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Medicaid Jobs Hunter

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VP, Government Contracts Medical & Healthcare - Midvale, UT at Geebo

SourceURL: https://midvale-ut.geebo.com/jobs-online/view/id/744267599-vp-government-contracts-/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Job Description Job Summary Responsible for the strategic development and administration of contracts with State and/or Federal governments for Medicaid, Medicare, Marketplace, and other

government-sponsored programs to provide health care services to low income, uninsured, and other populations. Knowledge/Skills/Abilities ? Oversees the strategic development and administration of contracts with the State and/or Federal government for Medicaid, Medicare, Marketplace, and other government-sponsored programs to provide health care services to low-income, uninsured, and other populations. ? Serves as lead for contract knowledge and assists Plan President with various advocacy efforts in support of Plan business operations. ? Provides leadership on emerging health care issues, new business implementation, and strategic planning for the health plan. ? Provides contracts and relationship management for State and Federal partners (Medicaid, Medicare, Insurance) and key State elected officials (Governor's Office, State legislators, and local government officials). ? Leads and supervises Regulatory Submissions and Filings. ? Represents Molina at State and local meetings including those with leadership of the Department of Health Care Services, Department of Managed Health Care, Department of Insurance, and other agencies. Develops strategies to advocate for best practices that demonstratively improve contract terms or facilitate business objectives. ? Leads efforts with Plan President to expand managed care and other health plan business opportunities (such as duals, SPDs, Accountable Care Act (ACA) Marketplace participation and Medi-Cal expansion, and accountable care organization (ACO) delivery models). ? Improves coordination/integration of acute and long-term services and supports (LTSS) for dual eligible and Medi-Cal seniors and persons with disabilities (SPDs), and influences the State's implementation of the ACA provisions. ? Represents Molina with key industry groups such as the state's Association of Health Plans, AHIP, Medicaid Health Plans of America (MHPA), and NAIC. Also works with key statewide advocacy groups and provider trade associations to advocate Molina's position and business objectives and develop strategic partnerships. ? Works with Legal Affairs to assess and provide analyses for proposed changes to Medicaid, Medicare, Exchange, and other government-sponsored healthcare program contracts, governing regulations and new legislation and policy requirements. ? Oversees and monitors the implementation of new Medicaid and Medicare contractual and policy requirements, new legislation and regulations. ? Coordinates plan's RFI responses, as well as RFA and RFP bid efforts, in collaboration with MHI Corporate Development. Job Qualifications Required Education Bachelor's Degree in related field or equivalent combination of education and experience. Required Experience ? 7+ years experience in government programs and 2+ years management experience. ? Extensive knowledge of Medicaid, Medicare, Marketplace and/or other government-sponsored programs. Required License, Certification, Association N/A Preferred Education J.D. or a Masters Degree in Public Health, Public Policy or Business Administration. Preferred Experience Experience working in the managed care industry, particularly with health plans that contract with government-sponsored programs . Preferred License, Certification, Association N/A 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.
Salary Range: NA
Minimum Qualification
8 - 10 years

PacificSource Health Plans Director, Lane County Coordinated Care Organization Job in Springfield, OR

SourceURL: https://www.glassdoor.com/job-listing/director-lane-county-coordinated-care-organization-pacificsource-health-plans-JV_IC1151481_KO0,50_KE51,77.htm?jl=3294244172

This position will oversee local initiatives aimed at transforming the health of members enrolled in PacificSource's Lane County Coordinated Care Organization (CCO). This position will work closely with providers, community partners, and other stakeholders; develop and lead community based health improvement endeavors in order to advance healthcare's Quadruple Aim; and inform strategic direction both internally and externally to effectuate initiatives that improve PacificSource's overall transformation efforts in the region. This may include pursuing goals around quality, cost, and health improvement on behalf of its Medicaid members, participating in community and consumer driven governance models, leading multi-stakeholder strategic planning efforts, and effectuating internal or external work plans.

