

Medicaid Industry Jobs Hunter 12/16/19



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Medicaid Jobs Hunter

In this packet....

1. Care Manager in San Diego, CA at Beacon Health Options
2. Behavioral Health Utilization Manager/ RN | Community Health Choice
3. Eligibility Analyst, Traditional Medicaid & Hoosier Care Connect Job in Indianapolis, IN at State of Indiana
4. Business Development Representative | TripSpark Technologies
5. Director Medicaid Plan Marketing | Anthem, Inc.
6. Child Advocate at Centene Corporation
7. Medicaid Health Systems Administrator 2 | Vprecruiter
8. Sr. Application Developer | TripSpark Technologies
9. USAJOBS - Job Announcement
10. Senior Manager, Business Development (USA, Remote Opportunity)

Care Manager in San Diego, CA at Beacon Health Options

Care Manager in San Diego, CA at Beacon Health Options

Date Posted: 12/16/2019

Job Snapshot

Job Description

We Help People Live their Lives to the Fullest Potential!

For more than 30 years, Beacon has changed the way people live with behavioral health conditions. Today, we are the undisputed leader in behavioral health management, serving 40 million people across all 50 states. At Beacon, we are committed to delivering a 'world-class' candidate experience from the moment you click 'Apply'! Our goal is to help you reach

your fullest potential, while utilizing your talents and expertise to help us deliver on our promise.

Do you have a passion for helping others? If so, we are looking for you!

Beacon is currently seeking a **Care Manager** a highly organized and compassionate professional to join our team at our San Diego, CA.

The Care Manager is the health professional (Psychiatric RN or other independently licensed Behavioral Health Clinician) for the Dual Eligible program responsible for the coordination of integrated, seamless and person-centered service in support of members who are dually eligible under Medicare and Medicaid programs.

The Care Manager provides holistic assessment and care, as well as complex care planning and management services.

The Care Manager will coordinate among all Interdisciplinary Care Team (ICT) members to develop the Individualized Care Plan (ICP) and oversee ICP implementation by the Care Coordinator. S/he is available to the health plan and community based Case Management provider agencies for consultation when issues with regard to behavioral health management or treatment arise.

The Care Manager provides clinical oversight for Care Coordinators, Community Health Workers and other paraprofessional staff responsible for implementing the Individualized Care Plan (ICP). Additionally the Care Manager is responsible for authorization of services and coordination of care with any contracted community based Case Management agency when appropriate.

The Care Manager remains current in Case Management Society of America (CMSA) evidence based protocols, as well as the care management requirements and responsibilities of the dual demonstration project.

What does a typical day look like?

1. Facilitate clinical policies implementation and maintenance, assess training and development needs for, and identify clinical resources and tools to improve program effectiveness and quality. S/He will be responsible for maintaining accurate information in Beacon's and the Health Plan's clinical documentation systems as directed;
2. Work collaboratively to coordinate a supportive environment and clear communication;
3. Provide coaching to Care Coordinators and Service Coordinators related to clinical decisions and outcomes;

4. Identify, assess, and holistically manage complex behavioral health cases for those members who are in the dual eligible program as appropriate;
5. Provide individualized person-centered support to members. Provide health coaching and wellness education as appropriate;
6. Develop or oversee the ICP for each member in collaboration with all team members, adhering to timelines and including assessment of health needs, individualized care management plans, implementation, monitoring and evaluation of care outcomes;
7. Collaborate with Primary Care Physician (PCP), Behavioral Health Professionals (BHP), and other members of the health care team, Health Plan Medical Care Managers, consumer advocates, Pharmacy, and others to arrange and coordinate services for the member to help member reach their highest level of functioning and optimize the member's ability to engage in the appropriate plan of care;
8. When delegated, oversee activities associated with member welcome and orientation. Ensure that initial member assessment and annual updates are completed and documented;
9. Assess caseloads and modify as needed;
10. Utilize the evidence based guides to identify problem areas;
11. Collaborate with health plan medical lead when problems are identified;
12. Collaborate with the Care Coordinator to update ICP as necessary;
13. Authorize medically necessary services in ICP;
14. Review medications at time of care transition;
15. Complete the Beacon or Health Plan Health Risk Assessment (HRA) ongoing assessments per contractual agreement with the health plan;
16. Manage and coordinate care. May conduct in-home assessments of barriers to health condition management, and conduct facility visits to meet members receiving in-patient behavioral health care to assist with discharge planning and engagement activities;

What you Contribute?

Education: Either Master's level in a behavioral health discipline: social work, counseling, psychology or ADN or higher

Licensure:

Unrestricted CA clinical license (LCSW, LPCC, LMFT, RN, PsyD, or PhD)

Minimum 3 years Behavioral Health or Community Services required

Call Center, Customer Service experience a plus

Knowledge, Skills & Abilities:

Other duties as assigned.

Strong interpersonal skills and good written and verbal communication skills.

Proficient computer skills required, including working knowledge of MS Office: Word, Excel, and PowerPoint.

What Makes Us Different?

Here, it's not just a job – it's an opportunity to change lives.

Our employees are learners, innovators and original thinkers.

Our mission and values guide the way we treat our members, providers and each other.

What We Have to Offer:

Healthcare benefits available starting day 1!

Health & wellbeing incentives, such as gym membership reimbursement

401K with company match to help reach your future financial goals

Generous PTO, because we know life happens outside of work

Tuition reimbursement so you can keep reaching your fullest potential

**If Beacon sounds like the place for you, what are you waiting for?
Apply with us today to get started!**

Beacon Health Options is proud to be an Equal Opportunity and Affirmative Action Employer as well as a Drug Free and Tobacco Free Work Environment. EOE/AA/M/F/Veterans/Disabled

At Beacon Health Options, our candidate's data privacy is a top priority. Our recruiting team conducts all communications using official company email (@BeaconHealthOptions.com). Only candidates who have applied for an open position through our Careers page (careers.beaconhealthoptions.com) will be engaged in our interview process. Beacon conducts all interviews in person or over the phone. At no time during the recruiting process will any Beacon recruiter request any financial or personally identifiable information from you.

