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Medicaid Jobs Hunter

In this packet....

Jobs @ TheJobNetwork hiring RN Case Manager Medicaid Phoenix Tucson AZ in Tucson, AZ, US

SourceURL: https://www.linkedin.com/jobs/view/rn-case-manager-medicaid-phoenix-tucson-az-at-jobs-%40-thejobnetwork-1333782058

Challenge brings out the best in us. It also attracts the best. That's why you'll find some of the most amazingly talented people in health care here. Bring your skills and talents to a role where you'll have the opportunity to make an impact on a huge scale. This is the place to do **your life's best work.(sm)**

Candidates must live within the greater Maricopa or Pima Counties to be considered for this position.

As an **RN Case Manager**, you'll wear many hats, and work in a variety of environments. Sometimes, you'll interact with members leaving the hospital - possibly with new medications or diagnoses. Or perhaps you'll perform home visits, assisting members with safe, effective transitions from care environments to where they live. You may also act as an intermediary between providers and members - serving in numerous roles, such as educator, evaluator, service coordinator, community resource researcher and more. The result? Fewer hospitalizations, ER visits and costly service gaps; and a less stressed, more effective health care system for us all.

What makes your clinical career greater with UnitedHealth Group? You'll work within an incredible team culture; a clinical and business collaboration that is learning and evolving every day. And, when you contribute, you'll open doors for yourself that simply do not exist in any other organization, anywhere.

If you are located in greater Phoenix or Tucson, Arizona, you will have the flexibility to telecommute* as you take on some tough challenges. Potential of 25% of work will be in the field.

Primary Responsibilities

- Make outbound calls to assess members' current health status
- Identify gaps or barriers in treatment plans
- Provide patient education to assist with self management
- Interact with Medical Directors on challenging cases
- Coordinate care for members
- Make referrals to outside sources
- Coordinate services as needed (home health, DME, etc.)
- Educate members on disease processes
- Encourage members to make healthy lifestyle changes
- Document and track findings
- Utilize Milliman criteria to determine if patients are in the correct hospital setting
- Make “welcome home” calls to ensure that discharged member receive the necessary services and resources
- Possible hospital visits with members
- Required to operate multiple software programs and platforms simultaneously

Required Qualifications

- Current, unrestricted RN license in the state of Arizona
- 3+ years RN nurse clinical experience in a hospital, acute care, home health / hospice, direct care or case management
- Reliable transportation and the ability to accommodate travel to member homes or other locations within service delivery area as applicable (up to 50%)
- Computer / typing proficiency to enter/retrieve data in electronic clinical records; experience with email, Internet research, use of online calendars and other software applications
- Willingness to obtain Certified Case Manager (CCM) certificate within 30 months of employment if you do not already have it

Preferred Qualifications

- Case Management experience
- Certification in Case Management - CCM

- Multiple state licensure (in addition to Compact License if applicable) or ability to obtain multiple state nursing licenses
- Experience working with patients with special care needs (emotionally disturbed, autism, developmentally disabled, foster care, etc.)
- Experience working with Behavioral Health population consisting of substance abuse, addictions, mental illness, etc.
- Home care / field based case management
- Medicaid or Managed Care experience
- Experience working with the needs of vulnerable populations who have chronic or complex bio-psychosocial needs
- Bilingual skills
- Experience in Home & Community based or Long Term Care services delivery
- Problem solving skills; the ability to systematically analyze problems, draw relevant conclusions and devise appropriate courses of action
- Ability to communicate complex or technical information in a manner that others can understand, as well as ability to understand and interpret complex information from others

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.

State of Illinois hiring Medicaid Management Analyst in Sangamon, IL, US

SourceURL: https://www.linkedin.com/jobs/view/medicaid-management-analyst-at-state-of-illinois-1340888422

Description Of Duties/Essential Functions

Under direction, organizes, plans, executes and evaluates specific elements of the state medical assistance and healthcare benefit provider reimbursement programs; performs ongoing analysis

of state and federal regulations related to provider reimbursement; compiles, prepares and disseminates details summaries of analyses and recommended improvements for provider reimbursement rules, policies and procedures conducts special projects.

Minimum Requirements

Requires a bachelor's degree in healthcare administration, health and human services, social welfare, sociology, business or public administration with course work in healthcare organization, health care systems finance, healthcare economics, predictive modeling, health policy, healthcare operations assessment and improvement, quality control and strategy formulation and implementation of healthcare policies. Requires completion of a minimum of twelve months of the Medicaid Management Intern training program. Requires working knowledge of electronic data processing operations and the manner in which they are utilized in management operations analysis. Requires working knowledge of the concepts and techniques of personnel, organization, and management analysis. Requires working knowledge of the application and conduct of management studies. Requires ability to adopt and utilize the concepts and techniques of operations research in developing research projects. Requires ability to perform detailed work of analysis involving written or numerical data and to make arithmetical calculations rapidly and accurately. Requires ability to analyze problems and develop systems of action. Requires ability to prepare comprehensive written and/or oral reports. Requires personal computer skills utilizing software (e.g., spreadsheets, databases, etc.). Requires ability to present ideas clearly, both orally and in writing. Requires ability to work closely with staff and management professionals in planning, developing, and conducting management evaluation studies. Requires ability to establish and maintain harmonious working relationships with other employees and agency representatives.
Work Hours & Location/Agency Contact

Work Hours: 8:30 a.m. - 5:00 p.m.

