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Medicaid Jobs Hunter

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Medical Assistant I - Ob/Gyn - Robinson - Full Time

SourceURL: <https://careers.highmarkhealth.org/job/9503676/medical-assistant-i-ob-gyn-robinson-full-time-robinson-township-pa/>

Company :

Allegheny Health Network

Job Description :

GENERAL OVERVIEW:

Under the direction of the provider and as a member of the health care team, assists in coordinating the examination, treatment and health care planning for patients. Assists with other office functions to support patient care and office operations. Follows all established protocols, policies, procedures and standardized workflows.

ESSENTIAL RESPONSIBILITIES:

- Using the team based approach, assists in the coordination of patient care under supervision of the health care provider.
- Prepares and rooms patients within the clinical practice setting according to standardized work flows. Accurately obtains patient vital signs, documents patient information, patient history, tobacco, and medication screening. May assist in the administration of depression screening tools. Completes annual wellness visit screenings. Reviews, updates and screens medication list in the EHR. Reviews social history with patient and updates record. If applicable, pends/"cues up" orders for required age appropriate screenings, patient prescriptions, refills, or other orders based on AHN approved protocols.
- Performs back office testing following approved AHN protocols and policies.
- Assists providers with examination and procedures.
- May serve as a scribe with additional training.
- Provides follow up with patients at designated intervals via patient's preferred method (telephone, electronic, written) in accordance with provider instructions. Notifies patients of test results under the direction of provider in a timely manner.
- Prepares exam room for patient visit. Ensures adequate inventory of medical supplies. Ensures all patient treatment areas are at all times stocked with the appropriate supplies using established inventory standards.
- Cleans and sterilizes instruments per established AHN approved policy and manufacturer's guidelines.
- Accurately performs lab controls and equipment checks as assigned.
- Administers and accurately documents medications in accordance with policy and safe practice.
- Documents accurately in the electronic health record (EHR) according to established standards and work flows.
- Accurately performs clerical office functions and other duties as assigned.
- May require floating/travel between physician office locations.

QUALIFICATIONS:

Minimum

- Proof of graduation from a Medical Assistant school within five years of application OR proof of one year of work experience as a clinical MA in the last three years
- Newly hired medical assistants must complete certification training and/or attempt testing within 30 days of hire
- Medical assistants must obtain certification within 120 days of hire. Once achieved, Medical assistants must maintain national certification requirements
- American Heart Association BLS certification

Preferred

- Experience with practice management software and electronic health record applications

Compliance Requirement: As a component of job responsibilities, employees may have access to covered information, cardholder data, or other confidential customer information that must be protected at all times. In connection with this, all employees must comply with both the Health Insurance Portability Accountability Act of 1996

(HIPAA) as described in the Notice of Privacy Practices and Privacy Policies and Procedures as well as all data security guidelines established within the Company's Handbook of Privacy Policies and Practices and Information Security Policy.

Furthermore, it is every employee's responsibility to comply with the company's Code of Business Conduct. This includes but is not limited to adherence to applicable federal and state laws, rules, and regulations as well as company policies and training requirements.

Highmark Health and its affiliates prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, national origin, sexual orientation/gender identity or any other category protected by applicable federal, state or local law. Highmark Health and its affiliates take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, sexual orientation/gender identity, protected veteran status or disability.

EEO is The Law

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(http://www1.eeoc.gov/employers/upload/eeoc_self_print_poster.pdf)

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Director, Legacy Medicaid Job in Portland, OR at PacificSource Health Plans

SourceURL: <https://www.ziprecruiter.com/c/PacificSource-Health-Plans/Job/Director,-Legacy-Medicaid/-in-Portland,OR>

PacificSource Health Plans Portland, OR

- Posted: August 16, 2019
- Full-Time

Overview

This position will oversee local initiatives aimed at transforming the health of members enrolled in PacificSource's risk accepting entity with Legacy within the Health Share of Oregon 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 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.

Responsibilities

External Collaboration (40%)

- + Build and maintain relationships with PacificSource's Medicaid community governance partners, Legacy, governance staff and leaders, providers, community leaders, and other external stakeholders.
- + Align PacificSource and community partner interests to accomplish common, community-level health outcomes.
- + Engage in Health Share's governance model by participating in the local Board and subcommittee activities, standing work groups, and ad hoc committees.
- + Maintain a visible leadership role in the communities we serve to ensure that PacificSource is represented, if not leading, critical initiatives impacting the Medicaid line of business and membership in this arrangement.
- + 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.
- + Assume a central role in working with providers, county health departments, the State of Oregon, and other partners to orchestrate and execute care model improvements for CCO members.