#CB

#GD

#LI-7CF1

PM16

Behavioral Health Utilization Manager/ RN | Community Health Choice

Source URL: https://jobs.harrishealth.org/behavioral-health-utilization-manager-rn/job/11594212?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Behavioral Health Utilization Manager/ RN

Job Description

	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-

	<p>quality health care they need and deserve.</p> <p>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.</p>
	<p>Job Profile</p>
	<p>Behavioral Health Utilization Manager will perform concurrent and discharge reviews on assigned patients. Applies approved criteria for justification of admission and continued stay in the appropriate level of care. Notifies Medical Director regarding the review of medical records submitted by providers for peer to peer reviews.</p>

Utilizes nationally recognized evidenced based clinical criteria, approved medical guidelines, and company policies. Provides timely responses of the outcome to the provider based on State policy. Assists in the ongoing development and maintenance of a database for tracking, trending and reporting of cases.

QUALIFICATIONS:

- Bachelor's degree in Nursing, preferred.
- Current state Registered Nurse License.
- Two (2) years experience in an acute psychiatric care setting.
- Two (2) years experience in utilization and appeal review in a managed care environment with Medicaid and Medicare members.

OTHER SKILLS:

- MS Word, MS Excel, Outlook

	<ul style="list-style-type: none"> • Above Average Verbal (Heavy Public Contact) • Writing /Composing Yes (Correspondence / Reports) • Analytical • Medical Terminology • Research • Able to work independently under general instructions and working within a team environment, Able to apply the appeal and medical necessity criteria and use critical thinking
	Benefits and EEOC
	<p>Community employees' benefits are provided by Harris Health. These benefits are designed to provide you with flexibility and choices in meeting your specific needs.</p> <p>Community is an Equal Opportunity Employer.</p>
	Job Category
	All Jobs

Application Instructions

Please click on the link below to apply for this position. A new window will open and direct you to apply at our corporate careers page. We look forward to hearing from you!

[Apply Online](#)

[Click Here to](#)

[Apply Online](#)

[View Map](#)

Posted: 12/16/2019

Job Status: Full Time

Job Reference #: 147858

Eligibility Analyst, Traditional Medicaid & Hoosier Care Connect Job in Indianapolis, IN at State of Indiana

Source URL: https://www.ziprecruiter.com/c/State-of-Indiana/Job/Eligibility-Analyst,-Traditional-Medicaid-&-Hoosier-Care-Connect/-in-Indianapolis,IN?jid=DO1eda5d37e1b59f9b604071ad0d5e8643&utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Eligibility Analyst, Traditional Medicaid & Hoosier Care Connect

State of Indiana Indianapolis, IN

Posted: December 16, 2019

Full-Time

Work for Indiana

Grow your career with the State of Indiana! With more than 50

executive branch agencies, the State of Indiana is a diverse workforce offering employees stimulating and challenging projects across a broad scope of career opportunities. As a State of Indiana employee, you impact the well-being of Indiana's communities every day.

About the job:

The Office of Medicaid Policy and Planning functions as a division within the Family and Social Services Administration, which receives around 13 percent of the state's budget to ensure vital healthcare coverage for approximately 1 in 5 Hoosiers. The role of this position is to function as an expert on Medicaid, HIP, and CHIP eligibility policy for the children, families, and pregnant women categories, and to provide technical assistance and policy guidance to staff in the DFR.

Summary/Objective:

The Policy/Procedure Analyst is responsible for analyzing agency policy and procedures to facilitate efficient and effective service delivery and eliminate duplication of program services.

Essential Job Responsibilities:

The essential functions of this role are as follows:

- Provide policy guidance to eligibility workers on case-specific questions via the Policy Answer Line (PAL) utilizing state and federal laws and regulations governing eligibility;
- Complete second party reviews of Help Desk responses, analyzing the need for a Program Change Request;
- Recognize patterns of similar PAL issues and escalate to Eligibility Manager as appropriate for suggested worker training or systematic changes via a Program Change or Steering Request;
- Review the Program Policy Manual regularly for compliance with regulations and for readability of content; suggest and implement improvements and clarifications with management approval;
- Conduct research as directed into policy/procedure questions and concerns from various sources and respond in a timely manner with the appropriate resolution;
- Develop and maintain expert knowledge of eligibility policies and areas that affect eligibility determination, particularly in the areas of treatment of resources, spousal impoverishment (MCCA), disability processing, and Medicaid for various special populations such as those residing in a nursing facility or receiving Home and Community Based Waiver services;
- Review new training materials thoroughly for compliance and clarity;
- Work cooperatively with the Office of General Counsel on legal

- review of submitted documents;
- Complete special projects and other duties as assigned by supervisor;
- Represent Eligibility Policy as an active participant in meetings with partners and stakeholders;
- Establish cooperative working relationship within other sections of OMPP and FSSA;
- Work with state partners to research and resolve issues with the transition from managed care to traditional Medicaid.

The job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee. Other duties, responsibilities and activities may change or be assigned at any time.

Preferred Experience:

Bachelor's Degree in a related field is required.

Requirements:

- Extensive knowledge of all source materials and references, including Federal and state laws governing Medicaid Eligibility;
- Must be analytical with keen ability to focus on detail;
- Ability to analyze and predict effects of program changes on actual work operations of a group;
- Ability to resolve eligibility issues with professionalism;
- Ability to prioritize, analyze, interpret technical and legal material, and make recommendations on implementation;
- Ability to use standard computer word processing, spreadsheet and data base programs as needed for research and analysis;
- Ability to synthesize content from several sources into easily understandable ideas, using language and details tailored to different audiences (members, caseworkers with various levels of experience, colleagues, management, and others);
- Ability to review technical documents and work instructions critically and offer constructive criticism when warranted;
- Excellent oral and written communication skills.

Supervisory Responsibilities/Direct Reports:

This role does not provide direct supervision to direct reports.

Hire Salary: The annual minimum starting salary for this position is \$ 37,778.00.

