Medicaid Industry Jobs Hunter 11/25/2019

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clay@mostlymedicaid.com | 919-727-9231

Medicaid Jobs Hunter

In this packet….

Primary Care Physician (Molina Healthcare), Everett, Washington

Source URL: https://topwashingtoncareers.com/jobs/primary-care-physician-molina-healthcare-everett-washington/121899954-2/?

utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Primary Care Physician | Molina Healthcare

Job ID Number: 11037

Location Name: Everett, WA

Brand Name: Molina Healthcare

Provider Profession: Physician/Surgeon

Medical Specialty: Family Medicine

Medical Specialty: Internal Medicine

Job Setting: Medical Clinic

Type of Role: Clinical

Schedule: Full Time

Molina Healthcare is seeking a full-time, board-certified Primary care physician to join an established clinical care team. Acting as team leader, the physician will have an active role in setting the pace and establishing the quantity and quality of comprehensive medical care provided to Molina patients. The primary care physician will consult with specialists regarding patient referrals and provide adequate and appropriate medical information during the provision of specialist care. Conduct meaningful work within a clinic that is providing crucial access

to primary care services for Medicaid and Medicare recipients throughout the state of Washington.
2 years of clinical experience required
Managed care experience preferred
Consult with specialists regarding patient referrals
Supervise and direct Medical Assistants
Consult with hospital physicians regarding a patient's hospital admission or ER evaluation
Participate in physician's QA program
Establish and maintain positive and effective work relationships with coworkers, clients, members, providers and customers

Where You'll Work

Molina Healthcare partners with a large network of independent providers in hospitals and clinics across the country to provide low-income, uninsured individuals access to personalized and affordable care. Providers join the Molina network because they know Molina's health plans will care for their patients today and into the future. Molina care partners strive to treat all patients the same way they would want their own families treated.

Where You'll Live

Everett is a scenic community 25 miles north of Seattle on the edge of Puget Sound. With a deep industrial history, Everett still maintains strong roots in technology, aerospace and service-based employment. The Flying Heritage Museum, Funko's flagship toystore and the Jetty Island Beach all provide an escape from the ordinary, while hiking trails, art galleries and theaters offer year-round entertainment.

Who You'll Work For

Molina Healthcare is a Fortune 500, multi-state health care organization. With a mission to provide quality health care to people receiving government assistance, Molina includes health plans, Medicare and Medicaid packages, and an exchange marketplace to assist members as they transition between plans.

Job ID Number: 11037Facility Name: Molina HealthcareLocation Name: Everett, WABrand Name: Molina HealthcareProvider Profess...

Medicaid Eligibility Advocate | C.J.W., Inc.

Source URL: https://www.linkedin.com/jobs/view/medicaid-eligibility-advocate-at-c-j-w-inc-1623337512/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Medicaid Eligibility Advocate

Description

SHIFT: Days (rotating weekends)

SCHEDULE: Full-time

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

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

What We Can Offer You

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

What You Will Do

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

Qualifications

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

- Ability to collect, synthesize and research complex or diverse information.

About Us

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

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

Notice

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

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

Senior RN Contract Negotiator (Medicaid, Medicare) in USA

Source URL: https://en-us.gigajob.com/job-offer-for-Senior-Contract-Negotiator-Medicaid-Medicare-in-USA-o1593768500?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Senior RN Contract Negotiator (Medicaid, Medicare)

Senior RN Contract Negotiator (Medicaid, Medicare)

Position Purpose: Coordinate and negotiate hospital, physician (IPAs, PPMs, individual providers, multi specialty groups) and ancillary service agreements that are in accordance with corporate, health plan and State guidelines.

- Oversee all negotiations for a specific plan or provider type (large professional groups, hospitals, etc.)

- Assist with plan specific contracting strategy

- Manage delivery of financial settlements and collections ofreceivables

- Evaluate and monitor providers' performance standards and financial performance of contracts

- Develop contracting action plans

- Coordinate with internal departments and contracted providers to implement and maintain contract compliance

- May require up to 25% travel

Education/Experience: Bachelor's degree in Healthcare Administration, Business Administration, Marketing, related field or equivalent experience. 4+ years of contracting or provider relations experience in a healthcare, managed care, or insurance related environment.