Business and Operating Objectives (20%)

- + Develop strategic business partnerships with local government, providers, agencies, and internal PacificSource leaders to ensure priority Medicaid objectives are consistently accomplished.
- + 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.
- + Build and maintain relationships with key departments and personnel within the State of Oregon under the direction and guidance of PacificSource leadership.
- + 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.
- + 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.
- + Support and lead Health System Transformation and CCO procurement efforts in collaboration with PacificSource leaders.

Internal Alignment and Engagement (20%)

- + Work directly with department leaders to ensure knowledge, priorities, and actions accomplish line of business aims on behalf of PacificSource members and community partners.
- + Collaborate with other PacificSource CCO Directors to support governance objectives throughout the Medicaid line of business and support executive leadership in meeting regional needs.
- + Maintain collaborative partnerships with key PacificSource departments and leaders.
- + Actively participate as a key team member in company leadership meetings.
- + 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 (20%)

- + Work with other leaders to implement growth opportunities in product design, benefit, operating, clinical, cost savings, or network changes.
- + 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.

- + 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:

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

Qualifications

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.

Diversity and Inclusion: PacificSource values the diversity of the people we hire and serve. We are committed to creating a diverse environment and fostering a workplace in which individual differences are appreciated, respected and responded to in ways that fully develop and utilize each person's talents and strengths.

Disclaimer: This job description indicates the general nature and level of work performed by employees within this position

PacificSource Health Plans

Address

Portland, OR
97240 USA

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RVP & President Medicaid Health Plan (Las Vegas or Seattle) | Anthem, Inc.

SourceURL: https://www.linkedin.com/jobs/view/rvp-president-medicaid-health-plan-las-vegas-or-seattle-at-anthem-inc-1414632245/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

[Anthem, Inc.](#) Company Location

RVP I & President Medicaid Health Plan

Location: May be located in either [Las Vegas](#), NV or [Seattle](#), Washington

Join the leadership team of the West Region Medicaid health plan.

****This leadership role may lead either Nevada Medicaid Health Plan or Washington Medicaid Health Plan depending upon selected candidate's location.****

As the **RVP of the Medicaid Health Plan**, you will lead the health plan operations for assigned state. You will be responsible for assisting the Market President in the fiscal, operational

management, legislative and regulatory objectives for the health plan, generally a Health Plan with lower complexity in product, geography, government relations and other operating factors. Primary duties may include, but are not limited to:

- 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.

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.

Preferred

- Familiarity with health plan operations for Medicaid health plan(s).
- Knowledgeable of foundational community supports within Nevada or Washington market.
- Familiarity with Nevada or Washington provider networks.

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 careers.antheminc.com. An Equal Opportunity Employer/Disability/Veteran.

Sr. External Client Rels. Mgr.

SourceURL: <https://careers.highmarkhealth.org/job/10014716/sr-external-client-rels-mgr-pittsburgh-pa/>

Job ID:

Company: Highmark Inc

Location:

Full/Part Time: Full time

Posted Date:

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Company :

Job Description :

GENERAL OVERVIEW:

Assumes overall responsibility and governance of department vendor relationships. Works with the vendors & customers beginning with the implementation process to foster relationship development. Acts as the intermediary between Highmark and the vendor to ensure all responsibilities as outlined in the contract are fulfilled. Serve as an advocate for Highmark managing expectations to achieve positive outcomes.

ESSENTIAL RESPONSIBILITIES:

1. Communicate effectively.
2. Establishes and oversees the implementation of a governance meeting structure and procedures as outlined in the contract to ensure the efficient and effective management of the services and relationships between Highmark and the vendor/customer.
3. Ensure vendors adhere to all service level agreement metrics.
4. Represents, engages and champions Highmark needs within the governance process.
5. Manage issues escalation process, for project and tactical day to day activities, respond to high priority complex or escalated requests.
6. Act as feedback loop regarding future contract terms.
7. Gain deep vendor/customer business/operations/technology understanding and develop plans in conjunction with Highmark stakeholders to further enhance the vendor relationships.
8. Other duties as assigned or requested.