Benefits of Employment with the State of Indiana:

The State of Indiana offers a comprehensive benefit package for full-time employees which includes:

- Four (4) medical plan options (including RX coverage) and vision/dental coverages
- Wellness program (offers eligibility into a discounted medical plan)
- Health savings account (includes bi-weekly state contribution)
- Deferred compensation account (similar to 401k plan) with employer match
- Two (2) fully-funded pension plan options
- Group life insurance
- Employee assistance program that allows for covered behavioral health visits
- Paid vacation, personal and sick time off
- Competitive leave policies covering a variety of employee needs
- 12 company paid holidays, 14 on election years
- Qualified employer for the Public Service Loan Forgiveness Program
- New Parent Leave
- Free Downtown Parking

If this is an Intermittent position, the position does not offer benefits and is limited to 180 working days in an eleven (11) month continuous period.

Equal Employment Opportunity:

The State of Indiana is an Equal Opportunity Employer

State of Indiana

Address

Indianapolis, IN

USA

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Business Development Representative | TripSpark Technologies

Source URL: https://volarisgroup.wd3.myworkdayjobs.com/en-US/TripSpark/job/Canada---Mississauga/Business-Development-Representative_R22438

Business Development Representative

Your new career adventure starts here!

Job Summary:

The Business Development Representative is responsible for promoting our technology, products and services, establishing customer relationships and providing qualified, motivated leads to the Sales teams. As a key member of the sales team, the successful candidate will have a keen interest in technology and will develop in-depth knowledge of the company's solutions and competition. We are looking for an energetic, polished individual with exceptional communication skills and a talent for relationship building. The successful candidate will gain expertise in accurately capturing and qualifying leads, effectively managing a sales pipeline, and achieving quarterly revenue targets. The role of Business Development Representative provides a challenging career opportunity as well as career advancement within TripSpark Technologies.

Job Description:

Join our dynamic sales team! If you inquisitive, driven and a great problem solver, then we want you!!

The **Business Development Representative** is responsible for promoting our technology, products and services, establishing customer relationships and providing qualified, motivated leads to the Sales teams. As a key member of the sales team, the successful candidate will have a keen interest in technology and will develop in-depth knowledge of the company's solutions and competition. We are looking for an energetic, polished individual with exceptional communication skills and a talent for relationship building particularly with extensive

outbound experience and experience with qualifying inbound leads as well. The successful candidate will gain expertise in accurately capturing and qualifying leads, effectively managing a sales pipeline, and achieving quarterly revenue targets. The role of Business Development Representative provides a challenging career opportunity as well as career advancement within TripSpark Technologies.

Job Details:

This position is responsible for identifying, sourcing, and discovering new lead opportunities that could benefit from TripSpark's software. As the first line of contact, you will be responsible for understanding the needs and challenges of the potential customer, speaking to the functionality and value of our solutions, and facilitating a demonstration with one of our Account Managers.

In this role, you are provided with adequate inbound leads and ample resources to achieve your sales objectives. However, an extensive focus of the role will be outbound driven, you will need to be comfortable with the hunting mentality of sourcing new opportunities. You are also encouraged to find innovative and creative ways to connect with our target customers and further develop brand awareness. You will function as the first line of contact with prospective clients and try to get the most of our leads.

Moreover, you are part of a dynamic sales and marketing team that meets regularly to share new ideas and recent success stories, discuss obstacles, and to ensure that everyone is driving towards the same goals.

Key Skills and Experience

Ideally, you've been in a B2B Sales role for 2 Years and are comfortable leveraging technology to achieve your sales quotas. You have refined telephone sales skills and have been a top performer at previous organizations. You possess a solid work ethic and a 'do whatever it takes' attitude when achieving your goals.

This is an opportunity for someone who wants to further their career in the software industry, and who would like to move into an Outside Sales role in the future.

Why TripSpark?

We offer a competitive salary, performance & company-based bonus plan as well as full benefits beginning on your first day.

Most importantly, this is a chance for you to take your business development skills to the next level. If you want to hone your technology and sales skills to be able to move into an Account Management role dealing with high profile customers and large ticket solutions, TripSpark will make that happen!

Worker Type:

Regular

Number of Openings Available:

1

Director Medicaid Plan Marketing | Anthem, Inc.

Source URL: https://www.linkedin.com/jobs/view/director-medicaid-plan-marketing-ps31233-at-anthem-inc-1645238238/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Director Medicaid Plan Marketing PS31233

Company Name [Anthem, Inc.](#)

Company Location Glendale, CA, US

New
Posted Date
Posted 12 hours ago
Number of applicants
Be among the first 25 applicants

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Facebook Badge

Your innovation. Our impact. At Anthem, Inc., it's a powerful combination, and the foundation upon which we're creating greater access to care for our members, greater health for our communities, and greater experiences for our customers. Innovation is a top priority. Here, you'll have an opportunity to work in a collaborative environment that brings together industry leaders and technology experts, so together we can drive the future of health care.

This is an exceptional opportunity to create solutions and programs that can truly make a difference at one of America's leading health benefits companies and a Fortune Top 50 Company.

The Director Medicaid Plan Marketing is responsible for integrating strategies that increase membership through alternative sources, such as faith based marketing and circle of life initiatives. This leader will execute on growth and rebid strategy. This role's responsibilities include oversight of member retention and acquisition partnership with provider strategy & care strategy. Increasing brand recognition and awareness for Anthem CA Medicaid.

This leader will align across different LOB's to maximize possible press, social media footprint and branding in current and potential markets.

Primary responsibilities:

1. Strategically plans and executes strategies, outreach and education activities for products to extend and increase membership growth and marketing

2. Develops short and long-term strategic directives for the corporation, plans campaigns and programs to meet goals; reviews department performance in relation to established goals, implementing changes to effect improvement or react to a change in the organization or industry.

3. Researches and evaluates trends related to membership growth patterns.

4. Develops, recommends and presents short and long-term outreach strategies; develop projections of estimated usage and cost benefits of services.

5. Prepares presentations regarding marketing and outreach programs for senior management groups.

6. Develops and maintains favorable relationships with key decision-makers and influencers in the community.

7. Develops and recommends department operating budgets; reviews and revises financial reports, and prepares departmental statistics.

8. Directs and coordinates activities of the marketing operation in accomplishing corporate outreach activities, and periodically evaluates and reports results.