License/Certification: Current state's RN license - stronglypreferred

Centene is an equal opportunity employer that is committed to

diversity, and values the ways in which we are different. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, veteran status, or other characteristic protected by applicable law.

Network Development & Contracting

USA-Texas-Austin

USA-Texas-San Antonio

Superior HealthPlan

Full-time

The Company

Company Name
Centene

Job Details

Job Location
USA

UAS Registered Nurse | Healthfirst

Source URL: https://www.linkedin.com/jobs/view/uas-registered-nurse-at-healthfirst-1573413825/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

UAS Registered Nurse

Healthfirst | The Bronx, NY, US

The Assessment Registered Nurse (RN) makes assessment visits at intervals required by the Department of Health (DOH) to determine enrollment, service needs and continued eligibility. This position coordinates with Care Management Team (CMT) to maintain a high level of efficient and effective individualized Care Management operations for SHP's managed long-term care plan (MLTCP), Healthfirst's Private Health Services Plan (PHSP), Complete Care, Fully Integrated Duals Advantage (FIDA) and Absolute Care.

The assessments will be completed mostly in the Bronx and Upper

Manhattan.

Check out the video job description here! https://video.digi-me.com/healthfirst/jobs/healthcare/assessment-nurse/N40014

Minimum Qualifications

- New York State Registered Nurse (RN) license.
- Ability to travel to the Bronx and Upper Manhattan.

Preferred Qualifications

- Work experience preferred in one or more of the following areas:
  - Geriatrics
  - Home Care
  - Discharge Planning
  - Case Management
  - Medical Surgical Nursing

- Work experience using electronic patient health information (PHI) database usage especially UAS
- Unexpired NY state driver's license or NYS ID
- Knowledge of health insurance, Medicaid, Medicare and MLTCP
- Experience working with a frail adult or elderly population with the ability to determine appropriate care plans and services for frail population as well as negotiate initial service plans so that members and families are in agreement
- Time management, critical/creative thinking, communication, and problem-solving skills
- Field experience assessing, planning, and evaluating member's/patient's care
- Language preferences - Spanish, Russian, French, Creole, Mandarin,

Cantonese
- Demonstrated ability handling heavy caseloads
- Intermediate Microsoft Word, Excel, and Outlook skills

DUTIES

Assessment Nurse (NYS RN)

- The Assessment Registered Nurse conducts enrollment assessments of prospective members and re-assessments of current members in their homes using the Uniform Assessment System (UAS); make enrollment decisions and continued eligibility determination by utilizing clinical expertise and critical thinking skills. As needed, will conduct assessments in settings other than home as needed, e.g. skilled nursing facilities
- Complete assessment of service needs at the request of the Care Team, Member's Family/Caregiver to determine service level(s) or need to adjust Service levels
- Complete Patient Review Instruments/Screens and all required nursing assessments for active members to determine adjustments/updates in Care Plan and/or to assist with nursing home admission.
- Liaison between the member and the Care Management Team; assesses home environment and psychosocial status
- Maintain a paperless work environment, which includes compiling assessment package requirements and electronic archiving using Macess Exp Service Module.
- Other duties as assigned
- Communicates with home care agencies and Care Management Team providing feedback regarding home care issues and the performance of Contract Nurses and Aides.
- Provides grass roots, community-based training for frail population

care including self-care techniques and prevention strategies.
- Ensures that prospective members and significant others/responsible parties understand and are in agreement with enrollment in a managed long-term care plan.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. Applicants and employees are considered for positions and are evaluated without regard to mental or physical disability, race, color, religion, gender, national origin, age, genetic information, military or veteran status, sexual orientation, marital status or any other protected Federal, State/Province or Local status unrelated to the performance of the work involved.

If you have a disability under the Americans with Disability Act or a similar law, and want a reasonable accommodation to assist with your job search or application for employment, please contact us by sending an email to careers@Healthfirst.org or calling 212-519-1798 . In your email please include a description of the accommodation you are requesting and a description of the position for which you are applying. Only reasonable accommodation requests related to applying for a position within Healthfirst Management Services will be reviewed at the e-mail address and phone number supplied. Thank you for considering a career with Healthfirst Management Services.

