Medicaid Industry Jobs Hunter 03/30/20

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Medicaid Jobs Hunter

In this packet….

Registered Nurse - RN - DOU Float Pool | Scripps Health

Registered Nurse - RN - DOU Float Pool

Company Name Scripps Health
Company Location San Diego, CA, US

NewPosted DatePosted 57 minutes agoNumber of applicants Be among the first 25 applicants

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At Scripps Health, you will experience the pride, support, respect that has been repeatedly recognized as one of the nation's Top 100 Places to

work.

You’ll be surrounded by people committed to making a difference in the lives of their patients and their teammates. So if you’re open to change, go ahead and unlock your potential.

Supporting excellence in patient and family-centered care, the Site Based Float Pool provides critical nursing support to our Definitive Observation Units at the Scripps Mercy San Diego and Chula Vista hospitals. Thriving in an environment where teamwork and leadership support is strong, our nurses enjoy the ability to float to different units and have flexibility with their work schedules. As a DOU nurse working in the Float Pool at Scripps Mercy Hospital San Diego and Chula Vista, you’ll join a team of skilled medical professionals who provide superior health services in a caring environment.

We invite you to join our highly engaged team of Registered Nurses in our Definitive Observation Units (DOU) responsible for providing direct patient care within the scope of his/her practice. Patient care includes assessment, planning and implementing a plan of care and evaluating patients' progress towards expected outcomes. With quality patient and family-centered care in mind, the RN takes primary responsibility for the patients' care as delivered by the Care Team under his/her supervision. Works collaboratively with other members of the patient care team to ensure optimal patient care.

This is a Part Time (48 hours per pay period), Night Shift position. This role requires you to float within our Scripps Mercy San Diego and Chula Vista campuses.

Required Qualifications

- Registered Nursing Degree from an Accredited School of Nursing
- Active California RN license
- American Heart Association BLS and ACLS Healthcare Provider Certifications
- 1 year of recent adult DOU/PCU/Stepdown experience
- Must be willing and able to float to other units
- Be able to speak, read and following instructions in English
- Have excellent interpersonal skills and demonstrate positive behaviors

Preferred Qualifications

- Bachelor's degree in nursing
- NIHSS certification

Healthcare Analyst | MSP Recovery

Source URL: https://www.linkedin.com/jobs/view/1691037893/?eBP=JOB_SEARCH_ORGANIC&refId=dccef628-9407-4fe9-93bd-7d3a41a8bfcc&trk=d_flagship3_search_srp_jobs

Healthcare Analyst

Company Name MSP Recovery
Company Location Coral Gables, Florida

Posted DatePosted 1 week agoNumber of applicants181 applicants

Job Summary

MSP Recovery, The Country's Leading Medicare + Medicaid Recovery Specialist which is transforming healthcare with data driven solutions is looking for a candidate to fill up the

HealthCare Data Anaylyst

The Health Care Data Analyst Position is responsible for managing clinical quality database and support Quality Data Processes, strategic and clinical quality initiatives for MSP Recovery, LLC. The ideal candidate is a seasoned Data Analyst that has successfully worked with clinicians in a hospital or clinical setting. Ability to demonstrate literacy in using computerized information systems.

Core Functions:

Manage all inclusive of data collection, data analysis and interpretation,

data submission, daily quality reporting issues, and outcomes report review.Interpret and translate data for senior management to clearly understand analysis and use it for meaningful decision making, and strategic planning purposes.
Work with other team members of Quality Data and Analytics Team and Clinical IT Teams to incorporate clinical data into the Electronic Health Record and develop/ validate reports.
Run queries/ analyses from databases for hospital and physician-level performance analytics.
Use clinical databases and national benchmarking to continuously identify opportunities for improved outcomes and cost reductions, and relay findings and recommendations to appropriate decision maker.
Create customized and recurrent reports and dashboards.
Assist with development and evaluation of internal and external data audits.
Assist quality team members in developing, reviewing and interpreting data.
Solve data integrity issues as they arise, and monitor the addition of new data, analytics and reporting systems.
Core Responsibilities:

Minimum Bachelor's degree in Industrial Engineering, Information Management, Nursing, Health Sciences, or related field.
Advanced proficiency with creating complex and advanced formulas in Excel and data manipulation.
Knowledge of healthcare quality and outcomes measurement and reporting.
3 years of Claims Adjuster
Certifications:

Certified Professional Coder (CPC), CPC-Hospital, CPC-Payer, Certified Professional Medical Auditor (CPMA)