9. Ensure compliance with state and municipal laws, rules, and guidelines for marketing and outreach; organizes and directs training and orientation for all associates.

10. Develops, approves and/or secures approval of objectives, policies and programs for corporate marketing activities, and evaluates and reports results.

11. Directs outreach planning and activities, which includes maintaining favorable relations with members, analysis of competitive products and outreach techniques, consumer research, marketing legislation, outreach budget and goals.

12. Makes recommendations to appropriate functions to achieve product modifications or improvements derived from market research, technical service work or Marketing feedback.

13. Identifies and implements activities/services that promote member attendance and participation, member retention and growth, member health education and promotion.

14. Develops education materials which address the cultural and educational diversity of membership.

15. In partnership with Marketing Communications, responsible for identifying appropriate media opportunities and developing media relationships to assist in developing brand recognition.

16. Participates in appropriate Board(s) and or committee(s) which will assist in the development of brand recognition.

17. Other duties as requested or assigned.

Desired Skills and Experience

Bachelors Degree in Marketing, Business Administration or similar field required.

Preferred: Masters Degree in Business, Health Care Administration or a similar field preferred. 10 years of sales, marketing or healthcare experience. 5 years of experience in a supervisory level. Proven track record of designing, developing and managing sales, marketing, and community relations functions. Knowledge of Protocols and Process Regulations.

An Equal Opportunity Employer/Disability/Veteran

Seniority Level

Director

Industry

- Hospital & Health Care

Employment Type

Full-time

Job Functions

- Marketing
- Sales

Child Advocate at Centene Corporation

Source URL: https://jobs.centene.com/job/new-york/child-advocate/17169/14534737?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic#job-content

Child Advocate

Rego Park, New York [Apply Now](#) **Job ID** 1170796 **Category** Medical Management **Organization** Fidelis Care **Schedule** Full-time

Description:

Position Purpose: The Child Advocate provides administrative and clinical linkage support for Children's Medicaid Managed Care members, caregivers/legal guardians and families. The Child Advocate provides front-line response to members and providers requesting information on or access to State Plan and Children's Home and Community Based services. The position facilitates access, for clinical case management staff, to non-emergency care and triage requests as well as urgent and emergency care requests.

Coordination and Documentation: Coordinates services and care related to Children's Medicaid Managed Care members, including scheduling appointments for Members, arranging transportation to appointments when necessary, obtaining health records from providers, identifying and securing providers for the Members, obtaining and documenting authorization information, placing appointment reminder and follow-up calls. Complete all required and related paperwork and documentation in information systems/ electronic record (i.e.

authorizations, securing provider assignments, etc.)

Engagement: Engages with members, families and providers to provide support for case management efforts and treatment needs.

Data Input and Retrieval: Utilize computer systems in order to input orders, data, authorizations, access records and retrieve pertinent information when necessary.

Troubleshooting Customer Problems: Clarify the member's complaint; determine the cause of the problem; select and explain the best solution to solve the problem and expedite correction or adjustment; follow up to ensure resolution.

Computer Literacy: Transcribe, format, input, and edit information or data in order to generate letters, documents, spreadsheets, and authorizations. Proficient with Microsoft Office.

Spreadsheets: Create spreadsheets with appropriate data in order to provide others with required operational reports.

Care Coordination - : Liaison to providers and care team regarding care processes. Problem solving of non-urgent, low-risk clinical issues. Assures timely access to clinical staff for triage and resolution of more pressing clinical issues

Care Management & Utilization Management Documentation: Complete documentation of care management support activities and creation and processing of prospective Utilization Management requests

Care Management support: Routine contact with members, providers, and Health Homes to facilitate referrals and follow through on services based on care plan, as directed by Care Manager.; Complete related documentation of support activities.

Children's Medicaid Managed Care: Alert department of any suspected fraudulent activity. Authorizations and closing of cases.

Children's Medicaid Managed Care work directly with identified case load as part of a collaborative team including Care Managers engaged with the same caseload. Identify work through standard reports, generate relevant letters, and follow up phone calls and member engagement, and other requirements.

Other duties as required: Job performance requires fulfilling other incidental or related duties as assigned, assisting and training others, and performing duties of higher rated positions from time to time for developmental purposes.

Qualifications:

Education/Experience: Bachelor's degree required. 1-2 Years Managed Care/Behavioral Health Insurance Experience. Minimum 1 Year Customer Service Experience: Ensure timely and professional interactions with customers. Good working knowledge of family-driven, youth guided, trauma informed Behavioral Health services preferred. Good working knowledge managed care insurance concepts and regulations preferred. 1 to 2 years related customer service experience required.

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

[Apply Now](#)

Medicaid Health Systems Administrator 2 | Vprecruiter

Source URL: https://www.linkedin.com/jobs/view/medicaid-health-systems-administrator-2-at-vprecruiter-1649405318/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Medicaid Health Systems Administrator 2

Company Name **Vprecruiter** Company
Location Columbus, OH, US

Posted Date Posted 1 day ago
Number of applicants Be among the first 25 applicants

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Job Details

Primary Location: United States of America-OHIO-Franklin County

Work Locations: Lazarus 5 50 West Town Street Columbus 43215

Organization: Ohio Department of Medicaid

Classified Indicator: Unclassified

Bargaining Unit / Exempt: Exempt

Schedule: Full-time

Work Hours: 8:00AM - 5:00PM

Compensation: \$34.89/hour

Unposting Date: Dec 29, 2019, 10:59:00 PM

Job Function: Health Administration

Agency Contact Name: ODM Human Resources

Agency Contact Information: HumanResources@medicaid.ohio.gov

Medicaid Health Systems Administrator 2

(190007CZ)

Job Duties

UNLESS REQUIRED BY LEGISLATION OR UNION CONTRACT,
STARTING SALARY WILL BE SET AT STEP 1 OF THE PAY RANGE

Office: Strategic Initiatives

Working Title: Comprehensive Primary Care Program Manager (PN 20097166)

Job Preview

The Ohio Department of Medicaid (ODM) is seeking an experienced healthcare administrator to manage all aspects of ODM's Comprehensive Primary Care (CPC) program. As the CPC Program Manager, your responsibilities will include:

managing annual rule and state plan amendment updates

aligning the CPC program with federal and state priorities and requirements

overseeing the updating of outcome measures and provider requirements annually

collaborating regularly with ODM staff, vendors, managed care plans and providers regarding the CPC program

overseeing CPC program reporting, payments, data issues, outcomes and policies

determining how the CPC program interfaces with other ODM programs

insuring timely and accurate provider communications regarding the CPC program

The preferred candidate will be detail-oriented, a skilled collaborator and display great organizational abilities.