EEO Law Poster and Supplement

Centene Corporation Lead Customer Service Representative in Voorheesville, NY

Source URL: https://www.snagajob.com/jobs/542729468?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Lead Customer Service Representative

Centene Corporation Voorheesville, NY 12186, Voorheesville, NY

Full-time, Part-time

Similar jobs pay **$11.10 - $18.55**View commute time

Job Description

Position Purpose: Serve as a liaison between Customer Service Representatives CSRs), management and other various departments. Resolve customer inquiries via telephone and written correspondence in a timely and appropriate manner.

Investigate and resolve complex claims matters in coordination with health plan and/or corporate departments
Coordinate the day-to-day work functions, acting as a "go to" person and investigating and resolving complex issues
Initiate change requests to resolve system configuration questions impacting claims processing; review and test results
Conduct appropriate auditing processes
Reference current materials to answer escalated and complex inquiries from members and providers regarding claims, eligibility, covered benefits and authorization status matters
Educate members and/or providers on health plan initiatives; train and assist providers regarding proper claims billing procedures
Provide first call resolution and "own the process" by working with appropriate internal/external resources and ensure the closure of all inquiries
Document all activities for quality and metrics reporting through the Customer Relationship Management (CRM) application
Identify trends related to member and/or provider inquiries to respond proactively and provide feedback to management
Collaborate with other departments on cross functional tasks and projects Maintain performance and quality standards based on established call center metrics including turn-around times

Education/Experience: High school diploma or equivalent. Associate's degree and claims processing, billing and/or coding experience preferred. 2+ years of experience in Medicare, Medicaid managed care or insurance environment preferred. 4+ years of combined customer service and call center experience. Knowledge of managed care software systems (i.e.: OMNI, ABS, CRM, Amisys, TruCare, etc.) preferred. Depending on the state, bi-lingual may be preferred.

Centene is an equal opportunity employer that is committed to diversity, and values the ways in which we are different. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, veteran status, or other characteristic protected by applicable law.

Medicaid/ Medicare Program Integrity Action Analyst II | CoventBridge Group

Source URL: https://www.linkedin.com/jobs/view/medicaid-medicare-program-integrity-action-analyst-ii-at-coventbridge-group-1623007513/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Medicaid/ Medicare Program Integrity Action Analyst II

CoventBridge Group | Chicago, IL, US

CoventBridge Group is the leading worldwide full-service investigation solutions company providing: Surveillance, SIU and Compliance, Claims Investigation, Counter-Fraud Programs, Desktop Investigations, Social

Media, Record Retrieval, Canvasses and Vendor Management programs. With offices in the UK and U.S. the company provides top tier data privacy and security practices, deploys robust case management technology customized to clients' needs and delivers worldwide coverage via its 1000 employees and affiliates worldwide.

About The Opportunity

The Medicaid - Medicare Program Integrity Action Analyst II will primarily be responsible for performing investigations, site visits once evaluations and developments of complaints determine an investigation is warranted.

In assuming this position, you will be a critical contributor to meeting CoventBridge Group's objective: To provide services to our clients that exceed their expectations and contribute to improved healthcare delivery by identifying and eliminating fraud, waste and abuse.

This position will report directly to the Program Integrity Supervisor and will work in our Grove City, OH office or if not local, remotely from a home office.

Responsibilities

Responsibilities:

- Perform evaluation and development of complaints to determine if referral as an investigation is warranted
- Conduct independent reviews resulting from the discovery of

situations that potentially involve fraud or abuse
- Utilize basic data analysis techniques to detect aberrancies in Medicare claims data, and proactively seeks out and develops leads received from a variety of sources (e.g., CMS, OIG, 1-800-MEDICARE, and fraud alerts)
- Review information contained in standard claims processing system files (e.g., claims history, provider files) to determine provider billing patterns and to detect potential fraudulent or abusive billing practices or vulnerabilities in Medicare policies and initiates appropriate action
- Make potential fraud determinations by utilizing a variety of sources such as internal guidelines, Medicare provider manuals, Medicare regulations, and the Social Security Act
- Compile and maintain documentation and information related to investigations, cases, and/or leads
- Participate in onsite audits in conjunction with investigation development
- Develop and prepare potential Fraud Alerts and Program Vulnerabilities for submission to CMS; share information on current fraud investigations with other Medicare contractors, law enforcement, and other applicable stakeholders
- Perform other duties as assigned by PI Supervisor or PI Manager that contribute to task order goals and objectives

