

Medicaid Industry Jobs Hunter 03/02/20



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Medicaid Jobs Hunter

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Urgent Care Nurse Practitioner or Physician Assistant | Riverwood Healthcare Center

Urgent Care Nurse Practitioner or Physician Assistant

Company Name **Riverwood
Healthcare Center** Company Location
Aitkin, Minnesota

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

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We currently have a Family Nurse Practitioner or Physician Assistant

position available to provide care to our patients in the Urgent Care Center located on our Aitkin campus.

Qualified candidate will have strong communication and collaboration skills; as well as, commitment to providing excellent care and creating an exceptional patient experience. The ideal candidate will have 3-5 years urgent care and/or family medicine experience. Current licensure in the state of Minnesota. ACLS and DEA are required.

Position details:

- Full time position at 32 hours per week
- Full time or part time position available
- Urgent Care hours are 10:00am - 7:00pm
- Flexibility of scheduling
- Strong culture of employee wellness, including an onsite Employee Fitness Center
- **Rated Top 20 Critical Access Hospital 2017 and 2018**
- **Only Minnesota Critical Access Hospital rated Top 20 in 2018**

To learn more, please check us out

at: <https://riverwoodhealthcare.org/about-us/careers/physician-and-advanced-practice-recruitment/>

Riverwood is an Equal Opportunity Employer |
www.RiverwoodHealthcare.org

How you match
See how your LinkedIn profile
matches the job poster's preferences.

Criteria provided by job poster

Skills

Match

Nursing

Match

Medicine

No match

Family Medicine

No match

Employee Wellness

No match

Nurse Practitioners

No match

Communication

No match

Fitness

No match
DEA
No match
Advanced Cardiac Life Support (ACLS)
No match
Urgent Care

Contact the job poster

Tanya Pietz

Physician Recruiter at Riverwood Healthcare Center

Senior Policy Analyst | Oregon Health Authority

Source URL: https://www.linkedin.com/jobs/view/1755975508/?eBP=CwFAAAFwnnoOJUuuWx_26qzpu2PE-wEtHLtkpiAgH7iHkIHfRpmvBPTAsPeoSGoZJxtKpgwaM501pj5qNOMIKPUhCYUCCjDTKZ_cEwiHhwY7foKo9vw1X8XfubZQzm1wiPnngRX67MVnnIQlRxWxnUhqrbid4vJdp4yp-oZVTK3fzgLzt9Jj7uv0rhpX-9ImjPYo_TMnlluK2Yim_AdRVIVxbwn_ziSwcaQJtd4I9z0wM&recommendedFlavor=SCHOOL_R

Senior Policy Analyst

Company Name **Oregon Health Authority** Company Location
Portland, Oregon, United States

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

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The Oregon Health Authority (OHA) – Health Policy and Analytics (HPA) division Senior Policy Analyst (Operations and Policy Analyst 4), limited duration. This position coordinates policy development and analysis, operational research and evaluation, and program implementation findings. Issues and recommendations within the

purview of this position are highly visible and potentially controversial to the affected public and private health care constituents, state agencies and the governor's office.

What you will do!

This role is responsible for providing recommendations and researching policy issues related to the program. You will be:

- Coordinating and leading the development of policy analysis related to health care delivery and systems change policy related to health care transformation in support of the OHA director's office, state agencies, and the Oregon Health Policy Board, and multiple health care stakeholder groups;
- Coordinating, planning, and facilitating health care stakeholder and work group for input required in the development and implementation of health policy analyses;
- Conducting, scoping, and leading policy research and developing health policy analyses, briefs, options memos and reports in support of the work of the OHA and the Oregon Health Policy Board, and as requested by the Governor's Office and the Legislature;
- Supporting OHA-wide efforts on health system transformation, including providing and coordinating technical assistance to internal divisions.

You will be working with groups composed of individuals with diverse viewpoints on a regular basis. Participative decision making and cooperative interactions are key to the success of this position.