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

Criteria provided by job poster

Skills

Match

Auditing
Match

Healthcare
Match

Quality Assurance
No match

Computer Science
No match

Claims Handling

Level of education

Match

Bachelor's Degree

Contact the job poster

0

Elizabeth Sierra

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PREMIUM

Featured benefits Employer verified

For Healthcare Analyst in Coral Gables, Florida at MSP Recovery

Medical insurance
Vision insurance
Dental insurance
Paid maternity leave

PROFINDER

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Clay Farris Senior Healthcare Executive

PREMIUM

Competitive intelligence about other applicants

Insights about this job's applicants

Here's where you can see if this job is a good fit for you by learning how you stack up against other applicants, what your unique advantages are, and how your skills and background help you stand out from the crowd.

Learn more

Top applicants

10%

You're in the top 10% of 181 applicants based on your LinkedIn profile

We calculated this rank by comparing how your skills and work experience match up with the job requirements listed relative to other

applicants.

Match based on your LinkedIn profile:

Skills

5/5

Past Experience

5/5

Current Role

4/5

Top skills

You have 5 out of 10 top skills among all other applicants

Data Analysis

(You have this skill!)
Leadership

(You have this skill!)
Healthcare

(You have this skill!)
Management

(You have this skill!)
Research

(You have this skill!)
Microsoft Excel
Microsoft Office
Microsoft PowerPoint
Microsoft Word
Customer Service

Seniority level

59 Senior level applicants

56 Entry level applicants

8 Manager level applicants

3 Director level applicants

Education

41% have a Master's Degree (Similar to you)
34% have a Bachelor's Degree
15% have a Master of Business Administration
10%have other degrees

Location

Miami Metropolitan Area

74 applicants
United States, Other Areas

11–15 applicants
New York City Metropolitan Area

6–10 applicants

Dir Medicaid Programs | McLaren Health Care

Source URL: https://www.linkedin.com/jobs/view/1711865477/?eBP=JOB_SEARCH_ORGANIC&refId=622f2bb5-46e5-406c-99bc-287158390c49&trk=d_flagship3_search_srp_jobs

Dir Medicaid Programs

Company Name McLaren Health Care Company Location Flint, MI, US

NewPosted DatePosted 10 hours agoNumber of applicants26 applicants

Position Summary

Provide organization-wide leadership related to the Medicaid Program for McLaren Health Plan and its subsidiaries.Serve as subject matter expert on all issues pertaining to the Medicaid contract. Responsible for ensuring accurate interpretation of Medicaid guidelines and requirements to executive management and impacted department directors.Ensure that all contractual obligations and regulations are met by coordinating resources necessary for such compliance.Ensures transactional processes meet regulatory requirements and serves as an escalation point to executive management when problems arise.Serve as the primary contact between the Michigan Department of Health and Human Services (MDHHS) and McLaren Health Plan (MHP).Helps lead efforts to make MHP a top performing Medicaid Health Plan as measured by financial performance, regulatory adherence, quality

ratings, high customer satisfaction and market share.
Required
Qualifications:
Preferred
Primary Location
Michigan-Flint-McLaren Health Plan Bldg
Work Locations
McLaren Health Plan Bldg
Job
Director
Organization
MHP60-McLaren Health Plan
Employee Status
Regular
Job Type
Standard
Job Level
Director
Schedule
Full-time
Shift
Day Job
On Call
No
Weekends
Bachelor's degree in business, public health, or related field.
Five (5) years' experience working with Medicaid or other state/federal health care related programs with direct responsibility for interpreting and facilitating successful management of contract requirements.
Two (2) years' experience working in a Managed Care environment.
Master's degree in related field.
Five (5) years' experience in a health plan or managed care industry role.
No

Contact the job poster

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Kay Hoeffel 2nd

Human Resources Generalist at McLaren Health Care

Job Poster Location
Lake Orion, Michigan

PREMIUM

Seniority Level

Entry level

Industry

Non-profit Organization Management
Health, Wellness & Fitness
Hospital & Health Care

Employment Type

Full-time

Job Functions

Other

PROFINDER

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Hire a resume writer

Get a resume review

PREMIUM

Competitive intelligence about other applicants

Insights about this job's applicants

Here's where you can see if this job is a good fit for you by learning how you stack up against other applicants, what your unique advantages are, and how your skills and background help you stand out from the crowd.

Learn more

Top applicants

50%

You're in the top 50% of 26 applicants based on your LinkedIn profile

We calculated this rank by comparing how your skills and work experience match up with the job requirements listed relative to other applicants.