External Collaboration

1. Build and maintain relationships with PacificSource's Medicaid community governance partners, Health Council staff and leaders, providers, community leaders, and other external stakeholders.
2. Align PacificSource and community partner interests to accomplish common, community-level health outcomes.
3. Engage in PacificSource's community governance model by participating in the local Health Council's Board and subcommittees, standing work groups, and ad hoc committees.
4. Maintain a visible leadership role in the communities we serve to ensure that PacificSource is represented, if not leading, all key strategic initiatives impacting the Medicaid line of business.
5. Collaborate to ensure the success of community partners who are serving the Medicaid line of business to the extent such partnerships also improves the PacificSource Medicaid performance goals.
6. Assume a central role in working with providers, county health departments, the State of Oregon, and other partners to orchestrate care model improvements for CCO members.

Business and Operating Objectives

1. Develop strategic business partnerships with local government, providers, agencies, and internal PacificSource leaders to ensure priority Medicaid objectives are consistently accomplished.
2. As assigned, lead internal work groups to ensure performance of PacificSource's Medicaid initiatives, with an emphasis on local initiatives. These may include financial and operating performance, utilization management, care management, quality of care, member engagement and satisfaction, provider access and engagement, local transformation projects, State contractual deliverables, and compliance.

1. Build and maintain relationships with key departments and personnel within the State of Oregon under the direction and guidance of PacificSource leadership.
2. Help to develop business plans and contract language for collaborative community health projects, ensuring that successful initiatives have a positive impact on both the organization, and the community. Oversee & delegate project management for some initiatives.
3. Manage local transformation efforts, including monitoring project finances, outcomes, and process objectives. Ensure that PacificSource and community projects stay on track by coordinating efforts internally and externally.
4. Support and lead Health System Transformation and CCO procurement efforts in collaboration with PacificSource leaders.

Internal Alignment and Engagement

1. Work directly with department leaders to ensure knowledge, priorities, and actions accomplish line of business aims on behalf of PacificSource members and community partners.
2. Collaborate with other PacificSource CCO Directors to support governance objectives throughout the Medicaid line of business and support executive leadership in meeting

regional needs.
3. Maintain collaborative partnerships with key PacificSource departments and leaders.
4. Actively participate as a key team member in company leadership meetings.
5. Actively participate in various strategic and internal committees in order to disseminate information within the organization, representing company philosophy, and ensuring line of business visibility within the community.

Development and growth opportunities

1. Work with other leaders to implement growth opportunities in product design, benefit, operating, clinical, cost savings, or network changes.
2. Help to ensure internal PacificSource operations synergize with the core competencies of external community partners. Improve Medicaid member experience and quality of care by effectively leveraging PacificSource's core competencies and those of its partners.
3. Manage Community Health Improvement Plan initiatives from concept to development and guide implementation to ensure performance goals are met and to maintain alignment with broader CCO & PacificSource corporate strategies.

Supporting Responsibilities:

1. Participation in internal and community based public presentations.
2. Meet department and company performance and attendance expectations.
3. Follow the PacificSource privacy policy and HIPAA laws and regulations concerning confidentiality and security of protected health information.
4. Perform other duties as assigned.

Work Experience: Minimum of 5 years leadership experience in the health care industry, provider organization, or related area. Relevant experience in the following areas: managing healthcare operations, community health, strategic planning, business development, quality improvement, strategic relationship development, workforce innovation, population health improvement. Experience leading large multi-stakeholder initiatives highly desired. Experience in managing complex projects or project management certification is desirable. Demonstrated financial analysis and modeling comprehension, and proven negotiations experience. Demonstrated ability to develop and execute strategy. Significant technical writing experience required. Candidates with significant experience with the Willamette Valley region and local partnerships are strongly encouraged to apply.

Education, Certificates, Licenses: Masters in Public Health, Healthcare Administration, Business, or related field strongly desired. Bachelors or equivalent degree required.

Knowledge: Excellent public relations, presentation, and interpersonal skills. Demonstrated successful communication skills, including public presentation, training, meeting facilitation, and written materials. Maintain high level of knowledge of company products, health reform trends at the Federal and State levels, and the insurance industry. Demonstrated skills with the following software: Microsoft Word, PowerPoint, Excel, and Visio. Strong analytical and problem solving skills.

