

Medicaid Industry Jobs Hunter 03/16/20



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Medicaid Jobs Hunter

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9. Medicaid Eligibility Advocate | HCA Healthcare
10. Team Lead, Payment Integrity | CareSource

Director of Research | DIA

Director of Research

Company Name **DIA Company**

Location **Columbus, OH, US**

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

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DIRECTOR OF RESEARCH, OSUWMC DIVISION OF HOSPITAL MEDICINE

The Division of Hospital Medicine (DoHM) at The Ohio State University College of Medicine is dedicated to the health and well-being of our patients, our division team members and The Ohio State University Wexner Medical Center community. Our hospitalists are internal medicine physicians whose complete focus is to care for patients during

their stay in the hospital. Our faculty delivers the highest quality evidence-based care through an interdisciplinary approach. We are a team of more than 115 faculty and staff members who account for over 16,000 admissions and over 149,000 patient encounters at our 7 hospitals. In addition, as part of one of the nation's top-ranked medical centers, the Division of Hospital Medicine has access to nationally and internationally recognized subspecialists, comprehensive cancer care and additional support services.

We are currently recruiting for a Director of Research to help lead the division in expanding its research infrastructure to amplify its commitment to health services, quality improvement, operational excellence, and education. The duties and responsibilities of this committed leader include: research leadership, conduct research, teaching and mentoring.

Desired Qualifications

- MD, DO, MD/PhD, PhD or equivalent
- ≥ 5 years of experience in leadership of research program and/or established success as a research mentor
- Demonstrated success with external funding (including NIH or K grant)
- High productivity in regards to peer-reviewed publications and presentations
- Demonstrated ability to build collaborative research relationships at local level, and at Regional or National level
- Current journal editor or experience on editorial board

The Ohio State University is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, or protected veteran status.

To Apply

Send CV and Cover Letter to hospitalmedicine@osumc.edu

<https://wexnermedical.osu.edu/departments/internal-medicine/hospital-medicine>

OSU IS LEADING THE WAY

Practice where the ambition is to find breakthrough healthcare solutions that improve patient lives

The Ohio State University Wexner Medical Center will challenge you, reward you and give you the chance to make an impact through high-

quality, safe, efficient, patient-centered care. As the only academic medical center in central Ohio, we can offer you the personal growth opportunities and diverse patient cases that can fuel a career from day one to retirement.

As a valued member of a multidisciplinary team, you'll have access to the resources, research and support you need to excel. The Ohio State University, one of the largest universities in the nation, furthers our dynamic environment and strengthens clinical practices with education and research possibilities as broad as your imagination.

We have been nationally ranked by U.S. News & World Report for the 26th year in a row. Because of our size, our patient population presents cases from simple to complex, with a range of unique co-morbidities, so if you want to challenge and expand your medical expertise, come to Ohio State.

Wexner Medical Center Stats

Seven hospitals

University Hospital

University Hospital East

Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

Richard M. Ross Heart Hospital

Brain and Spine Hospital

Ohio State Harding Hospital

Dodd Rehabilitation Hospital

And, more than 100 central Ohio facilities

Beds - 1,443

Patient admissions (FY18) - 64,529

Outpatient visits (FY18) - 1.81 million

Births (FY18) - 5,264

Emergency Department visits (FY18) - 130,916

Surgeries (FY18) - 44,888

Employees - 29,123

Physicians - 1,753

Residents and fellows - 879

Nursing staff - 4,949

Volunteers - 1,703

Points of pride for the Wexner Medical Center

Five of Ohio's top high-risk pregnancy specialists practice at Ohio State

15 hospitals affiliated with the Ohio State Health Network

\$156 million dollars in cancer research funding raised in nine years through Pelotonia, the annual cycling event benefitting cancer research at Ohio State

250 research grant awards totaling \$100+ million in FY18

One of the nation's busiest kidney transplant hospitals

One of only five designated NeuroRecovery Network® spinal cord injury rehabilitation centers in the nation

More than 9,500 lifesaving transplants performed since 1967

2 percent of hospitals in the United States - Ohio State among them - have been redesignated Magnet® facilities

Provided more than \$215 million in annual community benefits through charity care and outreach

One of only 49 comprehensive cancer centers designated by National Cancer Institute

Seven health sciences colleges on one campus, fostering unmatched opportunity for collaboration and discovery

62 accredited fellowship and residency programs train more than 800 medical professionals each year

Research Excellence

One of only 64 members of a National Institutes of Health consortium that speeds the translation of scientific discovery into better patient care

The 2017 Blue Ridge Institute for Medical Research Rankings, a compilation of NIH funding rankings for U.S. medical schools, placed four of our programs in the top 20 and one of our programs in the top 10 nationwide

Four faculty members currently elected to the National Academy of Medicine and two to the National Academy of Sciences

One of only 49 National Cancer Institute-designated comprehensive cancer centers (CCCs) in the United States; the NCI named our CCC "exceptional" - its highest ranking

