

Medicaid Industry Jobs Hunter 09.30.19



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Medicaid Jobs Hunter

In this packet....

1. Health Insurance Specialist | Centers for Medicare & Medicaid Services
2. Project Manager with HMO, Medicaid and Medicare experience | The Job Network
3. Health Care Policy & Financing Researcher and Writer | State of Colorado
4. Research Associate - Health Insurance Access and Value Based Care | IMPAQ International
5. Medicaid Liaison | McLaren Health Care
6. Medicaid & Medicare Claims Educator
7. Nurse | Centers for Medicare & Medicaid Services
8. Utah Medicaid Case Coordinator | Avalon Health Care Group
9. Payment Reform Program Officer | Center for Health Care Strategies, Inc.
10. Managed Care Coding Specialist (MPS2/MPOI)

Health Insurance Specialist | Centers for Medicare & Medicaid Services

Health Insurance Specialist

Centers for Medicare & Medicaid Services Washington, D.C., DC, US

Health Insurance Specialist

Department of Health And Human Services

Centers for Medicare & Medicaid Services

Office of Communications (OC)

Overview

- ##### Open & closing dates

09/24/2019 to 10/07/2019

- ##### Service

Competitive

- ##### Pay scale & grade

GS 13

- ##### Salary

\$99,172 to \$128,920 per year

- ##### Appointment type

Permanent

- ##### Work schedule

Full-Time

Location

1 vacancy in the following location:

Washington, DC

Relocation expenses reimbursed

No

Telework eligible

Yes as determined by agency policy

- Videos
- Duties

Summary

This position is located in the Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), Office of Communications (OC).

As a Health Insurance Specialist, GS-0107-13, you will oversee and perform a wide variety of program-related duties and assignments on behalf of the Director and Deputy Director, informing the full-range of projects and tasks within the purview of the OC Front Office with expertise about CMS' national-level programs and initiatives.

Learn more about this agency

Responsibilities

- Act as an independent resource on policy, program, and

organizational initiatives of a sensitive nature, providing advice and counsel to senior leadership.

- Develop and produce a variety of written products, including

briefing documents, correspondence, contractor performance evaluations, project evaluations and reports, and issue papers.

- Plan, coordinate, and direct special studies, assignments, and

projects on behalf of the senior leaders to develop, analyze, implement, and modify operating policy and procedures relating to program areas managed by other components.

- Serve a key liaison between OC and other CMS and Department

offices. Maintain working relationships with other CMS components in order to carry out current and future OC initiatives.

Travel Required

Occasional travel - You may be expected to travel up to 10% for this position.

Supervisory status

No

Promotion Potential

13

- ##### Job family (Series)

0107 Health Insurance Administration

- Requirements

Conditions of Employment

- You must be a U.S. Citizen or National to apply for this

position.

- You will be subject to a background and suitability

investigation.

- Time-in-Grade restrictions apply.

Qualifications

- ALL QUALIFICATION REQUIREMENTS MUST BE MET WITHIN 30

DAYS OF THE

CLOSING DATE OF THIS ANNOUNCEMENT.**

- In order to qualify for the GS-13**, you must meet the following:

You must demonstrate in your resume at least one year (52 weeks) of qualifying specialized experience equivalent to the GS-12 grade level in the Federal government, obtained in either the private or public sector, to include: 1) serving as a liaison with senior staff (e.g., speechwriters or other officials) to coordinate an organization's official announcements; 2) collaborating with internal or external stakeholders to provide advice on a wide range of program operations or policy matters; and 3) managing the logistics of speeches or speaking engagements for leadership. Experience refers to paid and unpaid experience, including volunteer work done through National Service programs (e.g., Peace Corps, AmeriCorps) and other organizations (e.g., professional; philanthropic; religious; spiritual; community, student, social). Volunteer work helps build critical competencies, knowledge, and

Skills And Can Provide Valuable Training And Experience That

translates directly to paid employment. You will receive credit for all qualifying experience, including volunteer experience.

- Time-in-Grade:** To be eligible, current Federal employees must

have served at least 52 weeks (one year) at the next lower grade level from the position/grade level(s) to which they are applying.

Click The Following Link To View The Occupational Questionnaire

sastaffing.gov/ViewQuestionnaire/10611089

Education

This job does not have an education qualification requirement.

Additional information

- Bargaining Unit Position:** Yes - 2268
- Tour of Duty:** Flexible
- Recruitment/Relocation Incentive:** Not Authorized
- Financial Disclosure:** Not Required

CMS employees currently participating in 100% Full-Time Telework Program may be eligible to remain in the program. If an employee in this program is selected, the pay will be set in accordance with the locality pay for the applicable duty station. The listed salary range reflects the locality pay assigned to the duty location(s) listed in the vacancy announcement. For more information about pay based on locality, please visit the Office of Personnel Management (OPM) Salaries & Wages Page.

- The Interagency Career Transition Assistance Plan (ICTAP) and

Career Transition Assistance Plan (CTAP)** provide eligible displaced federal employees with selection priority over other candidates for competitive service vacancies. To be qualified you must submit the required documentation and be rated well-qualified for this vacancy. Click here for a detailed description of the required supporting documents. A well-qualified applicant is one

Whose Knowledge, Skills And Abilities Clearly Exceed The Minimum

qualification requirements of the position. Additional information

about ICTAP and CTAP eligibility is on OPM's Career Transition Resources website at www.opm.gov/rif/employee_guides/career_transition.asp.

Additional Forms REQUIRED Prior To Appointment

- ****Optional Form 306, Declaration of Federal Employment and the**

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

- ****Form I-9, Employment Verification and the Electronic**

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

- ****Standard Form 61, Appointment Affidavits** - If selected, the**

Standard Form 61 will be required at the time of in-processing.

Click [here](#) to obtain a copy of the Standard Form 61.

- Additional selections** may be made from this announcement for

similar positions within CMS in the same geographical location. For Central Office vacancies, the "same geographical location" includes Baltimore, Maryland; Bethesda, Maryland; and Washington, D.C.

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

How You Will Be Evaluated

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

Qualifications Above.

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

(knowledge, Skills, Abilities And Other Characteristics)

Your qualifications will be evaluated on the following competencies

- Health Insurance
- Oral Communication
- Planning and Evaluating

- Written Communication

Background checks and security clearance

Security clearance

Not Required

Drug test required

No

Position sensitivity and risk

Non-sensitive (NS)/Low Risk

Trust determination process

Credentialing, Suitability/Fitness

- Required Documents

The Following Documents Are REQUIRED

- ****Resume**** ****showing relevant experience; cover letter**

optional**. Your resume must indicate your citizenship and if you are registered for Selective Service if you are a male born after 12/31/59. Your resume must also list your work experience and education (if applicable) including the start and end dates (mm/dd/yy) of each employment along with the number of hours worked

per week. For work in the Federal service, you must include the series and grade level for the position(s). Your resume will be used to validate your responses to the assessment tool(s). For resume and

Application Tips Visit

sajobs.gov/Help/faq/application/documents/resume/what-to-include/

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

Current CMS employees are REQUIRED to submit a copy of their most recent Notification of Personnel Action (SF-50) at the time of

Application. Additional Documents May Also Be Required To Be

considered for this vacancy announcement. Click here for a detailed

Description Of The Required Documents. Failure To Provide The

required documentation WILL result in an ineligible rating OR non-consideration.