What we are looking for!

- A Bachelor's Degree in Business or Public Administration, Behavioral or Social Sciences, Finance, Political Science or any related degree and five years professional-level evaluative, analytical and planning work experience involving public policy or health policy **OR**; Any combination of experience and education equivalent to eight years of professional-level evaluative, analytical and planning work experience involving public policy or health policy
- Technical expertise and experience working with health care system policies;
- Experience managing complex projects;
- Experience using Microsoft Office Suite programs, including Word, Excel, and PowerPoint;
- Experience with leading groups of diverse and/or opposing views through a consensus process that results in a mutually acceptable solutions. This includes considering the viewpoints and needs expressed by diverse groups and making a good faith effort at communicating such to their counterparts;
- Experience in advancing health equity, addressing systemic health disparities and collaborating with diverse, vulnerable and underrepresented populations.

Preference given for:

- **Demonstrated experience and knowledge of Medicaid and Medicare programs and commercial insurance.**
- **Demonstrated experience communicating at a leadership level with a diverse group of stakeholders on complex topics.**

Medical Claims Review RN | Steward Health Care Network

Source URL: https://www.linkedin.com/jobs/view/1762187879/?eBP=JOB_SEARCH_ORGANIC&refid=7015d937-3144-48bf-be76-5c1651ead3ba&trk=d_flagship3_search_srp_jobs

Medical Claims Review RN

Company Name **STEWARD HEALTH CARE NETWORK** Company Location
South Jordan, Utah, United States

New Posted Date Posted 9 hours ago Number of applicants Be among the first 25 applicants

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Steward Health Choice is dedicated to improving the health and well-being of the people and communities we serve.

Steward Health Choice believes in a personal approach to health care right in your community. We built our health care plan around you. Our goal is to give you quality health care, programs, and services to support you on your path to wellness.

Steward Health Choice provides exceptional customer service and culturally competent care through:

- Compassionate and responsive member services team
- Collaboration with community physicians to help members get the

health care they need.

- Providing culturally competent health care, including extensive translation and interpretation services
- Health programs to help members and their families stay healthy

Position Purpose:

The Medical Claims Review RN reviews and analyzes medical record and claims data, utilizing and applying Interqual Acute/Sub-acute Care Criteria and DRG coding practices to determine if inpatient admissions, observation stays, and ancillary services meet criteria. This position also maintains current information on regulatory guidelines as they pertain to acute and sub-acute levels of care.

Responsibilities:

- Review clinical information for accuracy
- Review level of care and location of services delivered
- Review itemized bill to ensure accurate billing
- Complete review within established time frames
- Update information in electronic claims system
- Utilize clinical skills, chart review, physician communication, applicable regulatory policies and Interqual standards for approval of claim
- Initiate interdepartmental coordination to ensure quality and timely care for members
- Identify member's Third-Party Liability coverage
- Review clinical information and claims with Medical Director when clinical determination is necessary
- Update authorizations as directed by the Medical Director

Education / Experience / Other Requirements

Education:

- Active, current, valid, unrestricted Utah State Registered Nurse License required
- Bachelor's degree preferred

Years of Experience:

- Minimum of two (2) years' experience in a healthcare setting
- HMO/Managed Care/ Medicare/Medicaid experience preferred

Specialized Knowledge:

- Medical claims review experience preferred
- Case Management/Disease Management experience preferred
- Computer experience necessary
- Effective time management skills
- Effective interpersonal and communication skills
- Ability to multi-task and prioritize work tasks to adhere to deadlines and identified time frames

- Ability to manage large workload
- Ability to make appropriate independent decisions
- Ability to maintain positive work relationships
- Ability to maintain a positive work environment for employees
- Ability to work cooperatively, positively, and collaboratively in an interdisciplinary team

