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[clay@mostlymedicaid.com](mailto:clay@mostlymedicaid.com) | 919-727-9231

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# Medicaid Jobs Hunter

In this packet....

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5. Program Manager - Medicaid Policy Unit | Jobs @ TheJobNetwork
6. Medicaid Eligibility Advocate - Pasadena | HCA Healthcare UK
7. Management Analyst. | Centers for Medicare & Medicaid Services
8. Clinical Laboratory Scientist. | Centers for Medicare & Medicaid Services
9. Director, Care Coordination for Medicaid and Vulnerable Populations - Oakland | Kaiser Permanente
10. Coordinator, Credentialing | Evolent Health

## Relevante Director Finance (Medicaid) Job in Southfield, MI

**SourceURL:** [https://www.glassdoor.com/job-listing/director-finance-medicaid-relevante-JV\\_IC1134732\\_KO0,25\\_KE26,35.htm?jl=3289786059&utm\\_campaign=google\\_jobs\\_apply&utm\\_source=google\\_jobs\\_apply&utm\\_medium=organic](https://www.glassdoor.com/job-listing/director-finance-medicaid-relevante-JV_IC1134732_KO0,25_KE26,35.htm?jl=3289786059&utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic)

Benefits

Salary: \$ 140000

We have partnered with a large Health Insurance company in the Southfield, MI area to provide them with a Director Finance

(Medicaid).

Telecommuting permitted for qualified candidates.

Please review the below description and if you are interested please contact:

**Job Description:**

- **Phanish Adivi at padivi@relevante.com, 484-403-4161**

**Responsibilities:**

Individual responsible for accounting and finance operations, including all audit activities and for the oversight of the day to day financial operations for the health plan or line of business, including financial planning, reporting, and budget management.

- Coordinates the development of the annual operating plan ("AOP") for the health plan or line of business and works with
- Corporate Finance to ensure timely completion of the AOP.
- Monitors budgetary compliance to assure that operational performance results are achieved.
- Works with Corporate Finance to update reforecasts and the strategic plan as needed.
- Develops and monitors cost containment activities for the LOB.
- Provides information to ensure the production of timely, accurate and compliant financial reports that meet all accounting standards, government regulations and federal, state and local laws.
- Provides ad hoc financial support to senior management, middle management, and corporate departments as needed.
- Acts as a primary liaison for interaction/communication with the State Finance personnel as necessary
- May manage the facilities function for the site.
- May manage one or more of the following staff: financial analysts and facility management specialists.

**Education/Experience:**

- Required: Bachelor's Degree in Accounting.
- Required: 3-5 years Management experience.
- Required: 7 or more years of Financial/ Cost Accounting.
- Required: Familiarity with healthcare insurance reporting and regulation.

- Required: Demonstrated analytical, financial analysis and planning skills.
- Required: Demonstrated understanding of GAAP reporting, treasury operations, corporate taxation and legal principles.
- Preferred: CPA preferred.

Join our Talent Network - <https://relevante.jobs.net/en-US/join>

#ZR

[About Relevante, Inc. – the Recruiting Firm Representing the Client for this Job](#)

Relevante is an accounting & technology direct hire recruiting and contract staffing firm. We help our Clients identify and recruit the best talent in the market and help our candidates win engaging and enriching jobs. Our Clients are some of the best companies to work for among F1000 and emerging fast growth companies in the region. Relevante has been consistently ranked as a fast growth company and one of the largest recruiting, accounting, and management consulting firms in the Philadelphia region. To stay connected with our network, please join one of our groups on LinkedIn <http://www.linkedin.com/groups?mostPopular=&gid=2901>

## Health Plan Specialist I (Field) CHC

**SourceURL:** [https://jobs.harrishealth.org/health-plan-specialist-i-field-chc/job/11349902?utm\\_campaign=google\\_jobs\\_apply&utm\\_source=google\\_jobs\\_apply&utm\\_medium=organic](https://jobs.harrishealth.org/health-plan-specialist-i-field-chc/job/11349902?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic)

### **About Us**

Community Health  
Choice, Inc.  
(Community) is a  
non-profit  
managed care

organization  
(MCO), licensed by  
the Texas  
Department of  
Insurance. Through  
its network of more  
than 10,000  
providers and 94  
hospitals,  
Community serves  
over 400,000  
Members with the  
following  
programs:

- Medicaid State of Texas Access Reform (STAR) program for low-income children and pregnant women
- Children's Health Insurance Program (CHIP) for the children of low-income parents, which includes CHIP Perinatal benefits for unborn children of pregnant women who do not qualify for Medicaid STAR
- Health Insurance Marketplace Plans that offer individual health coverage that includes

preventive care,  
emergency  
services,  
prescription drugs,  
and hospitalization  
available to all,  
regardless of pre-  
existing conditions.

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

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

financial support  
from Harris Health  
or from Harris  
County taxpayers.

### **Job Profile**

The Health Plan  
Specialist is  
responsible for  
generating  
business in all  
product lines  
offered by  
Community Health  
Choice. This  
position will market  
appropriate  
product lines to  
eligible individuals  
in their assigned  
service area(s) and  
represent  
Community Health  
Choice in  
promotional  
activities and  
events while  
complying with all  
appropriate  
regulatory  
guidelines.