- PLEASE NOTE:** A complete application package includes the online

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

- Benefits

A career with the U.S. Government provides employees with a comprehensive benefits package. As a federal employee, you and your family will have access to a range of benefits that are designed to make your federal career very rewarding. Learn more about federal benefits.

Review our benefits

Eligibility for benefits depends on the type of position you hold and whether your position is full-time, part-time, or intermittent.

Contact the hiring agency for more information on the specific benefits offered.

- How to Apply

Your complete application package, as described in the "Required Documents" section, must be received by 11:59 PM ET on 10/07/2019 to receive consideration.

- IN DESCRIBING YOUR WORK EXPERIENCE AND/OR EDUCATION, PLEASE BE

CLEAR AND SPECIFIC REGARDING YOUR EXPERIENCE OR EDUCATION.**

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

- Official Position Title (include series and grade if Federal

job)

- Duties (be specific in describing your duties)
- Employer's name and address
- Supervisor name and phone number
- Start and end dates including month, day and year (e.g. June 18,

2007 to April 05, 2008)

- Full-time or part-time status (include hours worked per week)
- Salary
- Determining length of general or specialized experience is

dependent on the above information and failure to provide ALL of this information WILL result in a finding of ineligible.**

- To begin, click ****Apply**** to access the online application. You

will need to be logged into your USAJOBS account to apply. If you do not have a USAJOBS account, you will need to create one before beginning the application.

- Follow the prompts to **select your resume and/or other

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

- After acknowledging you have reviewed your application package,

complete the Include Personal Information section as you deem appropriate and **click to continue with the application process**.

- You will be taken to the online application which you must

complete in order to apply for the position. Complete the online application, verify the required documentation is included with your application package, and submit the application.

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

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

- Commissioned Corps Officers** (including Commissioned Corps

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

CMS employees who are currently appointed under Schedule A authority

and are interested in applying for this position must submit their resume, Schedule A documentation, transcripts (if positive education required or qualifying through education substitution), and cover letter (optional) to Heidi.vause@cms.hhs.gov. You MUST include the Job Announcement Number in the subject line of the email to receive consideration for the position. For additional information regarding Schedule A authority click here.

Agency contact information

Heidi Vause

Email

Heidi.vause@cms.hhs.gov

Address

Office of Communications

7500 Security Blvd

Woodlawn, MD 21244

US

Learn more about this agency

Next steps

Once your online application is submitted, you will receive a confirmation notification by email. Your application will be

Evaluated To Determine Your Eligibility And Qualifications For The

position. After the evaluation is complete, you will receive another email notification regarding the status of your application.

Within 30 business days of the closing date, 10/07/2019, you may check your status online by logging into your USAJOBS account (sajobs.gov/Account/Login). We will update your status after each key stage in the application process has been completed.

- Fair & Transparent

The Federal hiring process is setup to be fair and transparent.

Please read the following guidance.

Equal Employment Opportunity Policy

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

- Equal Employment Opportunity (EEO) for federal employees & job

applicants

Reasonable Accommodation Policy

Federal agencies must provide reasonable accommodation to applicants with disabilities where appropriate. Applicants requiring reasonable

accommodation for any part of the application process should follow the instructions in the job opportunity announcement. For any part of the remaining hiring process, applicants should contact the hiring agency directly. Determinations on requests for reasonable accommodation will be made on a case-by-case basis.

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

Under the Rehabilitation Act of 1973, federal agencies must provide

Reasonable Accommodations When

- An applicant with a disability needs an accommodation to have an

equal opportunity to apply for a job.

- An employee with a disability needs an accommodation to perform

the essential job duties or to gain access to the workplace.

- An employee with a disability needs an accommodation to receive

equal access to benefits, such as details, training, and office-sponsored events.

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

Learn more about disability employment and reasonable accommodations

or how to contact an agency.

Legal and regulatory guidance

- Financial suitability
- Social security number request

- Privacy Act
- Signature and false statements
- Selective Service
- New employee probationary period

This job originated on www.usajobs.gov. For the full announcement and to apply, visit www.usajobs.gov/GetJob/ViewDetails/546582700. Only resumes submitted according to the instructions on the job announcement listed at www.usajobs.gov will be considered.

Project Manager with HMO, Medicaid and Medicare experience | The Job Network

Source URL: https://www.linkedin.com/jobs/view/project-manager-with-hmo-medicaid-and-medicare-experience-at-the-job-network-1530687120/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Project Manager with HMO, Medicaid and Medicare experience

The Job Network Los Angeles, CA, US

Project Manager (PMO) - Only Sr Candidates Strategic Project Care
Catalyst Project

Total Provider Management Project Duration 6 months Onsite
Requirement 5 days per week Job Summary Under the direction of the Director, Portfolio Management Office (PMO), the Project Manager is responsible for managing a portfolio of assigned projects that are generally complex and medium to large in scope. The position is responsible for managing all aspects of project management including project initiation, planning, execution, monitoring and controlling and closing phases and management of project scope, time, costs, risks and quality efforts. In this capacity, the Project Manager develops, manages, and maintains the project plan, schedule, resources, and project artifacts supports centralized document repository identifies and tracks risks, assumptions, issues, and dependencies provides timely status reports and proactively escalates issues for resolution performs project reviews and drives continued progress for project success. This position closely collaborates with business owners, vendors and other organizational staff to understand the business need for each project. The Project Manager supports business owners in preparing the project executive summary of needs, solutions, costs, benefits, and implementation schedules. In addition, this position ensures executive summaries are submitted to the Investment Review Board Leadership Team for review and approval in a timely manner. Upon Leadership

approval, this position will manage the creation of definitive project execution plans (Plan of Record). Integral to the success of this position is positive interaction with business owners and unit staff, management, third party contractors/vendors, cross-functional project team members and other department resources to ensure effective management and momentum of PMO projects, as well as organizational strategic initiatives. Principal Duties and Responsibilities Manages a portfolio of assigned projects. Develops, manages, and maintains the project plan, schedule, budget, resources, and project artifacts supports centralized document repository identifies, tracks and mitigates risks, assumptions, issues, and dependencies provides timely status reports and proactively escalates issues for resolution performs project reviews and drives continued progress for project success. Meets with business owners and unit staff, management, third party contractors/vendors, cross-functional project team members and other department resources at least weekly to ensure effective management and momentum of projects, as well as organizational strategic initiatives. Ensures executive summaries are submitted to the Leadership Team for review and approval in a timely manner. Upon Leadership approval, manages the creation of definitive project execution plans (Plan of Record).