III. QUALIFICATIONS:

Minimum

- Bachelor's degree
- 5 years experience in an operations, consulting or outsourcing contract management role
- 5 years experience utilizing insurance principles and industry practices.
- 3 years of experience managing vendor relationships or a relationship management role with a large customer or book of business

Preferred

- Master's degree
- PMP Certification

IV. SCOPE OF RESPONSIBILITY

Does this role supervise/manage other employees? No

V. WORK ENVIRONMENT

Is Travel Required? Yes

Unusual Working Conditions

- This job requires the ability to work as a team member. Additionally, this job requires the willingness and ability to report to work on a regular and timely basis and may require irregular work hours, holidays and/or weekends.

Highmark Health and its affiliates prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, national origin, sexual orientation/gender identity or any other category protected by applicable federal, state or local law. Highmark Health and its affiliates take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, sexual orientation/gender identity, protected veteran status or disability.

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(http://www1.eeoc.gov/employers/upload/eeoc_self_print_poster.pdf)

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Behavioral Health Program Manager – Adolescent access (MAPS 2/BHR)

SourceURL: <https://www.governmentjobs.com/careers/washington/jobs/2534396/behavioral-health-program-manager-adolescent-access-maps-2-bhr>

The ideal candidate for this position will have experience with behavioral health programs and legislative processes.. If you pride yourself on your communication skills, relationship management, and application of creative and innovative quality improvement, this opportunity may be for you!

Position Objective:

The Behavioral Health Program Manager will formulate statewide policy pertaining to expanding adolescent access to treatment. This position will be responsible planning, implementation, and evaluation of expanded adolescent treatment and adolescent access to services within Washington State's behavioral health systems. This position will review new legislation and have the ability to develop and implement a strategic plan based on that legislation. This position will be required to facilitate stakeholder groups that inform the work, develop actionable timelines, and manage projects from start to completion. They will identify the necessary data collection measures and tools to ensure that work is data-informed. This position will also develop and ensure timely and appropriate communication with internal and external partners including oral and written communication. This position will also develop, negotiate, and manage contracts as needed.

Primary Responsibilities:

This position is responsible for the statewide implementation of expanded adolescent access to treatment and responsible for planning and activities related to the roll-out of new legislation.

Develop and implement policy pertaining to expanding adolescent access to treatment and family initiated treatment.

Strategic planning and evaluation around enacting legislation.

Facilitate multiple stakeholder groups involved in statewide policy and system improvement efforts related to substance use disorder (SUD) and co-occurring disorders (COD).

This position is responsible for the day to day operations and activities pertaining to the roll-out of new legislation on expanding adolescent access to treatment and family initiated treatment.

Determine appropriate partners for the statewide roll-out of information pertaining to expanding adolescent treatment and family initiated treatment.

Implement, monitor, and manage contracts and budgets.

Assure adherence to project timelines and planning milestones.

This position interacts across programs and sections at the Health Care Authority to improve access to services for youth with substance use disorder or co-occurring diagnosis and to ensure that laws and activities support adolescents as they transition into adulthood.

Qualifications:

Required Qualifications:

Bachelor's Degree in behavioral health/social services/public health and 2 or more years of experience with coordination, project management, and/or legislative review processes.

Experience facilitating meetings and/or trainings with diverse stakeholders groups.

Additional qualifying experience will substitute, year for year, for the required education.

Excellent written and verbal communication skills and ability to work collaboratively with multiple stakeholders including, youth and family leaders, youth serving system partners, and providers.

Excellent leadership skills and knowledge of systems change work and approaches.

ABOUT HCA

The Washington State Health Care Authority (HCA) purchases health care for more than 2 million Washington residents through Apple Health (Medicaid), the Public Employees Benefits Board (PEBB) Program, and, beginning in 2020, the School Employees Benefits Board (SEBB) Program. Our agency is committed to whole person care, integrating physical health and behavioral health services for better results and healthier residents. As the largest health care purchaser in the state, we lead the effort to transform health care, helping ensure Washington residents have access to better health and better care at a lower cost.

About Olympia and Washington State

Washington State offers a total work/life package of pay, benefits, flexibility, and workplace opportunities to help you get the most out of your career and out of life. Washington State is a great place to work, play, and be a part of a community, offering quality of life that is unsurpassed. From the high energy urban center of Seattle, one of the nation's top ranked cities, to the more relaxed pace of our rural communities, Washington's distinctive Northwest lifestyle blends a progressive, creative culture with a casual nature.