Houses or co-manages more than 20 research centers and institutes and 25 core research laboratories

More than 2,000 active research studies and clinical trials in virtually every medical specialty

Education Excellence

The College of Medicine ranked 32 nd by U.S. News & World Report and 12 th among public medical schools in its 2019 "Best Graduate Schools" list

U.S. News & World Report ranked our online bachelor's programs #1 in the nation among online colleges, which includes the online Health Sciences undergrad degree from the School of Health and Rehabilitation Sciences

The College of Medicine received 7,226 applications for its 2018 entering medical class of 202 students

The Association of American Medical Colleges in 2018 ranked our College of Medicine sixth out of more than 150 medical schools for total number of African-American students enrolled

One of the few universities in the world to offer five dual medical degrees: MD/PhD (Medical Scientist); MD/MBA (Business Administration); MD/JD (Law); MD/MHA (Health Administration); MD/MPH (Public Health)

The College of Medicine has 2,568 students and 23 programs (11 undergrad, 11 graduate and 1 professional)

More than 800 residents and fellows train in more than 60 accredited graduate and residency programs each year

More than 14,000 College of Medicine MD and residency program graduates practice in all 50 states and in more than 50 countries

Users in approximately 150 countries access our web-based and live continuing medical education activities annually

Patient Excellence

U.S. News & World Report has named us to its list of America's "Best Hospitals," based on quality, outcomes and reputation, for the 26th consecutive year

Becker's Hospital Review selected us for its 2018 list of "100 Great Hospitals in America" for excellence in quality patient care and clinical research, leadership in innovation and our rankings and awards

The Leapfrog Group has once again honored Wexner Medical Center and UH East with an "A" in its Spring 2018 Leapfrog Hospital Safety Grade for being among the safest hospitals in the nation

Among the 9 percent in the U.S. to receive the highest rating of five stars in the most recent update to the Hospital Compare website of the Centers for Medicare and Medicaid Services

For the third year in a row, Vizient honored us with its Quality Leadership Award for superior performance in delivering high-quality safe, efficient, patient-centered and equitable patient care

First hospital in central Ohio to achieve Magnet® status for nursing excellence; first hospital in central Ohio to earn Magnet® redesignation

Seniority Level

Director

Industry

- Non-profit Organization Management
- Research
- Hospital & Health Care

Employment Type

Full-time

Job Functions

- Research
- Analyst
- Information Technology

Senior Product Development Specialist- Growing Healthcare Organization | Fallon Health

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Senior Product Development Specialist- Growing Healthcare

Organization

Company Name **Fallon Health**

Company Location Worcester, MA, US

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

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Senior Product Development Specialist- Growing Healthcare Organization

US-MA-Worcester

Job ID: 5912

Type: Full Time

of Openings: 1

Category: Product Development

Fallon Health - Corp HQ

Overview

About Fallon Health

Founded in 1977, Fallon Health is a leading health care services organization that supports the diverse and changing needs of those we serve. In addition to offering innovative health insurance solutions and a variety of Medicaid and Medicare products, we excel in creating unique health care programs and services that provide coordinated, integrated care for seniors and individuals with complex health needs.

Fallon has consistently ranked among the nation's top health plans, and is accredited by the National Committee for Quality Assurance for its HMO, Medicare Advantage and Medicaid products. For more information, visit www.fallonhealth.org.

Position Purpose:

Proposal Management: Develops proposals, bids, quotations, or other documents describing organizational products and services in response to requests from prospective clients. Collaborates with members of the sales, marketing, finance, legal, or product teams to ensure proposal content is complete, accurate, and timely. Is responsible for developing responses to the most complex or high-value inquiries including organizational procurement activities for Mass Health, Senior Care Options program, The Group Insurance Commission, and The Connector QHP. Responsible for the oversight and maintenance of the corporate content for efficiency and integrity.

Market Intelligence: Leads data gathering for Fallon's competitive intelligence activities. This person will be the internal expert in competitors' products, pricing, membership, and financial performance across product lines (commercial, Medicare, Medicaid). In addition, he/she will be expected to research and assess national trends in the healthcare industry as well as national competitor's offerings, strategies, strengths and weaknesses. This position will be responsible for assisting the Director with preparing regular environmental assessments that include extensive detail on competitors, industry trends and important regulatory insights.

Product Development: Responsible for assisting the commercial and Medicare product managers with a variety of projects. This will include but not be limited to:

- helping to QC product materials, filings with the Connector and CMS
- leading smaller product management initiatives

assisting in annual commercial and Medicare bids and vendor management.

Responsibilities

Proposal Management

Develops strategies and then responds to large complex proposals, bids, quotations, procurements or other documents for strategic clients that describe organizational products and services in an effort to further Fallon Health's initiatives.

- Prepare individual proposal schedules, setup strategic meetings, and plan and coordinate required resources for writing and development of the proposal deliverable.
- Collaborate with members of the sales, marketing, finance, legal, operations, Medicare, Medicaid, Navicare and product teams to ensure content is complete, accurate, timely; and that it reflects the Fallon Health brand and value proposition.
- Oversee the production of final proposals, including creating the electronic documents, creating CD, printing, and binding hard copies in compliance with requirements.
- Interface with senior management and support staff to ensure best resources are provided in a timely manner to support proposal and related efforts.