### **QUALIFICATIONS:**

- High School  
Diploma
- Life and Health  
license within  
90 days of hire  
date
- One year  
experience in

Medicaid and  
CHIP, Health  
insurance or  
similar  
experience with  
nonprofit  
organization  
assisting low  
income  
population

OTHER SKILLS:

- Must be  
computer  
literate and be  
able to utilize  
laptop, wireless  
internet  
equipment,  
phone system  
and portable  
printer
- Above Average  
Verbal (Heavy  
Public Contact)
- Correspondence  
/Reports
- Must be familiar  
with health  
insurance  
programs and  
their  
components,  
including STAR  
Medicaid/CHIP  
programs and  
Health  
Insurance  
Marketplace.

- Must have reliable, insured transportation and the ability to pass a driving course to drive company vehicles as needed

### **Benefits and EEOC**

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

Community is an Equal Opportunity Employer.

### **Job Category**

All Jobs

**Posted:** 7/8/2019

**Job Status:** Full Time

**Job Reference #:** 146742



# RVP I & President Medicaid Health Plan - PS24330 | Anthem, Inc.

SourceURL: [https://www.linkedin.com/jobs/view/rvp-i-president-medicaid-health-plan-ps24330-at-anthem-inc-1345220855/?utm\\_campaign=google\\_jobs\\_apply&utm\\_source=google\\_jobs\\_apply&utm\\_medium=organic](https://www.linkedin.com/jobs/view/rvp-i-president-medicaid-health-plan-ps24330-at-anthem-inc-1345220855/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic)

Posted Date Posted 3 days ago Number of applicants Be among the first 25 applicants

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*Your Talent. Our Vision.* **At Anthem, Inc.**, it's a powerful combination, and the foundation upon which we're creating greater access to care for our members, greater value for our customers, and greater health for our communities. Join us and together we will **drive the future of health care**.

This is an exceptional opportunity to do innovative work that means more to you and those we serve at one of America's leading health benefits companies and a Fortune Top 50 Company.

**This position must be onsite in the Buffalo, NY Office**

## **Primary Duties May Include, But Are Not Limited To**

Responsible for assisting the Market President in the fiscal, operational management, legislative and regulatory objectives of an assigned Health Plan, generally a Health Plan with lower complexity in product, geography, government relations and other operating factors.

- Manages the Profit & Loss of the assigned Health Plan.
- Establishes strategies that create or sustain a competitive advantage.
- Aligns strategy to achieve business goals and build a culture of accountability with people who are results driven, innovative and committed to excellence.
- Oversight of the operating gain, growth, cost of care commitments, revenue and quality accreditation goals.

- Collaborates with shared services support to reach Health Plan objectives.
- Ensures contract compliance, as well as oversight of risk management programs.
- Manages customer and regulatory relationships, including state regulatory and legislative processes.
- Hires, trains, coaches, counsels, and evaluates performance of direct reports.

## Desired Skills and Experience

- Requires a BA/BS in Business, Healthcare Administration or related field; 12 years relevant experience, including 8 years experience in government sponsored health insurance programs; leadership experience; or any combination of education and experience, which would provide an equivalent background.
- Master's degree preferred.
- Travel may be required.

***Anthem, Inc. is ranked as one of America's Most Admired Companies among health insurers by Fortune magazine and is a 2018 DiversityInc magazine Top 50 Company for Diversity. To learn more about our company and apply, please visit us at [antheminc.com/careers](http://antheminc.com/careers). An Equal Opportunity Employer/Disability/Veteran***

## **Medicaid/State Health Policy, Transactions & Strategy | Berkeley Research Group LLC**

**SourceURL:** [https://www.linkedin.com/jobs/view/medicaid-state-health-policy-transactions-strategy-at-berkeley-research-group-llc-1362515241/?utm\\_campaign=google\\_jobs\\_apply&utm\\_source=google\\_jobs\\_apply&utm\\_medium=organic](https://www.linkedin.com/jobs/view/medicaid-state-health-policy-transactions-strategy-at-berkeley-research-group-llc-1362515241/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic)

**New** Posted Date Posted 22 hours ago Number of applicants Be among the first 25 applicants

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## **Overview**

BRG's Healthcare Transactions & Strategy (HTS) practice works with healthcare providers and healthcare payers and private equity investors into healthcare provider and healthcare payer businesses. HTS analyzes federal and state policy for Medicare and Medicaid as well as commercial payer policies and healthcare compliance. Our analysis synthesizes for our clients the interaction of public policy and commercial payer policy with healthcare business and healthcare economics. Senior members of our DC office have significant policy experience and have served in positions for Congress and the Executive Branch.

BRG is seeking to expand its Medicaid policy team and the ideal candidate will have 3-5 years of relevant experience. This role will involve research and expert analysis of federal and state Medicaid policy and other state-level healthcare policy and healthcare markets. Research and analysis will be developed into written and oral presentations to clients. Initially, This individual will work as part of a team with both experts and junior staff and will have some staff management responsibilities. With development of expertise and demonstration of competency the individual will be expected to take on a leadership role, including client interaction, on individual projects.

## **Responsibilities**

- Demonstrate healthcare policy expertise and healthcare industry expertise.
  - Medicaid policy expertise is the key responsibility
- Plan and manage client engagements and discreet segments of larger projects—with a focus on Medicaid policy
- Delegate assignments to staff, instruct and monitor progress, and review work product for completeness and accuracy.
- Generate client deliverables and make valuable contributions to diligence projects.
- Manage client relationships and communicate results and work product as appropriate.
- Demonstrate creativity and efficient use of relevant software tools and analytical methods.

- Participate in group practice meetings, contribute to business development initiatives and office functions such as staff training and recruiting.
- Prioritize assignments and responsibilities in order to meet goals and deadlines.

