

Medicaid Industry Jobs Hunter 02/10/20



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Medicaid Jobs Hunter

In this packet....

1. Consulting Policy Analyst | KEPRO
2. Market Development & Innovation Advisor (M&A) | CareSource
3. Clinical Medicaid Manager | DXC Technology
4. Senior Medicaid Quality Improvement Professional | Humana
5. Senior Project Consultant - AL02800794 | AlaHealth
6. Director of Managed Care | Merraine Group, Inc.
7. Tribal Option Program Manager | NC Department of Health and Human Services
8. Executive Director of Managed Care Contracting EOGH | Prospect Medical Holdings, Inc.
9. Medicaid Contract Consultant | Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma & Texas
10. Director, Operations | Centene Corporation

Consulting Policy Analyst | KEPRO

Consulting Policy Analyst

Company Name **KEPRO** Company
Location Cheyenne, WY, US

Posted Date Posted 2 months ago
Number of applicants Be among the first 25 applicants

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KEPRO is a rapidly growing national quality improvement and care management organization. We work to ensure that over 20 million people receive the right care, at the right time, in the right setting. KEPRO is seeking resumes for a highly experienced professional.

Disclaimer

We are currently seeking qualified candidates for this position in anticipation of being awarded new business in the very near future.

Qualifications

- Bachelor's degree from an accredited college or university. In lieu of an Associate degree, an additional two (2) years of relevant experience (for a total of twelve (12) years) required.
- Master's degree preferred.

Knowledge, Skills, Abilities

- Detailed knowledge of HIPAA regulations and requirements.
- Knowledge of Medicaid and/or CMS regulations
- Demonstrated knowledge of state policies and processes, an understanding of general business management principles and practices, and financial management.
- Demonstrated experience and knowledge of industry standard and best practices regarding large-scale and enterprise-level projects.
- Extensive knowledge of health care administration, Medicaid and CHIP eligibility or enrollment processes.
- Specific practical experience in their submitted area of expertise.
- Extensive experience in technical writing.

Experience

- At least ten (10) years of experience in analyzing health care policy regulations and reporting to states on potential impacts and providing recommendations.
- At least three (3) years of experience in performing similar services on complex systems-based modern technology or operational systems.

Mental And Physical Requirements

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations will be made as required by law in an attempt to enable an individual with a disability to perform the essential functions of this job. While performing the duties of this job, the employee is regularly required to sit for prolonged periods of time; key and/or control objects; interact extensively with internal and external customers; occasionally lift and/or move objects weighing up to 10 pounds; and occasionally travel within the state.

KEPRO offers challenging careers, excellent benefits and opportunities for advancement. For consideration, please submit resume and cover letter with salary requirements. Only those candidates identified for an interview will be contacted. **No Phone Calls Please.** Visit our website at www.KEPRO.com for more information on the KEPRO Family of Companies.

EOE AA M/F/Vet/Disability

KEPRO is an E-Verify employer. E-Verify is an internet based system operated by the Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA) that allows participating employers to electronically verify the employment eligibility of their newly hired employees in the United States.

Market Development & Innovation Advisor (M&A) | CareSource

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Clinical Medicaid Manager | DXC Technology

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Senior Medicaid Quality Improvement Professional | Humana

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Senior Project Consultant - AL02800794 | AlaHealth

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Director of Managed Care | Merraine Group, Inc.

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Director of Managed Care

Company Name **Merraine Group, Inc.**

Company Location Georgia, GA, US

Posted Date Posted 4 days ago Number of applicants Be among the first 25 applicants

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We have a terrific opportunity for a Director of Managed Care to join a state-of-the-art facility. They have achieved national acclaim for combining clinical expertise with cutting-edge research to advance patient care to the next level.

Position Focus Director of Managed Care

Oversee managed care reimbursement and ensure payment compliance with Medicare and Medicaid Managed Care Products.

Create a managed care strategy inclusive of value-based risk agreements and bundled payment.

Ensure current portfolio of managed care contracts is evaluated using analytics to assess performance and contract compliance.

Provide support to manage and facility staff with Payor prior authorization, billing issues, complex posting, and enrollment relating to contracting.

Organization and Community

Join a nationally acclaimed facility that provides a platform for career growth, innovation, and unparalleled clinical expertise.

Live in a diverse and thriving area offering indoor and outdoor recreational opportunities such as white water rafting, theatre, museums, a lively downtown, and live entertainment close to all the tourist sites and activities.

Requirements Director of Managed Care

A minimum of 5 years' experience in a leadership position within a healthcare setting.

Bachelors' Degree in Healthcare Administration, Business, Finance, or Accounting.

Solid knowledge of managed care strategic planning, contracting, reimbursement.

Will be a proven leader with strong contract negotiation skills.