Years of direct relevant experience required 3 to 5 years of experience
Required Education Bachelor's Degree With Bachelor's Degree o

3-5 years of Project Management experience in an organizational setting Strong HMO experience managed care health insurance programs with preference given to applicants with strong experience in Medicaid and Medicare managed care Without Bachelor's Degree o

5-7 years of relative project management work experience in an

organizational setting Strong HMO experience managed care health insurance programs with preference given to applicants with strong experience in Medicaid and Medicare managed care. o

Basic work experience utilizing Project Management Life Cycle (PMLC), System Development Life Cycle (SDLC) and Quality Assurance (QA) methodology standards and best practices Development of Requirements Specifications, Design, ProcessFlow Diagrams, Test and Implementation Plans Detail oriented with excellent analytical, planning, and organizational skills. o

Experience in business process and cost benefit analysis Strong facilitation and mentoring skills Excellent time management skills self-starting and self-motivated. Uses time effectively Excellent written and oral communication skills speaks clearly and persuasively in positive or negative situations. o

Strong interpersonal and leadership skills with ability to interact with cross functional project teams Ability to work in a fast-paced and changing environment reacts professionally under pressure. Ability to manage priorities across multiple teamsprojects, platforms Ability to work well independently or leading a project teamefforts with limited supervision strong team collaboration. o

Proficiency with Microsoft Office Suite (Word Excel Access PowerPoint Project Visio Outlook) HTML.PandoLogic. Keywords: Investment Director, Location: Los Angeles, CA - 90040

Health Care Policy & Financing Researcher and Writer | State of Colorado

Source URL: https://www.linkedin.com/jobs/view/health-care-policy-financing-researcher-and-writer-at-state-of-colorado-1530341822/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Health Care Policy & Financing Researcher and Writer

State of Colorado Denver, CO, US

State Of Colorado Residency Required

The Department of Health Care Policy and Financing offers a competitive benefits package to include the Public Employees Retirement Account (PERA) , 401k/457, health/dental insurance options, 10 holidays, accrual of paid sick and vacation/annual time, flex place and flex time. The Department is also centrally located; offers affordable ECO passes; has a fitness center on-site; and a variety of

discounts on services and products are available to state employees through the State of Colorado's Work-Life Employment Discount Program. The Department also encourages employees to take advantage of advanced education and offers reduced college tuition through CSU Global for their employees. This Department is a "Tobacco Free Workplace". For more information visit:

<https://www.colorado.gov/hcpf>.

Executive Director's Office

The purpose of the Office of Executive Director is to oversee the operations and strategic direction of the Department of Health Care Policy and Financing, the single state agency administering Colorado Medicaid and the Child Health Plan Plus (CHP+) program. The Office also leads the effort to craft health policy for the state, improve access and outcomes for the Members we serve and reduce costs associated with Medicaid and CHP, while improving access and outcomes for the members we serve.

The Executive Director's Office (EDO) houses the Chief of Staff team, Strategy Section, the Health Care Affordability team and other key staff. The Health Care Affordability team focuses on initiatives that impact health care costs of all Coloradans, including Medicaid members, in line with the Governor's Roadmap to Save Coloradans Money on Health Care.

Description of Job

What You'll be Doing

This position would be a researcher and writer for special projects related to Medicaid and the Colorado Health Care Affordability Roadmap initiatives as assigned by the Executive Director or the Health Care Affordability team. Examples include community specific insights into cost drivers such as individual hospital costs or population health unique opportunities, controlling Medicaid costs, and how to improve transparency around prescription drug costs. Project specific research

will be assigned to help with speaking opportunities by Department staff, so research must be complete, timely, and necessary to thoroughly address specific subject matters.

The position works closely with Department staff from multiple offices to investigate ad hoc topics and questions related to Medicaid and health care affordability, develop information for Senior Department leadership and others when considering policy decisions.

This position will assist with the Department Performance Plan and other required legislative updates to comply with the SMART Government Act in coordination with staff from the Strategy Section.

This position will work closely with the Communications and Government Relations Division, Communications and Content Management Section to ensure research, written material, and presentations can be presented to policy makers and others as appropriate.

Minimum Qualifications

Minimum Qualifications, Substitutions, Conditions of Employment & Appeal Rights

Education And Experience

Bachelor's degree from an accredited institution in health-related field, management, communications, public health, business, or public administration; and

Three years of professional experience which must have included a combination of the following:

- Research on community and regional health care issues;

- Research on consumer and health advocacy issues;
- Research on health care programs; and
- Researching and interpreting complex state and federal rules and regulations
- Content development for a health care related organization
- Drafting experience demonstrated by work on research papers, policy briefs, white papers, position papers, or policy memos

This experience MUST be clearly explained in your employment history of the online.

Substitutions

A combination of professional work experience which provided the same kind, amount and level of knowledge acquired in the required education, may be substituted on a year-for-year basis for the bachelor's degree. A master's degree from an accredited college or university in Public Health, Public Policy, Health Care Administration, Communications, or other closely related field may be substituted for the bachelor's degree and one year of general experience.

DEFINITION OF PROFESSIONAL EXPERIENCE: Work that involves exercising discretion, analytical skill, judgment, personal accountability, and responsibility for creating, developing, integrating, applying, and sharing an organized body of knowledge that characteristically is uniquely acquired through an intense education or training regimen at a recognized college or university; equivalent to the curriculum requirements for a bachelor's or higher degree with major study in or pertinent to the specialized field; and continuously studied to explore, extend, and use additional discoveries, interpretations, and application and to improve data, materials, equipment, applications and

methods.

Preferred Qualifications

- Conducting research on community and regional health care issues and then translating that information by writing a variety of communication pieces for diverse audiences such as executive leadership, the general public, and health care specialists
- Simplifying complex information, including federal and state regulations, into reports and presentations for multiple audiences
- Ability to set and prioritize workload, develop a work plan with tasks, time frames, milestones, resources, and dependencies
- Strong communication skills - both verbal and written
- Ability to be self-motivated and self-directed, while possessing the ability to work in a team environment.

Conditions Of Employment

- All positions at HCPF are security sensitive positions and require that the individuals undergo a criminal record background check as a condition of employment.
- Employees who have been disciplinarily terminated, resigned in lieu of disciplinary termination, or negotiated their termination from the State of Colorado must disclose this information on the application.

Appeal Rights

If you receive notice that you have been eliminated from consideration for the position, you may protest the action by filing an appeal with the State Personnel Board/State Personnel Director within 10 days from the date you receive notice of the elimination.

Also, if you wish to challenge the selection and comparative analysis process, you may file an appeal with the State Personnel Board/State Personnel Director within 10 days from the receipt of notice or

knowledge of the action you are challenging.

Refer to Chapters 4 and 8 of the State Personnel Board Rules and Personnel Director's Administrative Procedures, 4 CCR 801, for more information about the appeals process. The State Personnel Board Rules and Personnel Director's Administrative Procedures are available at www.colorado.gov/spb.

A standard appeal form is available at: www.colorado.gov/spb. If you appeal, your appeal must be submitted in writing on the official appeal form, signed by you or your representative, and received at the following address within 10 days of your receipt of notice or knowledge of the action: Colorado State Personnel Board/State Personnel Director, Attn: Appeals Processing, 1525 Sherman Street, 4th Floor, Denver, CO 80203. Fax: 303-866-5038. Phone: 303-866-3300. The ten-day deadline and these appeal procedures also apply to all charges of discrimination.

Supplemental Information

Applicants are encouraged to attach a cover letter and resume to their application.