Equal Opportunity Employer Minorities/Women/Veterans/Disabled

Customer Service Manager | Sandata Technologies

Source URL: https://www.linkedin.com/jobs/view/1728279849/?eBP=JOB_SEARCH_ORGANIC&recommendedFlavor=IN_NETWORK&refId=725e6e3a-2e79-42cf-bd6e-97b328c9ca21&trk=d_flagship3_search_srp_jobs

Customer Service Manager

Company Name [Sandata Technologies](#)
Company Location Port Washington,
New York, United States

New Posted Date Posted 8 hours ago Number of applicants Be among the first 25 applicants

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Sandata Technologies is the leading supplier of technology solutions for the national Homecare industry. Sandata is uniquely positioned as a software technology supplier to the Payers and Providers in this growing segment of the healthcare market. The Sandata solutions provide a strong Value Proposition for our clients, including compliance, transparency, efficiency, and cost savings. The Sandata solution has been implemented by thousands of homecare agencies nationwide, is leveraged by national MCOs, and has been selected by numerous state Medicaid agencies to ensure their compliance with the

federal mandate to implement Electronic Visit Verification (EVV). The company has a national footprint, and is one of the largest technology vendors for the Medicaid homecare industry.

We are looking for a proactive, service orientated leader with the ability to manage client relationships and expectations. We expect you to plan, co-ordinate and control the activities of the customer service team to maintain and enhance customer relationships and meet organizational and operational objectives. The ideal candidate will play a critical role in driving process improvement initiatives and have a passion for troubleshooting complex issues.

Description:

This position is responsible for providing guidance and direction in managing the Customer Care team to ensure the achievement of the teams' goals and objectives.

What you will do:

- Lead a team of Tier I and Tier II Customer Care Software Support Specialists.
- Monitor inbound and outbound call activity ensuring services levels are met.
- Facilitate internal and external cross functional work streams supporting the implementation of new accounts and products.
- Manage, report and trend all ticket and call activity including aging, status and accuracy.
- Establish individual performance goals and manage performance of team members.
- Develop, train and coach employees toward performance and development objectives.
- Identify opportunities to improve workflows and productivity.
- Develop, implement and monitor corrective action plans and provide timely feedback.
- Handle live and escalated calls when needed.
- Proactively build favorable business relationships with internal and external customers
- Effectively communicate with peers and all levels of management.
- Stay abreast of new product information, industry trends, and system changes.
- Ensure security of personal health information (PHI) and report any violations or observations to management.

What you will bring:

- Superior customer service skills.
- Strong analytical and problem-solving abilities.
- Experience identifying process improvement opportunities and implementing corrective action plans.
- Exceptional verbal and written communication skills.
- Prior experience using a customer relationship management tool.

- Utilizes technology in job execution to monitor, measure and drive performance.
- Prior software support background with call center/customer service experience.

Work Experience:

- 5 years senior customer service experience
- 2 years prior management experience
- Medicaid / Medicare billing experience preferred
- Prior software support background preferred

Computer Skills:

- Skillful with Word, Excel, Adobe and Power Point

Education/Course of Study:

- Bachelor's Degree preferred or relevant work experience
- Healthcare Administration /Public Health
- Medical coding / billing

Sandata employees enjoy the following benefits:

- Medical, dental, and vision coverage
- Flexible Spending Account for health and dependent care
- Life insurance
- 401(k) Plan
- Aflac STD, LTD, Critical Illness, Hospital, and Accident insurance
- Tuition reimbursement
- Paid vacation and holidays
- Employee discounts and company perks
- Casual and flexible work environment
- Frequent employee events and fun social clubs
- Onsite cafeteria with free coffee and tea

Sandata Technologies is an Equal Opportunity Employer M/F/Disabled/Vet

CEO -Yamhill County | LifePoint Health

Source URL: https://www.linkedin.com/jobs/view/1762791009/?eBP=NotAvailableFromVoyagerAPI&recommendedFlavor=SCHOOL_RECRUIT&refId=725e6e3a-2e79-42cf-bd6e-97b328c9ca21&trk=d_flagship3_search_srp_jobs