Competencies

Our Values

- Authenticity
- Building Organizational Talent
- Coaching and Developing Others
- Compelling Communication
- Customer Focus
- Empowerment/Delegation
- Emotional Intelligence
- Leading Change
- Managing Conflict

- Operational Decision Making
- Passion for Results
- We are committed to doing the right thing.
- We are one team working toward a common goal.
- We are each responsible for our customers' experience.
- We practice open communication at all levels of the company to foster individual, team and company growth.
- We actively participate in efforts to improve our many communities-internal and external.
- We encourage creativity, innovation, continuous improvement, and the pursuit of excellence.

Environment: Work inside in a general office setting with ergonomically configured equipment. Travel is required approximately 20% of the time.

Physical Requirements: Sit and/or stand for extended periods of time while performing core job functions. Repetitive motions to include typing, sorting and filing. Light lifting and carrying of files and business materials. Ability to read and comprehend both written and spoken English. Communicate clearly and effectively.

Disclaimer: This job description indicates the general nature and level of work performed by employees within this position and is subject to change. It is not designed to contain or be interpreted as a comprehensive list of all duties, responsibilities, and qualifications required of employees assigned to this position. Employment remains AT-WILL at all times.

PacificSource is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to status as a protected veteran or a qualified individual with a disability, or other protected status, such as race, religion, color, national origin, sex, sexual orientation, gender identity or age.

CareFirst BlueCross BlueShield hiring Medical II Director - Medicare/Medicaid in Baltimore, MD, US

SourceURL: https://www.linkedin.com/jobs/view/medical-ii-director-medicare-medicaid-at-carefirst-bluecross-blueshield-1370150648

PURPOSE: Provides clinical support and directs daily departmental activities that generally include care management, interpreting medical policy, quality improvement, disease management, utilization review, and medical claims review. Plans and coordinates functions with other departments and interfaces with internal and external customers. Acts as in-house expert on all the above aspects as they specifically pertain to Medicare Advantage and Medicaid.

PRINCIPAL ACCOUNTABILITIES: Under the supervision of the CMO:

- Directs daily clinical, operational and administrative activities for CareFirst with special attention and focus on Medicare Advantage and Medicaid lines of business
- Establishes goals, objectives and standards for CareFirst;
- Interprets and implements policies and procedures to monitor overall efficiency and adherence standards for department for CareFirst;

- Serves as a liaison with other departments and divisions for development and implementation of programs, products and activities;
- Liaison to other departments and divisions for interpretation of Medical Affairs policies and practices;
- Develops and implements programs for education of affiliated providers;
- Serves as clinical and administrative resource and ensures adherence to policies, procedures and external regulatory agencies.

Required Education/Abilities/Skills

QUALIFICATION REQUIREMENTS:

- Medical Degree from an accredited medical school, completion of an American residency program required with postgraduate training.
- Minimum of 5 years clinical practice experience or equivalent.
- Board Certification
- 2 years health plan experience with Medicare Advantage and Medicaid including STARS and Care Management
- Current license to practice in Maryland without restriction. (or ability to obtain expeditiously)
- Excellent organizational skills and communication skills, both verbal and written. Strong interpersonal skills needed.

Must be able to effectively work in a fast-paced environment with frequently changing priorities, deadlines, and workloads that can be variable for long periods of time. Must be able to meet established deadlines and handle multiple customer service demands from internal and external customers, within set expectations for service excellence. Must be able to effectively communicate and provide positive customer service to every internal and external customer, including customers who may be demanding or otherwise challenging.

Department

Department: Medical Directors

Equal Employment Opportunity

CareFirst BlueCross BlueShield is an Equal Opportunity (EEO) employer. It is the policy of the Company to provide equal employment opportunities to all qualified applicants without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, protected veteran or disabled status, or genetic information.

Hire Range Disclaimer

Actual salary will be based on relevant job experience and work history.

Where To Apply

Please visit our website to apply: www.carefirst.com/careers

Closing Date

Please apply before: 08/09/2019

Federal Disc/Physical Demand

Note: The incumbent is required to immediately disclose any debarment, exclusion, or other event that makes him/her ineligible to perform work directly or indirectly on Federal health care programs.