Please note that ONLY your State of Colorado job application will be reviewed during the initial screening; if you submit a resume and cover letter, they will be reviewed in later stages of the selection process. Therefore, it is paramount that you clearly describe all of your relevant experience on the application itself. Applications left blank or marked "SEE RESUME" will not be considered.

Your application will be reviewed against the minimum qualifications for the position. If your application demonstrates that you meet the minimum qualifications, you will be invited to the comparative analysis process, which is described below.

Comparative Analysis Process

The comparative analysis process will consist primarily of a review of applications against the minimum and preferred qualifications of this position. Applications will be reviewed in comparison to all others in

the applicant pool in order to identify a top group of up to 6 candidates who may be invited for a final interview. Depending on the size of the applicant pool, additional selection processes may be utilized to identify a top group of candidates. Applicants will be notified of their status via email.

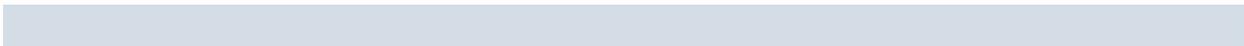
Failure to submit properly completed documents by the closing date of this announcement will result in your application being rejected.

ADAAA Accommodations: Any person with a disability as defined by the ADA Amendments Act of 2008 (ADAAA) may be provided a reasonable accommodation upon request to enable the person to complete an employment assessment. To request an accommodation, please contact the person listed on this announcement by phone or email at least five business days before the assessment date to allow us to evaluate your request and prepare for the accommodation. You may be asked to provide additional information, including medical documentation, regarding functional limitations and type of accommodation needed. Please ensure that you have this information available well in advance of the assessment date.

~THE STATE OF COLORADO IS AN EQUAL OPPORTUNITY
EMPLOYER~

Technical Help

If you experience difficulty in uploading or attaching documents to your online application, call NEOGOV technical support at 877-204-4442 anytime between 6:00 a.m.-6:00 p.m. (Pacific Time).



Research Associate - Health Insurance Access and Value Based Care | IMPAQ International

Source URL: https://www.linkedin.com/jobs/view/research-associate-health-insurance-access-and-value-based-care-at-impaq-international-1484161146/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Research Associate - Health Insurance Access and Value Based Care

IMPAQ International Washington, DC, US

IMPAQ International, a growing and dynamic social science research firm, provides high-quality research and impact evaluation services, policy analysis, quality measurement, survey research, technology solutions, organizational development, technical assistance and consulting services to U.S. and international government agencies, foundations, and the private sector.

IMPAQ's mission is to bring together exceptional people to develop innovative and rigorous approaches to evaluate the real-world impact of social policies and programs. IMPAQ offers five locations: our

Corporate Headquarters in Columbia, Maryland, rated one of America's Best Small Cities; Downtown Washington, D.C., Boston, Massachusetts, Seattle, Washington and a Bay Area office in Oakland, California. IMPAQ has a diverse and collegial work environment and is an Equal Opportunity/Affirmative Action Employer (M/F/Disability/Veterans).

Job Profile

IMPAQ Health is seeking a confident, self-motivated, and creative individual to join our team of exceptional people in the Health Insurance Access & Value Based Care practice area, to contribute to work that impacts the health care of millions of Americans. IMPAQ is seeking a policy associate who demonstrates project management skills, including client communication, technical assistance and operational implementation support (including the development and implementation of standard operating procedures) in a fast-paced environment. The policy associate must have a working knowledge of health care policy topics, including the Affordable Care Act (ACA), the Medicare Access and CHIP Reauthorization Act (MACRA), the Quality Payment Program (QPP), health insurance Exchanges, Medicaid and Children's Health Insurance Program (CHIP), payment reform, and/or health care quality initiatives. The policy associate will lead tasks related to IMPAQ Health's work with the Centers for Medicare & Medicaid Services (CMS), including projects at the Center for Consumer Information and Insurance Oversight (CCIIO), Center for Clinical Standards and Quality (CCSQ), and/or the Center for Medicaid. In addition, the policy associate will be expected to lead and/or contribute to business development opportunities at the federal and state level.

- Lead and mentor junior analysts, and other research support staff, to develop and implement detailed standard operating procedures

(SOPs).

- Provide technical expertise and review to ensure deliverables are meeting client expectations.
- Lead and manage client-facing projects, client expectations, and client relationships; ensuring projects are completed on time and within budget.
- Develop project work plans, and manage the execution of these work plans, including communicating technical and budget risks to project leadership.
- Manage and contribute to the development and writing of technical reports, tailored to client needs that include actionable recommendations.
- Develop and conduct presentations to government clients.
- Proactively identify ideas for innovation and work with clients to implement new approaches to meet their needs.
- Strategize and drive business development with existing clients.
- Participate in business development activities, including writing and reviewing technical responses and participating in federal and state capture planning activities.

Education

- Master's Degree in health management, health policy, public health, or a related field, with at least 5 to 7 years of full-time related consulting or policy-oriented professional experience.

Knowledge And Experience

- Experience working with CMS.
- Intermediate to advanced knowledge of the ACA, MACRA, Medicaid, and/or CHIP is required.
- Experience with managing the development and implementation of operational processes and policy to support CMS is preferable, but

not required.

- Experience with approaches to business process design and/or process improvement (e.g., Lean, Six Sigma) preferred.
- Familiarity with data systems and CMS data systems is preferable, but not required.
- Experience managing client relationships and managing projects (project management training preferred).
- Experience managing/mentoring junior analysts.
- Business development interest/experience and interest in health insurance access and value-based care policies preferred.
- Experience effectively managing competing priorities under tight deadlines.
- Experience with consulting or working with client-based projects.
- Experience working on multiple projects simultaneously.
- Experience writing succinct policy memos with clear recommendations.

Skills

- Ability to work independently as well as with a team in a fast-paced environment. Includes the ability to be flexible to meet project priorities.
- Strong communication skills, both verbal and written is a must. Includes the ability to communicate complex technical material succinctly and accurately, both orally and in writing.
- Ability to exercise strong attention to detail, problem solving, and organizational skills. Includes the ability to produce consistent, high-quality deliverables while meeting tight deadlines.
- Excellent people skills with a customer service-oriented approach, and a focus on building relationships with the client and project team.
- Self-motivated achiever who identifies opportunities to drive value

and takes the initiative to lead solutions.

- Policy analysis skills, including the ability to review and interpret regulatory and sub-regulatory guidance.
- Ability to analyze policy documents and produce technical assistance materials, such as webinars, presentations, and frequently asked questions (FAQs).
- Ability to analyze and synthesize findings to develop valuable insights and strategic recommendations for the client.
- Ability to think creatively and work on teams to develop innovative ideas for new and existing clients.
- Ability to apply project management principles to assist the team through each phase of the project.

Medicaid Liaison | McLaren Health Care

Source URL: https://www.linkedin.com/jobs/view/medicaid-liaison-at-mclaren-health-care-1530035815/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Medicaid Liaison

McLaren Health Care Flint, MI, US

Position Summary

Serve

as the primary contact between the Michigan Department of Health and Human

Services (MDHHS) and McLaren Health Plan (MHP) to. Serve as subject matter expert on all issues

pertaining to the Medicaid contract.