Job Description

Under general direction, serves as agency manager of Medicaid program and/or initiatives that impact multiple components within one bureau of the Ohio Department of Medicaid (ODM) (e.g., develops program rules, policies and procedures and prepares draft legislative language impacting service delivery with one bureau, conducts high-level analysis of proposed legislation, prepares proposals and recommendations and directs internal and external work teams): develops, implements, and manages Ohio Department of Medicaid

(ODM) Comprehensive Primary Care (CPC) efforts; plans, directs, coordinates and evaluates all activities related to operation of ODM patient centered medical home; coordinates cross-agency team (e.g. Clinical Operation, Fiscal, Managed Care, Legal, Policy staff) to evaluate, set, and refresh program requirements (e.g., activity requirement, clinical quality metric, and efficiency thresholding); manages quarterly attribution of Medicaid members; manages distribution of quarterly per member per month payments and annual total cost of care shared savings payments; manages data analysis related to impact of CPC efforts (e.g., cost, utilization, quality); coordinates with other Payment Innovation Center staff and crossagency teams, in evaluating financial, programmatic and legal feasibility of emerging approaches; monitors other state, federal and commercial initiatives related to CPC efforts and similar initiatives [e.g. Comprehensive Primary Care Plus (CPC+)] and ongoing, emerging initiatives (e.g., oncology care model); develops and implements policies on behalf of agency leadership; acts as liaison with providers and payers as related to Ohio CPC.

Acts as liaison with and responds to inquiries and contacts from various stakeholders including agency personnel and/or state and federal officials, health and hospital systems; oversees policy analysis related to existing CPC efforts and development of new approaches, including fiscal impact; plans, manages and monitors rule development and required state plan amendments; coordinates agency representation on national committees and organizations [e.g. Learning and Action Network (LAN), Catalyst for Payment Reform (CPR)]; provides technical assistance and policy guidance to ODM staff including the ODM Director and other agency senior staff; reviews and communicates impact of federal initiatives on existing and future payment innovation efforts (e.g., impact of Medicare Access and CHIP Reauthorization Act (MACRA), Merit-based Incentive Payment System (MIPS) Advanced Alternative Payment Models (APMs) and other incentive-based programs; analyzes emerging initiatives (e.g., Medicare-Medicaid Accountable Care Organizations, Accountable Health Communities program); analyzes best practices applicable to ODM; directs, convenes &/or participates on teams to address program issues.

Advises deputy director regarding various issues and problems; testifies at legislative or public hearings and/or administrative appeals; prepares and delivers speeches and presentations; develops and/or assists in developing budget; develops and/or assists in preparation of federally required administrative reports.

Performs other duties as assigned (e.g., attends staff meetings &/or training sessions; travels to meeting sites & conferences; operates personal computer & applicable software to create, store, retrieve correspondence &/or reports; maintains records, logs & files).

Qualifications

Completion of graduate core program in business, management or public administration, public health, health administration, social or behavioral science or public finance; 24 mos. exp. in planning & administering health services program or health services project management (e.g., health care data analysis, health services contract management, health care market & financial expertise; health services program communication; health services budget development, HMO & hospital rate development, health services eligibility, health services data analysis).

Or 24 months experience as a Medicaid Health Systems Administrator 1, 65295.

Note: education & experience is to be commensurate with approved position description on file.

- Or equivalent of Minimum Class Qualifications for Employment noted above.

Knowledge of social or behavioral science; business or public administration and management practices; health care federal & state laws & regulations; public medical assistance programs; agency policies & procedures; health care statistics, terminology & methods; purchasing & payment practices of health care services; comprehensive health planning; public budgeting & finance; public relations; employee training & development; supervisory principles & techniques. Skill in operating personal computer & applicable software applications. Ability to analyze & apply multiple factors & present findings & conclusions; read & comprehend clinical records; determine appropriate level of health care; determine accuracy of clinical assessments & data; assess & monitor quality assurance & corrective action plans; prepare & oversee comprehensive & technical reports; interpret social welfare information & technical materials in books, journals & manuals; handle sensitive contacts & inquires from public, consumers, providers & government officials in person, via telephone &/or written correspondence.

Demonstrated competence in the following: developing self, adapting for impact, continuously improving quality, focusing on customers, acting with integrity, building productive relationships, developing staff & others, fostering team development, directing & measuring work, informing, managing priorities, making effective decisions, valuing cultural diversity, managing projects, leveraging organizational resources, demonstrating intellectual capacity, &/or thinking strategically, managing change, navigating organizational politics, cultivating vision & purpose, innovating, solving problems, & acting decisively.

(*) Developed after employment.

Supplemental Information

THIS POSITION IS UNCLASSIFIED PER 124.11(A)(9), OHIO REVISED CODE.

TRAVEL REQUIRED, AS NEEDED. MUST PROVIDE OWN TRANSPORTATION. OR, IN ORDER TO OPERATE A STATE VEHICLE, YOU MUST HAVE A VALID DRIVER'S LICENSE FROM STATE OF RESIDENCE.

THIS POSITION IS OVERTIME EXEMPT.

All answers to the supplemental questions must be supported by the work experience/education provided on your civil service application.

NOTE: Attachments to your application are no longer accepted. Please be sure to provide detail in the job duty section of the application.

Background Check Information

The final candidate selected for this position will be required to undergo a criminal background check. Criminal convictions do not

necessarily preclude an applicant from consideration for a position. An individual assessment of an applicant's prior criminal convictions will be made before excluding an applicant from consideration.