Physical Demands

The physical demands described here are representative of those that must be met by an employee to perform the essential duties and responsibilities of the position successfully. Requirements may be modified to accommodate individuals with disabilities.

The employee is primarily seated while performing the duties of the position. Occasional walking or standing is required. The hands are regularly used to write, type, key and handle or feel small controls and objects. The employee must frequently talk and hear. Weights of up to 25 pounds are occasionally lifted.

Sponsorship in US

Must be eligible to work in the U.S. without Sponsorship

Acumen Physician Solutions, LLC hiring Healthcare Insurance Coordinator - New Orleans in New Orleans, LA, US

SourceURL: https://www.linkedin.com/jobs/view/healthcare-insurance-coordinator-new-orleans-at-acumen-physician-solutions-llc-1373479388

Explores, recommends, and coordinates the insurance and potential financial assistance options available to kidney dialysis patients in a specified geographic area, while maximizing revenue for the company. Supports FMCNA's mission, vision, core values and customer service philosophy. Adheres to the FMCNA Compliance Program, including following all regulatory and company policy requirements

Principal Duties And Responsibilities

Meets regularly with dialysis patients at the clinic(s) in the assigned region to educate and coordinate insurance options:

- Educates on the availability of alternative insurance options (i.e., Medicare, Medicaid, Medicare Supplement, State Renal programs and COBRA).
- Ensures patients have followed through with the application process.
- Obtains premium statements and signatures from patients.
- Discusses situation and options if employment status changes or other situations change.
- Completes and follows up with paperwork when claims are disputed for non-payment.
- Collects necessary documents to completed initial and annual indigent waivers.
- Discusses insurance options when insurance contracts are terminated.

Responsibilities involving Medicare and Medicaid include but are not limited to:

- Determining Medicare eligibility by meeting with the patients and contacting local Social Security offices to verify eligibility.
- Discussing the Medicare application with eligible patients and assisting with the application process.
- Acting as liaison between the patient and the local agents for Medicare terminations and re-in statements.

- Completing the annual open enrollment and Medicare reinstatement papers with the patients.
- Tracking 30-month coordinator period each month for those patients on employer Group Health Plans to ensure Medicare will be in place once coordination ends.
- Monitoring and verifying the Medicaid status of each patient on a monthly basis and determining the spend down amounts
- Works with patients to evaluate personal financial information and make determination for indigent program.
- Completes initial Indigent waiver applications.
- Tracks and completes annual indigent waiver applications.
- Monitors all patients' insurance information to ensure that it is updated and accurate for the Accounts Receivable Department.
- Addresses any identified anomalies or discrepancies, researches and answers questions as needed.
- Meets with patients receiving direct payments from insurance companies to ensure payment of dialysis treatments owed to Fresenius.
- Prepares, analyzes and reviews monthly reports to track work progress on caseloads; Analyzes patient reports from billing systems as an audit check to ensure the correct insurance information is entered into the billing system and that other changes are not overlooked. Researches and corrects any discrepancies identified.
- Provides QA team members with monthly information regarding the details of the patients' primary and secondary insurance status as well as documentation regarding the plans of actions currently in place on a monthly basis as required by QA processes
- Completes monthly audit exam to stay current on internal policies.
- May present on insurance and financial assistance options to patients as necessary.
- Assist with various projects as assigned by direct supervisor.
- Other duties as assigned.

Additional responsibilities may include focus on one or more departments or locations. See applicable addendum for department or location specific functions.

<u>Physical Demands And Working Conditions</u>

The physical demands and work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Day to day work includes desk and personal computer work and interaction with patients and facility staff. The work environment is characteristic of a health care facility with air temperature control and moderate noise levels. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Extensive local travel to clinics in a specified geographic area; must have a valid Driver's License.

<u>Education</u>

- Bachelor's Degree required; Social Work or other Healthcare focus preferred.