Location:
Division of Medical Programs
Bureau of Rate Development & Analysis
201 South Grand Avenue
Springfield, IL 62763
(Sangamon County)

Agency Contact

Robert Fehrholz
Division of Medical Programs
201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763
Work Telephone click apply
Fax click apply
How to Apply

Only currently certified state employees may be considered for vacancies in this classification. A current promotional grade is required. Applicants must complete a Bid Form and CMS-100 employment application and submit it to the Agency Contact listed above prior to the end of the posting period. State employees without a valid promotional grade must **also** submit a CMS-100B promotional application to Central Management Services (CMS), Division of Examining and Counseling, Room 500 Stratton Building, Springfield, IL 62706. For more information, please refer to the Work4Illinois website at Work.Illinois.Gov and select 'Application Procedures'. Additional information may also be obtained from the Agency Contact listed above or by contacting CMS, Division of Examining and Counseling at click apply or click applyTDD/TTYclick applyTTY Only).

Additional Documentation For Medicaid Management Analyst

Class Specification

Documents are in PDF format and can be viewed using Adobe Reader .
NOTE: Salary amounts shown are only to be used as a guide; actual salary will be determined at the time of hire based on current salary plans and/or collective bargaining agreements, if applicable.

Benefits For State Employees

State of Illinois employees may be eligible for a variety of benefits associated with their employment. From a comprehensive health and dental insurance program, to vacation and sick leave days and a generous retirement plan, the State of Illinois offers a competitive benefits program for state employees. To learn more about the benefits of state employment, please explore the links below:

Healthcare Benefits

The State offers its employees a comprehensive health and dental program along with a wide array of supplemental insurance programs. Illinois has long been committed to providing employees with the best possible insurance benefits at the greatest possible value.

Retirement Benefits

In addition to health and dental insurance programs, state employees are offered a generous pension program with options that can be tailored to meet employees' needs.

Workplace Benefits

State employees may also be eligible for other benefits such as holidays, annual leave and sick leave.

Visit our **Illinois Benefits website** to see a more detailed summary of other benefits which are available to state employees.
Note: The above benefits are available to most state employees with the exception of those in temporary positions. Employees in temporary, part-time and student worker positions may be eligible for all, some or none of these benefits.

Health Plan President - Jacksonville, FL

SourceURL: https://www.theladders.com/job/health-plan-president-jacksonville-fl_39863416

11 - 15 years

Posted Today

Highly regarded integrated health plan is searching for a Health Plan President to oversee the plan's business covering the greater Orlando area and about 20,000 lives. The Health Plan President will have full P&L responsibility, and oversee a team of about 100, with 4 direct reports. He or she will be the key point of contact for all Medicaid/Medicare products and services and government entities.

What You Need to Be Successful as Health Plan President:

- Bachelors' degree in business, nursing or related field. Advanced degree preferred.
- 10+ years experience in managed care with Medicaid and Medicare experience
- 8+ years management level experience, with P&L responsibilities in the managed healthcare industry, which includes health plan operations.
- Thorough knowledge of managed healthcare principles and an understanding of the US healthcare marketplace, issues and trends.
- Deep understanding of financial and quantitative information and a track record of accomplishment in managing operational budgets
- A track record of accomplishment in developing effective teams, resolving conflicts and building collaboration among all levels in the organization.
- Proven negotiation skills.

The Health Plan President will:

- Manage financial performance, operating budget and variances from plan to ensure cost effective delivery of service.
- Develop and implement annual operating budget.
- Oversee compliance for all operations performance standards, develop and manage action plans to bring back to compliance when standards are not met.
- Develop service level agreements with account management.
- Direct administrative and infrastructure operations activities which could include lease negotiations, staffing plans, supervision of non-clinical staff, telephone systems, etc...
- Oversee all area clinical and operations staff including recruitment, hiring, promotion
- Direct the delivery of high-quality services within the site and ensuring quality management plans and protocols are implemented and services are delivered in accordance with policies and procedures.
- Monitor quality assurance indicators and provides quality oversight.
- Manage high-risk cases and utilization trends.

Spectrum Health hiring Business Intell Analyst Medicaid Full Time (Priority Health) in Grand Rapids, MI, US

SourceURL: https://www.linkedin.com/jobs/view/business-intell-analyst-medicaid-full-time-priority-health-at-spectrum-health-1339072061

Company Description

Spectrum Health is a not-for-profit, award winning, integrated health system based in West Michigan. Our organization includes a medical center, regional community hospitals, a dedicated children's hospital, a multispecialty medical group and a nationally recognized health plan, Priority Health. We invest in our people by supporting a dynamic, high-performing workplace. Our collaborative approach to patient care includes a commitment to provide an exceptional experience for patients and their families. Spectrum Health supports successful career growth in an innovative environment.

Position Summary

The Business Intelligent Analyst supports strategic goals and initiatives through reporting and analysis of applicable claim and financial information from internal data stores using analytical tools and programming languages. The role will develop analytic solutions for internal customers and consult with internal and external customers to elaborate their needs and design and develop analytic solutions to meet those needs.

Working as embedded intelligence expert as part of an integrated cross-functional team, Business Intelligence (BI) Analyst turn data into information and knowledge, understanding how that information/knowledge supports and enables key business processes, and communicating those Insights for maximum business impact. BI Analysts contribute to the business intelligence, reporting, and data analysis needs for the organization. This role works closely with Data Engineers, Data Scientists, Lead BI Analysts, and internal customers to turn data into critical information and knowledge that can be used to make sound business decisions. It is essential that BI Analysts build an understanding of the business at a level of detail that enables them to identify and address critical issues. They provide data that is accurate, congruent and reliable, and ensure the information is easily available to users for direct consumption or integration with other systems. BI Analysts educate and train customers to use the data as an analytical tool, displaying the information in new forms and content for the purpose of analysis and option exploration. BI Analysts work with customers to determine business requirements, priorities, and define key performance indicators (KPI). This includes working with business and clinical teams to design and document dashboards, alerts (e.g. regulatory surveillance metrics), and reports. This role is accountable for facilitating information gathering, structured documentation, and presenting findings to all levels of management. The BI Analyst conducts analyses of functional business processes and functional business requirements and participates in the development of business cases in the support of operations and improvement activity. BI Analysts must have an interest in going beyond the obvious to create information, finding insights, and turning those insights into a story to drive impact and better decision making. They must work well within a team environment.