CEO -Yamhill County

Company Name **LifePoint Health®**
Company Location Yamhill County,
OR, US

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

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LifePoint Health has an opportunity for a CEO at Willamette Valley Medical Center located in McMinnville, Oregon. The CEO provides leadership and direction for the overall operation of the hospital. Plans, directs and coordinates the development of short and long range objectives; is responsible for achieving the organization's financial and non-financial goals. General Responsibilities Coordinates the activities of senior executives and works with them to develop short and long range objectives, policies, and procedures. Ensures that policies are uniformly understood and consistently interpreted and administered. Establishes the organization hierarchy and delegates limits of authority to subordinates executives; prescribes the specific limitations of the authority of subordinates regarding policies, contractual commitments, expenditures and personal actions. Reviews and approves all financial reports, budgets, managed care contracts and major expenditures; directs, establishes, reviews, and adjusts charges for services; and maintains accreditation and licensure standards of the Joint Commission on Accreditation of Hospital Organizations, Medicare, Medicaid, state licensure, regulatory agencies, and similar organizations. Analyzes operating results of the organization and its principal components relative to established objectives and ensures that appropriate steps are taken to correct unsatisfactory conditions. JOB REQUIREMENTS Minimum Qualifications Masters Degree in Hospital Administration (MHA), Business Administration (MBA), Management or related field is required. A minimum of 3-5 years experience at the CEO level in a similar sized for-profit, acute-care hospital is required; however, may also consider 3-5 years of COO experience in a larger, for-profit, acute-care hospital. Exceptional physician recruitment and relations skills are required. Exceptional community and board relations skills are required. Exceptional leadership skills and a hands-on visible approach to staff management and interaction are required. Exceptional financial acumen and operations management expertise are required.

Seniority Level

Executive

Industry

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

Employment Type

Full-time

Job Functions

- Business Development
- Sales

NCQA Accreditation Manager | Cook Children's Health Care System

Source URL: https://www.linkedin.com/jobs/view/1762473397/?eBP=CwFAAAFwnnocdhqVxVJX8s985Emp918iJ_h0tQrQr3QIQqTjgJQtzfpCTIjAtMEPi4gz1B4PuQPqR8X-iToBsbA0eNzl8TvyDncJmeyZzdsW4eYSL-VfM8n81r-9QCP3wZ2yHwiwcER02QvjSR7ymJufbVgiKT7cZ76E4prBINGGcZCRzakDQQO0B5P0m93XKiMPfqpocMb6KQpleKy3Sw4_xAYtqPMwUccOKV5T0k2e79-42cf-bd6e-97b328c9ca21&trk=d_flagship3_search_srp_jobs

NCQA Accreditation Manager

Company Name **Cook Children's Health Care System Company**

Location **Fort Worth, TX, US**

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

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Under the supervision and direction of the Director of Quality Improvement, the NCQA Accreditation Manager oversees the development, implementation, and coordination of systems and processes necessary to meet all National Committee for Quality Assurance (NCQA) accreditation and certification requirements. In upholding NCQA standards, the Manager collaborates with directors and managers in ensuring that quality improvement (QI) programs are proactively oriented, data driven, aligned with strategic objectives, and compliant with regulations. Being the Subject Matter Expert, the Manager continuously educates and trains staff as they implement relevant projects or activities related to NCQA accreditation.