### **Qualifications**

- A degree (e.g., BS, BBA, MA, MS, MBA, MPH, MHA, etc.) with a focus in healthcare policy, particularly Medicaid policy.
- 3 - 5 years of work experience with a primary focus on Medicaid policy at the federal or state level: Medicaid policy analyst, Medicaid consulting or operations experience to regulators, providers, and payors.
  - Substantive Medicaid policy experience is the most significant qualification
- Government policy experience, such as state Medicaid program, Congressional staff, or CMS staff, particularly valuable.
- 3 - 5 years of experience with Medicaid payment policies, waivers, or delivery system design
- Data analytics experience and programming skill a plus
- Desire and ability to manage processes and junior staff.
- Commitment to producing high quality analysis and attention to details.
- Keen interest in healthcare policy and healthcare industry and research.
- Strong verbal and written communication skills.
- Desire to work within a team environment.

Berkeley Research Group provides independent advice, data analytics, authoritative studies, expert testimony, investigations, and regulatory and dispute consulting to Fortune 500 corporations, financial institutions, government agencies, major law firms, and regulatory bodies around the world. BRG experts provide sophisticated economic, financial, and analytical advice across a wide range of disciplines, including antitrust and competition policy, complex damages, finance, healthcare, intellectual property, restructuring, valuation, and workforce issues. In addition, the firm assists clients in major industry sectors with compliance, business process improvement, and strategy consulting. Headquartered in Emeryville, California, BRG currently has over 40 offices across the United States and internationally. This position is located in the Washington, DC office offers advancement opportunities within a rapidly growing expert services and consulting firm.

**Candidate must be able to submit verification of his/her legal right to work in the United States, without company sponsorship.**

**BRG is an Equal Employment Opportunity/Affirmative Action Employer. All qualified candidates will receive consideration for employment without regard to race, color, religion, sex, gender identity, sexual orientation, national origin, disability, or protected veteran status.**

Equal Opportunity Employer/Protected Veterans/Individuals with Disabilities

The contractor will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant. However, employees who have access to the compensation information of other employees or applicants as a part of their essential job functions cannot disclose the pay of other employees or applicants to individuals who do not otherwise have access to compensation information, unless the disclosure is (a) in response to a formal complaint or charge, (b) in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or (c) consistent with the contractor's legal duty to furnish information.

## Desired Skills and Experience

See job description

### **Program Manager - Medicaid Policy Unit | Jobs @ TheJobNetwork**

**SourceURL:** [https://www.linkedin.com/jobs/view/program-manager-medicaid-policy-unit-at-jobs-%40-thejobnetwork-1363459219/?utm\\_campaign=google\\_jobs\\_apply&utm\\_source=google\\_jobs\\_apply&utm\\_medium=organic](https://www.linkedin.com/jobs/view/program-manager-medicaid-policy-unit-at-jobs-%40-thejobnetwork-1363459219/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic)

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Badge

Program Manager - Medicaid Policy Unit

Print

Apply

Program Manager - Medicaid Policy Unit

Salary

\$29.24 - \$33.55 Hourly

Location

Boise, ID

Job Type

Full Time

Department

Health and Welfare

Job Number

02253 PCN 5403

Closing

7/21/2019 11:59 PM Mountain

### **Benefits**

Description

Questions

### **Description**

The Division of Medicaid has a tremendous opportunity for forward-thinking, innovative leaders to provide program management, direction, and guidance to the Medicaid Policy Unit in the Bureau of Medical Care. We are searching for individuals with exceptional leadership abilities; critical thinking skills; communication and interpersonal skills; problem solving skills; and systems-thinking and team learning competencies who are committed to the implementation of division and department strategic initiatives.

This individual will lead a team tasked with the development, coordination, and implementation of state and federal regulations for the Division of Medicaid. This team works closely with state and federal policy makers, service providers, provider associations, Medicaid contractors, and advocacy groups, as well as other Medicaid Bureaus, and Health and Welfare Divisions to ensure a cohesive approach to medical, mental health, and substance use treatment services for Medicaid participants.

This announcement will be used to fill the current vacancy in Boise only. If you have previously applied for Program Manager and wish to be considered for this position, you must reapply under this announcement. Previous scores will not be used.

#### Example of Duties

Interview, hire, supervise, direct and develop the activities, training and performance of staff.

Creatively manage and improve policy development and compliance; maximize current program resources, ensure quality and consistency in policy management; foster innovation and employ best practices.

Provide rule promulgation expertise and technical assistance to staff to ensure accurate and consistent rule development and promulgation.

Establish objectives, policies and operating procedures in accordance with state plans, policies, rules and regulations.

Problem-solve policy related issues to resolution.

Represent the department in fair hearings and contested cases relating to policy determinations.

Maximize use of resources through program analysis and staff resource inventory; arrange productive and appropriate staff work assignments ensuring skilled service delivery.

Identify current needs, workloads and responsibilities and ensure efficient workflow management.

#### **Minimum Qualifications**

Competency in management and demonstrated leadership skills.

Good knowledge of strategic planning.

Experience managing and observing program performance and subsequently creating and implementing changes to improve program performance.

#### Supplemental Information

Additional Qualifications: Are not required; however, having the minimum qualifications and the experience and/or education below will increase your score.

Good knowledge of project management and/or organizational change management. Typically gained by at least two years' experience where resource management, relationship management, project management, and process management were key responsibilities. Education and/or experience in development and implementation of organizational management and/or change.

Good knowledge of survey methods and basic statistics used to collect and interpret data. Typically gained by completion of two upper-division survey methods and statistics classes, OR at least four years of experience applying

survey methodology and developing or interpreting financial and non-financial statistical analysis for decision making.