Ensure that all contractual obligations and regulations are met by coordinating

resources necessary for such compliance.

Help 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.

****Qualifications****

Required

****Qualifications:****

- 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
- Job:** Non-Health Professional
- Primary Location:** Michigan-Flint-McLaren Health Plan Bldg
- Organization** McLaren Health Plan
- Employee Status** Regular
- Shift** Day Job
- Job Type** Standard
- Schedule** Full-time
- Job Posting** Sep 12, 2019, 7:31:29 PM
- Req ID:** 19008899

Industry

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

Employment Type

Full-time

Job Functions

- Other

Medicaid & Medicare Claims Educator

Source URL: https://careers.magellanhealth.com/jobs/job/job_posting-3-46626/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Medicaid & Medicare Claims Educator

Phoenix AZ 85034

Job Description

Ensures providers and prescribers are aware of health plan policy and requirements for claims submissions and/or PA requests. Conducts outbound calls and visits to prescribers or pharmacy providers who need assistance, or for proactive out reach. Travel may be required and varies by client. Additional responsibilities include reporting, letter preparation, and other duties to assist the network department in providing support to the client.

- Supports provider outreach for planned operational activities through letter preparation, tracking and education.
- Supports outcomes reporting for various projects.
- Serves as the health plan`s representative in the field in partnership with Network to effectively communicate with providers about company policies, procedures, contractual requirements, regulators requirements and other issues related to claims.
- Conducts provider site visits and audits, in collaboration with

Quality Improvement staff as it relates to claims.

- Evaluates provider compliance with company policies and procedures as well as administrative standards required by regulators.
- Provides issue resolution and complex trouble shooting skills to providers, acting as the liaison between the company, the Plan, and the provider community, with the goal to reach satisfactory results without the need for client intervention.
- Supports the Network Department in providing trends reporting and evaluating claims for outlying providers who may have issues or irregular habits as it relates to medical and behavioral claims submission.
- Conducts and evaluates provider educational activities.
- Designs and develops provider training and educational materials, and assists in the planning and coordination of provider meetings, seminars, and conferences.
- Reports activities and results to the Network Department, seeking feedback for future planned outreach.

General Job Information

Title

Medicaid & Medicare Claims Educator

Grade

20

Job Family

Clinical Services Group

Country

United States of America

FLSA Status

United States of America (Exempt)

Work Experience

Claims, Medicare

Education

A Combination of Education and Work Experience May Be Considered.

(Required), Bachelors: Healthcare

License and Certifications - Required

License and Certifications - Preferred

Other Job Requirements

Responsibilities

Preferred Qualification

- Bachelor's Degree in Healthcare

Required Qualifications

- Three years of claims experience with CMS or state agency required. An equivalent combination of experience and education will be considered.
- Proficiency with Microsoft Office.
- Excellent written and verbal communication skills.
- Strong organizational skills.

Magellan Health Services is proud to be an Equal Opportunity Employer and a Tobacco-free workplace. EOE/M/F/Vet/Disabled. Every employee must understand, comply and attest to the security responsibilities and security controls unique to their position.

Nurse | Centers for Medicare & Medicaid Services

Source URL: https://www.linkedin.com/jobs/view/nurse-at-centers-for-medicare-medicaid-services-1531114771/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Centers for Medicare & Medicaid Services

-

As a Nurse, GS-0610-12, you will conduct onsite surveys to evaluate the performance and effectiveness of health care providers, including hospitals, rural health clinics, nursing homes, intermediate care facilities for individuals with intellectual disabilities, hospices, and end-stage renal disease facilities. Learn more about this agency

Responsibilities

- Use knowledge of nursing principles and practices to monitor and evaluate State enforcement of Medicare/Medicaid standards and applicable regulations.
 - Advise officials of State and local agencies, professional organizations, and community groups on Federal health care programs and regulations.
 - Work with various components of the States, with professional societies and associations, groups representing health care providers, and beneficiary representatives in formulating and modifying guidelines and procedures
 - Provide expert health survey advice to State health care associations, as well as consumer and advocacy groups.
 - Make judgments regarding severity and impact of provider deficient practices and write reports of findings.
-
- Travel Required
 - 76% or greater - You may be expected to travel up to 80% for this position.
 -
-
- Supervisory status
 - No
 -
-
- Promotion Potential
12
 - Job family (Series)
0610 Nurse
 - Requirements
Help Requirements Conditions of Employment
 - You must be a U.S. Citizen or National to apply for this position.

- You will be subject to a background and suitability investigation.
- Must successfully complete the Basic Long-Term Care Healthcare Facility Surveyor Training Course (BLTCC) Training course within first year of employment.
- Must successfully complete the Surveyor Minimum Qualification Test (SMQT) to survey independently.
- Must possess a current, active, full, and unrestricted license or registration as a professional nurse (i.e., RN) from a State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States.
- Must have passed the National Council Licensure Examination (NCLEX).
- Must have a valid driver's license from a State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States.

- **Qualifications**

-

- **ALL QUALIFICATION REQUIREMENTS MUST BE MET BY THE CLOSING DATE OF THIS ANNOUNCEMENT.**

-

In order to qualify for the **GS-12**, you must meet the following: You must demonstrate in your resume at least one year (52 weeks) of qualifying specialized experience equivalent to the **GS-11** grade level in the Federal government, obtained in either the private or public sector, to include:

- Assisting with clinical reviews and evaluation of provider compliance with Medicare and/or Medicaid regulations, accredited organizations' standards or professional standards to improve the quality of healthcare services,

- Providing technical assistance, guidance, and directions to States, stakeholders, providers, and/or suppliers to improve performance and effectiveness of healthcare delivery services and health outcomes, **and**
- Assisting with the collection, analysis, and reporting of data to evaluate program performance.

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

Education

Education Requirement

In addition to meeting the qualification requirements, all candidates must have the following educational requirements:

Degree or diploma from a professional nursing program approved by the legally designated State accrediting agency at the time the program was completed by the applicant. Graduate-level education must have been in nursing with a concentration in a field of nursing (e.g., teaching, a clinical specialty, research, administration, etc.) or in a closely related non-nursing field directly applicable to the requirements of the position to be filled.

AND

License/Registration Requirement

In addition to meeting the qualification requirements, all candidates must possess the following license/ registration:

Applicants must have active, current license/registration as a professional nurse in a State, District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States.

An applicant who has graduated from an approved nursing educational program within the past 12 months may be appointed pending State registration as a professional nurse within 6 months of appointment. No person appointed pending registration may be retained beyond 6 months, or promoted, if registration has not been attained.

Proof of Licensure/Registration is REQUIRED at the time of application to be considered and to verify possession of the license/registration listed above.

Please see the "Required Documents" section below for more information.

NOTE: A professional license will be accepted in lieu of transcripts only when the license is sufficient proof that the applicant has the required education for the position (e.g. Medical Officer, Nurse, Pharmacist, Dental Officer, etc.)

If selected, will need to provide official transcripts PRIOR to final offer.