Competitive Intelligence

- Identify competitive and environmental developments that impact Fallon Health and assist in assessing their strategic implications for the organization
- Assist in preparation of regular competitive environmental assessments.
- Collect quarterly pricing data on direct competitors and prepare a quarterly analysis of pricing strategy.
- Collect, analyze and compare competitors commercial and Medicare product portfolios.
- Collect data on and analyze competitors' networks for Commercial, Medicare and Medicaid products.
- Travel to the DOI to pull statutory filings quarterly.
- Conduct ad hoc research to support product development
- Assist with other Market Intelligence projects as required

Product Development

Assist product managers with

- vendor and supplemental benefit management (for example Smart Shopper, Oh Baby, Benefit Bank)
- research and response to member grievances.
- quality control proofing and documentation for product materials (EOC, SOB, SBC, PBPs etc).
- annual Connector Seal of Approval project.
- annual Medicare Bid development.

Qualifications

Education:

Bachelor's degree in English, Marketing, Business, or Health Care related field

Experience:

Minimum 3-6 years in a managed care or a healthcare setting.

Knowledge of health plan operations, finance, product, pricing, sales and marketing necessary. Sales and/or proposal writing experience required. Experience with Microsoft Office.

- Demonstrated experience analyzing RFP requirements, creating proposal outlines, and assignment schedules and timelines.
- Strong project management skills including exceptional organizational abilities.
- Demonstrated ability to interact with all professional levels including executive level management.
- Must possess an ability to acquire and communicate effectively complex information for submission
- Demonstrated ability to work under and enforce tight deadlines.
- Experience handling multiple projects with rapidly changing priorities and deadlines and the ability to prioritize efficiently and effectively
- Possess outstanding written, verbal, and interpersonal communication skills

Extensive knowledge of the health insurance industry; its concepts, practices, and procedures is important.

JT18

Advanced Practice Provider - NY (Telemedicine - USA) | Babylon Health

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Advanced Practice Provider - NY

(Telemedicine - USA)

Company Name **Babylon Health**
Company Location New York City, NY,
US

New Posted Date Posted 1 hour ago Number of applicants 47 applicants

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Babylon is launching in America!

We have an ambitious mission: to put an accessible and affordable health service into the hands of everyone on earth.

In the UK, where Babylon was founded and is currently headquartered, we work closely with the National Health Service (NHS) to deliver exceptional care to UK citizens. The Secretary of State for Health and Social Care in the UK has also endorsed Babylon's services.

In Rwanda, we are the largest digital healthcare provider and have over 2 million registered users. To date, we have performed over 600,000 consultations in this country.

We have plans in progress with major providers across the world and we are on the path to achieving our mission. Recently, we secured Series C funding (a record-breaking \$550M) and part of our mission is to improve access to healthcare for all Americans.

We're currently recruiting in a select number of states, and registering interest in others, in preparation for our launch nation-wide.

What do you need to apply?

- Completion of training in family medicine, internal medicine, or emergency medicine.
- 2-3 years in practice seeing the full scope of family medicine practice (adults, peds, and women's health)
- Board-certified (Family Medicine)
- Medicaid enrollment highly preferred
- Spanish speaker is a plus
- Comfortable with technology and leveraging video, or the desire to learn!

Seniority Level

Associate

Industry

- Information Technology & Services
- Computer Software
- Hospital & Health Care

Employment Type

Full-time

Job Functions

- Other

Patient Access Specialist | New Season

Source URL: https://www.linkedin.com/jobs/view/1786876635/?eBP=NotAvailableFromVoyagerAPI&recommendedFlavor=SCHOOL_RECRUIT&refId=97d58638-3a3f-4b2d-8d61-6a1b61aaa50d&trk=d_flagship3_search_srp_jobs

(99+) Patient Access Specialist

Patient Access Specialist

[Click here to see our counselors sharing how they make an impact](#)

Job Summary

- Are you ready to make an impact on your community?
- Are you passionate about changing the lives of others?
- New Season operates a number of nationally recognized and accredited methadone treatment centers dedicated to helping individuals with prescription drug abuse and opiate addiction regain control of their lives. We take great pride in treating our patients with dignity and respect in each phase of their treatment experience.

Ensures that patients are eligible for grants/insurances by assisting assigned clinic(s) with verification of insurance and grant patient eligibility on a timely basis and ensuring appropriate documentation exists in the electronic health record.