Seniority Level

Director

Industry

- Health, Wellness & Fitness
- Medical Practice
- Hospital & Health Care

Employment Type

Full-time

Job Functions

- Health Care Provider

Tribal Option Program Manager | NC Department of Health and Human Services

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Tribal Option Program Manager

Company Name **NC Department of Health and Human Services Company**
Location **Wake County, North Carolina, United States**

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

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The Tribal Option Program Manager is responsible for managing the business and technology implementation and ongoing oversight of the Eastern Band of Cherokee Indians (EBCI) Tribal Option program. The EBCI Tribal Option will be an Indian Managed Care Entity (IMCE) that will serve federally-recognized tribal members and their families, primarily in the western part of North Carolina. The Division of Health Benefits will contract with the Cherokee Indian Hospital Authority (CIHA) to manage the EBCI Tribal Option, which will operate as a primary care case management (PCCM) entity. The EBCI Tribal Option is targeted to go live in July 2021. This position will have both pre-launch and post launch job responsibilities.

Job Specific Responsibilities

- Serve as the Business Lead for the EBCI Tribal Option project and be accountable for all aspects of EBCI Tribal Option project management, implementation, and oversight
- Work across DHB business areas and other partners to implement EBCI Tribal Option business and technology processes
- Develop and maintain business requirements documents for EBCI Tribal Option
- Oversee EBCI Tribal Option PCCM contract responsibilities
- Work with the DHB quality team to develop measures and oversee quality improvement activities for Tribal Option members
- Collaborate with DHB and federal partners to obtain authority to implement EBCI Tribal Option
- Review EBCI Tribal Option policies and procedures, working closely with subject matter experts across DHB
- Oversee readiness review process for EBCI Tribal Option implementation, including coordination of desktop & on-site review

with appropriate DHB subject matter experts and submitting reporting to the Centers for Medicare and Medicaid Services (CMS)

- Develop and implement communications and training plans for EBCI Tribal Option implementation, working closely with DHB teams, EBCI partners, and other Department of Health and Human Services (DHHS) partners
- Coordinate activities to ensure program compliance with Federal and State requirements
- Integrate oversight of EBCI Tribal Option across DHB business areas
- Collaborate with EBCI partners, DHB leadership, and DHB business units on ongoing enhancements of the EBCI Tribal Option program
- Conduct oversight of Prepaid Health Plans (PHPs) with respect to contractual requirements related to tribal members and Indian Health Care Providers
- Support oversight of PCCM programs and align program requirements across PCCMs at DHB

Knowledge, Skills and Abilities / Competencies

- Familiarity with Medicaid and health care and associated rules, regulations and standards
- Demonstrated abilities in in project management, including ability to manage projects and programs consistent with objectives, timelines, standards and regulations
- Working knowledge of contract management practices and requirements
- Strong analytical skills for data analysis, program development and evaluation
- Effective communication skills, both verbal and written
- Exceptional organization and time management skills
- Proven ability to develop and implement programs and procedures and to evaluate their effectiveness
- Ability to exercise judgment and discretion in establishing, applying, and interpreting policies and procedures
- Demonstrated ability establishing and maintaining effective working relationships with agency personnel, officials, and stakeholders

Management prefers

- Experience working with federally-recognized tribes and/or knowledge of Medicaid rules specific to tribal populations.
- PMP or CAPM certification, or at least two years of experience in project management.
- Master's degree in a relevant field or strong business, management, or policy background with a bachelor's degree in hospital or health care administration, public or health policy administration, or business administration.

Executive Director of Managed Care Contracting EOGH | Prospect Medical Holdings, Inc.

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Executive Director of Managed Care Contracting EOGH

Company Name **Prospect Medical Holdings, Inc.** Company Location **East Orange, NJ, US**

Posted Date **Posted 5 days ago** Number of applicants **Be among the first 25 applicants**

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Executive Director, Managed Care Contracting – Prospect Medical Holdings Coordinated Regional Care

The Executive Director, Managed Care is responsible for the oversight of fee-for-service and value-based contracting and their implementation and related activities for Prospect Medical Holdings Coordinated Regional Care (CRC) under the direction of the Vice President of Coordinated Regional Care, Pennsylvania, and New Jersey.

The ED Shall Have Primary Responsibility For

- Oversee fee-for-service and value-based contracting activities for EOGH, oversight of the managed care team, and manage payer

contracts and relationships for all network hospitals, physicians and ancillary providers. Oversees negotiation of single case agreements, and communicates effectively with the billing department to ensure agreements are carried out appropriately. Develop payer strategies to ensure an optimal contracting and operational outcome for EOGH providers, advocating on behalf of the EOGH providers as issues, opportunities or disputes arise. Responsible for negotiating contracts with managed care payers on behalf of EOGH providers, including rates, payment methodologies, contract language, value-based and shared /full risk payment programs, following all internal controls for contract review, approval and signature and in alignment with EOGH vision, goals and objectives.