- Bachelor's Degree required.
- 5 -10 years' experience in the healthcare field: experience in NCQA accreditation, quality improvement, risk management, utilization management or care management required.
- Prior health care accreditation and/or extensive quality improvement experience preferred
- Working knowledge of Medicaid
- Demonstrated success with Business Process Improvement and Workforce Effectiveness projects
- Project Management experience or skills
- Demonstrated ability to effectively prioritize and execute tasks and special projects
- Demonstrated experience in data collection, presentation and action plans
- Strong Verbal and Written Communication skills
- Intermediate to Advanced skills in Microsoft Office (Word, Excel, PowerPoint, Outlook)
- CPHQ preferred
- PMP preferred

Industry

- Hospital & Health Care
- Medical Practice
- Non-profit Organization Management

Employment Type

Full-time

Job Functions

- Project Management
- Information Technology

Healthcare Quality Specialist | DXC Technology

Source URL: https://www.linkedin.com/jobs/view/1762272182/?eBP=JOB_SEARCH_ORGANIC&recommendedFlavor=IN_NETWORK&refId=782ca077-56a9-44bc-979e-b1fe5278cd1a&trk=d_flagship3_search_srp_jobs

Healthcare Quality Specialist

Company Name **DXC Technology**
Company Location Hamilton
Township, New Jersey, United States

New Posted Date Posted 8 hours ago Number of applicants Be among the first 25 applicants

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Healthcare Quality Specialist performs auditing activities in the Medicaid environment to ensure work is performed in accordance with internal and client expectations. Provides operational quality assurance and testing activities. Works with cross functional teams to identify and implement business process improvement opportunities. Monitors quality assurance and quality control activities.

Responsibilities:

- Conducts audits based upon criteria on contractual requirements.
- Ensures corrective actions have been completed.
- Analyzes performance trends.
- Conducts testing based on updates to the operations infrastructure affected by system and operations modifications being tested which are included in the overall test strategy and execution.
- Monitors subcontractor's operations processes and contracted requirements for adherence to policy and service level agreements.
- Confirms that operational service level agreements are met via monitoring and reporting, report discrepancies and support corrective action plans and conduct follow-up.

Knowledge, Skills and Abilities:

- Experience with Microsoft Office products, such as Word and Excel
- Detail oriented and organized
- Excellent verbal and written communication skills
- Strong process related analytical skills
- Ability to prioritize and manage multiple tasks
- Ability to abide by Molina's policies
- Ability to maintain attendance to support required quality and quantity of work
- Maintain confidentiality and comply with Health Insurance Portability and Accountability Act (HIPAA)
- Ability to establish and maintain positive and effective work relationships with coworkers, clients, members, providers and customers

Qualifications:

- Associates Degree or equivalent experience
- Bachelors Degree preferred
- 2-3 years of quality Assurance experience
- 1-2 years of healthcare industry experience is preferred

Manager, Managed Care and Medicaid Contracting | Teva Pharmaceuticals

Source URL: https://www.linkedin.com/jobs/view/1728257333/?eBP=JOB_SEARCH_ORGANIC&recommendedFlavor=SCHOOL_RECRUIT&refId=782ca077-56a9-44bc-979e-b1fe5278cd1a&trk=d_flagship3_search_srp_jobs

Manager, Managed Care and Medicaid Contracting

Company Name **Teva Pharmaceuticals** Company
Location Parsippany, NJ, US

New Posted Date Posted 21 hours ago Number of applicants Be among the first 25 applicants

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Company Info

Teva is a global pharmaceutical leader and the world's largest generic medicines producer, committed to improving health and increasing access to quality health solutions worldwide. Our employees are at the core of our success, with colleagues in over 80 countries delivering the world's largest medicine cabinet to 200 million people every day. We offer a uniquely diverse portfolio of products and solutions for patients and we've built a promising pipeline centered around our core therapeutic areas. We are continually developing patient-centric solutions and significantly growing both our generic and specialty medicines business through investment in research and development, marketing, business development and innovation. This is how we improve health and enable people to live better, healthier lives. Join us on our journey of growth!

Job Description

Position overview and primary responsibilities

The Manager, Strategic Contracting is responsible for the development and execution of Managed Care contracting efforts across the Teva Brand portfolio. They will oversee the execution of Regional and Medicaid payer contracting strategies in order to maximize the value of the Brand portfolio. They are responsible for working cross-functionally with Account Management, Brand, Pricing, Payer Marketing, Legal, and other cross-functional teams to assess and develop contracting opportunities, provide customer negotiation support for contract bids, execute contracts, and monitor contract effectiveness.