Match based on your LinkedIn profile:

Skills

5/5

Past Experience

3/5

Current Role

3/5

Top skills

You have 5 out of 10 top skills among all other applicants

Healthcare

(You have this skill!)
Leadership

(You have this skill!)
U.S. Health Insurance Portability and Accountability Act (HIPAA)

(You have this skill!)
Strategic Planning

(You have this skill!)
Management

(You have this skill!)
Customer Service
Microsoft Excel
Public Speaking

Microsoft Office
Microsoft PowerPoint

Seniority level

7 Senior level applicants

7 Entry level applicants

4 Manager level applicants

2 Director level applicants

Education

25% have a Master's Degree (Similar to you)
33% have a Bachelor's Degree
29% have a Master of Business Administration
13%have other degrees

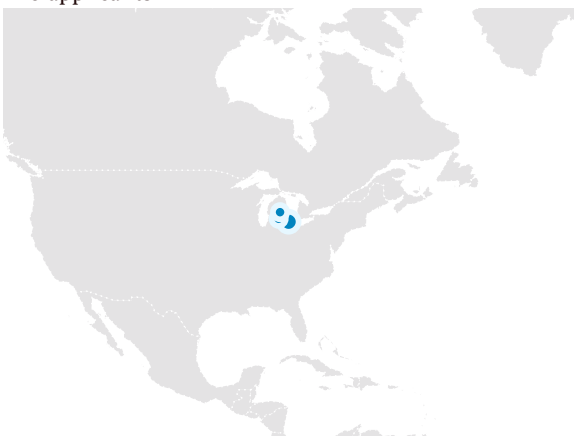
Location

Detroit Metropolitan Area

16 applicants
Greater Lansing

1–5 applicants
Tri-Cities, Michigan Metropolitan Area

1–5 applicants



An inside look at McLaren Health Care and its employees

Insights about the company

Get an inside look at the company's hiring trends, including who they hire and from where. This gives you a snapshot of the overall health and growth of the company to help you see if it's a good match for you.

Learn more

Hiring trends over the last 2 years

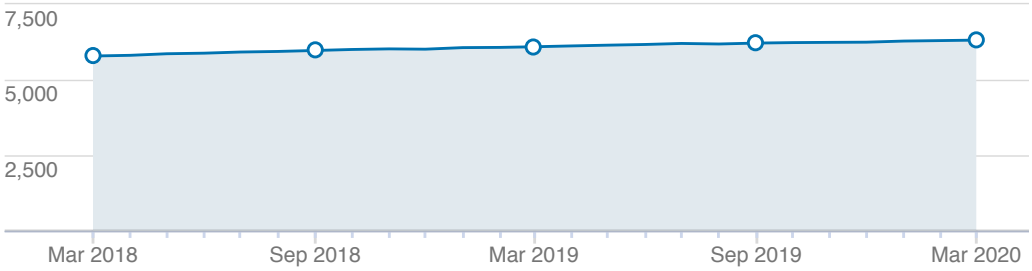
6,313

Total employees
9%

Company-wide

2y growth

9% increase



DATE	NUMBER OF EMPLOYEES
March 2018	5,787
April 2018	5,810
May 2018	5,862
June 2018	5,881
July 2018	5,919
August 2018	5,938

September 2018	5,970
October 2018	6,003
November 2018	6,023
December 2018	6,013
January 2019	6,065
February 2019	6,072
March 2019	6,093
April 2019	6,121
May 2019	6,146
June 2019	6,169
July 2019	6,203
August 2019	6,185
September 2019	6,215
October 2019	6,231
November 2019	6,239
December 2019	6,245
January 2020	6,282
February 2020	6,298
March 2020	6,313

Median tenure · **2.5 years**

McLaren Health Care talent sources

Hires at McLaren Health Care came from these companies and more

Beaumont Health

7 people

McLaren Flint

5 people
Ascension

4 people
Henry Ford Health System

4 people
McLaren Greater Lansing

3 people
McLaren Port Huron

3 people
Spectrum Health

2 people
Sparrow Health System

2 people
Karmanos Cancer Institute

2 people
Residential Home Health and Residential Hospice

2 people

Hires at McLaren Health Care came from these schools and more

Michigan State University

48 people
Oakland University

33 people
Central Michigan University

31 people
Mott Community College

16 people
Western Michigan University

15 people

Macomb Community College

14 people
Wayne State University

14 people
University of Michigan

14 people
University of Michigan-Flint

13 people
Oakland Community College

12 people

See more company insights

Manager, Government Programs | HMSA

Source URL: https://www.linkedin.com/jobs/view/1800204120/?eBP=NotAvailableFromVoyagerAPI&recommendedFlavor=SCHOOL_RECRUIT&refId=62257fbc-a9d4-4932-b541-79c76f550c07&trk=d_flagship3_search_srp_jobs