Qualifications

Basic Qualifications:

Education - Bachelor's Degree or equivalent in business, liberal arts, computer science, application programming, software development, information systems, database administration, mathematics, engineering, or other related field
Experience - 2 years of experience typically gained through skills/knowledge/abilities

Preferred Experience

Experience writing SQL queries to retrieve data, Microsoft Access, Excel, Business Objects, Oracle Apex, and FACETS, or similar healthcare enrollment and claims healthcare management software system. General knowledge of how claim processes impact or are impacted by other functional areas. Familiarity analyzing data to find errors, content, and formatting issues.
Spectrum Health grants equal employment opportunity to all qualified persons without regard to race, color, national origin, sex, disability, age, religion, genetic information, marital status, height, weight, sexual orientation, veteran status, or any other legally protected category

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- **Seniority level**

  Associate

- **Employment type**

Full-time

- **Job function**

  Business DevelopmentSales

- **Industries**

  Health, Wellness and FitnessMedical PracticeHospital & Health Care

HCA Healthcare hiring Medicaid Eligibility Advocate in Kansas City, MO, US

SourceURL: https://www.linkedin.com/jobs/view/medicaid-eligibility-advocate-at-hca-healthcare-1334083389

Description:

SHIFT: Days (rotating weekends)

SCHEDULE: Full-time

Do you have exceptional customer service and the ability to plan organize and exercise sound judgment? Do you demonstrate communication, problem solving and case management skills and the ability to act/decide accordingly? Now is the time to join our team of **motivated** and nurturing individuals working to assist patients with their Medicaid Eligibility screening and enrollment. Ideal candidates will have a steady work knowledge of medical terminology, practices and procedures, as well as laws, regulations, and guidelines. You should also share a passion for our purpose, **"To serve and enable those who care for and improve human life in their community."**

Does this sound like you? If so, APPLY TODAY. See what makes us a **fabulous place to work!**

What We Can Offer You

- We offer you an excellent total compensation package, including competitive salary, excellent benefit package and growth opportunities. We believe deeply in our team and your ability to do excellent work with us.
- Your benefits package allows you to select the options that best meet the needs of you and your family. Benefits include 401k, paid time off medical, dental, flex spending, life, disability, tuition reimbursement, employee discount program, employee stock purchase program and student loan repayment.

What You Will Do

- Responsible for conducting eligibility screenings, assessment of patient financial requirements, and counseling patients on insurance benefits and co-payments.
- Serve as a liaison between the patient, hospital, and governmental agencies; and you will be actively involved in all areas of case management.
- Screen and evaluate patients for existing insurance coverage, federal and state assistance programs, or hospital charity application.

- Re-verify benefits and obtains authorization and/or referral after treatment plan has been discussed, prior to initiation of treatment.
- Ensures appropriate signatures are obtained on all necessary forms.
- Obtain legal relevant medical evidence, physician statements and all other documentation required for eligibility determination, and complete and file applications.
- Initiate and maintain proper follow-up with the patient and government agency caseworkers to ensure timely processing and completion of all mandated applications and accompanying documentation.
- Document progress notes to the patient's file and the hospital computer system.
- Participate in ongoing, comprehensive training programs as required.
- Required to make field visits as necessary.

Qualifications

- College degree preferred or high school diploma (equivalent).
- Minimum three years of hospital/medical business office experience with insurance procedures and patient interaction
- Understanding of patient confidentiality to protect the patient and the clinic/corporation.
- Ability to collect, synthesize and research complex or diverse information.

About Us

Parallon is an **industry leader** in revenue cycle services. We partner with over 650 hospitals and 2,400 physician practices nation-wide. Our parent company, HCA Healthcare has been consistently named a **World's Most Ethical Company** by Ethisphere and is ranked in the Fortune 100. We are dedicated to ensuring our patients have the best experience even after they leave our facilities.

We are an equal opportunity employer and we value diversity at our company. We do not discriminate on the basis of race, religion, color, national origin, gender, sexual orientation, age, marital status, veteran status or disability

status.

Iowa Department of Administrative Services Medicaid Program Manager Job in Independence, IA

SourceURL: https://www.glassdoor.com/job-listing/medicaid-program-manager-iowa-department-of-administrative-services-JV_IC1148833_KO0,24_KE25,67.htm?jl=3274820419

Job Description

Only applicants who meet the Minimum Qualification Requirements and meet all selective requirements (listed below) will be placed on the eligible list.

The Department of Human Services - Central Office is looking to fill a Management Analyst 3 position to assist the state as a Medicaid Program Manager.

The Iowa Medicaid Enterprise (IME) establishes the state Medical and Long Term Care Services and Supports programs and policies defining covered services, qualifications for eligible providers and establishing reimbursement standards. The IME Policy Analyst (MA3) positions continuously conduct analysis of complex managed care and fee for service plans to ensure adherence to contractual provisions and to evaluate performance outcomes. These positions analyze, develop and update IME policies and procedures based on contractual changes based driven by state or federal requirements. These positions monitor the implementation of policy to ensure providers meet established contractual scope of services such as payment processing, satisfaction of delineated deliverables for Managed Care and Fee for Service (FFS).