Job Responsibilities (includes But Not Limited To)

- Verifies patient insurance eligibility and re-verify weekly or monthly based on state requirements. Ensure billing episodes are changed promptly for applicable patients.
- Verifies patient eligibility for grant funding and re-verifies as required by grant program. Maintain good supporting documentation for audit purposes. Ensures billing episode is accurate.
- Obtains treatment authorizations when needed from Medicaid or other programs in a timely manner; regularly updates Methasoft with correct billing episodes and authorizations.
- Assists Program Director and Revenue Cycle in preparing and submitting patient refund requests and answering any related questions.
- Communicates with patients to obtain the required information in order for Revenue Cycle to submit claims timely.
- Communicates with clinic staff concerning patient inquiries related to initial billing and third party insurance matters.
- Ensures patient insurance information is collected and accurately inputted into UDS vendor system for billing purposes.
- Participates in regular Revenue Cycle update calls, assist in disseminating information within assigned clinic(s) such as changes in payors, and provide or obtain answers to clinic personnel and patient questions.
- Explains Assignment of Benefits form to patients and ensures signatures are obtained; obtains updated AOB's as frequently as required.
- Monitors all patient AR balances within clinic(s) and investigates growing credit balances.
- Works collaboratively with Program Director(s), Revenue Cycle, and patients to address growing credit balances.

- Performs patient account corrections as required, on a timely basis, and in accordance with Revenue Cycle guidelines.
- Creates and maintains billable service overrides (e.g.; co-pays, deductibles)
- Performs other tasks as assigned (e.g.; follow-up on denied patient claims, etc.).

Insurance Verification, Medical Billing, Treatment Authorization

Job Requirements

- High school diploma, GED, or equivalent education required.

Associates degree or higher preferred.

- 5 years healthcare revenue cycle (e.g.; verification, claims follow-up, billing, etc.) experience. Additional patient financial service experience and/or collections experience is preferred.

Benefits

- Make an impact on your community!
- Competitively priced Health, dental, and vision insurance.
- 401K plan with 6% employer match after one year of service
- Tuition assistance programs
- Fully paid tuition through Ashford University online for certain degrees
- Tuition reimbursement options for other job related university, training, or certification programs
- DailyPay -- get your paycheck whenever you want or need it
- 3 weeks paid vacation and option to buy up to 40 hours additional
- Company paid long term disability and life insurance
- Options for short term disability and additional life insurance
- FSA and HSA offerings
- Great work/life balance schedules

Eoe

- Colonial Management Group, LP (New Season) is committed to Equal Employment Opportunity (EEO) and to compliance with all Federal, State and local laws that prohibit employment discrimination on the basis of race, color, age, national origin, ethnicity, religion, gender, pregnancy, marital status, sexual orientation, citizenship, genetic disposition, disability or veteran's status or any other classification protected by State/Federal laws.

[Click here to see our counselors sharing how they make an impact](#)

AVP - Managed Care (Remote) | CareCentrix

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AVP - Managed Care (Remote)

Company Name [CareCentrix](#)
Company Location Tampa, Florida,
United States

New Posted Date Posted 1 hour ago Number of applicants Over 200 applicants

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This is an excellent opportunity to help shape the future of healthcare and drive innovation throughout the industry. CareCentrix is committed to making the home the center of patient care. As the AVP – Managed Care you will be responsible for the successful management of the CareCentrix network of providers focused on driving value through rate negotiations, provider partnerships and alternative payment models. This would include both our rendering Providers (Home Health Agencies) and referring providers (Hospitals, Physician Groups). The position will identify and assist in prioritization of scalable, provider-based strategies that meet the needs of internal and external stakeholders.

Responsibilities

- Develop a high performing network of providers inclusive of network scope, outcomes and costs that meets the needs of existing and future clients.
- Develop mutually beneficial partnerships with providers to impact the quality and cost of healthcare delivered
- Working cross functional with internal stakeholders to ensure Provider Network is meeting the needs of Operations, Medical

Economics, Sales and Revenue Cycle Management

- Identify pressing market factors, factoring in current and future needs. Assess innovation opportunities and identify barriers to bringing innovation to market.
- Develop a strategically defined provider focused plan for new products with accompanying goals and objectives.
- Drive provider strategy and development with an emphasis on competitive intelligence, market trend analysis and market research.
- Drive strategic alignment of corporate strategy with product development activities in close partnership with the Growth Office.
- Create financial models and analysis designed to support key decisions for a go no go outcome.
- Ensure requirements are accurately identified within and across strategies and that regulatory, administrative and marketing documentation are is readily producible.
- Work with IT and other cross functional groups such as Growth Office and RCM to develop provider focused strategies.
- Keep current on market drivers related to Retail exchanges, Accountable Care Organizations and alternative care delivery models.
- Lead cross-functional teams to develop detailed business plans including acquisition analyses, technology development assessment, roll out communication strategy and training.

Qualifications

- Bachelor's Degree in a transferable discipline required. Master's Degree, Finance/MBA preferred
- 5+ years experience in contract management for hospitals/physician groups
- Demonstrated work experience in execution of strategic planning
- Excellent organizational and analytic skills required. Knowledge of Utilization Management and URAC standards

CareCentrix maintains a drug-free workplace in accordance with Florida's Drug Free Workplace Law. We are an equal opportunity employer.