Experience developing, reviewing and evaluating policy and/or program-related informational material; presenting information and leading stakeholder groups. Typically gained by completion of one upper-division public health evaluation class AND one upper-division health communication class, OR at least four years of experience developing or reviewing and evaluating health related information materials as part of regular job duties.

Experience developing, negotiating, and evaluating business requirements, presenting information, and leading stakeholder groups. Typically gained by at least two years of experience collecting business rules and requirements, developing system requirements, and working with vendors to develop the functional requirements to bring the business needs to fruition.

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Applicant Support Toll-free number: 1-\*\*\*\*\*

### **Phone**

Email:

Visit us online!

### **Learn About a Career With IDHW**

EEO/AA/Veteran

- Benefits may not be applicable for temporary or seasonal positions.

01

Please describe how you have demonstrated competency in management and demonstrated leadership skills.



Typically met through at least one year experience managing a major Program and providing leadership of professional staff. Candidates may also qualify through completing upper-division college-level management coursework along with experience in a significant Leadership role.

In describing your work experience, include positions held, dates of employment, and responsibilities performed that specifically address your experience and duties related to this position and mentioned in the typically gained by statement.

In describing education and/or training, please include field of course work, degree title, and additional applicable coursework as identified on the job announcement. When describing coursework, please include the course number, course title and a brief description of the course.

The typically gained by statement is the minimum requirement needed to pass this qualification. If you do not have the education and/or experience described, you will not pass the exam for this position.

02

Please describe how you have obtained good knowledge of strategic planning.

Typically gained by at least one experience successfully leading the strategic planning processes of a major program or project; OR has successfully completed formal strategic planning coursework and substantively participated as a key team-member in the strategic planning processes of a major program or project.

In describing education and/or training, please include field of course work, degree title, and additional applicable coursework as identified on the job announcement and typically gained by statement above. When describing coursework, please include the course number, course title and a brief description of the course.

In describing your work experience, include positions held, dates of employment, and responsibilities performed that specifically address your experience and duties related to this position and mentioned in the typically gained by statement.

The typically gained by statement is the minimum requirement needed to pass this qualification. If you do not have the education and/or experience described, you will not pass the exam for this position.

03

Please describe your experience managing and observing Program performance and subsequently creating and implementing changes to improve Program performance.

Typically gained by at least one year experience managing and observing Program performance and subsequently creating and implementing changes to improve Program performance. This experience should be part of your regular job responsibilities.

In describing your work experience, include positions held, dates of employment, and responsibilities performed that specifically address your experience and duties related to this position and mentioned in the typically gained by statement.

The typically gained by statement is the minimum requirement needed to pass this qualification. If you do not have the education and/or experience described, you will not pass the exam for this position.

04

Please describe how you have obtained any of the Additional Qualifications (education/experience) listed on the job announcement. In your answer, please specifically address each of the qualifications you may meet, as listed on the job announcement in the 'Additional Qualifications' section.

In describing education and/or training, please include field of course work, degree title, and additional applicable coursework as identified on the job announcement. When describing coursework, please include the course number, course title and a brief description of the course.

In describing your work experience, include positions held, dates of employment, and responsibilities performed that specifically address your experience and duties related to this position and mentioned in the typically gained by statement.

Please ONLY address the specific item(s) listed on the job announcement under Additional Qualifications. These items are not required; however, may increase your score.

Required Question

Agency

State of Idaho

Address

304 North 8th Street

Boise, Idaho, 83720

Website

Apply

Your browser does not support the IFRAME feature, which is required by this web page. PandoLogic. Keywords: Medicaid Manager, Location: Boise, ID - 83725

# Medicaid Eligibility Advocate - Pasadena | HCA Healthcare UK

SourceURL: [https://www.linkedin.com/jobs/view/medicaid-eligibility-advocate-pasadena-at-hca-healthcare-uk-1364151126/?utm\\_campaign=google\\_jobs\\_apply&utm\\_source=google\\_jobs\\_apply&utm\\_medium=organic](https://www.linkedin.com/jobs/view/medicaid-eligibility-advocate-pasadena-at-hca-healthcare-uk-1364151126/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic)

**New** Posted Date Posted 3 hours ago Number of applicants Be among the first 25 applicants

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## **Job Description**

Job Description - Medicaid Eligibility Advocate (26573-164862)

Medicaid Eligibility Advocate(

## **Job Number**

26573-164862)

## **Description**

Do you have exceptional customer service and the ability to plan organize and exercise sound judgment? Do you have demonstrated 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!**

**iFrame #0 starts here**

URL =>

<https://hca.taleo.net/careersection/2017PRD.9.0.39.3.0/html/ajax.htmEmpty>

frame. Ignore. **iFrame #0 ends here**

Parallon is now seeking a Full-Time Medicaid Eligibility Advocate You can also **Like us on Facebook** : <https://www.facebook.com/ParallonRCSJobs>.

### **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**

**EXPERIENCE AND EDUCATION NEEDED:**

- 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 believes that organizations that continuously learn and improve will thrive. That's why after more than a decade we remain dedicated to helping hospitals and hospital systems operate knowledgeably, intelligently, effectively and efficiently in the rapidly evolving healthcare marketplace, today and in the future. As one of the healthcare industry's leading providers of business and operational services, Parallon is uniquely equipped to provide a broad spectrum of customized revenue cycle services.