Manager, Government Programs

Company Name HMSA Company Location Honolulu, HI, US

Posted DatePosted 5 days agoNumber of applicants Be among the first 25 applicants

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- **Risk Adjustment:**
  - Serves as HMSA's primary expert on Medicare risk scores and risk adjustment program.
  - Maintains current knowledge of Medicare policies and regulations with respect to risk adjustment.
  - In collaboration with key business partners, influences the development and execution of risk adjustment strategies and activities to optimize risk-adjusted revenue.
  - Works with other departments, such as Provider Services, Health Finance and Corporate Analytics to ensure alignment and integration of all aspects of the risk adjustment program.
  - Monitors, measures and communicates performance and outcomes relative to the program strategy.
  - Ensures integration of Stars and risk adjustment programs where possible.
  - Manages vendor relationships, including performance to contractual requirement, service level agreements, and financial performance.
  - Ensures that risk adjustment activities and risks are accurately reflected in all financial projections.

- **Strategic Financial Analysis:**

  - Supports the development of Medicare and Medicaid budgets and forecasts, including all components of Medicare and Medicaid reimbursement.
  - Identifies and drives changes that will improve Medicare's and Medicaid's financial position.
  - Works closely with Product Development and Actuarial in the preparation and management of the annual CMS Medicare bid process. This includes both contributing to strategies and the technical financial components of the bid preparation process.
  - Creates, conducts and/or oversees the development of various financial analyses aimed at identifying and/or supporting Medicare and Medicaid initiatives and strategies, including but limited to new product introductions, benefit /pricing decisions, pilot programs and other ways to improve Medicare's and Medicaid's financial position.
  - Provides insights to various business leaders on actionable areas of opportunity.
  - Responsible for financial analysis of the risk adjustment program.

- **Management/Leadership:**

  - Recruit, train, develop, manage, and provide direction to staff responsible for the risk adjustment program and the review and analysis of the HMSA Medicare and Medicaid financial results.

This includes analyzing, interpreting, evaluating, monitoring, and communicating financial information to officers, department heads, and auditors as needed.
    - Establishes systems for assignment, tracking and review of work.
    - Assures all major financial analysis duties and responsibilities are being successfully performed in a timely and efficient manner.
    - Functions as a manager in Government Programs, helping to lead the department toward meeting its goals, mission and vision.
    - Participates and supports in internal and external financial and/or regulatory audits, including the remediation of any potential audit findings.

- **Performs all other miscellaneous responsibilities and duties as assigned or directed.**
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- **Performs all other miscellaneous responsibilities and duties as assigned or directed.**

Strategy Lead, Payer-Provider Strategy & Partnerships | Kaufman Hall

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Strategy Lead, Payer-Provider Strategy & Partnerships

Company Name Kaufman Hall
Remote Company Location United States

Posted DatePosted 4 days agoNumber of applicantsOver 200 applicants

Strategy Lead, Payer-Provider Strategy and Partnerships

****This role may be based remotely****

The Organization

Kaufman Hall provides comprehensive strategic and financial advisory services to leading health care companies across the country, including health systems and health plans. Since 1985, Kaufman Hall has been a leading advisor to healthcare Executives and Boards of Directors, helping them solve their most difficult and complex business issues.

One of the strategic issues we help define is the transition to value-based care. Kaufman Hall has built a significant business advising payers and providers on building collaborative innovations and strategic partnerships to increase the market resilience and relevance of their enterprises. Some of our most recent engagements include:

1. Devising market-based strategies for payers and providers to transform and align business models
2. Development of joint ventures which feature innovative and aligned economic models
3. Launching market-leading health plan products, that are positioned to effectively compete across all lines of business

Kaufman Hall is committed to growing our team of consultants focused on enterprise-level payer-provider strategy and partnerships. The ideal candidates will be senior strategy consultants with a strong background in management consulting and/or industry experience working for a payer or provider. A combination of proven thought leadership, strategy advisory work and subject matter expertise would be ideal.

Key Responsibilities:

Kaufman Hall is actively seeking a strategy consultant who wants to play an integral role in growth and development of our planning practice, with specific focus on payer-provider strategy and partnership.