<u>Experience And Required Skills</u>

- 2 – 5 years' related experience; healthcare industry preferred.
- Experience with Medicare, Social Security and Medicaid systems a plus.
- Past patient interaction a plus.
- Excellent written and communication skills.
- A strong customer service philosophy.
- Strong organizational and time management skills.
- Ability to work independently.
- Proficient with PCs and Microsoft Office applications.
- Valid Driver's License

EO/AA Employer: Minorities/Females/Veterans/Disability/Sexual Orientation/Gender Identity

State of North Carolina hiring Medicaid Policy Consultant in Durham, NC, US

SourceURL: https://www.linkedin.com/jobs/view/medicaid-policy-consultant-at-state-of-north-carolina-1373254653

Description of Work

- This position is exempt from the State Human Resources Act**

  Position Summary

  This position researches, writes, and interprets Medicaid eligibility policy for the multiple Medicaid programs under Title XIX and the NC Health Choice Program under Title XIX.

  Job Specific Responsibilities
    - Prepares amendments for Title XIX Medicaid State Plan and rules for the NC Administrative Procedures Act
    - Researches federal and state laws, regulations, and policies
    - Responds to public inquires through written correspondence and telephone
    - Working with others, monitors application processing for all Medicaid programs in all 100 counties and Disability Determination Services (DDS) at least biannually
    - Ensures the county and DDS followed the processing requirements and afford the individual the opportunity to apply for all available benefits
- **Salary Grade: GN10; Recruitment Rangeclick apply**
- **Position #: 60042729**
- The North Carolina Medicaid and NC Health Choice programs (NC Medicaid), managed by the Division of Health Benefits (DHB), helps North Carolinians improve their health and well-being by providing access to services and supports for low-income parents, children, seniors, people with intellectual / developmental disabilities, behavioral health needs or substance use disorders. With a budget of more than $14 billion per fiscal year, Medicaid ensures that 69,000 enrolled providers are reimbursed for delivering covered services to more than two million beneficiaries.
- On Sept. 23, 2015, the North Carolina General Assembly passed Session Law 2015-245, as amended, directing NCDHHS and DHB to lead the transformation of the Medicaid and NC Health Choice programs from a predominantly fee-for-service delivery system to managed care.

  Knowledge, Skills and Abilities / Competencies
    - Demonstrated experience in eligibility determination/investigation in Medicaid or Food Stamp programs
    - Proven supervisory and/or consultative experience in the area of eligibility determination
    - Demonstrated ability to read and analyze complex legal and regulatory documents to understand the requirements, develop written policy, and identify issues that may need to be resolved
    - Proven communication skills (verbal and written) including tact and patience to deal with difficult callers

    - Strong attention to detail and organizational skills to ensure independent follow up using research and analysis
- **Minimum Education And Experience Requirements**
-
- Master's degree in a discipline relative to the program from an appropriately accredited institution and two years of related experience;
- or
- Bachelor s degree in a discipline relative to the program area from an appropriately accredited institution and four years of related experience; or an equivalent combination of education and experience.
- **Degrees must be from appropriately accredited colleges or universities**
- Supplemental and Contact Information
-
- The North Carolina Department of Health and Human Services is an Equal Opportunity Employer.
-
- Pre-Employment criminal background checks are required for all positions with the Division of Health Benefits.
-
- **Due to the volume of applications received, we are unable to provide information regarding the status of your application over the phone. To check the status of your application, please log in to your account** . You will either receive a call to schedule an interview or an email notifying you when the job has been filled.
- For technical issues with your application, please call the NeoGov Help Line at click apply Applicants will be communicated with via email only for updates on the status of their application. If there are any questions about this posting other than your application status, please contact HR at click apply.
-
- **For Permanent Appointments**
-
- State of North Carolina employees have the opportunity to participate in a compelling array of benefits to enhance their quality of life, their health, and their future. Benefits include employee health insurance options, standard and supplemental retirement plans, NC Flex (a variety of high-quality, low cost benefits on a pre-tax basis), and paid vacation, sick, and community service leave, to name a few. Some benefits require 30 + hours work/week for participation. To find out about these, and other programs, please visit our Employee Benefits page:
-
- **For Temporary, Contract Or Other Supplemental Staffing Appointments**
-

  There are no paid leave, retirement or other benefits associated with these appointment types.