How to Apply:

Only candidates who reflect the minimum qualifications on their NEOGOV profile will be considered. Failure to follow the application instructions below may lead to disqualification. To apply for this position you will need to complete your profile and attach:

A cover letter that specifically addresses how you meet the qualifications for this position

Current resume

Three professional references, including a minimum of one past supervisor

If you have questions about the process, or need reasonable accommodation, please contact the recruiter before the posting closes.

Washington State is an equal opportunity employer. Persons with disabilities needing assistance in the application process, or those needing this job announcement in an alternative format may call the Human Resources Office at 360.725.1180 or email

Sanyu.Tushabe@hca.wa.gov.

Program Specialist 5 (PS5/ERB)

SourceURL: <https://www.governmentjobs.com/careers/washington/jobs/2539868/program-specialist-5-ps5-erb>

We are seeking an accomplished individual to collaborate at a high level with senior managers and stakeholders to develop solutions and influence decisions that drive progress on health care issues that impact all Washingtonians. If you are interested in doing fun and meaningful work with an energetic team of collaborators and decision makers, we want to talk with you!

Position Objective:

This position is responsible for helping achieve executive level goals and strategies related to contract and vendor management for the Employees and Retirees Benefits (ERB) Division. This position participates in the annual renewal and procurement activities and contract negotiations in coordination with executive management. The position individually performs account management functions for multiple contracts that may include the Uniform Medical Plan (UMP), fully insured medical, dental, life, disability, and/or other insurance products.

Some of what you will do:

Collaborates with executive leadership, account managers, and contracted actuaries to draft high quality requests for proposals, contracts, contract amendments, and work orders.

Works in collaboration with contracts staff to meet all legal requirements related to state contracting. Helps negotiate agreements for high cost goods and services.

Represents HCA on litigation involving the applicable contracts.

Participates in bidder selection and negotiation of new contract terms. Reviews contracts for consistency and uniformity with similar contracts in other areas.

Manages vendor performance and handles discrepancies with contract expectations, which may involve resolving a variety of complex and unique issues.

Facilitates regular vendor oversight meetings. Troubleshoots all issues related to the applicable contracts, which may involve balancing a variety of politically sensitive stakeholder interests.

Collaborates with vendors on highly publicized subjects, which may involve innovative approaches to complex problems, corrective action plans, presentations to stakeholders, and executive involvement.

Reviews invoices and work orders. Oversees operational aspects of the applicable contracts.

Provides leadership and broad expert knowledge in managing or supporting a variety of complex "pioneer" projects that frequently have a high dollar impact on the ERB Division budget. Completes legislative bill analysis.

Here is what we are looking for (Required Qualifications):

Bachelor's degree in a health care discipline, public health, public administration, business administration, or other health care field directly related to the work of health care benefits or health insurance administration;

AND

Two years' experience in employer or health plan administration, health management programs, or negotiating, administering or managing health plan contracts.

OR

Minimum of 6 years' experience in employer or health plan administration, health management programs, or negotiating, administering or managing health plan contracts.

Desirable/Preferred Qualifications:

Master's degree in health education, health promotion, healthcare administration, public administration, business administration, or closely allied field and three years of management or consultative experience in a health services program.

Experience in the state procurement process.

Project management skills, ability to develop and implement population-based intervention plans across multiple audiences, and using all forms of media.

Clinical experience, education, or training and/or experience with evidence-based medical management concepts and application.

Skilled in the planning and execution of strategies for purchasing and administering employer sponsored health care.

About the HCA:

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Current resume

Three professional references

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Project Coordinator

SourceURL: <https://careers.highmarkhealth.org/job/10014715/project-coordinator-pittsburgh-pa/>

Company :

Highmark Inc

Job Description :

JOB SUMMARY

This job coordinates activities and resources in support of projects, in conjunction with department(s), system(s), or work-flow(s). Responsible for project coordination, tracking, scheduling, reporting to ensure the timely and accurate completion of assignments to enhance the efficiency and effectiveness of the department in meeting operational objectives. Supports business unit needs, reviews/scans/proofreads documents, and may analyze and interpret project requirements. Oversees various initiatives/projects and may serve as project lead. Communicates effectively with management, steering committees, project sponsors, and subject matter/technical experts and promotes a culture of performance excellence.

ESSENTIAL RESPONSIBILITIES

- Coordinate projects/project plans and engage in assignments to further support team and workload distribution.
- Track/measure the department's performance on various projects. Participate in process and operational improvement initiatives. Identify issues and develop recommendations for improved workflow and/or project design.
- Assist in planning/scheduling meetings and completing all necessary arrangements.