**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. #ParallonBCOM**

## **Management Analyst. | Centers for Medicare & Medicaid Services**

**SourceURL:** [https://www.linkedin.com/jobs/view/management-analyst-at-centers-for-medicare-medicaid-services-1363953385/?utm\\_campaign=google\\_jobs\\_apply&utm\\_source=google\\_jobs\\_apply&utm\\_medium=organic](https://www.linkedin.com/jobs/view/management-analyst-at-centers-for-medicare-medicaid-services-1363953385/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic)

**New** Posted Date Posted 6 hours ago Number of applicants Be among the first 25 applicants

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- Videos
- Duties

### **Summary**

This position is located in the Centers for Medicare & Medicaid Services (CMS), Center for Medicaid and CHIP Services (CMCS), Operations Services Group (OSG), Division of Operations & Executive Support (DOES) .

As a Management Analyst, GS-0343-11, you will responsible for performing a variety of analytical assignments utilizing qualitative and quantitative analysis to review and evaluate internal, organizational administrative operations to determine their efficiency and effectiveness.

### **Responsibilities**

- Analyze and evaluate management practices and methods, and administrative operations.
  - Develop or modify procedures for carrying out managerial or administrative functions within the organization.
  - Prepare a variety of complex administrative and management reports and presentations for leadership.
- 
- Travel Required
  - 
  - Not required
  - 
  - Supervisory status
  - 
  - No
  - 
  - Promotion Potential
  - 
  - 12
  - Job family (Series)

Similar jobs

- 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-11**, 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-09 grade level in the Federal government, obtained in either the private or public sector), to include:

- Researching and interpreting regulations and policies to provide technical assistance;
- Conducting program or management studies to identify, analyze, and recommend solutions to operational problems; AND
- Preparing documents and presenting information to a diverse audience  
OR -

Substitution of Education for Experience: You may substitute education for specialized experience at the GS-11 level by possessing 3 full years of progressively higher level graduate education leading to such a degree or Ph.D. or equivalent doctoral degree or LL.M., if related to the position being filled.

- OR -

Combination of Experience and Education: Only graduate education in excess of the amount required for the GS-09 grade level may be used to qualify applicants for positions at the grade GS-11. Therefore, only education in excess of a master's or equivalent graduate degree or 2 full years of progressively higher level graduate education leading to such a degree, may be used to combine education and experience.

**TRANSCRIPTS are required** to verify satisfactory completion of the educational requirement related to substitution of education for experience and combination of experience and education. Please see "Required Documents" section below for what documentation is required at the time of application.

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 or former Federal employees and current or former Federal employees applying under the VEOA eligibility who hold or have held a permanent General Schedule position in the previous year 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](#)**

Education

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

**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.

**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.

- **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.

- **Standard Form 61, Appointment Affidavits** - If selected, the Standard Form 61 will be required at the time of in-processing.

- **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
- 
- 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, transcripts 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.
- 
- Your qualifications will be evaluated on the following competencies (knowledge, skills, abilities and other characteristics):
  - Analysis
  - Oral Communication
  - Organizational Awareness

- Written Communication
- Background checks and security clearance
- 
- Security clearance
- 
- Drug test required
- 
- No
- 
- Position sensitivity and risk
- 
- Trust determination process
- 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:
  - **CMS Required Documents (e.g., SF-50, DD-214, SF-15, etc.).** Required documents may be necessary to be considered for this vacancy announcement.
  - **College Transcripts.** Although this position does not require a degree, you may substitute college credit in whole, or in part, for experience at specified grade levels. You must submit a copy of your transcript at the time of application in order to substitute your education for the required experience. If you do not submit a transcript, your education will not be considered in determining your qualifications for the position. You may submit an unofficial transcript or a list of college courses completed indicating course title, credit hours, and grades received. An official transcript is required if you are selected for the position.
- College Transcripts and Foreign Education:** Applicants who have completed part or all of their education outside of the U.S. must have their foreign education evaluated by an accredited organization to ensure that the foreign education is comparable to education received in accredited

educational institutions in the U.S. For a listing of services that can perform this evaluation, visit the

**PLEASE NOTE:** A complete application package includes the online application, resume, transcripts (if qualifying through education substitution or a combination of education and experience) 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, transcripts (if applicable) and CMS required documents, will result in you not being considered for employment.

If you are relying on your education to meet qualification requirements:

Education must be accredited by an accrediting institution recognized by the U.S. Department of Education in order for it to be credited towards qualifications. Therefore, provide only the attendance and/or degrees from

Failure to provide all of the required information as stated in this vacancy announcement may result in an ineligible rating or may affect the overall rating.

- 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.

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 07/12/2019 to receive consideration.

**IN DESCRIBING YOUR WORK EXPERIENCE AND/OR EDUCATION, PLEASE BE CLEAR AND SPECIFIC REGARDING YOUR EXPERIENCE OR EDUCATION.**

**Please Ensure EACH Work History Includes ALL Of The Following Information**

We strongly encourage applicants to utilize the USAJOBS resume builder in the creation of resumes.

- 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 (
  - 
  - 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 [Tania.whitlock@cms.hhs.gov](mailto:Tania.whitlock@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
  - 
  - Agency contact information
  - 
  - Tanisia Whitlock
  - 
  - Phone
  - 
  - Email
  - 
  - Address
  - 
  - Center for Medicaid and CHIP Services
  - 7500 Security Blvd
  - Woodlawn, MD 21244
  - US
  - 
  - 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,07/12/2019, you may check your status online by logging into your USAJOBS account (
  - 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.