- Serve as a trusted advisor to both payers and providers
- Lead projects to transform payer/provider relationships, including management of cross-functional teams to ensure efforts stay on budget, on-time, and effective
- Develop value-based market strategies that are win/wins between payers and providers across different lines of business (e.g., government programs, commercial products)
- Meaningfully contribute to new business development activities and firm/practice growth
- Manage and develop payer and provider client relationships at executive and board levels
- Be an original and creative thought leader and partner with clients and KH colleagues
- Participate on the payer-provider product team task force to enhance/advance the Kaufman Hall value proposition
- Share their expertise with colleagues and staff to help raise the firms IQ in this growth area and complement product development with Kaufman Hall's software and analytics teams as needed

Professional Qualifications: Ideal candidate will have a sustained, demonstrated record of accomplishment and success (no less than 10 years) and experience working in either the payer or health care provider industry and/ or as a management consultant. In addition, we seek a leader who has the following qualifications:

- Experience leading, managing and/or facilitating payer-provider strategy and partnership engagements and business model transformation
- Subject matter expertise in one or more of the following areas:
  - Population health management
  - Development and design of related providers organizations/networks (e.g., Accountable Care Organizations, Clinically Integrated Networks)
  - Health plan product development including the lines of business of Medicare Advantage, Commercial, or Medicaid

    - Payer/provider partnership strategy
    - Implementation planning to support value-based care for payers and/or providers in areas such as Information Technology, Utilization Management, or Clinical Transformation

- Knowledge of managed care markets and organizational readiness to prepare for value-based care
- Excellent analytical skills and the ability to develop and evaluate strategic business cases and financial models
- Ability to manage 4-6 simultaneous engagements within the practice
- Excellent presentation and communication skills at the senior executive and board levels
- Solid technical and analytical computer skills, including excellent Microsoft Word, PowerPoint and Excel software skills
- Willingness to travel 40-80 percent of the time
- Current permanent US work authorization required

Education

- Bachelor's degree required, MBA or advanced degree in Healthcare preferred

Kaufman, Hall, & Associates, LLC. is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, religion, sex, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability or other legally protected category.

How to Apply

Interested and qualified candidates should upload their resume on our website (www.kaufmanhall.com) in the designated area under "About Us" and then "Career Opportunities." *Direct inquiries will not be accepted. Kaufman Hall does not accept unsolicited resumes from search firms or staffing agencies. All unsolicited resumes will be considered the property of Kaufman Hall and Kaufman Hall will not be obligated to pay a placement fee*

Manager, Medicaid | IntegriChain

Manager, Medicaid

Company Name IntegriChain
Company Location Ambler, Pennsylvania, United States

Posted DatePosted 5 days agoNumber of applicants Be among the first 25 applicants

Mission

The Manager of Medicaid Rebate Administration will manage operations of the Medicaid Rebate department and its shared service partners in collaboration with offshore team and vendor(s) to provide prompt, accurate and compliant processing/payment of Medicaid rebates to our customers. Develop analytical tools and interpret multiple data sets to inform various business partners. ensuring that each assigned customer rebate program adheres to all CMS and other applicable requirements. This position also ensures that State federal and supplemental rebate programs are actively monitored, that appropriate staffing levels are maintained, training programs for both State and internal Medicaid analysts are accomplished, and the accurate publishing/documenting of communications addressing any changes in guidance for government programs and the Medicaid program that will impact other internal operations. This position drives continuous improvement initiatives.

Responsibilities

- Provides operational direction and strategic drive to deliver results through a network of employees, 3rd parties and shared service colleagues on broad and crucial subject areas.

- Develop insightful analytics that both explain and predict revenue deduction fluctuations Review & approve high volume of rebates payments in a tight 20 day frame.
- Regularly initiates, champions, leads and participates as a team member on often complex process improvement efforts that span multiple business and functions
- Validate & approve contract updates for federal, state & supplemental rebate programs.
- Assure data migration projects and other technical initiatives are successful
- Understand and communicate impact of Legislation changes Minimize Revenue Leakage by leading data scrubbing projects and using innovative analytical tools.
- Develop process improvements such as robotics and automation in order to stay current with industry standards and regulatory changes.
- Select, motivate, develop, lead and manage people to ensure success of direct reports, teams and the larger IntegriChain talent pool.
- Collaborate with Affiliate business teams to meet goals of the shared service arrangements.
- Provide Shared Service partners with actionable insights concerning state, program and product trends.
- Perform quarterly pricing activities updates and entries in Medicaid Processing systems for all Customers.