- Maintain a communication flow by receiving and distributing correspondence via mail services or on-line communication networks. Direct inquires to the appropriate staff based on an overall knowledge of departmental policies and procedures.
- Perform typing, word processing transcribing, and proofreading activities concerning correspondence, memoranda, schedules, reports, presentation materials and/or statistical information. Construct, organize, and maintain an accurate and efficient filing system for all clerical items pertaining to various projects.
- Other duties as assigned.

EDUCATION

Required

- Associate's Degree

Substitutions

- 3 years of related work experience

Preferred

- Bachelor's Degree

EXPERIENCE

Required

- 3 years of project coordinating experience

Preferred

- Experience in a healthcare operations area

LICENSES/CERTIFICATIONS

Required

- None

Preferred

- None

SKILLS

- Proficiency in a variety of software applications
- Excellent verbal and written communication skills
- Strong customer service / intrapersonal skills
- Strong organizational and time management skills with the ability to multitask and reprioritize
- Ability to identify and provide recommendations on issues
- Demonstrated ability to make decision in a fast-paced and accurate manner
- Ability to work independently

Language Requirement (other than English)

None

Travel Requirement

0% – 25%

PHYSICAL, MENTAL DEMANDS, AND WORKING CONDITIONS

Position Type

Office-Based

Teaches / trains others regularly

Rarely

Travel regularly from the office to various work sites or from site-to-site

Rarely

Works primarily out-of-the office selling products/services (sales employees)

Does Not Apply

Physical work site required

Yes

Lifting: up to 10 pounds

Rarely

Lifting: 10 to 25 pounds

Never

Lifting: 25 to 50 pounds

Never

Disclaimer: *The job description has been designed to indicate the general nature and essential duties and responsibilities of work performed by employees within this job title. It may not contain a comprehensive inventory of all duties, responsibilities, and qualifications required of employees to do this job.*

Compliance Requirement: *This position adheres to the ethical and legal standards and behavioral expectations as set forth in the code of business conduct and company policies*

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http://www1.eeoc.gov/employers/upload/eeoc_self_print_poster.pdf

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For accommodation requests, please contact HR Services Online at HRServices@highmarkhealth.org

Medical Assistance Specialist 4 (MAS4/MACSC)

SourceURL: <https://www.governmentjobs.com/careers/washington/jobs/2539688/medical-assistance-specialist-4-mas4-macsc>

The ideal candidate for this position will have experience with customer service. If you have experience leading others and working in a fast paced environment, this opportunity may be for you! This is a dynamic role that will utilize both your expertise and ability to connect and communicate with people, as well as your foundation of technical experience and skills. If you are interested in doing fun and meaningful work with an energetic team of collaborators and decision makers, we want to talk with you!

Position Objective:

This position serves as a designated team lead worker, as well as staffing the Lead Queue for all MAS3 staff. This position assists line staff, trainers, and management by serving as a subject matter expert – resolving complex client and provider concerns.

Some of what you will do:

Serves as designated Team Lead worker and subject matter expert for all call center line staff - assisting with the resolution of complex client and provider concerns.

Provides specialist assistance to call center staff as well as Apple Health contracted providers, with concerns related to Apple Health client benefit service packages, access to care issues, and provider billing, policy and payment concerns.

Independently analyzes client eligibility, and makes timely, accurate decisions to assist clients in determining services they qualify for based on their eligibility for Apple Health.

Counsels and advises clients on scope of care and clients' rights and responsibilities.

Resolves questions, complaints and problems about eligibility, accessibility to services, enrollment and other insurance coverage.

Counsels clients on Medical Assistance policies, procedures and health benefits as outlined in RCW, WAC, and HCA policies and procedures.

Uses information, questions, and complaints from clients and client advocates to enhance program policy and procedures.

Provides appropriate consultation to medical providers in order to expedite the reimbursement for title XIX claims submitted to the Health Care Authority for payment.

Evaluates medical claims for correct adjudication, counsels providers on appropriate billing procedures.

Researches and identifies workflow and system problems, recommends and implements new/revised procedures.

Provides second level training for newly released staff trained on client and/or provider Medical Assistance Center skills, processes and procedures.

Establishes and maintains an effective relationship with Apple Health Medicaid program and policy management to assist providers in solving complex billing concerns.