Director, Contracting | Eisai US

Source URL: https://www.linkedin.com/jobs/view/1759237780/?eBP=JOB_SEARCH_ORGANIC&recommendedFlavor=SCHOOL_RECRUIT&refId=97d58638-3a3f-4b2d-8d61-6a1b61aaa50d&trk=d_flagship3_search_srp_jobs

Director, Contracting

Company Name **Eisai US Company**
Location **Woodcliff Lake, NJ, US**

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

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At Eisai, satisfying unmet medical needs and increasing the benefits healthcare provides to patients, their families, and caregivers is Eisai's human health care (hhc) mission. We're a growing pharmaceutical company that is breaking through in neurology and oncology, with a strong emphasis on research and development. Our history includes the development of many innovative medicines, notably the discovery of the world's most widely-used treatment for Alzheimer's disease. As we continue to expand, we are seeking highly-motivated individuals who want to work in a fast-paced environment and make a difference. If this is your profile, we want to hear from you.

Job Description

The Director of Contracting resides within the Pricing, Contracting, Reimbursement and Supplier Relations (PCRS) Department. The Contracting group is responsible for creating, managing and executing successful contracting strategies for Eisai products covered under medical and/or pharmacy benefit throughout a product's life cycle, as well as managing the offer development process and customer negotiations

Given the evolving nature of Pharmaceutical Contracting at this time, the Director of Contracting will consider political and public pressures while working closely with Government Affairs, Corporate Advocacy, Legal, and Compliance to make operational enhancements and develop responses to internal and external cross-functional teams to remain compliant across all necessary channels.

The Director, Contracting collaborates with HEOR to help identify innovative contracting options to bring value to payers, as well as across the whole organization such as Brand Teams, Managed Markets, Finance, Market Research, Legal, and other functional teams. Significant collaboration, communication, and coordination needed to develop and implement contracting program solutions that compliantly meet Brand and Portfolio business objectives.

At Eisai, we are guided by our corporate philosophy of human health care (hhc). We place patients at the center of all that we do. Additionally, we continue to break through with new innovations, new approaches, and new ways to deliver our medicines to those in need.

Responsibilities Include But Are Not Limited To

- Leading the strategic planning for contracting programs in support of all in-line brands and / or pipeline products.
- Establishing channel specific net pricing and contracting policies for the entire Eisai portfolio.
- Leading the process of contract offer development and negotiation.
- Evaluating payer, customer, and patient economic drivers and barriers that impact product utilization.
- Identifying and assessing competitive threats related to competitor pricing and / or contracting activity.
- Developing internal contract performance reports for assigned contract programs.
- Developing customer business review templates related to customer contract performance.
- Training account management and, where necessary, the field sales force on new contracting programs.
- Supporting business development efforts where contracting expertise is necessary.

These responsibilities will include leading internal cross-functional teams and possibly managing external vendors supporting pricing and contracting programs.

Key Customers

Internal Customers: Contracts Administration, Brand Teams, Finance, Field Sales, Account Management, Market Research, Access and Reimbursement, Customer Marketing, Business Development

External Customers: All payers, including Contracted Health Care

Providers, Clinics, Hospitals, GPOs, PBMs, MCOs, Wholesalers,
Pharmacies, Employers and Government

Job Qualifications

- BS Required, MBA preferred
- 15+ years of pharmaceutical experience with 10+ years in U.S. Pricing and Contracting experience
- Managed care finance experience, as well as sales, marketing or account management experience
- Expert on contracting concepts, operations and negotiations across the medical and pharmacy benefit
- Expert understanding of pharmacy and medical benefit designs
- Deep understanding of all payer channels and segments
- Deep understanding of product life cycle management
- Strong analytical and financial management skills
- Cross functional understanding of the pharmaceutical business model
- Strong quantitative and computational skill
- FTE management experience, as well as the ability to manage cross functional projects
- Experience may come from several areas, including, but not limited to: pharmaceutical manufacturers, consulting, and/or managed care organizations (PBMs, GPOs, MCOs, Hospitals, Specialty Pharmacy and Trade Customers)
- Strong analytical skills related to pharmaceutical product price, discount, and rebate analysis
- Strong knowledge of WAC, Best Price, AMP, ASP
- Understanding of key payer and customer segments relevant to the Eisai portfolio
- Understanding of the US Reimbursement System across major payer segments (Managed Care, Medicare, Medicaid, and Federal)
- Understanding of key compliance areas related to contracting programs
- Excellent oral, written and presentation skills
- Excellent interpersonal skills
- Strong compliance mindset
- Strong customer orientation

Close preview

Eisai is an equal opportunity employer and as such, is committed in policy and in practice to recruit, hire, train, and promote in all job qualifications without regard to race, color, religion, gender, age, national origin, citizenship status, marital status, sexual orientation, gender identity, disability or veteran status. Similarly, considering the need for reasonable accommodations, Eisai prohibits discrimination against persons because of disability, including disabled veterans.