Sr. Application Developer | TripSpark Technologies

Source URL: https://volarisgroup.wd3.myworkdayjobs.com/en-US/TripSpark/job/Canada---Mississauga/Application-Developer_R21403

Sr. Application Developer

Your new career adventure starts here!

Job Summary:

The candidate will work on a variety of development tasks in a growing organization and focus on our applications for school transportation.

Job Description:

As a Senior Software Developer at TripSpark Technologies you will:

- Create new features and maintain existing implementations based on business requirement and technical specifications
- Apply principles and methodologies of scrum agile development practices
- Document and test to ensure the quality of the completed work requirement
- Perform code review for other team members who work on the same product
- Maintain regular communication with other team members and stake holders to ensure planning and design are delivered in a timely manner
- Regular consultations with clients concerning software, creating new programs, and testing newly installed programs to verify functionality
- Prioritizes and escalate project issues and concerns appropriately
- Possess good interpersonal skills by working in and promoting a collaborative environment, problem solving in a positive manner, and by being innovative in your approach to resolution of problems
- Adhere to all applicable safety policies. Comply with all company

- policies, procedures and standards
- Keep up with technology and introduce new approaches/best practices to peers

CRITICAL REQUIREMENTS

- Experience with C#/C++ in Windows environment is a must
- Good knowledge and understanding of principles of Object-Oriented Analysis and Design
- Strong SQL and relational database skills (MS SQL)
- Web development with experience in HTML, JavaScript, .NET, and CSS
- Excellent interpersonal & communications skills - comfortable interacting with users at all levels
- 3-5 years' experience minimum, working in a similar capacity

OTHER SKILLS

- Crystal Reports
- Experience with modern front-end frameworks like React, Bootstrap etc.
- Ability to monitor and maintain process reliability
- Ability to produce quality work in a timely manner
- Keen to learn and keep up with new technology
- Knowledge of several programming languages; management, communication, decision-making and critical-thinking skills

Worker Type:

Regular

Number of Openings Available:

0

USAJOBS - Job Announcement

Source URL: https://www.usajobs.gov/GetJob/ViewDetails/554375800?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Supervisory Health Insurance Specialist

Department of Health And Human Services

[Centers for Medicare & Medicaid Services](#)

Center for Clinical Standards and Quality (CCSQ)

[Help](#)

Overview

Open & closing dates

12/16/2019 to 12/30/2019

Service

Competitive

Pay scale & grade

GS 14

Salary

\$117,191 to \$152,352 per year

Appointment type

Permanent

Work schedule

Full-Time

[Help](#)

Location

1 vacancy in the following location:

[Woodlawn, MD](#)

Relocation expenses reimbursed

No

Telework eligible

Yes as determined by agency policy

[Help](#)

This job is open to

Clarification from the agency

Career Transition Assistance Plan Eligibles; OR Current Permanent Career and Career-Conditional Employees in CMS, the Center for Clinical Standards and Quality (CCSQ), in Woodlawn, MD.

[Apply](#)

Announcement number

CMS-CCSQ-20-10675321-IMP

Control number

554375800

Videos

[Help](#)

Duties

Summary

This position is located in the Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), Center for Clinical Standards and Quality (CCSQ), Quality Measurement and Value-Based Incentives Group (QMVIG), Division of Program Measurement Support (DPMS).

As a Supervisory Health Insurance Specialist, GS-0107-14, you will direct staff responsible for the development of Medicare policy, administration of CMS programs, or large CMS administrative support activities.

[Learn more about this agency](#)

Responsibilities

Serve as full Deputy to the Director and as such, share fully in the management of all phases of the work of the organization.

Lead multi-disciplinary teams to conduct and provide leadership for quality measurement, public reporting, and improvement initiatives.

Facilitate collaboration with customers, stakeholders, public groups, and private sector groups in the assessment of quality measures and the dissemination of quality measures.

Provide authoritative technical recommendations to leadership and outside organizations to measure and improve the quality of care for national projects for acute and chronic care settings.

Develop strategies to drive quality improvement in service delivery provided by the Group.

Travel Required

Occasional travel - You may be expected to travel up to 5% for this position.

Supervisory status

Yes

Promotion Potential

14

Job family (Series)

[0107 Health Insurance Administration](#)

[Help](#)

Requirements

Conditions of Employment

You must be a U.S. Citizen or National to apply for this position.
You will be subject to a background and suitability investigation.
Time-in-Grade restrictions apply.

Qualifications

ALL QUALIFICATION REQUIREMENTS MUST BE MET WITHIN 30 DAYS OF THE CLOSING DATE OF THIS ANNOUNCEMENT.

In order to qualify for the GS-14 , you must meet the following: You must demonstrate in your resume at least one year (52 weeks) of qualifying specialized experience equivalent to the GS-13 grade level in the Federal government, obtained in either the private or public sector, to include: 1) Leading the development, maintenance, and tracking quality measures for health care programs (i.e., Medicare, Medicaid, and the Health Insurance Exchanges); **and** 2) Evaluating quality improvement initiatives for health care program administration; **and** 3) Providing technical direction to staff in regards to health care quality

measurement and quality programs.

Experience refers to paid and unpaid experience, including volunteer work done through National Service programs (e.g., Peace Corps, AmeriCorps) and other organizations (e.g., professional; philanthropic; religious; spiritual; community, student, social). Volunteer work helps build critical competencies, knowledge, and skills and can provide valuable training and experience that translates directly to paid employment. You will receive credit for all qualifying experience, including volunteer experience.

Time-in-Grade: To be eligible, current Federal employees must have served at least 52 weeks (one year) at the next lower grade level from the position/grade level(s) to which they are applying.

Click the following link to view the occupational questionnaire:
<https://apply.usastaffing.gov/ViewQuestionnaire/10675321>

Education

This job does not have an education qualification requirement.