### 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
  -
- Legal and regulatory guidance This job originated on

# Clinical Laboratory Scientist. | Centers for Medicare & Medicaid Services

SourceURL: [https://www.linkedin.com/jobs/view/clinical-laboratory-scientist-at-centers-for-medicare-medicaid-services-1363953896/?utm\\_campaign=google\\_jobs\\_apply&utm\\_source=google\\_jobs\\_apply&utm\\_medium=organic](https://www.linkedin.com/jobs/view/clinical-laboratory-scientist-at-centers-for-medicare-medicaid-services-1363953896/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic)

**New** Posted Date Posted 6 hours ago Number of applicants Be among the first 25 applicants

Share Share on LinkedIn Share in a post Other options Copy link Twitter Facebook Badge

- Videos
- Duties

## **Summary**

As a Clinical Laboratory Scientist, GS-0644-12, you will assure accountability to health care consumers for the necessity, appropriateness, and quality of health care and laboratory services.

## **Responsibilities**

- Recommend enforcement actions against laboratories that fail to meet requirements of the Clinical Laboratory Improvement Amendments (CLIA) and prepare and process formal enforcement notices.
- Confer with state survey agencies and other DHHS agencies regarding the enforcement of CLIA standards.
- Perform Federal Monitoring Surveys of certified laboratories to validate state survey agency activities and to evaluate the effectiveness of Federal regulations, policies, and procedures.
- Identify needs for assistance to state agencies and providers and suppliers of health services regarding the special technical aspects of laboratory science and practice.
- Work with the Office of General Counsel on litigation regarding enforcement actions against non-compliant laboratories.

- Travel Required
- 
- 75% or less - You may be expected to travel up to 70% for this position.
- 
- Supervisory status
- 
- No
- 
- Promotion Potential
- 
- 12
- Job family (Series)
- 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.
- Must have a current and valid drivers license from a State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the UnitedStates.

- **Qualifications**

- 
- **ALL QUALIFICATION REQUIREMENTS MUST BE MET WITHIN 30 DAYS OF THE CLOSING DATE OF THIS ANNOUNCEMENT.**
- 
- In order to qualify for the GS-12, 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-11 grade level in the Federal government, obtained in either the private or public sector, to include:
  - 
  - Conducting inspections of laboratories to review their compliance with requirements of the Clinical Laboratory Improvement Amendments (CLIA) by state agency CLIA surveyors or Federal CLIA surveyors.
  - 
  - 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 or former Federal employees and current or former Federal employees applying under the VEOA eligibility who hold or have held a permanent General Schedule position in the previous year 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.

- 
- Education

- **Education Requirement**

- 
- In addition to meeting the qualification requirements, all candidates must have the following educational requirements:

- 
- **Basic Education Requirement**

- 
- In addition to meeting the qualification requirements, all candidates must have the following requirements: Employees currently assigned to positions in this occupational series as of September 2017 will be considered to have met the basic requirements for the position occupied.

- Bachelor's or graduate/higher level degree from a regionally accredited college/university including courses in biological science, chemistry and mathematics, AND successful completion of a Medical Laboratory Scientist/Clinical Laboratory Scientist program accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) or an accrediting body recognized by the U.S. Department of Education at the time the degree was obtained.

OR

A full 4-year course of study that included 12 months in a college or hospital-based medical technology program or medical technology school approved by a recognized accrediting organization. The professional medical technology curriculum may have consisted of a 1-year post bachelor's certificate program or the last 1 or 2 years of a 4-year program of study culminating in a bachelor's in medical technology.

- OR  
A Bachelor's or graduate/higher level degree from an accredited college/university, including 16 semester hours (24 quarter hours) of biological science (with one semester in microbiology), 16 semester hours

(24 quarter hours) of chemistry (with one semester in organic or biochemistry), one semester (one quarter) of mathematics, AND five years of full time acceptable clinical laboratory experience in Blood Banking, Chemistry, Hematology, microbiology, Immunology and Urinalysis/Body Fluids. This combination of education and experience must have provided knowledge of the theories, principles, and practices of medical technology equivalent to that provided by the full 4-year course of study described in A or B above.

**TRANSCRIPTS are required at time of application** to verify satisfactory completion of the educational requirement listed above. Please see "Required Documents" section below for what documentation is required at the time of application.

**[Click The Following Link To View The Occupational Questionnaire](#)**

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

**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.

- **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.
- **Standard Form 61, Appointment Affidavits** - If selected, the Standard Form 61 will be required at the time of in-processing.
  
- **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.
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- **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.
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- 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
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- 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, transcripts 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.
- 
- Your qualifications will be evaluated on the following competencies (knowledge, skills, abilities and other characteristics):
  - Medical Technology
  - Oral Communication
  - Survey and Certification
  - Technical Competence

- Writing
- Background checks and security clearance
- 
- Security clearance
- 
- Drug test required
- 
- No
- 
- Position sensitivity and risk
- 
- Trust determination process
- 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:
- **CMS Required Documents (e.g., SF-50, DD-214, SF-15, etc.).** Required documents may be necessary to be considered for this vacancy announcement.
- **College Transcripts.** Since this position requires specific education, you must submit a transcript attesting to your possession of the required education. You may submit an unofficial transcript or a list of college courses completed indicating course titles, credit hours, and grades received. An official transcript is required if you are selected for the position. If selected, you must provide an original document before the final job offer may be extended. If you do not submit a transcript indicating your possession of the required education, you will not be considered for this position.