Requirements

- Bachelor's Degree. Minimum of 8 years' experience in financial analysis, customer payments and contracts or related expertise.
- Minimum 5 years demonstrated progressive leadership/management responsibility, managing cross-functional teams is required
- Able to effectively lead in a team or multi-team environment, leading and influencing across complex organizations
- Must demonstrate proficiency in and have specific knowledge and experience with US healthcare industry, major customer pricing and administration, Federal and State Government program administration (Medicare, Medicaid, 340B, Orphan Drug, etc), and managed healthcare in US
- Pharmaceutical Industry experience; Medicaid Claim processing function; manipulation of large datasets, negotiation/conflict resolution. System Implementation and report writing.
- Must be diplomatic, persuasive and able to establish good rapport with full spectrum of internal and external partners, from operators to Sr. Executives, both inside and outside the company
- Must consistently demonstrate knowledge beyond the key subject areas and be recognized as a connector of key technical/subject information with larger business goals

- Strong ability to organize and manipulate large volume of data in various formats. Attention to detail and high degree of accuracy in data processing and reviews.
- Strong knowledge of procedures and systems including knowledge of contract and rebate systems such as Model N, Revitas Flex & Classic.
- Exhibits superior communication and influencing skills: oral, written, listening and presentation skills. Demonstrated ability to teach, train and grow capability of others

*Recruiting Agencies: Please do not send unsolicited resumes to our employees, job listings, or recruiting team. IntegriChain is not responsible for any fees related to unsolicited resumes.

At this time IntegriChain is unable to transfer or sponsor visas

Medicaid Eligibility Reviewer | Booz Allen Hamilton

Source URL: https://www.linkedin.com/jobs/view/1802882360/?eBP=JOB_SEARCH_ORGANIC&recommendedFlavor=SCHOOL_RECRUIT&refId=25922068-6545-4abe-b122-cf82c8237f0b&trk=d_flagship3_search_srp_jobs

Medicaid Eligibility Reviewer

Company Name Booz Allen Hamilton
Company Location Bethesda, MD, US

Posted DatePosted 3 days agoNumber of applicants Be among the first 25 applicants

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Job Number: R0080569

Medicaid Eligibility Reviewer

Key Role

Create efficiency in the consulting profession while supporting healthcare clients at the forefront of Medicaid policy initiatives. Work with a client's organization to help solve challenges and build better business processes. Conduct research and data analysis for consulting projects as we build organizational and process solutions. Build a trusted relationship with the client and identify and anticipate needs across the globe in multiple industries.

Basic Qualifications

- Experience with Medicaid and CHIP programs and policies through educational or entry-level business roles
- Experience in working with federal officials, states, and relevant stakeholders on Medicaid and CHIP issues
- Ability to manage assignments and organize tasks logically
- Ability to learn new areas of expertise and pay strict attention to detail
- Ability to conduct research, synthesize information, and present findings or recommendations
- Ability to work both successfully individually or in collaboration with others
- BA or BS degree

Additional Qualifications

- Experience with conducting reviews or performing audit functions
- Experience with the variables, file construction, and data layouts of Medicaid and CHIP data sets
- Experience in the consulting field
- Possession of excellent organizational skills
- Possession of excellent oral and written communication skills
- MA or MS degree in a health-related field

We're an EOE that empowers our people—no matter their race, color, religion, sex, gender identity, sexual orientation, national origin, disability, veteran status, or other protected characteristic—to fearlessly drive change.

, CJ1

Seniority Level

Entry level

Industry

- Information Technology & Services
- Defense & Space
- Computer Software

Employment Type

Full-time

Job Functions

- Administrative

Senior Policy Specialist | Oklahoma Health Care Authority

Source URL: https://www.linkedin.com/jobs/view/1806465282/?eBP=NotAvailableFromVoyagerAPI&recommendedFlavor=IN_NETWORK&refId=25922068-6545-4abe-b122-cf82c8237f0b&trk=d_flagship3_search_srp_jobs

Senior Policy Specialist

Company Name Oklahoma Health Care Authority Company Location Oklahoma City, OK, US

NewPosted DatePosted 18 hours agoNumber of applicants Be among the first 25 applicants