Data Analysts exercise considerable independent judgement to adapt and manage payment reimbursement guidelines for general and specific situations. The role requires continual analysis of data to assess contractual compliance for MCO, and to formulate solutions for DHS leadership to discern, discuss and approve. This role would effectively communicate procedural or contractual changes to both internal and external parties, and establish the tools to monitor and evaluate compliance. An important aspect of the role is to actively engage the IME Medicaid Management Information Systems (MMIS) group to design, test, and implement systems to obtain requisite data or for the design of systematic changes to meet programmatic needs.

These positions collaborate with the Centers for Medicare and Medicaid Services (CMS), Legislators, constituency groups, health care providers, Medicaid members and the Attorney General's office in order to prepare and present programmatic policy to internal and external audiences inclusive of the Council on Human Services, providers, consumer advocates, legislative committees, and state and national work groups. The Analysts draft language for changes to the Code of Iowa, promulgate changes to the Iowa Administrative Code, participate in the preparation and submission of state plan amendments (SPA) for CMS, authoring provider manuals and informational communications.

Successful candidates will have critical thinking/analysis skills and the ability to strategically apply quality improvement techniques within policy development inclusive of IT system structure supports. Preference will be given to those candidates with experience in the application of medical coding procedures and reimbursement.

Applicants may attach a resume/cover letter to the online application.

Selectives

292 Hospital/Health Care Statistics and Reimbursement

6 months' experience, 12 semester hours, or a combination of both in health care industry technology and standards with emphasis on health care insurance, payment systems, and health care data processing requirements.

Minimum Qualification Requirements

Applicants must meet at least one of the following minimum requirements to qualify for positions in this job classification:

- Graduation from an accredited four-year college or university with a degree in business or public administration, management information systems, industrial management, or statistics, and experience equal to three years of full-time work in management analysis or project management.
- Seven years of full-time work experience in management analysis or project management.
- A combination of a total of seven years of education and full-time experience (as described in number one), where thirty semester hours of accredited college or university course work equals one year of full-time experience.
- Current, continuous experience in the state executive branch that includes two years of full-time work as a Management Analyst 2 or two and a half years as a Management

Analyst 1.

For additional information, please click on this link to view the job description.

Magellan Health Senior Director-Medicaid Health Plan for Florida - Remote Opportunity Job in Glen Allen, VA

SourceURL: https://www.glassdoor.com/job-listing/senior-director-medicaid-health-plan-for-florida-remote-opportunity-magellan-health-JV_IC1130160_KO0,67_KE68,83.htm?jl=3274029116

THE IDEAL CANDIDATE MUST HAVE MEDICAID HEALTH PLAN EXPERIENCE.

Responsible for the management and direction of all financial affairs for the SBU including business strategy, account management and operations effectiveness. Specific areas of focus include customer contracting, rate negotiations, product pricing, analysis of utilization and medical cost trends, new product development and implementation with customers. This position is responsible for the prioritization and coordination of all financial analytics including analysis of financial results, forecasting/budgeting and performance measurement, as well as the application of such information to direct and educate the senior SBU management team on all business issues.

- Oversees the financial terms of all contracts and coordinates all related activities such as rate renewals/rate openers and settlements of contingencies under each contract (e.g., performance penalties/incentives).
- Analyzes and reports monthly financial results for the SBU to leadership and appropriate staff members.
- In partnership with SBU leadership, develops and maintains long-term strategic plan for business including 5-year financial plan, including specific strategic initiatives, related investment/capital deployment requirements and cost/benefit analyses.
- Manages the preparation of the fiscal operating budget for the SBU as well as quarterly forecasts and monthly forward outlook.
- Prioritizes and coordinates all cost of care analytics for business, maintain appropriate data environment (framework) to ensure relevance of information applied in management of business and partner with SBU leadership to guide operations and strategies to optimize effectiveness of care management activities.
- Monitors all balance sheet accounts associated with contracts managed by the SBU including accounts receivable, funds withheld by customers, claims recoverables, etc.
- Performs special projects and other tasks, as requested by leadership.

General Job Information

Title

Senior Director-Medicaid Health Plan for Florida - Remote Opportunity

Grade

Job Family

Finance Group

Country

United States of America

FLSA Status

United States of America (Exempt)

Recruiting Start Date

4/24/2019

Date Requisition Created

4/23/2019

Minimum Qualifications

Education

Bachelors (Required), Masters

License and Certifications - Required

License and Certifications - Preferred

CPA - Certified Public Accountant - Enterprise

Other Job Requirements

Responsibilities

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

Magellan Health Services is proud to be an Equal Opportunity Employer and a Tobacco-free workplace. EOE/M/F/Vet/Disabled. Every employee must understand, comply and attest to the security responsibilities and security controls unique to their position.