Major duties and responsibilities required to achieve the position's objectives and be successful in the Director role:

- Prepare Regional Account financial evaluations and rebate contract proposal summaries for brand product payer rebate contracts.
- Model contract and no contract scenarios and create scenario

NPVs for each proposal.

- Key direct interface with Regional Account Management on contract development and formulation
- Works cross-functionally with Account Management, Brand Teams, Pricing, Payer Marketing, Legal, and other cross-functional groups to gain alignment on customer bids and to fully execute contracts
- Lead the Medicaid contract evaluations and all Medicaid (FFS) contract reviews. Work with the Medicaid (FFS) Field Managers to complete Medicaid bid analysis and appropriate contract reviews
- Responsible for the monitoring and reporting of contract effectiveness related to assigned accounts, utilizing pre and post deal modeling systems
- Partner with Finance, Claims Administration, and other necessary cross-functional partners to ensure accurate rebate and discount forecasts

Qualifications

Qualifications necessary to perform successfully in this position

Education: BS/BA required, MBA or equivalent preferred.

Experience Required

- Minimum of 5 years of Brand Pharmaceutical Pricing and Contracting or equivalent related experience
- Experience in Brand Pharmaceutical Managed Care contracting for a manufacturer, Health Plan, or PBM.
- Proven ability to interpret and manage contracting legal language and terms
- Track record of success working effectively in a team-based environment, balancing diverse cross-functional perspectives, complex problem solving, and collaboration skills
- Strong financial acumen and analytical skills, with the ability to translate insights into business impacts and actionable next steps
- Ability to effectively communicate and influence cross-functional stakeholders on complex business proposals and to accurately interpret business considerations and impacts
- Strong organizational and time management skills
- Understanding of U.S. regulations and policies relating to manufacturer contracting
- Advanced Microsoft Excel skills

Experience Preferred

- MBA or equivalent advanced degree

Function

Marketing

Sub Function

Pricing

Reports To

Sr Dir Contracting & Patient Access Programs, Strategic Pricing,
Contracting & Cust Ops Administration

Teva's Equal Employment Opportunity Commitment

Teva Pharmaceuticals is committed to equal opportunity in employment. It is Teva's global policy that equal employment opportunity be provided without regard to age, race, creed, color, religion, sex, disability, pregnancy, medical condition, sexual orientation, gender identity or expression, ancestry, veteran status, national or ethnic origin or any other legally recognized status entitled to protection under applicable laws.

Teva Pharmaceuticals is committed to equal opportunity in employment. It is Teva's policy that equal employment opportunity be provided without regard to age, race, creed, color, religion, sex, disability, pregnancy, medical condition, genetic information, marital status, sexual orientation, gender identity or expression, ancestry, national or ethnic origin, citizenship status, military status or status as a disabled or protected veteran, or any legally recognized status entitled to protection under applicable federal, state, or local laws.

Registered Nurse | Associated Medical Professionals of NY, PLLC

Source URL: https://www.linkedin.com/jobs/view/1756721230/?eBP=CwEAAAFwnod0eTypMzelVGPqfawJH_PD69Xe_r2poqbX48nPIL5RJb3LUmwiC91eNE-2ITCOKI6fo0rqpJviDAwr8Fvh8KWJdMDLK-4Yf2AluoBcidr6dLRTCZzb7ICQ9-qdF5bAZ1JlsGBYT-y5fJAwV6l-lf8ocf-2vsHEk6EJzby11-Aq7x0--Ry8ygeC8_IL02fHpP31E20H-Lt2KTHfNSGDVRJfthDohCp2SjcHNv40ZXzbXCFCug_BR-WYR-5GS7FP646qcTEMirPnU6Zq7zmBfo20MLHFkHNi3Hvhqz8sR-7rPNqADoR2Ot9pIV0dQq0aOf9n6DnClwLmmG3sYwfpvx6JfdhYQ4WVWkGfsQnS2ZGzlxVZ_UHmDvoa1kuhixPCuQ3AHpC3PY&refid=bdd4b060-12b8-4670-860e-a325c51909b3&trk=d_flagship3_search_srp_jobs