Click the following link to view the occupational questionnaire:
<https://apply.usastaffing.gov/ViewQuestionnaire/10601243>

Additional information

Bargaining Unit Position: Yes **Tour of Duty:** Flexible

Recruitment/Relocation Incentive: Not Authorized **Financial**

Disclosure: Not Required

The listed salary range reflects the locality pay assigned to the duty location(s) listed in the vacancy announcement. For more information about pay based on locality, please visit the Office of Personnel Management (OPM) Salaries & Wages Page .

The Interagency Career Transition Assistance Plan (ICTAP) and Career Transition Assistance Plan (CTAP) provide eligible displaced federal employees with selection priority over other candidates for competitive service vacancies. To be qualified you must submit the required documentation and be rated well-qualified for this vacancy. Click here for a detailed description of the required supporting documents . A well-qualified applicant is one who meets the qualification standard and eligibility requirements for the position, including any medical qualifications (if applicable), minimal educational and experience requirements; meets all selective placement factors (if applicable); is physically qualified, with reasonable accommodation where appropriate, to perform the essential duties of the position; meets any special qualifying conditions that OPM has approved for the position; and is able to satisfactorily perform the duties of the position upon entry. Additional information about ICTAP and CTAP eligibility is on OPM's Career Transition Resources website at www.opm.gov/rif/employee_guides/career_transition.asp .

Additional Forms REQUIRED Prior To Appointment

- **Optional Form 306, Declaration of Federal Employment and the Background/Suitability Investigation** - A background and

suitability investigation will be required for all selectees. Appointment will be subject to the successful completion of the investigation and favorable adjudication. Failure to successfully meet these requirements may be grounds for appropriate personnel action. In addition, if hired, a reinvestigation or supplemental investigation may be required at a later time. If selected, the Optional Form 306 will be required prior to final job offer. Click here to obtain a copy of the Optional Form 306 .

- **Form I-9, Employment Verification and the Electronic Eligibility Verification Program** - CMS participates in the Electronic Employment Eligibility Verification Program (E-Verify). E-Verify helps employers determine employment eligibility of new hires and the validity of their Social Security numbers. If selected, the Form I-9 will be required at the time of in-processing. Click here for more information about E-Verify and to obtain a copy of the Form I-9 .
- **Standard Form 61, Appointment Affidavits** - If selected, the Standard Form 61 will be required at the time of in-processing. Click here to obtain a copy of the Standard Form 61 .

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

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

Read more

How You Will Be Evaluated

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

Traditional rating and ranking of applications does not apply to this vacancy. Applications will be evaluated against the basic qualifications. Qualified candidates will be referred for consideration in accordance with the Office of Personnel Management direct hire guidelines . Veterans' Preference does not apply to direct hire recruitment procedures. Selections made under this vacancy announcement will be processed as new appointments to the civil service. Current civil service employees would, therefore, be given new appointments to the civil service; however, benefits, time served and all other Federal entitlements would remain the same.

Read more Background checks and security clearance

Security clearance Not Required

Drug test required No

Position sensitivity and risk Noncritical-Sensitive (NCS)/Moderate Risk

Trust determination process Credentialing

- Required Documents
Help Required Documents

The Following Documents Are REQUIRED

- **Resumeshowing relevant experience; cover letter optional.** Your resume must indicate your citizenship and if you are registered for Selective Service if you are a male born after 12/31/59. Your resume

must also list your work experience and education (if applicable) including the start and end dates (mm/dd/yy) of each employment along with the number of hours worked per week. For work in the Federal service, you must include the series and grade level for the position(s). Your resume will be used to validate your responses to the assessment tool(s). For resume and application tips visit: <https://www.usajobs.gov/Help/faq/application/documents/resume/what-to-include/>

- **CMS Required Documents (e.g., SF-50, DD-214, SF-15, etc.).** Required documents may be necessary to be considered for this vacancy announcement. Click here for a detailed description of the required documents . Failure to provide the required documentation WILL result in an ineligible rating OR non-consideration.
- **College Transcripts.** Since this position requires specific education, you must submit a transcript attesting to your possession of the required education. You may submit an unofficial transcript or a list of college courses completed indicating course titles, credit hours, and grades received. An official transcript is required if you are selected for the position. If selected, you must provide an original document before the final job offer may be extended. If you do not submit a transcript indicating your possession of the required education, you will not be considered for this position.

College Transcripts and Foreign Education: Applicants who have completed part or all of their education outside of the U.S. must have their foreign education evaluated by an accredited organization to ensure that the foreign education is comparable to education received in accredited educational institutions in the U.S. For a listing of services that can perform this evaluation, visit the National Association of Credential Evaluation Services website. This list, which may not be all inclusive, is for informational purposes only and does not imply any endorsement of any specific agency.

If you are applying for a position for which a state license is issued (e.g., physician, engineer, attorney) possession of a valid and current U.S. professional license by a graduate of a foreign professional school or program is sufficient proof that the foreign education has been determined to be equivalent to the requisite U.S. professional education in that occupational field.

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

If you are relying on your education to meet qualification requirements: Education must be accredited by an accrediting institution recognized by the U.S. Department of Education in order for it to be credited towards qualifications. Therefore, provide only the attendance and/or degrees from schools accredited by accrediting institutions recognized by the U.S. Department of Education .

Failure to provide all of the required information as stated in this vacancy announcement may result in an ineligible rating or may affect the overall rating.

- Benefits
Help Benefits

A career with the U.S. Government provides employees with a comprehensive benefits package. As a federal employee, you and your family will have access to a range of benefits that are designed to make your federal career very rewarding. Learn more about

federal benefits .

Review our benefits

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

- How to Apply
Help How to Apply

Your complete application package, as described in the "Required Documents" section, must be received by 11:59 PM ET on 10/01/2019 to receive consideration.

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

Please Ensure EACH Work History Includes ALL Of The Following Information

We strongly encourage applicants to utilize the USAJOBS resume builder in the creation of resumes.

- Official Position Title (include series and grade if Federal job)
- Duties (be specific in describing your duties)
- Employer's name and address
- Supervisor name and phone number

- Start and end dates including month, day and year (e.g. June 18, 2007 to April 05, 2008)
 - Full-time or part-time status (include hours worked per week)
 - Salary
- **Determining length of general or specialized experience is dependent on the above information and failure to provide ALL of this information WILL result in a finding of ineligible.**
 - To begin, click **Apply** to access the online application. You will need to be logged into your USAJOBS account to apply. If you do not have a USAJOBS account, you will need to create one before beginning the application.
 - Follow the prompts to **select your resume and/or other supporting documents** to be included with your application package. You will have the opportunity to upload additional documents to include in your application before it is submitted. Your uploaded documents may take several hours to clear the virus scan process.
 - After acknowledging you have reviewed your application package, complete the Include Personal Information section as you deem appropriate and **click to continue with the application process.**
 - You will be taken to the online application which you must complete in order to apply for the position. Complete the online application, verify the required documentation is included with your application package, and submit the application.
 - To verify the status of your application, log into your USAJOBS account (<https://my.usajobs.gov/Account/Login>), all of your applications will appear on the Welcome screen. The Application Status will appear along with the date your application was last

updated. For information on what each Application Status means, visit: <https://www.usajobs.gov/Help/how-to/application/status/> .