Colorado State University hiring Medicaid Director, Department of Health Care Policy & Financing in Denver, CO, US

SourceURL: https://www.linkedin.com/jobs/view/medicaid-director-department-of-health-care-policy-financing-at-colorado-state-university-1340252706

Medicaid Director, Department of Health Care Policy & Financing
Salary
$120,000.00 - $150,000.00 Annually
Location
Denver, CO
Job Type
Full Time
Department
Department of Health Care Policy and Financing
Job Number
UHA 3330 5.2019
Closing
7/2/2019 11:59 PM Mountain

- Description
- Benefits
- Questions

Department Information
This posting will remain open until the position has been filled.
Make a difference-Join HCPF by improving health care access and outcomes for the people we serve while demonstrating stewardship of financial resources.
The Department of Health Care Policy and Financing (Department) offers a competitive benefits package to include the Public Employees Retirement Account (PERA), 401k/457, health/dental insurance options, 10 paid holidays, accrual of paid sick and vacation/annual 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".
olorado.gov/hcpf
Description of Job
What You'll be Doing

- Acts as the primary contact for the department with the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) and is responsible for the Department's state and federal compliance.
- Attends CMS meetings and regional conference calls, state-based regional and national meetings with other Medicaid Directors to ensure awareness of changing policies.
- Keeps CMS informed of new Department initiatives or policy changes and seeks technical assistance from CMS to improve current programs or to acquire permission and approval to pursue new programs or waivers.
- Manage a multitude of relationships with different partners and stakeholders in order to leverage a complex system environment to bring services to beneficiaries and achieve quality outcomes.
- Leads Department staff, in developing and implementing medical assistance programs including Medicaid, the Children's Health Plan Plus program, and Home and Community Based Services for the older adult and people living with disabilities populations.
- Works with other areas of the Department to develop statistical, data and management information reports to analyze and evaluate the Triple Aim effectiveness and value outcome of all medical assistance programs.
- Acts as Office Director for the Department's Health Programs Office (> 100 staff) responsible for leading management in developing and ensuring staff success of running a health program.

- Reports program results to the Executive Director and makes related recommendations for improvement in policies and procedures that improve Triple Aim quality, member satisfaction and claim trend control.
- Works through the budgeting process to efficiently, thoughtfully and responsibly acquire and manage funds to operate the Medicaid and related medical assistance programs.
- Develops, approves, changes, and recommends program policies, rules and regulations and works with Department staff to develop provider rates.
- Develops communication materials with Department staff to effectively communicate all medical assistance programs and policy changes.
- Interacts with the federal government to develop and negotiate state plan amendments and waivers.
- Assures all medical assistance programs are compliant with State and Federal regulations.
- Recruits and hires qualified, dedicated and diverse staff that reflect the people of Colorado.
- Identifies new and existing staff training needs and works with Department staff to develop related training programs.
- Coordinate and partner closely with member advocate groups, counties, private sector providers, academic research and policy organizations, and publicly funded clinics and hospitals to achieve the Triple Aim and goals of the Department.
- Collaborates with the Executive Director and other senior leadership to represent and advocate for the Department and the Governor before key external stakeholders to include: The Legislature, tribal governments, statewide elected officials, constituent groups, local government, professional associations, businesses, labor organizations, interagency groups, Congress and federal agencies.

Minimum Qualifications

Minimum Qualifications, Substitutions, Conditions of Employment & Appeal Rights

Education And Experience

- Minimum of bachelor's degree in health-related field, management, business, or public administration.
- Master's degree in related field preferred.
- Experience in health care management with specific experience in Medicaid program leadership, public health program leadership.
- Experience in health insurance carrier leadership preferred.
- Experience in health regulations, law and/or program components.
- Knowledge of federal health care programs and related requirements.

This experience MUST be clearly explained in your employment history of the online application.
Substitutions
A combination of professional work experience in health care program management, 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 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

- Experience as a senior member of the leadership team of a medium to large organization in the health care field.
- Experience implementing a strategic plan at an executive leadership level for an organization or division and evaluating the success and impact of the associated initiatives.
- Experience identifying and interpreting data and information relative to market trends as well as program impact against objectives.
- Experience demonstrating effective communication and collaboration with stakeholders and executives to help achieve the strategic goals of an organization.
- Experience overseeing the day-to-day delivery of the programs and services of an organization including operations management, contract negotiation, policy development, strategic initiatives and implementation.

Special Qualifications

- Demonstrated Medicaid program acumen and senior leadership experience.
- Demonstrated ability to implement effective programs and policies that achieve the triple aim – improve patient health, increase patient satisfaction, and control costs.
- Experience as a senior leader in a health care organization, including the management of a large staff.
- Experience in public health, health care or health insurance including senior leadership responsibility for development of successful programs and policies.
- Experience with federal and state reimbursement regulations, health care delivery systems, modern managed care principles, working with government entities on a state and national level.
- Oversight of, and accountability for, the budgeting process for a large department and a significant budget.
- Experience analyzing state and federal statutory changes and rules and directing staff to implement changes affecting Medicaid operations and policy to ensure compliance with both state and federal regulations.

Highly Desirable Competencies

- Exceptional integrity, ethics and transparency.
- Significant fiscal responsibility in a complex organization managing budgets and budget policy alignment.
- Demonstrated ability to build a member-centered organization, acting as a strategic business partner while still performing a regulatory function with an emphasis on adding value through improved customer service.
- Progressive management experience in a private or non-profit health insurance program, government agency, or other related public, private, or non-profit health service organization.
- Extensive knowledge of federal and state medical programs, managed care operations and principles, alternate payment models, health care provider marketplace, state and federal health care reform law and policy.
- Extensive experience with provider, stakeholder, consumer, and client outreach and communication.
- Experience using performance metrics and data to achieve outcomes and attain goals and continuous improvement methods aimed at better outcomes.
- Knowledge of historical context of Colorado State health policy and evolution of federal law impacting low income populations, including Title XIX (Medicaid), Title XXI (CHIP), Title XVIII (Medicare), national health reform, and Colorado's Tribes.
- Experience in health equity, addressing systemic health disparities and collaborating with diverse, vulnerable and underrepresented populations with a commitment to cultural competency that enables effective outcomes and working relationships in cross-cultural situations.
- Ability to respond thoughtfully to questions from the media, speak clearly, responsibly, and thoughtfully at public gatherings, and represent the Department and state government as directed by the Executive Director and as a representative of the Governor.