**College Transcripts and Foreign Education:** Applicants who have completed part or all of their education outside of the U.S. must have their foreign education evaluated by an accredited organization to ensure that the foreign education is comparable to education received in accredited

educational institutions in the U.S. For a listing of services that can perform this evaluation, visit the

If you are applying for a position for which a state license is issued (e.g., physician, engineer, attorney) possession of a valid and current U.S. professional license by a graduate of a foreign professional school or program is sufficient proof that the foreign education has been determined to be equivalent to the requisite U.S. professional education in that occupational field.

**PLEASE NOTE:** A complete application package includes the online application, resume, transcripts 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, transcripts and CMS required documents, will result in you not being considered for employment.

If you are relying on your education to meet qualification requirements:

Education must be accredited by an accrediting institution recognized by the U.S. Department of Education in order for it to be credited towards qualifications. Therefore, provide only the attendance and/or degrees from

Failure to provide all of the required information as stated in this vacancy announcement may result in an ineligible rating or may affect the overall rating.

- 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.

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 07/12/2019 to receive consideration.

**IN DESCRIBING YOUR WORK EXPERIENCE AND/OR EDUCATION, PLEASE BE CLEAR AND SPECIFIC REGARDING YOUR EXPERIENCE OR EDUCATION.**

**Please Ensure EACH Work History Includes ALL Of The Following Information**

We strongly encourage applicants to utilize the USAJOBS resume builder in the creation of resumes.

- 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 (
  -

- 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
  - 
  - Agency contact information
  - 
  - Michele Saggese
  - 
  - Phone
  - 
  - Email
  - 
  - Address
  - 
  - Consortium for Quality Improvement and Survey and Certification Operations
  - 7500 Security Blvd
  - Woodlawn, MD 21244
  - US
  - 
  - 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,07/12/2019, you may check your status online by logging into your USAJOBS account (
  - 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.

## 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
  -
- Legal and regulatory guidance This job originated on



## Director, Care Coordination for Medicaid and Vulnerable Populations - Oakland | Kaiser Permanente

**SourceURL:** [https://www.linkedin.com/jobs/view/director%2C-care-coordination-for-medicaid-and-vulnerable-populations-oakland-at-kaiser-permanente-1364141805/?utm\\_campaign=google\\_jobs\\_apply&utm\\_source=google\\_jobs\\_apply&utm\\_medium=organic](https://www.linkedin.com/jobs/view/director%2C-care-coordination-for-medicaid-and-vulnerable-populations-oakland-at-kaiser-permanente-1364141805/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic)

**New** Posted Date Posted 4 hours ago Number of applicants Be among the first 25 applicants

Share Share on LinkedIn Share in a post Other options Copy link Twitter Facebook Badge

**Description:** Provide leadership, direction, and operational oversight for KP's organization-wide care coordination and care management strategy, services and operations for Medicaid and vulnerable populations, which include populations such as the dual-eligibles, Aged Blind and Disabled/Seniors and Persons with Disabilities (ABD/SPD), children with special health care need, and complex perinatal/high risk obstetrics, and that aligns with the organization's mission, strategies, and objectives. Collaborates with Regions and local areas within KP for the successful adaptation, deployment, and sustainability of care coordination and care management programs. **Essential Responsibilities:**

- Leads and directs the national implementation of care coordination and care management programs designed to address the needs of Medicaid and vulnerable members, improve the quality and services for their care and ensure the appropriate utilization of services available to them. Implements strategies and plans to meet organizational goals and objectives. Works closely with Regions to design, implementation, and evaluate care

coordination programs. Supports the VP of Care Coordination on execution of strategies.

- Partners and collaborations with PMG, KFHP, KFH, key regional and program office leaders and stakeholders, and community and government agencies on efforts towards implementing care coordination and care management programs provided to Medicaid and vulnerable members and patients. Identifies and works with stakeholders to execute strategy nationally through effective partnerships with regions.
- Leads visible and complex projects focusing on performance improvement and transformation aimed at improving the care coordination and care management provided to Medicaid and vulnerable populations. Supports the development, implementation, and evaluation of effective pilots, programs and practices derived from market leading and evidence-based research and performance outcomes.
- Ensures standardization and optimization of workflows of models that are being spread and scaled. Provides operational oversight for care coordination and care management efforts throughout regions. Develops playbooks for care coordination/care management models that are ready for spread and scale; Works closely with clinical and operational leaders across the continuum. Organizes and facilitates meetings with key stakeholders involved in the execution of care coordination/case management programs.
- Serves as a national subject matter expert around care coordination and care management for vulnerable populations. Continuously evaluates market leading and evidence-based research focused on care coordination and care management programs.
- Works on design, implementation and evaluation of IT solutions to support care coordination and care mgmt. efforts. Facilitates and oversees standardized and optimized deployment of an administrative case management tracking system (ACMTS) across the KP regions.

**Basic Qualifications:** Experience

- Minimum seven (7) years of experience in Medicaid programs to include experience with vulnerable populations and implementation of care coordination programs for vulnerable populations required.

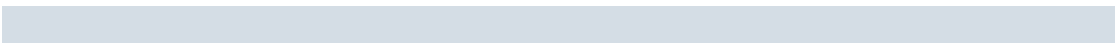
Education

- Master's degree in business administration, economics, healthcare administration, public health, health policy and management, or related field required.