Additional information

Bargaining Unit Position: No

Tour of Duty: Flexible

Recruitment/Relocation Incentive: Not Authorized

Financial Disclosure: Not Required

The Interagency Career Transition Assistance Plan (ICTAP) and Career Transition Assistance Plan (CTAP) provide eligible displaced federal employees with selection priority over other candidates for competitive service vacancies. To be qualified you must submit the required documentation and be rated well-qualified for this vacancy. [Click here for a detailed description of the required supporting documents.](#) A well-qualified applicant is one whose knowledge, skills and abilities clearly exceed the minimum qualification requirements of the position. Additional information about ICTAP and CTAP eligibility is on OPM's Career Transition Resources website at

www.opm.gov/rif/employee_guides/career_transition.asp.

Additional Forms REQUIRED Prior to Appointment:

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

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

Standard Form 61, Appointment Affidavits - If selected, the Standard Form 61 will be required at the time of in-processing. [Click here to obtain a copy of the Standard Form 61.](#)

Additional selections may be made from this announcement for similar positions within CMS in the same geographical location. For Central Office vacancies, the "same geographical location" includes Baltimore, Maryland; Bethesda, Maryland; and Washington, D.C.

If you are unable to apply online or need to fax a document you do not have in electronic form, view the following link for information regarding an [Alternate Application](#).

[Read more](#)

How You Will Be Evaluated

You will be evaluated for this job based on how well you meet the qualifications above.

Once the announcement has closed, your online application, resume, and CMS required documents will be used to determine if you meet eligibility and qualification requirements listed on this announcement. If you are found to be among the top qualified candidates, you will be referred to the selecting official for employment consideration. Please

follow all instructions carefully. Errors or omissions may affect your rating.

Your qualifications will be evaluated on the following competencies (knowledge, skills, abilities and other characteristics):

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

[Read more](#)

Background checks and security clearance

Security clearance

[Not Required](#)

Drug test required

No

Position sensitivity and risk

[Moderate Risk \(MR\)](#)

[Help](#)

Required Documents

The following documents are **REQUIRED**:

1. **Resumeshowing relevant experience; cover letter optional: your resume (no longer than 5 pages in length) that clearly demonstrates experience that meets the requirements of this**

position as outlined in the "Qualifications" section. You are highly encouraged to save your resume to a PDF document and upload the PDF document in lieu of submitting your resume created through Resume Builder, or other such programs (i.e., Word, Google Docs, etc.). This helps ensure you meet the 5-page resume limit. Please be aware that if you do submit a resume that is longer than 5 pages, it will be accepted; however, any information beyond the first 5 pages will NOT be reviewed. 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:

<https://www.usajobs.gov/Help/faq/application/documents/resume/what-to-include/>

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

Current CMS employees are REQUIRED to submit a copy of their most recent Notification of Personnel Action (SF-50) at the time of application. Additional documents may also be required to be considered for this vacancy announcement. [Click here for a detailed description of the required documents](#). Failure to provide the required documentation WILL result in an ineligible rating OR non-consideration.

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

[Help](#)

Benefits

A career with the U.S. Government provides employees with a

comprehensive benefits package. As a federal employee, you and your family will have access to a range of benefits that are designed to make your federal career very rewarding. [Learn more about federal benefits.](#)

[Review our benefits](#)

Eligibility for benefits depends on the type of position you hold and whether your position is full-time, part-time, or intermittent. Contact the hiring agency for more information on the specific benefits offered.

[Help](#)

How to Apply

Your complete application package, as described in the "Required Documents" section, must be received by 11:59 PM ET on 12/30/2019 to receive consideration.

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

We strongly encourage applicants to utilize the USAJOBS resume builder in the creation of resumes. Please ensure **EACH** work history includes **ALL** of the following information:

Official Position Title (include series and grade if Federal job)

Duties (be specific in describing your duties)

Employer's name and address

Supervisor name and phone number

Start and end dates including month, day and year (e.g. June 18, 2007 to April 05, 2008)

Full-time or part-time status (include hours worked per week)

Salary

Determining length of general or specialized experience is dependent on the above information and failure to provide ALL of this information WILL result in a finding of ineligible.

To begin, click **Apply** to access the online application. You will need to be logged into your USAJOBS account to apply. If you do not have a USAJOBS account, you will need to create one before beginning the

application.

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

After acknowledging you have reviewed your application package, complete the Include Personal Information section as you deem appropriate and **click to continue with the application process**.

You will be taken to the online application which you must complete in order to apply for the position. Complete the online application, verify the required documentation is included with your application package, and submit the application.

To verify the status of your application, log into your USAJOBS account (<https://my.usajobs.gov/Account/Login>), all of your applications will appear on the Welcome screen. The Application Status will appear along with the date your application was last updated. For information on what each Application Status means, visit:

<https://www.usajobs.gov/Help/how-to/application/status/>.

This agency provides reasonable accommodation to applicants with disabilities. If you need a reasonable accommodation for any part of the application or hiring process, please send an email to Marci.Ephraim@cms.hhs.gov. The decision to grant reasonable accommodation will be made on a case-by-case basis.

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

CMS employees who are currently appointed under Schedule A authority and are interested in applying for this position must submit their resume, Schedule A documentation, transcripts (if positive education required or qualifying through education substitution), and cover letter (optional) to Marci.Ephraim@cms.hhs.gov. You **MUST** include the Job Announcement Number in the subject line of the email

to receive consideration for the position. For additional information regarding Schedule A authority [click here](#).

[Read more](#)

Agency contact information

Marci Ephraim

Email

Marci.Ephraim@cms.hhs.gov

Address

Center for Clinical Standards and Quality

7500 Security Blvd

Woodlawn, MD 21244

US

[Learn more about this agency](#)

Next steps

Once your online application is submitted, you will receive a confirmation notification by email. Your application will be evaluated to determine your eligibility and qualifications for the position. After the evaluation is complete, you will receive another email notification regarding the status of your application.

Within 30 business days of the closing date, 12/30/2019, you may check your status online by logging into your USAJOBS account (<https://my.usajobs.gov/Account/Login>). We will update your status after each key stage in the application process has been completed.

[Read more](#)

Fair & Transparent

The Federal hiring process is setup to be fair and transparent. Please read the following guidance.

Equal Employment Opportunity Policy

The United States Government does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor.