- Ability to participate in statewide planning efforts to improve the costs and quality of health care services to Coloradoans and determine what policies, programs, and budgets are needed to achieve department goals.
- Experience developing project plans for new initiatives and direct staff to implement projects on time, and on budget.
- Experience interacting with and influencing elected officials, legislative representatives, committees and/or other governmental entities as well as businesses, Tribes, community leaders and other stakeholders and partners.

Conditions of Employment

- All positions at HCPF are security sensitive positions and require individuals undergo a criminal record background check as a condition of employment.
- Significant statewide travel and occasional national travel to various national conventions is a regular part of this position and may involve weekend work and/or overnight and/or extended stays for conferences and meetings. 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
How to Apply (PLEASE READ CAREFULLY)
Applicants are encouraged to submit a resume and cover letter with 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 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 or when the required number of applications have been received, as specified in 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).

Centers for Medicare & Medicaid Services hiring Health Insurance Specialist (Program Policy) in Woodlawn, MD, US

SourceURL: https://www.linkedin.com/jobs/view/health-insurance-specialist-program-policy-at-centers-for-medicare-medicaid-services-1340258157

Health Insurance Specialist (Program Policy)
Department of Health And Human Services
Centers for Medicare & Medicaid Services
Center for Medicare and Medicaid Innovation (CMMI)

Overview

- ##### Open & closing dates

06/20/2019 to 07/03/2019

- ##### Service

Competitive

- ##### Pay scale & grade

GS 13

- ##### Salary

$99,172 to $128,920 per year

- ##### Appointment type

Permanent

- ##### Work schedule

Full-Time
Location
2 vacancies in the following location:
Woodlawn, MD

Relocation expenses reimbursed
No
Telework eligible
Yes as determined by agency policy

- Videos
- Duties

Summary
This position is located in the Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), Center for Medicare and Medicaid Innovation (CMMI).
As a Health Insurance Specialist (Program Policy), GS-0107-13, you will perform program policy work related to national health insurance programs, such as Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and Marketplace Exchange/private health insurance.
Learn more about this agency
Responsibilities

- Evaluate and analyze the impact of new or revised changes to

legislation before the Congress pertaining to any CMS program.

- Identify and propose modifications to policies to reflect

changes or trends in the health care industry, program objectives and the needs of beneficiaries.

- Work with the CMS Office of Legislation and related

Congressional committees and staff in performing an impact analysis or mark-up of various Congressional options before the committees.

- Provide technical assistance, consistent with program expertise

And Experience, Other Federal Agencies Staff, State Agencies And

private sector organizations.

- Prepare all forms of written correspondence regarding program

policy related activities and Medicaid issues to the public, Congressional staff, industry contacts, and State representatives.
Travel Required
Not required
Supervisory status
No
Promotion Potential
13

- #### Job family (Series)

0107 Health Insurance Administration

- Requirements

Conditions of Employment

- You must be a U.S. Citizen or National to apply for this

position.

- You will be subject to a background and suitability

investigation.
Qualifications

- ALL QUALIFICATION REQUIREMENTS MUST BE MET BY THE CLOSING DATE OF

THIS ANNOUNCEMENT.**

- In order to qualify for the GS-13**, you must meet the following:

You must demonstrate in your resume at least one year (52 weeks) of qualifying specialized experience equivalent to the GS-12 grade level in the Federal government, obtained in either the private or public sector, to include: (1) Conducting analysis of national health insurance program policy issues in order to propose policy modifications; (2) Developing regulations, manuals, program guidelines, program memoranda, policy letters, and/or instructions to communicate health insurance program policies; and (3) Presenting recommendations and conclusions based on analysis and evaluation of health insurance programs that describe feasible options and/or the consequences.
Experience refers to paid and unpaid experience, including volunteer work done through National Service programs (e.g., Peace Corps, AmeriCorps) and other organizations (e.g., professional; philanthropic; religious; spiritual; community, student, social). Volunteer work helps build critical competencies, knowledge, and

Skills And Can Provide Valuable Training And Experience That

translates directly to paid employment. You will receive credit for all qualifying experience, including volunteer experience.

Click The Following Link To View The Occupational Questionnaire

sastaffing.gov/ViewQuestionnaire/10530668
Education
This job does not have an education qualification requirement.
Additional information

- Bargaining Unit Position:** Yes
- Tour of Duty:** Flexible
- Recruitment/Relocation Incentive:** Not Authorized
- Financial Disclosure:** Not Required

CMS employees currently participating in 100% Full-Time Telework Program may be eligible to remain in the program. If an employee in this program is selected, the pay will be set in accordance with the locality pay for the applicable duty station. The listed salary range reflects the locality pay assigned to the duty location(s) listed in the vacancy announcement. For more information about pay based on locality, please visit the Office of Personnel Management (OPM) Salaries & Wages Page.

- The Interagency Career Transition Assistance Plan (ICTAP) and

Career Transition Assistance Plan (CTAP)** provide eligible displaced federal employees with selection priority over other

candidates for competitive service vacancies. To be qualified you must submit the required documentation and be rated well-qualified for this vacancy. Click here for a detailed description of the required supporting documents. A well-qualified applicant is one

Whose Knowledge, Skills And Abilities Clearly Exceed The Minimum

qualification requirements of the position. Additional information

about ICTAP and CTAP eligibility is on OPM's Career Transition Resources website at www.opm.gov/rif/employee_guides/career_transition.asp.