Please Click On The Following Link For More Information

Eisai Inc. participates in E-Verify. E-Verify is an Internet based system operated by the Department of Homeland Security in partnership with the Social Security Administration that allows participating employers to electronically verify the employment eligibility of all new hires in the United States.

Right To Work

E-Verify Participation

Manager, Managed Care Contracting | Teva Pharmaceuticals

Source URL: https://www.linkedin.com/jobs/view/1759234635/?eBP=JOB_SEARCH_ORGANIC&recommendedFlavor=SCHOOL_RECRUIT&refId=97d58638-3a3f-4b2d-8d61-6a1b61aaa50d&trk=d_flagship3_search_srp_jobs

Manager, Managed Care Contracting

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

NewPosted DatePosted 6 hours agoNumber 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 National Account 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:

- Responsible for the strategic and financial evaluation of potential contracting efforts, support of customer negotiations, and end-to end Brand payer contract execution for assigned National Accounts
- Key direct interface with National 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

- Project and model potential impact of payer contracts on current and long-term financial operating plans
- Represent Pricing & Contracting on cross-functional teams relating to product and channel strategy formulation, access initiatives, and pipeline product launch planning
- 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.

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Director Public Policy - Healthcare | McKesson

Source URL: https://www.linkedin.com/jobs/view/1787209225/?eBP=CwEAAAFw44ShDcc03ReF7Aa_U0kS0w25Rt4aom0Wds28pOtTqwV3ddwcHIQp5wjCqQUJQWynjK3YNQkOO2844q4dlvm3i2r75KEWcQu94aajL63ghYBwcZuk19R2AyGqz8Dmwi9JPGeFLzfrS_EFG1eNWOR9_eGsbRslACnj2D6WqF4YbQLiqPmO9m3gw6So4DFEowHYgNUeJh9c3rv9lvxR91z

(99+) Director Public Policy

McKesson Corp is a Fortune 7 company and is one of the largest providers of medicines, pharmaceutical supplies and health information technology (IT) products and services in the United States with revenues of \$208.4 billion in 2018. The company was founded in 1833 by John McKesson and Charles Olcott in New York with a focus on importing and wholesaling pharmaceutical products.

We're in an era of unprecedented complexity in healthcare. Patient care is not where it should be. While many of the organizations delivering the care need to get much healthier, too. This is why our vision is to improve care in every setting — one product, one partner, one patient at a time. And we're making this happen every day by touching virtually every aspect of healthcare. We partner with biopharma companies, care providers, pharmacies, manufacturers, governments and others to deliver the right medicines, medical products and healthcare services to the patients who need them, when they need them — safely and cost-effectively.

United by our ICARE values , our 78,000 employees work together every day to make better care possible for patients around the globe.

Experienced public policy professional with business acumen will have primary responsibility for supporting the development and execution of the company's public policy process at the federal, state and local levels. In close collaboration with the VP of Public Policy, this role will advance our enterprise-wide public policy strategy and initiatives in order to drive competitive advantage, grow markets and further our public policy thought leadership. This is not a lobbying role, but rather demands a substantive policy professional dedicated to research, policy and regulatory comment development and analysis. In this fast-paced and ever evolving role, a calm, resilient and creative approach to issues management is imperative. Finally, the successful candidate will have a performance mindset and be deeply committed to advance the McKesson health policy brand.

Key Components Of This Role Will Include

- Collaborate closely with VP Public Policy to analyze and influence policy through execution of the corporate public policy strategy, relationships with policy influencers and engagement of internal

subject matter experts and teams.

- Monitor and identify potential opportunities and risks in policy proposals and market trends.
- Communicate public policy implications effectively to senior business leaders and internal network. Generate internal communications to meet differing audience needs.
- Translate policy activities into actionable and measurable initiatives that support the company's business objectives.
- Support and, on many matters lead the development of regulatory and policy comment letters to government agencies and Congress in close consultation with internal subject matter experts and external stakeholders.
- Manage public policy advocacy engagement strategy in order to maintain and bolster company relationships and partnerships with external policy influencers (i.e., trade association policy committees, key customer policy experts, patient groups, provider organizations, think tanks).
- Triage and prioritize policy activities through collaboration, coordination and communication with Federal and State Government Affairs teams.
- Strengthen network of relationships across the company to ensure a deep knowledge of each business and alignment of public policy and business objectives.
- Manage internal policy workgroups comprised of senior business leaders through the Public Policy Advisory Council.
- Support, and in many cases lead McKesson participation in the policy and regulatory activities of trade associations and coalitions (e.g., NACDS, HDA) working with federal, state and communication teams impacting policy positions of external influences.
- Support [Lead] development of white papers, testimony and other such advocacy materials for sophisticated policy audiences.
- Create, bolster and maintain public policy resources, such as public policy position database and public policy intranet site, to ensure consistent and effective communication of our public policy strategy, issue positions, and advocacy engagements across the Public Affairs team and company leaders.
- Contribute to corporate and team culture through reflection of the McKesson Shared Value System expressed through our iCARE principles: integrity, customer first, accountability, respect and excellence, as well as our iLead principles: inspire, leverage, execute, advance and develop.
- Other duties and responsibilities as directed by VP Public Policy or SVP Public Affairs

S/he Will Have a Sophisticated Understanding Of

The successful candidate will be a strategic thinker with a strong grasp of the intersection between business and public policy and deep knowledge of government, legislative and regulatory and political

processes.