License, Certification, Registration

- N/A

**Additional Requirements:**

- Demonstrated ability to determine the key business issues and develop appropriate action plans from multi-disciplinary perspectives.
  - Proven leadership skills in project management and consulting, especially on highly visible, politically sensitive issues.
  - Excellent skills in complex analytic problem solving, project management, change management, and group process.
  - Must exhibit efficiency, collaboration, candor, openness, and results orientation.
  - Demonstrated ability to lead professionals and manage others through influence and collaboration.
  - Proficient in team building, conflict resolution, group interaction, project management, and cost effective and budget management.
  - Understanding of and experience in business process improvement and the tools and data requirements for supporting an effective business process improvement practice.
  - Demonstrated ability to conduct and interpret quantitative/qualitative analysis.
  - Proven leadership skills in project management and consulting.
  - Excellent skills in complex analytic problem solving, project management, change management, and group process.
  - Must exhibit efficiency, collaboration, candor, openness, and results orientation.
  - Proven ability to effectively manage in ambiguous situations with minimal direction.
  - Must demonstrate an understanding of health policy trends and any applicable regulations related to the responsible technical area.
  - Understanding of the operations of KP.
  - Excellent verbal and written communications skills.
  - Must be able to work in a Labor/Management Partnership environment.
- Preferred Qualifications:**
- Registered Nurse (RN) License in one of the following states: California, Colorado, Hawaii, Maryland, Oregon, or Washington.
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# Coordinator, Credentialing | Evolent Health

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## It's Time For A Change... Your Future Evolves Here

Evolent Health has a bold mission to change the health of the nation by changing the way health care is delivered. Our pursuit of this mission is the driving force that brings us to work each day. We believe in embracing new ideas, challenging ourselves and failing forward. We respect and celebrate individual talents and team wins. We have fun while working hard and Evolenteers often make a difference in everything from scrubs to jeans.

Are we growing? Absolutely about 40% in year-over-year revenue growth in 2018 . Are we recognized? Definitely. We have been named one of "Becker's 150 Great Places to Work in Healthcare" in 2016, 2017, 2018 and 2019, and One of the "50 Great Places to Work" in 2017 by Washingtonian. We recognize employees that live our values, give back to our communities each year, and are champions for bringing our whole selves to work each day. If you're looking for a place where your work can be personally and professionally rewarding, don't just join a company with a mission. Join a mission with a company behind it.

## **What You'll Be Doing**

This position is responsible for determining providers types who require credentialing, review of credentialing and recredentialing applications, using the Council for Affordable Quality Healthcare (CAQH) ProView platform, and initiating primary source verification (PSV) to begin credentialing and/or re-credentialing of providers. This entry level position reports to the Supervisor, Credentialing.

- Responsible for end to end credentialing and recredentialing for Health Plan network providers

- Ensures Health Plan in load files are submitted to Health Plan's delegated credentials verification organization (CVO) vendor, as applicable
- Maintain a working knowledge of National Committee for Quality Assurance (NCQA), federal, state, and accreditation guidelines to support company and Health Plan compliance for credentialing and recredentialing
- Knowledge and compliance with company and Health Plan's credentialing and recredentialing policies and procedures
- Familiar and/or able to learn and apply Medicare, Medicaid, and commercial Health Plan credentialing and provider enrollment policies and statutes, including, but not limited to, Centers for Medicare and Medicaid Services (CMS), and state Medicaid departments, such as the Kentucky Department of Medicaid Services (DMS), Agency for Health Care Administration (AHCA), New York State Department of Health (DOH), and Maryland Department of Health
- Write and maintain desktop procedures, as requested
- Review provider and facility credentialing and recredentialing profiles to ensure that all required elements are valid, verified in a timely manner, accurate, and include explanations of gap(s) and adverse action(s), while complying with strict confidentiality provisions, prior to submission to the Credentials Committee and/or Chief Medical Officer (CMO) review and decision
- Draft Credentials Committee agendas, schedule meetings, prepare provider rosters for clean files and profiles that do not meet clean file criteria, and record and distribute meeting minutes
- Notify providers of Credentials Committee decision or request for supporting documentation to support evaluation of credentialing and/or recredentialing application
- Ongoing Monitoring of provider sanctions, exclusions, disciplinary action/stipulations, Medicare and Medicaid exclusions, Medicare Opt Out status, as well as other state and federal databases
- Track and revalidate expirables, such as professional license, Drug Enforcement Agency (DEA) certificate, board certification, professional liability insurance, and other credentials which may expire between credentialing and/or recredentialing cycles
- Represent Credentialing Department in meetings or with colleagues on various projects, as assigned
- Generate department and provider level reports and complete initial analysis
- Provide support for internal and external auditing functions, including peer review of credentialing files for quality program compliance
- Track and report provider and Health Plan complaints and resolutions, key deliverable stage gates, service level agreements (SLAs), and individual and team metrics

- Performs other duties as assigned by the Supervisor, Credentialing or Director, Credentialing Operations, with excellent quality

### **The Experience You'll Need (Required)**

- High school graduation or completion of General Equivalency Degree/Diploma (GED)
- Minimum of two years of credentialing and/or provider enrollment experience with physicians, Advance Practice Clinicians (APCs), behavioral health, and/or allied providers, in a fast-paced health care environment (hospital, provider group, health plan)
- Three (3) to five (5) years of data entry expertise with a high degree of accuracy

### **Finishing Touches (Preferred)**

- Bachelor's degree
- Certified Provider Credentialing Specialist (CPCS) certification
- Proficient computer skills in a Microsoft Office based environment, with intermediate Excel and Access expertise
- Detail oriented with excellent organizational abilities and capacity to enter data elements in a focus on accuracy and timeliness
- Able to work collaboratively with associates and key stakeholders across the enterprise
- Capable to handle provider inventory and multiple projects simultaneously, and with a high degree of success

**Evolent Health is an equal opportunity employer and considers all qualified applicants equally without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin.**