospital

► You consider yourself an innovator and would like to participate in pilots for new services or care models

► You are tech savvy and want to learn more about Clinical Informatics or Health Information Technology

► You are a new graduate looking for a fulfilling entry into the world of healthcare

WHAT'S IN IT FOR YOU?

► Competitive Financial Compensation Including Generous Health Insurance Benefits

► Work life balance with a fixed productivity goals and no call requirements

► Student loan repayment program

► A continuous learning environment that includes tuition reimbursement

► Walking the talk: Molina's commitment to community includes 16 hours of paid volunteer time off!

► Generous retirement program

► Employee Stock Purchase Program

Job Qualifications

Job Qualifications

Required Education

- Master's degree in nursing from an accredited nursing program

Required Experience

- Previous experience as a licensed clinician providing care in a home health setting
- 0-3 Years as Nurse Practitioner
- Minimum 3 years clinical experience

Required License, Certification, Association

- Completion of Nurse Practitioner program at the Master's level with certification
- Current state-issued license to practice as a Nurse Practitioner
- Must meet credentialing requirements established for nurse practitioners (Master's Degree in Nursing and National Certification from one of the following organizations: American Academy of Nurse Practitioners; American Credentialing Center; National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties; National Certification Board of Pediatric Nurse Practitioners and Nurses.)

Preferred Education

- Master's degree major in gerontology or behavioral health

Preferred Experience

- Previous experience as Nurse Practitioner, 5+ Years
- Extensive home health experience with low income populations, especially in management of chronic conditions
- Bilingual and bicultural

To all current Molina employees: If you are interested in applying for this position, please apply through the intranet job listing.

Molina Healthcare offers a competitive benefits and compensation package. Molina Healthcare is an Equal Opportunity Employer (EOE) M/F/D/V.

To learn more about Molina Healthcare Careers, follow us on LinkedIn , Twitter & Facebook . You can also visit Molina Cares to view interactive tutorials on resume & cover letter writing, interviewing and more!

Primary Location

US-WA-Everett-EVERETTMA

Job

Fusion

Organization

Clinics

Job Posting

Apr 5, 2019, 11:41:19 AM

Seniority Level

Associate

Industry

- Hospital & Health Care

Employment Type

Full-time

Job Functions

- Health Care Provider