Strategy Analyst

SourceURL: <https://careers.highmarkhealth.org/job/10014718/strategy-analyst-pittsburgh-pa/>

Company :

Highmark Inc

Job Description :

GENERAL PURPOSE:

Support leadership of Highmark, or its affiliates with a range of strategy activities essential to Highmark's membership and margin goals. Strategy Analysts provide analytical/strategic-thinking and leadership support that enables project teams to: 1) isolate business issues; 2) help design and execute analytics for studying business issues (market research, scenario planning, forecasting, market share, profitability, etc.); 3) develop technical content (competitive intelligence, market trend analysis); 4) support development of formal recommendations to senior levels of Highmark leadership; 5) help create document components (go-to-market or operational strategies, etc.) that inform critical strategic issues and decisions.

ESSENTIAL RESPONSIBILITIES:

1. Work with business/ market owners to identify key business issues, articulate problem, apply right analytical framework, develop solution and recommendations, represent findings to stakeholders and own the outcome
2. Under the guidance of Strategy Consultants and Leadership, participate in / lead small to medium sized strategy projects/ work streams with the help of internal or external strategy consulting resources
3. Serve as subject matter expert (resource) to staff and stakeholders on membership, growth and operational strategy issues
4. Provide periodic informal work guidance/direction to other team members; Provide performance input and recommendations to management for development/ training plans. May have supervisory responsibilities on a project basis
5. Apply a broad knowledge of concepts and principles to develop analytical frameworks, approach and methodology best practices to analyze complex strategy issues, often applying ingenuity and originality to develop unique solutions
6. Other duties as assigned or requested.

QUALIFICATIONS:

Education, Experience, Licenses/Certifications

Minimum

- An undergraduate degree in business, economics, engineering or life sciences or other related degree.
- 3-5 years of relevant, progressive experience in strategy / management consulting firms or internal strategy groups of healthcare and related companies.

Preferred

- A Master's Degree in business, health or economics or other related degree
- Experience in Health Insurance operations and technology
- Experience in operational improvement

Knowledge, Skills and Abilities

- Broad application of principles, theories, and concepts in strategic thinking, plus working knowledge of other related fields
- Strong PC application Skills (MS Office including PowerPoint and Excel)
- Knowledge of healthcare industry trends and challenges

SCOPE OF RESPONSIBILITY

Does this role supervise/manage other employees?

No

WORK ENVIRONMENT

Is Travel Required?

No

Highmark Health and its affiliates prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, national origin, sexual orientation/gender identity or any other category protected by applicable federal, state or local law. Highmark Health and its affiliates take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, sexual orientation/gender identity, protected veteran status or disability.

EEO is The Law

Equal Opportunity Employer Minorities/Women/ProtectedVeterans/Disabled/Sexual Orientation/Gender Identity

http://www1.eeoc.gov/employers/upload/eeoc_self_print_poster.pdf

We endeavor to make this site accessible to any and all users. If you would like to contact us regarding the accessibility of our website or need assistance completing the application process, please contact number below.

For accommodation requests, please contact HR Services Online at HRServices@highmarkhealth.org

Rural Health Clinic Program Manager (MAPS3/FS)

SourceURL: <https://www.governmentjobs.com/careers/washington/jobs/2543772/rural-health-clinic-program-manager-maps3-fs>

This job posting will remain open until filled. Screening of application materials will begin September 3rd, and will be on-going. It is in the applicants' best interest to submit their application materials as early as possible. The hiring manager reserves the right to make a hiring decision at any time. This job posting may be closed at any time without notice.

Who we are:

"The Washington State Health Care Authority (HCA) purchases health care for more than 2 million Washington residents through Apple Health (Medicaid), the Public Employees Benefits Board (PEBB) Program, and, beginning in 2020, the School Employees Benefits Board (SEBB) Program. Our agency is committed to whole person care, integrating physical health and behavioral health services for better results and healthier residents. As the largest health care purchaser in the state, we lead the effort to transform health care, helping ensure Washington residents have access to better health and better care at a lower cost."

This position is located within HCA's Financial Services Division (FSD), which in collaboration with other HCA divisions and a variety of external stakeholders and legislative partners, provides strategic financial expertise for the Medical Assistance (MA), Community Behavioral Health (CBH), PEBB and SEBB programs. In addition, FSD oversees the budget and compliance functions necessary to manage and monitor a \$12 billion annual budget.