Registered Nurse

Company Name [Associated Medical Professionals of NY, PLLC](#) Company
Location Syracuse, New York, United States

New Posted Date Posted 59 minutes ago Number of applicants Be among the first 25 applicants

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A.M.P. of NY is looking for a Registered Nurse (RN - Full time) to provide ongoing support to our Syracuse Urology offices. We believe in a work/life balance. Our nurses do not work nights, weekends, or holidays!

The qualified candidate will be responsible for performing a variety of clinical tasks that ensure the efficiency of daily operations in a high paced environment.

Education / Licensure / Experience:

- Currently licensed as a Registered Professional Nurse in New York State.
- BLS certified.
- Highly organized with strong PC/EMR skills (Medent experience a plus).
- Ability to multi-task in a high paced office.

How you match

See how your LinkedIn profile matches the job poster's preferences.

Criteria provided by job poster

Skills

Match
Electronic Medical Record (EMR)
Match
Nursing
No match
Balance
No match
Urology
No match
Work Life Balance
No match
Basic Life Support (BLS)
No match
Holidays
No match
Skilled Multi-tasker
No match
Education
No match
Daily Operations

Job Details

Seniority Level

Associate

Industry

- Hospital & Health Care

Employment Type

Full-time

Job Functions

- Health Care Provider

Sr. Project Manager | Eliassen Group

Source URL: https://www.linkedin.com/jobs/view/1761946343/?eBP=JOB_SEARCH_ORGANIC&recommendedFlavor=SCHOOL_RECRUIT&refid=782ca077-56a9-44bc-979e-b1fe5278cd1a&trk=d_flagship3_search_srp_jobs

Sr. Project Manager

Company Name **Eliassen Group**
Company Location Tampa, Florida,
United States

New Posted Date Posted 13 hours ago Number of applicants 56 applicants

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Sr. Project Manager - Managed Care

Our client is looking for a high-level Project Manager to join their team. In this role, you will be joining a dynamic and collaborative team, managing projects that focus on bringing certain markets into CMS compliance by deadline.

The ideal candidate will have hands-on experience owning and managing mid-size to large projects within the Managed Care space and have a great understanding of CMS compliance standards.

***This is a long-term opportunity with a great possibility converting to permanent*

***Pay rate for this role ranges from \$55-60/hr W2*

Requirements for Sr. Project Manager:

- 5+ years of IT PM experience with a proven track record of success

- Experience in the Medicaid/Medicare industry
- Proven ability to influence and lead people
- Experience managing project finances
- Track record of identifying, managing and mitigating risk
- Technical background/experience is a great plus
- Bachelor's degree is required, current PMP

If this opportunity sounds exciting to you, please do not hesitate to act!
Apply immediately and send me your most updated resume to
bwimpling@eliassen.com

For confidential candidates please find me on LinkedIn!!
<https://www.linkedin.com/in/ben-wimpling-54263018/>

How you match
See how your LinkedIn profile
matches the job poster's preferences.

Criteria provided by job poster

Skills

Match
Medicaid
Match
Managed Care
Match
Medicare
Match
Project Management
No match
Human Resources (HR)
No match
Risk Management
No match
Finance
No match
W2
No match
Record Of Success
No match
Content Management Systems (CMS)

Level of education

Match
Bachelor's Degree

Job Details

Seniority Level

Mid-Senior level

Industry

- Information Technology & Services
- Utilities

Employment Type

Full-time

Job Functions

- Analyst
- Information Technology