Senior Policy Specialist The Oklahoma Health Care Authority (OHCA) is the State Medicaid Agency of the State of Oklahoma. OHCA is searching for a Senior Policy Specialist to be responsible for developing and coordinating the Medicaid State Plan and 1115 demonstration waiver, to protect Federal Financial Participation (FFP), as mandated by federal regulations for the Medicaid program, which is implemented and maintained by the Oklahoma Health Care Authority (OHCA). The selected individual will prepare reports, present findings, conduct and analyze extensive research and make recommendations. Qualifications: Knowledge of policy issues related to state/federal regulations; experience in the use of PC and Internet systems and software applications including but not limited to; Excel, Word, and Adobe. Skill in basic statistical and research techniques, analyzing complex situations, and making responsible decisions. Requires a Bachelor's Degree in Business, Public Administration, Public Health or a closely related field AND 2 years of experience in policy development, policy analysis, program management/development, or technical, statistical research in support of programs and policies OR Bachelor's Degree in Business, Public Administration, Public Health or a closely related field AND an equivalent combination of education and experience totaling 6 years. Policy development, program or project development experience preferred. Experience with state and federal government program management desired. Apply online at: https://www.okhca.org/ Direct link: https://www.jobapscloud.com/OK/sup/bulpreview.asp?R1=200320&R2=UNCE&R3=129 recblid 9szbvgty6magyvkmtvvknit18vyz0e Senior Policy Specialist The Oklahoma Health Care Authority (OHCA) is the State Medicaid Agency of the State of Oklahoma. OHCA is searching for a Senior Policy Specialist to be responsible for developing and coordinating the Medicaid State Plan and 1115 demonstration waiver, to protect Federal Financial Participation (FFP), as mandated by federal regulations for the Medicaid program, which is implemented and maintained by the Oklahoma Health Care Authority (OHCA). The selected individual will prepare reports, present findings, conduct and analyze extensive research and make recommendations. Qualifications: Knowledge of policy issues related to state/federal regulations; experience in the use of PC and Internet systems and software applications including but not limited to; Excel, Word, and Adobe. Skill in basic statistical and research techniques, analyzing complex situations, and making responsible decisions. Requires a Bachelor's Degree in Business, Public Administration, Public Health or a closely related field AND 2 years of

experience in policy development, policy analysis, program management/development, or technical, statistical research in support of programs and policies OR Bachelor's Degree in Business, Public Administration, Public Health or a closely related field AND an equivalent combination of education and experience totaling 6 years. Policy development, program or project development experience preferred. Experience with state and federal government program management desired. Apply online at: https://www.okhca.org/ Direct link: https://www.jobapscloud.com/OK/sup/bulpreview.asp?R1=200320&R2=UNCE&R3=129 recblid 9szbvgty6magyvkmtvvknit18vyz0e

Seniority Level

Entry level

Industry

- Individual & Family Services
- Mental Health Care
- Hospital & Health Care

Employment Type

Full-time

Job Functions

- Other

Analytics Senior Consultant - Medicaid | Aetna, a CVS Health Company

Source URL: https://www.linkedin.com/jobs/view/1427779213/?eBP=JOB_SEARCH_ORGANIC&recommendedFlavor=IN_NETWORK&refId=25922068-6545-4abe-b122-cf82c8237f0b&trk=d_flagship3_search_srp_jobs

Analytics Senior Consultant - Medicaid

Company Name Aetna, a CVS Health Company Company Location Dallas, TX, US

NewPosted DatePosted 12 hours agoNumber of applicants135 applicants

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Job Description

Participates in complex medical economics projects including medical cost savings initiatives, revenue enhancement initiatives, network and contracting reimbursement analysis.

Project management accountabilities include project oversight including initiation, identification and completion of key deliverables. Create and provide key metrics for management of Texas Medicaid health plan and a key contributor to local finance team. Manages and develops provider reimbursement programs, policies, and strategies to ensure unit cost controls meet or exceed corporate objectives for medical cost containment. Provides analytical support critical in positioning system or network changes needed.

Fundamental Components

Serves as project manager and/or participant on selected project(s). Develops critical and complex information in support of strategic business plans to meet projected requirements of business area. Provides very complex programming and analytical support for medical cost trend analysis and strategic planning (such as verifying trends

developed by Actuarial team and developing new tools for the regions to analyze medical costs). Works cross-functionally throughout the region toward achieving operational targets. Presents highly complex information in a way that multiple levels within an organization can understand and utilize to make appropriate decisions to meet business objectives. Assists in development/mentoring of less experienced team members. May assist in providing direction of day to day activities.

Background Experience

Advanced software and programming skills including database querying knowledge such as SQL

5-8 years demonstrated leadership and project management experience.

Strong analytical ability and familiarity with advanced financial and healthcare concepts.

Ability to manage conflicting priorities and multiple projects concurrently.

Bachelor's Degree in business, finance, related field preferred or 3 to 5 years equivalent work experience in the healthcare industry.