What you will do:

The Clinic Finance unit has overall responsibility for administering funds and reimbursement policy for the Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) programs. FQHCs and RHCs receive enhanced reimbursement in return for serving medically underserved areas and clients. Currently, there are approximately 25 FQHCs and 120 RHCs. As a subject matter expert, this position is responsible for overseeing managed care reimbursement policies for programs with statewide impact. These responsibilities include writing policies and procedures for a variety of audiences; providing guidance related to Medicaid business requirements for eligibility and other payment system changes; interpreting and implementing complex federal regulations regarding the FQHC and RHC programs; developing, drafting, and implementing all policies and payment methodologies related to FQHC and RHC managed care services; educating and serving as a resource to large, diverse, complex provider groups regarding technical federal requirements, complex financial reports, and actuarially sound payment methodologies; coordinating with federal administrations, actuaries, and provider organizations for policy formulation and reimbursement development for these statewide programs; and understanding the payment process for fee-for-service and managed care services provided by FQHCs and RHCs.

The ideal candidate will have strong interpersonal and organizational skills with an ability to work both collaboratively and independently.

Some of the tasks this position will perform:

Serves as the professional-level manager for the Rural Health Clinics policy and reimbursement programs.

Provides guidance to providers that are subject to state and federal regulatory authority regarding compliance with billing, reporting, payments, and all other applicable requirements.

Rate setting for RHC program (serves as back up to FQHC program).

Interpretation and implementation of complex state and federal regulations regarding the RHC program and preparation of complex financial analyses that support executive-level decisions.

Represents HCA in researching and re-setting RHC encounter rates and informing RHCs of the rate changes.

Ensures that rates are submitted appropriately to the payment system in a timely manner
Reviews complex financial cost reports and allowable versus non-allowable costs for determining RHC reimbursement rates.

Oversees annual managed care reconciliation activities for RHCs.

Coordination of at least yearly managed care reconciliation functions for RHC programs, including overseeing the Agreed Upon Procedures (AUP) method of reconciliation for RHCs and analyzing managed care data to confirm the reconciliation results.

Conduct annual managed care reconciliations for RHCs and MCOs using the managed care encounter data, in instances where the AUP method is not applicable.

Assures that reconciliation activities are in compliance with state and federal regulations.

What we have to offer you:

Meaningful work with friendly co-workers who care about those we serve.

A clear agency mission that drives our work and is person-centered.

A safe, pleasant workplace in a convenient location with restaurants, and shopping nearby.

A great total compensation and benefit package.

A healthy work/life balance, including alternative/flexible schedules and mobile work options.

And we can't forget.....Free parking.

Required Education, and Experience

Bachelor's degree in Business or Public Administration, or a closely related field.

AND

Three years of research or consultative experience in health services, health insurance, health care, social service or Medicaid programs.

Desired Education, Experience, and Competencies

Experience with ProviderOne system desired.

Knowledge of medical terminology and provider specialties.

Knowledge of Medicaid and Medicare payment policies.

Knowledge of HCA's Physician-Related Services Billing Instructions and relevant WACs, in addition to familiarity with reimbursement methodologies for services provided by physicians and other healthcare professionals.

Knowledge of federal Medicaid and Medicare statute (USC) codes (CFR), Medicaid State Plan, state laws (RCW), and regulations (WAC) that pertain to reimbursement and qualifications for Medicaid reimbursement.

Knowledge of federal FQHC and RHC reimbursement systems and health economics, and a well-developed sense of social and fiscal considerations essential to crafting good public policy.

How to Apply:

To apply for this position you will need to complete your profile on careers.wa.gov, and attach the following items:

A current state application profile using careers.wa.gov

A letter of interest with specific language on why you are interested in the position. No more than two pages in length.

A current resume that is no more than two pages in length.

A list of contact information for three professional references, including at a minimum one current or previous supervisor.

If you have questions about the process, or need reasonable accommodation, please contact Sidra Fields, before the posting closes. The candidate pool certified for this recruitment may be used to fill future similar vacancies for up to the next six months.

Washington State is an equal opportunity employer. Persons with disabilities needing assistance in the application process, or those needing this job announcement in an alternative format may call the Human Resources Office at 360.725.0945 or email Sidra.Fields@hca.wa.gov

* Prior to a new hire, a background check including criminal record history will be conducted. Information from the background check will not necessarily preclude employment but will be considered in determining the applicant's suitability and competence to perform in the position. *