Additional Forms REQUIRED Prior To Appointment

- **Optional Form 306, Declaration of Federal Employment and the

Background/Suitability Investigation** - A background and suitability investigation will be required for all selectees. Appointment will be subject to the successful completion of the investigation and favorable adjudication. Failure to successfully meet these requirements may be grounds for appropriate personnel action. In addition, if hired, a reinvestigation or supplemental investigation may be required at a later time. If selected, the Optional Form 306 will be required prior to final job offer. Click here to obtain a copy of the Optional Form 306.

- **Form I-9, Employment Verification and the Electronic

Eligibility Verification Program** - CMS participates in the Electronic Employment Eligibility Verification Program (E-Verify). E-Verify helps employers determine employment eligibility of new hires and the validity of their Social Security numbers. If selected, the Form I-9 will be required at the time of in-processing. Click here for more information about E-Verify and to obtain a copy of the Form I-9.

- **Standard Form 61, Appointment Affidavits** - If selected, the

Standard Form 61 will be required at the time of in-processing. Click here to obtain a copy of the Standard Form 61.

- Additional selections** may be made from this announcement for

similar positions within CMS in the same geographical location. For Central Office vacancies, the "same geographical location" includes Baltimore, Maryland; Bethesda, Maryland; and Washington, D.C.
If you are unable to apply online or need to fax a document you do not have in electronic form, view the following link for information regarding an Alternate Application.
How You Will Be Evaluated
You will be evaluated for this job based on how well you meet the

Qualifications Above.

If you meet the minimum qualifications and education requirements

for this position, your application and responses to the online occupational questionnaire will be evaluated under Category Rating

and Selection procedures for placement in one of the following

Categories

- Best Qualified - for those who are superior in the evaluation

criteria

- Well Qualified - for those who excel in the evaluation criteria
- Qualified - for those who only meet the minimum qualification

Requirements

The Category Rating Process does not add veterans' preference points or apply the "rule of three" but protects the rights of veterans by placing them ahead of non-preference eligibles within each category. Veterans' preference eligibles who meet the minimum qualification

Requirements And Who Have a Compensable Service-connected Disability

of at least 10 percent will be listed in the highest quality category (except in the case of professional or scientific positions at the GS-09 level or higher).
Once the announcement has closed, your online application, resume, and CMS required documents will be used to determine if you meet eligibility and qualification requirements listed on this announcement. If you are found to be among the top qualified candidates, you will be referred to the selecting official for employment consideration. Please follow all instructions carefully. Errors or omissions may affect your rating.

(knowledge, Skills, Abilities And Other Characteristics)

Your qualifications will be evaluated on the following competencies

- Health Insurance
- Oral Communication
- Policy Analysis
- Written Communication

This is a competitive vacancy announcement advertised under Delegated Examining Authority. Selections made under this vacancy announcement will be processed as new appointments to the civil service. Current civil service employees would therefore be given new appointments to the civil service; however, benefits, time served and all other Federal entitlements would remain the same.
Background checks and security clearance
Security clearance
Not Required
Drug test required
No
Position sensitivity and risk
Non-sensitive (NS)/Low Risk
Trust determination process
Suitability/Fitness

- Required Documents

The Following Documents Are REQUIRED

- **Resume** **showing relevant experience; cover letter

optional**. Your resume must indicate your citizenship and if you are registered for Selective Service if you are a male born after 12/31/59. Your resume must also list your work experience and education (if applicable) including the start and end dates (mm/dd/yy) of each employment along with the number of hours worked per week. For work in the Federal service, you must include the series and grade level for the position(s). Your resume will be used to validate your responses to the assessment tool(s). For resume and

Application Tips Visit

sajobs.gov/Help/faq/application/documents/resume/what-to-include/

- **CMS Required Documents (e.g., SF-50, DD-214, SF-15, etc.).**

Required documents may be necessary to be considered for this vacancy announcement. Click here for a detailed description of the required documents. Failure to provide the required documentation WILL result in an ineligible rating OR non-consideration.

- PLEASE NOTE:** A complete application package includes the online

application, resume, and CMS required documents. Please carefully review the full job announcement to include the "Required Documents" and "How to Apply" sections. Failure to submit the online application, resume and CMS required documents, will result in you not being considered for employment.

- Benefits

A career with the U.S. Government provides employees with a comprehensive benefits package. As a federal employee, you and your family will have access to a range of benefits that are designed to make your federal career very rewarding. Learn more about federal benefits.
Review our benefits
Eligibility for benefits depends on the type of position you hold and whether your position is full-time, part-time, or intermittent. Contact the hiring agency for more information on the specific benefits offered.

- How to Apply

Your complete application package, as described in the "Required Documents" section, must be received by 11:59 PM ET on 07/03/2019 to receive consideration.

- IN DESCRIBING YOUR WORK EXPERIENCE AND/OR EDUCATION, PLEASE BE

CLEAR AND SPECIFIC REGARDING YOUR EXPERIENCE OR EDUCATION.**
We strongly encourage applicants to utilize the USAJOBS resume builder in the creation of resumes. Please ensure **EACH** work history includes **ALL** of the following information:

- Official Position Title (include series and grade if Federal

job)

- Duties (be specific in describing your duties)

- Employer's name and address
- Supervisor name and phone number
- Start and end dates including month, day and year (e.g. June 18,

2007 to April 05, 2008)

- Full-time or part-time status (include hours worked per week)
- Salary
- Determining length of general or specialized experience is

dependent on the above information and failure to provide ALL of this information WILL result in a finding of ineligible.**

- To begin, click **Apply** to access the online application. You

will need to be logged into your USAJOBS account to apply. If you do not have a USAJOBS account, you will need to create one before beginning the application.