- Drug pricing policies impacting public and private payers across settings of care and benefits;
- Federal and state public payer programs, including Medicare Part B, Medicare Part D, Medicare Advantage and Medicaid; and
- Health IT and data policies impacting privacy, interoperability, portability usage to empower patient-centered care decisions.
- Knowledge of payer and pharmacy benefit manager business models and policy issues a plus.

Exceptionally Well Qualified Candidates Would Possess

- History of identifying evolving healthcare market and policy trends, understanding of and developing high impact initiatives which capitalize on opportunities to achieve business goals or elevate thought leadership.
- Strong analytic skills with proven ability to derive strategic insights and translate into actionable strategies.
- Exceptional and effective communication skills, both written and oral, for internal and external audiences at all levels.
- Skills to translate public policy position into a compelling and persuasive narrative to promote ideas and proposals.
- Existing relationships with key policy influencers (i.e., CMS, FDA, Congress) and stakeholders across the healthcare ecosystem (i.e., payers, health systems, trade associations, quality organizations).
- Experience working in small teams, requiring collaboration, juggling of priorities all in fast-paced, detail and outcomes-oriented environment.
- Ability to build credibility and rapport across the team and business.

Additional Qualifications

- Self-starter who excels in working independently but collaboratively, across a highly complex, matrixed organization with competing priorities. Doesn't wait to be directed, takes initiative.
- Strong innovative spirit with entrepreneurial mindset. Hands-on, high energy, mission-driven with a passion for improving the lives of patients.
- Creative, results-oriented thinker with strong interpersonal skills and sound judgement.
- Qualified candidates will have a minimum of ten years relevant, post-college experience in healthcare policy.

Education

A bachelor's degree is required; a graduate degree in health policy, public health, public policy, law or business administration is preferred.

Career level: P4

McKesson is an Equal Opportunity/Affirmative Action employer.

All qualified applicants will receive consideration for employment without regard to race, color, religion, creed, sex, sexual orientation, gender identity, national origin, disability, or protected Veteran status. Qualified applicants will not be disqualified from consideration for employment based upon criminal history.

McKesson is committed to being an Equal Employment Opportunity Employer and offers opportunities to all job seekers including job seekers with disabilities. If you need a reasonable accommodation to assist with your job search or application for employment, please contact us by sending an email to McKessonTalentAcquisition@McKesson.com . Resumes or CVs submitted to this email box will not be accepted.

Current employees must apply through the internal career site.

Join us at McKesson!

Medicaid Eligibility Advocate | HCA Healthcare

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Medicaid Eligibility Advocate

Company Name **HCA Healthcare**
Company Location **Irving, TX, US**

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

first 25 applicants

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Facebook Badge

Show more options

Description

SHIFT: Days (rotating weekends)

SCHEDULE: Full-time

Do you have exceptional customer service and the ability to plan, organize and exercise sound judgment? Do you demonstrate communication, problem solving and case management skills and the ability to act/decide accordingly? Now is the time to join our team of **motivated** and nurturing individuals working to assist patients with their Medicaid Eligibility screening and enrollment. Ideal candidates will have a steady work knowledge of medical terminology, practices and procedures, as well as laws, regulations, and guidelines. You should also share a passion for our purpose, **"To serve and enable those who care for and improve human life in their community."**

">

Does this sound like you? If so, [APPLY TODAY](#). See what makes us a **fabulous place to work!**

What We Can Offer You

- We offer you an excellent total compensation package, including competitive salary, excellent benefit package and growth opportunities. We believe deeply in our team and your ability to do excellent work with us.
- Your benefits package allows you to select the options that best meet the needs of you and your family. Benefits include 401k, paid time off, medical, dental, vision, flex spending, life, disability, tuition reimbursement, employee discount program, employee stock purchase program and student loan repayment.

What You Will Do

- Responsible for conducting eligibility screenings, assessment of patient financial requirements, and counseling patients on insurance benefits and co-payments.
- Serve as a liaison between the patient, hospital, and governmental agencies; and you will be actively involved in all areas of case management.
- Screen and evaluate patients for existing insurance coverage, federal and state assistance programs, or hospital charity application.
- Re-verify benefits and obtains authorization and/or referral after treatment plan has been discussed, prior to initiation of treatment.
- Ensures appropriate signatures are obtained on all necessary forms.
- Obtain legal relevant medical evidence, physician statements and all other documentation required for eligibility determination, and complete and file applications.
- Initiate and maintain proper follow-up with the patient and government agency caseworkers to ensure timely processing and completion of all mandated applications and accompanying documentation.
- Document progress notes to the patient's file and the hospital computer system.
- Participate in ongoing, comprehensive training programs as required.
- Required to make field visits as necessary.