-
- This agency provides reasonable accommodation to applicants with disabilities. If you need a reasonable accommodation for any part of the application or hiring process, please send an email to Michele.saggese@cms.hhs.gov. The decision to grant reasonable accommodation will be made on a case-by-case basis.
-
- **Commissioned Corps Officers** (including Commissioned Corps applicants that are professionally boarded) who are interested in applying for this position must send their professional resume (not PHS Curriculum Vitae) and cover letter to CMSCorpsJobs@cms.hhs.gov in lieu of applying through this announcement. The cover letter should specifically explain how you are qualified for this position and draw specific attention to your resume that demonstrates these qualifications. In the subject line of your e-mail please include only the Job Announcement Number. In the body of your e-mail please include your current rank name and serial number. Failure to provide this information may impact your consideration for this position.
-
- Read more
- Agency contact information Michele Saggese
-
- Email
- Michele.saggese@cms.hhs.gov
-

- Address
-
- Consortium for Quality Improvement and Survey and Certification Operations
- 7500 Security Blvd
- Woodlawn, MD 21244
- US
-
- Learn more about this agency
- Next steps
-
- Once your online application is submitted, you will receive a confirmation notification by email. Within 30 business days of the closing date, 10/01/2019, you may check your status online by logging into your USAJOBS account (<https://my.usajobs.gov/Account/Login>). We will update your status after each key stage in the application process has been completed.

•

Read more

- Fair & Transparent

Fair & Transparent

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

Equal Employment Opportunity Policy

The United States Government does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation,

sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor.

- Equal Employment Opportunity (EEO) for federal employees & job applicants
- Read more Reasonable Accommodation Policy
-
- Federal agencies must provide reasonable accommodation to applicants with disabilities where appropriate. Applicants requiring reasonable accommodation for any part of the application process should follow the instructions in the job opportunity announcement. For any part of the remaining hiring process, applicants should contact the hiring agency directly. Determinations on requests for reasonable accommodation will be made on a case-by-case basis.
-
- A reasonable accommodation is any change to a job, the work environment, or the way things are usually done that enables an individual with a disability to apply for a job, perform job duties or receive equal access to job benefits.
-

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

- An applicant with a disability needs an accommodation to have an equal opportunity to apply for a job.
- An employee with a disability needs an accommodation to perform the essential job duties or to gain access to the workplace.

- An employee with a disability needs an accommodation to receive equal access to benefits, such as details, training, and office-sponsored events.
- You can request a reasonable accommodation at any time during the application or hiring process or while on the job. Requests are considered on a case-by-case basis.
-
- Learn more about disability employment and reasonable accommodations or how to contact an agency.
-

Read more Legal and regulatory guidance

- Financial suitability
- Social security number request
- Privacy Act
- Signature and false statements
- Selective Service
- New employee probationary period

This job originated on www.usajobs.gov . For the full announcement and to apply, visit www.usajobs.gov/GetJob/ViewDetails/545971800 . Only resumes submitted according to the instructions on the job announcement listed at www.usajobs.gov will be considered.



Utah Medicaid Case Coordinator | Avalon Health Care Group

Source URL: https://www.linkedin.com/jobs/view/utah-medicaid-case-coordinator-at-avalon-health-care-group-1523939086/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Utah Medicaid Case Coordinator

Avalon Health Care Group Salt Lake City, UT, US

Role And Responsibilities

Works with the Avalon Health Care facilities in the Utah region to identify individuals who need assistance to obtain eligibility for financial reimbursement to pay for long-term care, pre-need planning and healthcare expenses.

Primary responsibilities will include completing, submitting and processing Long-Term Care Medicaid benefit applications for a designated population of residents.

- Maintain and develop strong long-lasting relationships with various state eligibility workers.
- Schedule appointment to meet family members to start process for

government benefits/planning.

- Coordinate with Avalon Medicaid Case Manager and Medicaid Case Worker.
- Conduct client meetings to assess patient financial assets, collect verification documents, when needed.
- Complete weekly activity reports.
- Cooperate and work effectively with facility employees and patient families.

Qualifications And Education Requirements

- Preferred but not required - worked in the area of government benefits for at least 1 year (Community Medicaid and/or Long-Term Care Medicaid)
- Preferred but not required - experienced in Medicaid eligibility rules and application process - willing to train.
- Knowledge of Medicaid Disability and Veterans Benefits a plus.
- Experience in health care industry or senior living industry preferred.
- High School Diploma required.
- Bilingual English/Spanish preferred.
- Dependable transportation; limited travel required.
- Background Check & Drug Testing required; candidate MUST pass both drug testing and felony background check for employment eligibility.

INDA125

Avalon Healthcare Management, Inc. is an affirmative action and equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, disability, age, sexual orientation, gender identity, national origin, veteran status, or

genetic information. Avalon is committed to providing access, equal opportunity and reasonable accommodation for individuals with disabilities in employment, its services, programs, and activities. To request reasonable accommodation, contact Brenna Monsen, 801-596-8844, brennamonsen@avalonhealthcare.com.

Payment Reform Program Officer | Center for Health Care Strategies, Inc.

Source URL: https://www.linkedin.com/jobs/view/payment-reform-program-officer-at-center-for-health-care-strategies-inc-1477862632/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Center for Health Care Strategies, Inc.

Company Description: The Center for Health Care Strategies (CHCS) – a national nonprofit health policy center near Princeton, New Jersey – works with state and federal agencies and the Medicaid delivery system to improve care for low-income populations, especially those with complex health and social needs, chronic illnesses and disabilities.

Overview of Position: CHCS is seeking a bright, dynamic, and highly-organized individual to serve as a Program Officer on the organization's Payment Reform team. The position will work closely with program staff to provide technical assistance to state Medicaid agencies, providers, managed care organizations, and community-based organizations on value-based payment (VBP) and coordinate shared learning opportunities for these stakeholders. The ideal candidate will have experience with, and interest in, VBP models such as shared savings, bundled payment, and pay-for-performance arrangements. Prior experience or familiarity with Medicaid, managed care organizations, and/or provider organizations, particularly accountable care organizations are a plus. Excellent project management skills and a background in health policy are also desired.

This full-time, mid-level position will report to the Director of Payment Reform and is based in the CHCS office, near Princeton, NJ.

Responsibilities:

- Work within a team to develop and/or execute initiatives in the area of Medicaid payment reform;
- Develop policy briefs, technical assistance memos, and presentations on topics relevant to programmatic areas;
- Research and catalogue information related to Medicaid VBP initiatives;
- Plan and support face-to-face meetings, conference calls, and webinars for project participants; and

- Manage projects including: developing project work plans; tracking project activities, contract deliverables, and budgets; and submitting project reports to funders.

Core Competencies:

- Strong interpersonal, communication, and writing skills. Ability to write clear and effective materials for a wide range of audiences;
- Ability and desire to work collaboratively with project team, partners, and external stakeholders.
- Ability to manage multiple projects, track deliverables, and thrive in a fast-paced environment;
- Ability to interface with multiple partners, including states, consultants, funders, and technical assistance providers;
- Strong desire to improve care for low-income individuals and health equity; and
- Ability to problem solve and analyze/synthesize trends in health policy, including qualitative and quantitative information.