Additional Job Information

This position will be a key contributor to the Texas Medicaid market programs. Opportunity to work directly with senior team and assist in developing financial and operational metrics. Highly visible position.

Required Skills

Finance - Delivering Profit and Performance, Finance - Managing Aetnas Risk, Finance - Profit and Quality Vigilance

Minimum Technical Experience

Development Language - SQL

Job Group

Data & Analytics

Primary Location (City, State)

TX-Dallas

Additional Locations

TX-Dallas, TX-Fort Worth, TX-Plano

Potential Telework Position

No

Percent Of Travel Required

0 - 10%

Full or Part Time

Full Time

Supervisory Responsibilities

No

EEO Statement

Aetna is an Equal Opportunity, Affirmative Action Employer

Benefits Program

Benefit eligibility may vary by position.

Candidate Privacy Information

Aetna takes our candidate's data privacy seriously. At no time will any Aetna recruiter or employee request any financial or personal information (Social Security Number, Credit card information for direct

deposit, etc.) from you via e-mail. Any requests for information will be discussed prior and will be conducted through a secure website provided by the recruiter. Should you be asked for such information, please notify us immediately.

Resource Group

1

Req#

61488BR

Seniority Level

Associate

Industry

- Insurance
- Financial Services
- Hospital & Health Care

Employment Type

Full-time

Job Functions

- Business Development
- Sales

Population Health Strategy Lead | Humana

Source URL: https://www.linkedin.com/jobs/view/1800520641/?eBP=NotAvailableFromVoyagerAPI&recommendedFlavor=IN_NETWORK&refId=25922068-6545-4abe-b122-cf82c8237f0b&trk=d_flagship3_search_srp_jobs

Population Health Strategy Lead

Company Name Humana Company Location Louisville, KY, US

Posted DatePosted 5 days agoNumber of applicants Be among the first 25 applicants

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Description

The Population Health Strategy Lead is responsible for improving the quality of care and outcomes while managing costs for a defined group of people. The Population Health Strategy Lead works on problems of diverse scope and complexity ranging from moderate to substantial in relation to social determinants of health.

Responsibilities

Humana's Bold Goal is to improve the health of the communities we serve as evidenced by more healthy days. The Population Health Strategy Lead identifies health needs such as chronic diseases or disabilities, or the health needs of the under-served and advises executives to develop functional strategies (often segment specific) that positively impact Social Determinants of Health (Food insecurity, Transportation and Housing challenges, Isolation, etc.) This leader will work collaboratively to deliver high-impact partnerships and programmatic strategy.

Responsibilities Include The Following

This is an exciting opportunity to d evelop, lead and implement

comprehensive population health strategy and interventions in partnership with leadership and business units.

- Building and maintaining sustainable strategic relationships with community partners, state agencies, and providers.
- Creating evidence-based, scale-able and financially sustainable population health solutions.
- Providing thought Leadership targeted at the state and city level
- Partnering with Business Development on RFP Content, and integrating corporate Social Determinant of Health strategy and learnings into RFPs.
- Consulting with Market's and all Humana Lines of Business to expand "Bold Goal" population health strategies through plan operations
- Recommending strategies to improve health outcomes and promote smarter spending into states that are priority for Medicaid/Duals Strategy.
- Developing materials for internal and external presentations and communications regarding business goals, market strategy, policy, positioning, and outcomes in the Medicaid and Dual Eligible
- Delivering high-impact business unit strategy projects that create a road map for growth, innovation and thought leadership in population health.

Success in this role will be based on the ability to work on multiple projects, influence without authority, pivot as priorities change and navigate ambiguity in a fast-paced environment.

Required Qualifications

- Bachelor's Degree in a related area of study
- Must have experience working in Medicaid and preferably in a managed care setting.
- Healthcare experience associated with population health outcomes, quality improvement, or policy
- Ability to analyze data and make data-driven recommendations for quality improvement
- Excellent interpersonal skills, ability to develop effective relationships with a broad array of people (different levels of management and clinical expertise)
- Experience with program planning, implementation, and evaluation
- Ability to take personal initiative and work independently, as well as part of a team
- Ability to meet deadlines in a complex and fast-paced environment
- Must be detail oriented and have 1-3 years project management experience
- Proficiency in Microsoft applications including Word, Advanced

Excel, and PowerPoint
- Must be passionate about contributing to an organization focused on continuously improving consumer experiences

Preferred Qualifications

- MBA or Masters degree in an applicable field of study

Additional Information

Travel required is up to 50%

Scheduled Weekly Hours

40