Qualifications

- College degree preferred or high school diploma (equivalent).
- Preferred three years of hospital/medical business office experience with insurance procedures and patient interaction
- Understanding of patient confidentiality to protect the patient and the clinic/corporation.
- Ability to collect, synthesize and research complex or diverse information.

About Us

Parallon is an **industry leader** in revenue cycle services. We partner with over 650 hospitals and 2,400 physician practices nation-wide. Our parent company, HCA Healthcare has been consistently named a **World's Most Ethical Company** by Ethisphere and is ranked in the Fortune 100. We are dedicated to ensuring our patients have the best experience even after they leave our facilities.

We are an equal opportunity employer and we value diversity at our company. We do not discriminate on the basis of race, religion, color, national origin, gender, sexual orientation, age, marital status, veteran status or disability

status.

#ParallonBCOM

Notice

Our Company's recruiters are here to help unlock the next possibility within your career and we take your candidate experience very seriously. During the recruitment process, no recruiter or employee will request financial or personal information (Social Security Number, credit card or bank information, etc.) from you via email. The recruiters will not email you from a public webmail client like Gmail or Yahoo Mail. If you feel suspicious of a job posting or job-related email, let us know by clicking here.

For questions about your job application or this site please contact HCAhrAnswers at 1-844-422-5627 option 1.

Seniority Level

Associate

Industry

- Hospital & Health Care

Employment Type

Full-time

Job Functions

- Legal

Team Lead, Payment Integrity | CareSource

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Team Lead, Payment Integrity

Company Name **CareSource** Company

Location Dayton, OH, US

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

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Description

Role and Responsibility:

- Manage inventory and assign work to ensure department goals and standards are being met
- Ensure Service Level Agreements (SLA) for tickets are maintained and exceeded
- Direct day-to-day staff activities to ensure service and performance objectives are achieved
- Identify systemic opportunities for root cause analysis and continuous improvement
- Prioritize tickets, projects, and escalations according to market and strategic needs
- Manage and maintain reporting dashboards for inventory and root cause identification
- Ensure all adjustment request tickets are resolved accurately
- Ensure Payment Integrity team members identify, escalate and/or resolve complex or non-routine questions, issues, and problems within SLA timelines and provide direction as needed and/or escalate to senior management as appropriate
- Manage team workflow technical solutions, processes, and procedures
- Responsible for management and oversight of Coordination of Benefits (COB) processes and tools
- Responsible for management and oversight of payment integrity processes and tools – including manual claim adjustment, credit

balance, subrogation, workflow tools

- Provide oversight of Payment Integrity ticketing solution (OnBase, Service Now, SharePoint, Facets, email)
- Identify root cause of issues and appropriate proactive resolution to reduce claim adjustment rates
- Create reports and pull claims data to identify trends or significant variation from expectation to resolve tickets and initiatives
- Document process changes and new procedures to promote consistency in Claims operations
- Responsible for direct supervision of staff including quality review, performance feedback, development opportunities, disciplinary actions and timekeeping
- Oversee orientation and training of new team members
- Maintain positive and strategic relationships with internal and external stakeholders
- Manage staffing and scheduling functions to meet regulatory requirements and (SLAs)
- Perform any other job related instructions, as requested

Requirements

Education / Experience:

- Associates Degree or equivalent years of relevant work experience in business administration or healthcare required
- Minimum of three (3) years of healthcare experience is required
- Minimum of two (2) years of claims experience in a processing environment is required
- Previous supervisory/leadership experience preferred
- Healthcare, claims, technology and ticket application experience is preferred

Required Competencies / Knowledge / Skills

- Working knowledge of medical claims workflow and processing applications
- Knowledge of regulatory reporting and compliance requirements for Medicaid and Medicare
- Familiar with Agile methodology and application
- Healthcare insurance knowledge
- Knowledge of managing inventory and assigning work
- Proficient in Microsoft Word and Excel
- Knowledge of medical coding (CPT, HCPCS, ICD)
- Advanced working knowledge of managed care and health claims processing and reimbursement methodologies
- Ability to track/trend provider claim issues and develop solutions
- Excellent communication skills; both written and verbal
- Time management skills; capable of multi-tasking and prioritizing work
- Effective decision making / problem solving skills

- Knowledge of regulatory reporting and compliance requirements
- Excellent listening and critical thinking skills
- Proficiency in Microsoft Suite to include Word, Excel and Access
- Computer skills and abilities in Facets or equivalent claims adjudication system
- Ability to identify and recommend process improvements
- Ability to effectively interact with all levels of the organization

Licensure / Certification

- None

Working Conditions

- General office environment; may be required to sit/stand for long periods of time

This job description is not all inclusive. CareSource reserves the right to amend this job description at any time. CareSource is an Equal Opportunity Employer, including disability and veteran status. We are committed to a diverse and inclusive work environment.