Requirements:

- Master's degree in related field (public policy, public health, health management, etc.);
- 2-4 years of related work experience in a state/federal government agency, health plan, policy organization, provider organization,

consulting firm, or another relevant organization;

- Strong organizational skills, attention to detail, and ability to work both independently and
- in teams;
- Proficiency with Microsoft Office Suite (Word, Outlook, PowerPoint, Excel); and
- Some national travel required.

Salary and Compensation:

Salary is commensurate with experience; the benefit package is highly competitive.

Physical Requirements/Working Conditions:

The incumbent performs job duties in a traditional business office environment. Tasks are generally carried out with no specific or unusual physical or environmental demands. While performing the duties of this job the incumbent is regularly required to work at a desk and with a computer for extended periods of time. Specific physical abilities required by this job include operating basic office equipment such as personal computers, duplicating machines, fax machines and standard office telephones. The incumbent may be required to attend meetings, both on-site and off-site, via phone or videoconference.

To Apply

Interested candidates should submit a cover letter with salary requirements, resume, and at least two writing samples to demonstrate content knowledge and project-management skills. These should be sent to jobs@chcs.org, with “Program Officer, Payment Reform” noted in the subject line. No telephone inquiries please.

This description is not intended to limit the responsibilities on an employee assigned to this position to those duties listed above. The employee is expected to follow any other instructions and perform any other duties requested by the immediate manager or senior management. The level of involvement may vary based on company and individual capabilities.

The Center for Health Care Strategies, Inc. is an Equal Opportunity Employer.

Managed Care Coding Specialist (MPS2/MPOI)

Source URL: https://www.governmentjobs.com/jobs/2586254-0/managed-care-coding-specialist-mps2-mpoi?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Managed Care Coding Specialist

(MPS2/MPOI)

Managed Care Coding Specialist (MPS2/MPOI)

Permanent Position

What we have to offer you

- *Meaningful work with friendly co-workers who care about those we serve.*
- *A clear agency mission that drives our work and is person-centered.*
- *A safe, pleasant workplace in a convenient location.*
- *A great total compensation and benefit package.*
- *A healthy work/life balance, including alternative/flexible schedules and mobile working.*

The Division of Medicaid Program Operations and Integrity (MPOI) ensures HCA is an effective steward of federal and state resources by providing reasonable and consistent oversight of the HCA's Medical Assistance programs.

The Managed Care Coding Specialist (MPS 2) reports to the Program Integrity Clinical Review Unit Manager, and plays an important role in the work required to implement:

- The 2018 Centers for Medicare and Medicaid Services' Washington State Focused Program Integrity Review recommendations, and
- The 2019 Washington State Legislature's Operating Budget Bill (ESHB 1109) proviso directives

This position is a healthcare services program evaluator who performs professional work conducting statewide regulatory analysis and medical coding reviews, examinations and audits of HCA-contracted Managed Care Entity (MCE) reported encounters, program integrity activities, and MCE providers. MCEs include Managed Care Organizations, Behavioral Health Organizations, and Behavioral Health Administrative Service Organizations.

What the responsibilities in this role look like:

As a healthcare services program evaluator, conduct medical coding examinations and audits of managed care providers to determine compliance with complex national coding rules and guidelines, federal and state regulations, managed care policies, and HCA policies and contracts.

- Interpret and apply the complexities of national coding rules, relevant federal, state and HCA laws, regulations, policies and managed care contract requirements;
- Conduct complex data analysis and audits of managed care encounter data and managed care providers;
- Plan, conduct and lead audits of complex, risk-focused or statistical sampling of managed care encounter data and managed care providers;
- Assist with the examination and analysis of complex accounting data and reports to determine risks and accuracy of submitted MCE encounter record submissions;
- Take prompt corrective action and mandatory regulatory action when adverse findings are identified;
- Prepare preliminary and final audit reports, documenting adverse

findings, concerns, corrective actions, recommendations, and directives;

- Respond to disputes and appeals of coding audit adverse findings;
- Provide testimony in administrative hearings to defend coding audit adverse findings;
- Coordinate and assist Section fraud investigators when potential fraud is identified;

Support prevention efforts through provider and entity education; program policy and rule development, evaluation, implementation and promulgation; and assist with the creation and refinement of payment system edits to stop improper payments.

- Provide provider education throughout the audit process and as needed, participates in educational visits, meetings, teleconferences, presentations and/or webinars.
- Provide technical assistance to ProviderOne team by evaluating payment system edits as they pertain to audit and review findings to determine and recommend the creation of new or refinement of existing edits.

Our ideal candidate will have knowledge of managed care delivery systems, strong planning and organizational skills, and have the ability to communicate effectively across multiple levels of the organization with program customers and stakeholders.

Required Education, Experience

- Associate's Degree in health information management.
- Active credential as certified medical coder under the American

Health Information Management Association (AHIMA) - Certified Coding Specialist (CCS) or Certified Coding Specialist – Physician-based (CCS-P); or the American Academy of Professional Coders (AAPC) – Certified Professional Coder – Hospital (CPC-H) or Certified Outpatient Coder (COC)

- Two years of professional coding audit experience working at a State Medicaid Agency, health care plan, hospital, health clinic or facility, etc.

AND

- Working knowledge of national ICD-10, CPT, HCPCS coding systems and rules
- Ability to apply coding knowledge and logic in the evaluation and examination of hospital FFS claims and encounters, and managed care encounters

Preferred/Desired Education, Experience and Competencies.

- Knowledge of federal Medicaid regulations
- Knowledge of program integrity principles
- Knowledge of current and developing trends in medical healthcare delivery systems and billing.
- Knowledge of Health Insurance Portability and Accountability Act and Personal Health Information privacy rules, regulations, and policies.

About HCA:

The Washington State Health Care Authority (HCA) purchases health care for more than 2 million Washington residents through Apple Health (Medicaid), the Public Employees Benefits Board (PEBB)

Program, and, beginning in 2020, the School Employees Benefits Board (SEBB) Program. Our agency is committed to whole person care, integrating physical health and behavioral health services for better results and healthier residents. As the largest health care purchaser in the state, we lead the effort to transform health care, helping ensure Washington residents have access to better health and better care at a lower cost.

How to Apply:

Only candidates who reflect the minimum qualifications on their State application will be considered. Failure to follow the application instructions below may lead to disqualification. To apply for this position you will need to complete your profile and attach:

- A current state application profile using careers.wa.gov
- A letter of interest with specific language on why you are interested this position.
- A current resume that is no more than two pages in length.
- A list of contact information for three professional references, including at a minimum one current or previous supervisor.

If you have questions about the process, or need reasonable accommodation, please contact Sidra Fields before the posting closes.

Washington State is an equal opportunity employer. Persons with disabilities needing assistance in the application process, or those needing this job announcement in an alternative format may call the Human Resources Office at 360.725.0945 or email Sidra.Fields@hca.wa.gov

****Prior to a new hire, a background check including criminal record history will be conducted. Information from the background check will not necessarily preclude employment but will be considered in determining the applicant's suitability and competence to perform in the position. ****