- ### Seniority level

  Associate

- ### Employment type

  Full-time

- ### Job function

  Other

- ### Industries

  Nonprofit Organization ManagementGovernment AdministrationHospital & Health Care

Jobs @ TheJobNetwork hiring Director, State Behavioral Health - Medicaid LOB in Houston, TX, US

SourceURL: https://www.linkedin.com/jobs/view/director-state-behavioral-health-medicaid-lob-at-jobs-%40-thejobnetwork-1372831534

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.

PandoLogic. Keywords: Mental Health Director, Location: Houston, TX - 77007

IlliniCare Health hiring Provider Relations Specialist I in Chicago, IL, US

SourceURL: https://www.linkedin.com/jobs/view/provider-relations-specialist-i-at-illinicare-health-1373561199

Provider Relations Specialist I
Chicago, IllinoisApply Now**Job ID** 1148698**Category** Business Development & Sales**Organization** IlliniCare Health Plan**Schedule** Full-time

Description

Position Purpose: Perform duties to act as a liaison between providers, the health plan and Corporate including investigating and resolving provider claims issues. Perform training, orientation and coaching for performance improvement within physician practices.

Serve as primary contact for providers serving as a liaison between the provider and the health plan

Conduct monthly face to face meetings with the providers documenting discussions, issues, attendees, and action items researching claims issues on

site and routing to the appropriate party for resolution

Receive and respond to external provider related issues

Initiate entry or change of provider related database information and oversee testing and completion of change request

Investigate, resolve and communicate provider claim issues and changes

Educate providers regarding policies and procedures related to referrals and claims submission, web site education, EDI solicitation and problem solving

Perform provider orientations, including writing and updating orientation materials

Ability to travel

Qualifications

Education/Experience:

High school diploma or equivalent.

Bachelor's degree in healthcare related field preferred.

3+ years of sales, provider relations, or contracting experience. Knowledge of health care, managed care, Medicare or Medicaid.

Claims billing/coding knowledge preferred.

Driver's License may be required by some plans. Specific language skills may be required by some plans.

License/Certification: Valid driver's license.

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

Apply Now

- **Seniority level**

  Entry level

- **Employment type**

  Full-time

- **Job function**

  Health Care Provider

- **Industries**

  Nonprofit Organization ManagementInsuranceHospital & Health Care

Centers for Medicare & Medicaid Services hiring Program Manager in Kansas City, MO, US

SourceURL: https://www.linkedin.com/jobs/view/program-manager-at-centers-for-medicare-medicaid-services-1373156522

Program Manager
Department of Health And Human Services
Centers for Medicare & Medicaid Services
Consortium for Quality Improvement and Survey & Certification Operations (CQISCO)

Overview

- ##### Open & closing dates

07/08/2019 to 07/22/2019

- ##### Service

Competitive

- ##### Pay scale & grade

GS 14

- ##### Salary

$105,664 to $137,366 per year

- ##### Appointment type

Permanent

- ##### Work schedule

Full-Time
Location
1 vacancy in the following location:
Kansas City, MO
Relocation expenses reimbursed
No
Telework eligible
Yes as determined by agency policy

- Videos
- Duties

Summary
As a Program Manager, GS-0340-14, you will serve as a Deputy Associate Regional Administrator who assists the Associate Regional Administrator in overseeing survey and certification operations of a Division of Survey and Certification within CQISCO.
Learn more about this agency
Responsibilities

- Assist with directing the planning, development and

implementation of the program that reviews State operations pertaining to the survey and certification of Medicare or Medicaid health providers and suppliers in meeting Federal standards of care.

- Lead staff performing certification actions, conducting

inspections, protecting the health and safety of beneficiaries, and imposing and enforcing sanctions for those that do not meet the federal requirements for providing quality care and services.

- Plan and coordinate the operations of the Division by marshaling

available staff, budgetary, financial and other resources to
accomplish program missions.

- Work with State licensing and survey agencies, professional

organizations, providers, organizations and other government
entities.

- Ensure the principles of continuous quality improvement are

assimilated into the Division?s work by analyzing and
identifying work barriers and developing ways to reduce them by
promoting team building and improving work processes and
quality.
Travel Required
25% or less - You may be expected to travel up to 25% for this
position.
Supervisory status
Yes
Promotion Potential
14

- #### Job family (Series)

0340 Program Management

- 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.