[Equal Employment Opportunity \(EEO\) for federal employees & job applicants](#)

[Read more](#)

Reasonable Accommodation Policy

Federal agencies must provide reasonable accommodation to applicants with disabilities where appropriate. Applicants requiring reasonable accommodation for any part of the application process should follow the instructions in the job opportunity announcement. For any part of the remaining hiring process, applicants should contact the hiring agency directly. Determinations on requests for reasonable accommodation will be made on a case-by-case basis.

A reasonable accommodation is any change to a job, the work environment, or the way things are usually done that enables an individual with a disability to apply for a job, perform job duties or receive equal access to job benefits.

Under the Rehabilitation Act of 1973, federal agencies must provide reasonable accommodations when:

An applicant with a disability needs an accommodation to have an equal opportunity to apply for a job.

An employee with a disability needs an accommodation to perform the essential job duties or to gain access to the workplace.

An employee with a disability needs an accommodation to receive equal access to benefits, such as details, training, and office-sponsored events.

You can request a reasonable accommodation at any time during the application or hiring process or while on the job. Requests are considered on a case-by-case basis.

Learn more about [disability employment and reasonable accommodations](#) or [how to contact an agency](#).

[Read more](#)

Legal and regulatory guidance

Senior Manager, Business Development (USA, Remote Opportunity)

Source URL: https://volarisgroup.wd3.myworkdayjobs.com/en-US/TripSpark/job/United-States---New-York-NY/Industry-Solutions-Consultant--NEMT_R21211

Senior Manager, Business Development (USA, Remote Opportunity)

Your new career adventure starts here!

Job Summary:

Are you an experienced leader in the Non-Emergency Medical Transportation (NEMT) Industry that is looking for a new challenge within a growing company in a fast-paced and exciting market? Want to work for a stable, proven organization whose stock has outperformed Apple (CSU on the TSX) and continues to exceed expectations? Then coming to work for TripSpark Medical may be for you!

As the Senior Manager, Business Development – NEMT, you will play a key role within the leadership team and be responsible for driving our strategy, building relationships and improving our market share in the

NEMT space.

You will have extensive experience within the NEMT industry, either running your own brokerage or working within one in leadership roles, and you have numerous industry relationships that you can leverage to drive growth in TripSpark Medical. You will know how the industry is structured, funded, and organized to deliver NEMT on a state-by-state basis. The Candidate also will have hands-on NEMT operational experience that will enable them to direct providers, brokers and MCOs as to how best to set up, structure and launch their NEMT services.

Reporting to the General Manager, TripSpark Medical, the role of the Senior Manager, Business Development is to ensure that TripSpark is viewed as a thought and market leader in the industry.

Job Description:

THE COMPANY

TripSpark, a Constellation Software Company (CSU;TSX), is an industry-leading people transportation software company with focused Non-Emergency Medical Transportation (NEMT - Medicaid & Medicare medical appointment and seniors transportation) solutions that assist the most vulnerable of our community to live in dignity and in health.

We provide routing and scheduling software to coordinate the transportation needs for health providers, insurance companies, state and government entities as well as private transportation companies. On an average day we positively impact more than 25,000 people.

What you'll love about us:

- We're a dynamic, fast-paced team open to new ideas, love getting creative and trying new things (actually!)
- We are a focused and driven team with the resources to get it done.
- We are in a fast moving, ever-changing, and growing market!
- Flexible working hours, ability to work remotely, benefits from day 1, an education reimbursement program, free snacks and drinks, and more!
- Employee bonus plan

RESPONSIBILITIES

- In conjunction with the leadership team, create and execute on a vision and strategy for TripSpark Medical in the NEMT space
- Using your expertise and industry (market) research, identify and understand market current and future needs and recommend strategies that address them

- Serve as the “bridge” between industry and TripSpark Medical
- Represent TripSpark as an industry and solutions expert for the Non-Emergency Medical Transportation (NEMT) Industry
- Advocate for our solutions to prospective clients, through existing and new relationships formed during the prospecting and sales cycle.
- Speak as a thought leader at industry conferences and webinars in front of large groups of attendees and executives
- Participate as a board member on key industry panels and organizations
- Present our solutions to C-level executives and prospects, and advise on key product suite demonstrations working closely with the sales team
- Work with marketing to create collateral to feed campaigns, trade shows and the web
- Work with the Senior Product Manager, define and validate the product and feature requirements so they meet market needs
- Gather and maintain knowledge of the competition and their respective offerings, developing competitive analysis and understanding key differentiators
- Ensure our value proposition is documented and communicated to sales, highlighting our strengths and our competitors’ weaknesses, and educating sales how to combat our weaknesses against competitors’ strengths
- Provide insight to the sales engineer in creating requirements matrices and RFP responses
- Act as an escalation contact on high priority and sensitive customer issues and projects
- Participate in requirement gathering and scoping trips with the project team
- Perform project management duties for the internal HIPAA compliance team
- Advise deployment with key customers/projects as guidance is needed
- Educate management and employees about the NEMT industry and trends

QUALIFICATIONS

- Extensive experience within the medical and NEMT transportation industry in a leadership role (whether management or technical), including in depth knowledge of how the industry operates and applicable funding sources
- Existing network of relationships formed in the non-emergency medical transportation industry
- Degree/Diploma in Business, Computer Information Systems, or other business/technical degree **OR** Degree/Diploma in a non-technical discipline in combination with direct experience in the

medical transportation management field

- The following are preferred but not mandatory:
 - Prior experience with managing a software product or suite of products
 - Knowledge of transportation or logistics computing software
 - Familiarity with software development life cycle (SDLC), API's, database systems, and high level software architecture
 - Experience with HIPAA and security

JOB REQUIREMENTS

- Travel is required to support customer presentations, marketing efforts, trade shows and internal team meetings. Travel may at times be greater than 40% of your time.
- Ability to effectively time manage, delivering consistently to deadlines
- Strong written and verbal communications skills, including presentation skills
- Strong customer focus
- Strong teamwork skills for cross-group cooperation
- Strong self-motivational drive – able to initiate and manage activities independently
- Ability to perform under pressure
- Ability to multi-task (e.g., handle multiple projects at once)
- Must be able to handle an escalated situation independently without the support of management

Technical aptitude

Worker Type:

Regular

Number of Openings Available:

0