- Follow the prompts to **select your resume and/or other

supporting documents** to be included with your application package. You will have the opportunity to upload additional documents to include in your application before it is submitted. Your uploaded documents may take several hours to clear the virus scan process.

- After acknowledging you have reviewed your application package,

complete the Include Personal Information section as you deem appropriate and **click to continue with the application process**.

- You will be taken to the online application which you must

complete in order to apply for the position. Complete the online application, verify the required documentation is included with your application package, and submit the application.
To verify the status of your application, log into your USAJOBS account (sajobs.gov/Account/Login), all of your applications will appear on the Welcome screen. The Application Status will appear along with the date your application was last updated. For information on what each Application Status means, visit: sajobs.gov/Help/how-to/application/status/.
This agency provides reasonable accommodation to applicants with disabilities. If you need a reasonable accommodation for any part of the application or hiring process, please send an email to ashley.randall@cms.hhs.gov. The decision to grant reasonable accommodation will be made on a case-by-case basis.

- Commissioned Corps Officers** (including Commissioned Corps

applicants that are professionally boarded) who are interested in applying for this position must send their professional resume (not PHS Curriculum Vitae) and cover letter to CMSCorpsJobs@cms.hhs.gov in lieu of applying through this announcement. The cover letter should specifically explain how you are qualified for this position and draw specific attention to your resume that demonstrates these qualifications. In the subject line of your e-mail please include only the Job Announcement Number. In the body of your e-mail please include your current rank name and serial number. Failure to provide

this information may impact your consideration for this position. Applicants eligible under Schedule A authority who are interested in applying for this position must submit their resume, Schedule A documentation, transcripts (if positive education required or qualifying through education substitution), and cover letter (optional) to ashley.randall@cms.hhs.gov. You MUST include the Job Announcement Number in the subject line of the email to receive consideration for the position. For additional information regarding Schedule A authority click here.
Agency contact information
Ashley Randall
Phone
000-000-0000
Email
ashley.randall@cms.hhs.gov
Address
Center for Medicare and Medicaid Innovation
7500 Security Blvd
Woodlawn, MD 21244
US
Learn more about this agency
Next steps
Once your online application is submitted, you will receive a confirmation notification by email. Your application will be

Evaluated To Determine Your Eligibility And Qualifications For The

position. After the evaluation is complete, you will receive another email notification regarding the status of your application.
Within 30 business days of the closing date,07/03/2019, you may check your status online by logging into your USAJOBS account (sajobs.gov/Account/Login). We will update your status after each key stage in the application process has been completed.

- Fair & Transparent

The Federal hiring process is setup to be fair and transparent. Please read the following guidance.
Equal Employment Opportunity Policy
The United States Government does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor.

- Equal Employment Opportunity (EEO) for federal employees & job

applicants
Reasonable Accommodation Policy
Federal agencies must provide reasonable accommodation to applicants with disabilities where appropriate. Applicants requiring reasonable accommodation for any part of the application process should follow the instructions in the job opportunity announcement. For any part of the remaining hiring process, applicants should contact the hiring agency directly. Determinations on requests for reasonable accommodation will be made on a case-by-case basis.
A reasonable accommodation is any change to a job, the work environment, or the way things are usually done that enables an

individual with a disability to apply for a job, perform job duties or receive equal access to job benefits.
Under the Rehabilitation Act of 1973, federal agencies must provide

Reasonable Accommodations When

- An applicant with a disability needs an accommodation to have an

equal opportunity to apply for a job.

- An employee with a disability needs an accommodation to perform

the essential job duties or to gain access to the workplace.

- An employee with a disability needs an accommodation to receive

equal access to benefits, such as details, training, and office-sponsored events.
You can request a reasonable accommodation at any time during the application or hiring process or while on the job. Requests are considered on a case-by-case basis.
Learn more about disability employment and reasonable accommodations or how to contact an agency.
Legal and regulatory guidance

- Financial suitability
- Social security number request
- Privacy Act
- Signature and false statements
- Selective Service
- New employee probationary period

This job originated on www.usajobs.gov. For the full announcement and to apply, visit www.usajobs.gov/GetJob/ViewDetails/537246800. Only resumes submitted according to the instructions on the job announcement listed at www.usajobs.gov will be considered.

CFO, Health Plan (Medicare - Medicaid) - Virtual / Travel

SourceURL: https://www.theladders.com/job/cfo-health-plan-medicare-medicaid-virtual-travel_39863561

15+ years

Posted Today

Highly regarded integrated health plan is searching for a CFO to oversee all financial affairs for plan operations in 5 highly populated States. **All candidates should have a strong background in Medicare and Medicaid**.

This is a remote, home office based role.

Responsibilities:

- Oversee financial terms of all contracts including rate renewals, rate openers and settlements of contingencies, monitor balance sheet
- Reporting of monthly financial results
- Develop and maintain long term strategic plan for business including strategic initiatives, investment/capital deployment requirements and cost/benefit analysis
- Coordinate all cost of care analytics for business to guide operations and strategies to optimize care management activities.

Qualifications:

- Experience with Medicaid and Medicare health plan premium development, risk adjustment, medical cost data and administrative cost structures is a MUST.
- 15+ years in managed care, health care or insurance (The client wants a person coming out of a health plan background, not hospital or healthcare system.)
- 8+ years in leadership/management positions
- Bachelors' degree in Finance, Masters's degree in Finance (preferred)
- CPA (preferred)