- Develop processes and manage the implementation and ongoing management of completed contracts, including identification and tracking of critical contract and renewal dates, ensuring that proper scanning, recording, and filing of contract documents occurs, oversee dissemination and communication of information to internal constituents and education on new /revised terms. Monitor contract performance regarding financial performance, payment integrity, value-based payment programs, compliance with contract terms and key performance indicators. Monitoring payer activity with respect to network development, product strategies, payment policies, and other relevant market intelligence.
- Oversee payer relationships with a focus on promoting proactive, professional and collaborative relationships, problem resolution and avoidance future of issues whenever possible.
- Promote enhanced use of Rubixis and other available contract management tools to support contract negotiations, revenue recovery, and contract performance, providing support to decision support, finance and budget on managed care issues.
- Ensure EOGH providers and payers comply with all contract provisions, via tracking of performance through a variety of means, including the audit of current performance via claims review, reports, etc.
- Work collaboratively with EOGH management, operating unit departments and support areas such as patient access, central billing offices, and medical management areas to improve functions across departments and with payers.
- Prepare and provide training, materials, and tools for use by EOGH providers and their staff regarding key managed care contract provisions, market trends and opportunities for improvement in support of facility goals and objectives, consistent with the mission and values of EOGH. Proactively communicate and educate EOGH operational areas regarding contract changes, policy updates, etc., to ensure EOGH staff have the information needed to successfully implement and operationalize agreements.
- Perform other duties as assigned/required by supervisor.

Candidates Must Possess The Following Qualifications

- Master's degree in a related field with a minimum of 5 years of

managed care contracting for multihospital system and reimbursement analysis in either a provider or payer setting required;. Excellent written and verbal communication skills required

- Extensive knowledge, experience and expertise in managed care contracting negotiations, language, modeling analytics, reimbursement methodologies for hospitals, physicians and ancillary providers, shared shavings and risk contracting, managed care regulations and quality/shared savings program metrics and methodologies.
- Excellent skills in Microsoft Office Excel (including advanced spreadsheet and formula manipulation), as well as in Word and PowerPoint. Access skills preferred but not required.
- Demonstrated skills in attention to detail, superior project management, implementation, and analytical ability as well as the ability to coordinate and lead activities using a collaborative and team approach.
- Ability to handle multiple projects and perform independently under tight deadlines with a focus on effective implementation, clear and consistent communication and follow-up.

Medicaid Contract Consultant | Blue Cross and Blue Shield of Illinois, I

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Medicaid Contract Consultant

Company Name **Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma & Texas Company**
Location **Chicago, IL, US**

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Description

BASIC FUNCTION:

This position is responsible for leadership and coordination of the assigned Medicaid programs in accordance with contractual and regulatory requirements, implementing program changes and working with other areas of the organization on the development, testing and implementation of organization, process and system changes to ensure the requirements of the assigned Medicaid program are met. Also serves as the liaison with vendors and internal functional areas and assists in the coordination of the contract with state regulatory agencies.

Job Requirements

- Bachelor's Degree and 4 years' experience in contract management OR 8 years' experience in contract management.
- Leadership experience
- Project management/planning skills.
- Experience in a position requiring independent and critical decision making skills.
- Experience communicating with and relationship building with internal business units and/or various external government agencies.
- Experience leading/providing guidance to intra and interdepartmental staff.
- Experience accurately documenting information reported.
- Organizational, analytical and decision-making skills.
- Negotiation skills resulting in business/process improvements/changes.
- Clear and concise interpersonal, verbal and written communication skills.
- Presentation skills.
- Project positive, professional image.

Preferred Job Requirements

- Experience with corporate policies / procedures, compliance regulations in health care administration/managed care experience.
- CA

Director, Operations | Centene Corporation

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Director, Operations

Company Name **Centene Corporation**

Company Location **Harrisburg, PA, US**

New Posted Date Posted 22 hours ago Number of applicants 26 applicants

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Professional

Position Purpose

Manage work flow of the department and maintain production and quality standards for the department.

Ensure compliance with all related laws, regulations and executive orders.

Review and analyze reports, records and directives, and confer with staff to obtain data required for planning work function activities.

Establish the department's strategic vision, objectives, and attendant policies and procedures for the organization.

Evaluate and implement improved procedures and practices for accomplishing the organization and department's objectives and to ensure compliance with all related laws, regulations and executive orders.

Coordinate activities of assigned work function and/or department with related activities of other work functions and/or departments to ensure efficiency and proper prioritization.

Analyze reports and records on departmental and organizational activities and disseminate relevant information to business unit leaders for effective decision making.

For PA Health & Wellness - Oversees staff to provide for the timely and accurate processing of Claims, Encounter forms and other information necessary for meeting Agreement requirements and the efficient management of the CHC-MCO.

Coordinate, negotiate and handle activities of the department and aid the chief administrative officer in formulating and administering organization policies and procedures.

Education/Experience

Bachelor's degree in Management or Business or equivalent experience. 4+ years experience in management, business, or contracting. Previous management experience including responsibilities for hiring, training, assigning work and managing performance of staff. Managed care, insurance, Medicare or Medicaid experience preferred.

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.

Industry

- Hospital & Health Care
- Insurance

Employment Type

Full-time

Job Functions

- Management
- Manufacturing