- Time-in-Grade restrictions apply.

Qualifications

- ALL QUALIFICATION REQUIREMENTS MUST BE MET WITHIN 30 DAYS OF THE

CLOSING DATE OF THIS ANNOUNCEMENT.**

- In order to qualify for the GS-14** , 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-13** grade
level in the Federal government, obtained in either the private or

Public Sector, To Include

- planning, organizing, directing and/or monitoring programs for

survey, certification and quality improvement performance;

- providing guidance to healthcare stakeholders; **and**
- providing consultation and assistance in developing new or

revised legislation, policy, regulation or guidelines regarding the Medicare or Medicaid program.
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.

- Time-in-Grade:** To be eligible, current Federal employees must

have served at least 52 weeks (one year) at the next lower grade level from the position/grade level(s) to which they are applying.

Click The Following Link To View The Occupational Questionnaire

sastaffing.gov/ViewQuestionnaire/10543101
Education
This job does not have an education qualification requirement.
Additional information

- Bargaining Unit Position:** NO
- Tour of Duty:** Flexible

Recruitment/Relocation Incentive: Not Authorized
Financial Disclosure: **Required**
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.

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

- Building Coalitions/Communications
- Business Acumen
- Health Insurance
- Leading People
- Managing Change
- Results Driven

Background checks and security clearance
Security clearance
Not Required
Drug test required
No
Position sensitivity and risk

Critical-Sensitive (CS)/High Risk
Trust determination process
Credentialing

- 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.).**

Current CMS employees are REQUIRED to submit a copy of their most
recent Notification of Personnel Action (SF-50) at the time of

Application. Additional Documents May Also Be Required 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 07/22/2019 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
Michele.saggese@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.
CMS employees who are currently appointed under Schedule A authority
and 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 Michele.saggese@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
Michele Saggese
Phone
000-000-0000
Email
Michele.saggese@cms.hhs.gov
Address
Consortium for Quality Improvement and Survey and Certification
Operations
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,07/22/2019, 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/538639300. Only resumes submitted according to the instructions on the job announcement listed at www.usajobs.gov will be considered.

Program Officer - Leadership Development & Capacity Building

SourceURL: https://www.idealist.org/en/nonprofit-job/28fa1d3de7d54787a108f2685766c4da-program-officer-leadership-development-capacity-building-center-for-health-care-strategies-hamilton

Company Description: The Center for Health Care Strategies (CHCS) – a national nonprofit health policy center near Princeton, New Jersey – works with state and federal agencies and the Medicaid delivery system to improve care for low-income populations, especially those with complex health and social needs, chronic illnesses and disabilities.

Overview of Position: CHCS is seeking a dynamic and highly-organized individual to serve as a Program Officer on the organization's Leadership and Capacity Building team. The position will work closely with program staff to provide state-based policy and leadership training for staff from Medicaid and other partners across health and human services agencies to ensure that Medicaid leaders can better serve 1 in 4 Americans, including low-income children and their families, elderly people, and adults with complex needs. The ideal candidate will have experience with and interest in cross-agency partnership and Medicaid policy analysis. Familiarity with Medicaid, coverage and access needs of an expanding Medicaid population, payment reform models, and working with state/local public agencies and providers is a plus. Excellent project management skills and a background in health policy are also desired. This full-time, mid-level position will report to the Senior Program Officer and is based in the CHCS office, near Princeton, NJ.

Responsibilities

· Work within a team to develop and/or execute initiatives in the area of Medicaid leadership development and capacity building;

· Plan and support face-to-face meetings, in-person trainings, teleconferences, and webinars for project participants;

· Manage large project(s) including submitting project reports to funders, developing project plans, and tracking budgets, contracts, and work plans; and

· Develop policy briefs and presentations on topics relevant to programmatic areas.

Core Competencies

· Strong interpersonal, communication, and writing skills. Ability to write clear and effective materials for a wide range of audiences;

· Ability and desire to work collaboratively with project team, partners, and external stakeholders.

· Ability to manage multiple projects, track deliverables, and thrive in a fast-paced environment;

· Ability to interface with multiple partners, including states, consultants, funders, and technical assistance providers;

· Strong desire to improve care for low-income individuals;

· Ability to problem solve and analyze/synthesize trends in health policy, including qualitative and quantitative information.

Requirements

- Master’s degree in related field (public health, public policy, health management, etc.);
- 4-6 years of related work experience in a state/federal government agency, health plan, policy organization, provider organization or consulting firm;
- Strong organizational skills, attention to detail, and ability to work both independently and in teams;
- Proficiency with Microsoft Office Suite (Word, Outlook, PowerPoint, Excel); and
- Occasional national travel required.

Salary and Compensation

Salary is commensurate with experience; the benefit package is highly competitive.

Physical Requirements/Working Conditions:

- Must be able to work Monday through Friday.
- Must be able to work in a climate controlled, office environment.
- Occasional lifting up to 10 – 25 lbs.
- Vision must be good or corrected to normal to perform normal job duties.
- Hearing must be good to have the ability to understand information to perform job duties.
- Ability to read and write in English in order to process paperwork and follow up on any actions necessary.
- Sitting for extended periods of time.
- Manual dexterity needed for keyboarding and other repetitive tasks.

This description is not intended to limit the responsibilities on an employee assigned to this position to those duties listed above. The employee is expected to follow any other instructions and perform any other duties requested by the immediate manager or senior management. The level of involvement may vary based on company and individual capabilities.

The Center for Health Care Strategies, Inc. is an equal opportunity/affirmative action employer. All qualified applicants will receive consideration for employment without regard to race, sex, religion, or national origin.

Medicaid SBU, Professional, Medicaid Operations - Tarrytown, NY - MVP Health Care

SourceURL: https://www.theladders.com/job/medicaid-sbu-professional-medicaid-operations-mvp-health-care-tarrytown-ny_40066212

5 - 7 years

Posted Today

SUMMARY:

The Program Manager, Medicaid Operations, will accomplish strategic

objectives by leading multiple projects and initiatives for MVP's government

programs. The Program Manager is responsible for monitoring program changes in

accordance with State regulatory guidelines by analyzing new and existing

contract requirements for downstream organizational implications. Develops and

disseminates periodic communications to ensure organizational partners are

informed of Medicaid program requirements and policies. This role achieves

operational objectives by ensuring organizational compliance with all contract

requirements and State, Federal and local rules and regulations. The Program

Manager attends State meetings, communicates with external State partners and

performs as a functional bridge amongst external entities and internal

stakeholders. This role manages relationships with internal MVP customers to

ensure a high quality of service, resolving issues promptly and ensuring

customer satisfaction. Document program changes and processes. Meets program

goals and objectives, as directed by delivering results to a high degree of

business value and customer satisfaction.

The

ideal candidate has the ability to respond to all levels of internal and

external customers' and/or business questions with succinct, accurate and

timely solutions to a problem.Travel to

other offices required with some overnight stays. Performs other duties as assigned.

POSITION QUALIFICATIONS

Minimum

Education:

- Bachelor's degree or equivalent education. MPH or MBA
- preferred.

Minimum

Experience:

- Minimum five years' professional experience in a
- health-related environment or in formal Project Management role.
- Project management, business analysis or policy analysis
- background preferred.

Required

Skills:

- Ability to write agendas, project plans
- and coordinate workgroup meetings.
- Ability to respond to all levels of internal and external
- customers' business questions and/or requirements with strong emphasis on a
- customer-centric final product.
- Ability to handle changing priorities and sometimes short
- deadlines
- Strong reading skills and interest in health policy.
- Ability to identify risks to project, identify solutions, mitigate
- impact
- Excellent organizational and communication skills.
- Demonstrated ability to manage multiple assignments with a
- high level of autonomy and independence.
- Proactive, analytical, and process driven, with a strong
- focus on meeting deliverables and identifying/documenting business requirements.
- Adept in Microsoft Word, Excel, PowerPoint, and the
- management of data and reports.
- Ability to adapt to a fast-pace, changing environment.
- Demonstrate ability to work and excel in a collaborative,
- team-oriented environment.