Requirements

- At least 1 year of experience in program integrity investigation/detection or a related field that demonstrates expertise in reviewing, analyzing/developing information, and

making appropriate decisions.
- Excellent oral, written and verbal skills
- Ability to work independently with minimal supervision
- Knowledge of statistics, data analysis techniques, and PC skills are preferred

Educational Qualifications

- At a minimum, a high school diploma, with preference given to those candidates who have successfully completed college or technical degree programs related to the position (e.g., criminal justice, statistics, data analysis, etc.)
- Preference will also be given to those individuals that have attained the Certified Fraud Examiners (CFE) designation
  Qualifications

Benefits

- Medical, Dental, Vision plans
- Life, LTD and STD paid by the employer
- 401(k) with company match up to 4%
- Paid Time Off and company paid holidays
- Tuition assistance after 1 year of service

    - **CoventBridge is proud to be an EEO-AA employer M/F/D/V and maintains a Drug-Free Workplace.***

Economic Analyst | Vprecruiter | Tallahassee, FL

Source URL: https://www.linkedin.com/jobs/view/68000142-economic-analyst-at-vprecruiter-1623084968/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Economic Analyst

Vprecruiter | Tallahassee, FL, US

Job Details

Requisition No: 88901

Agency: Agency for Health Care Administration

Working Title: 68000142 - ECONOMIC ANALYST

Position Number: 68000142

Salary: $1,673.36 - $2,115.38 / Bi-Weekly

Posting Closing Date: 11/28/2019

This is an exciting opportunity to help shape the quality of health care

in Florida. The Agency for Health Care Administration (AHCA) is the State of Florida agency responsible for oversight of the Medicaid program. The Medicaid program provides low-income families and individuals with access to health care. If you have a desire to use your talent and skills at an organization that provides critical services to millions of individuals and families across the state, AHCA invites you to apply to become an essential member of our team. As one of Florida's leading state agencies, AHCA's diverse workforce community of more than 1,400 employees is proud of its efforts to serve the people of Florida.

We are seeking to hire an Economic Analyst who desires to work to enhance the delivery of health care services through the Florida Medicaid Program. This position requires a candidate who is creative, flexible, innovative, and who will thrive in a fast-paced, team based work environment.

This position is located in the Bureau of Medicaid Data Analytics. Join Data Analytics as we gather, explore, and examine data to provide meaningful and impactful analysis that shapes the future of Florida Medicaid. As the Agency hub for analytics, reporting, and visualization, the Bureau of Medicaid Data Analytics examines critical aspects of Floridians' health, health care services and costs, and is vital to managed care rate setting, health care economics, and health plan evaluation.

This position is responsible for calculating and analyzing claims and encounter data in determining potentially preventable events. This position will also be responsible for writing SAS and SQL programs, writing reports, and finding ways to improve processes.

AHCA Offers An Excellent Array Of Benefits, Including

Health insurance
Life insurance
Dental, vision and supplemental insurance
Retirement benefits
Vacation and sick leave
Paid holidays
Opportunities for career advancement
Tuition waiver for public college courses
Training opportunities

For more information about the Bureau of Medicaid Data Analytics, please visit our website at http://ahca.myflorida.com/Medicaid/index.shtml.

Join us at the Agency for Health Care Administration in fulfilling our mission to provide "Better Health Care for all Floridians."

Knowledge, Skills, And Abilities

Strong knowledge of SQL, SAS, VBA or other programming skills related to data extraction, transformation and loading;
Knowledge of Microsoft (MS) Access and Excel;
Possess strong quantitative research and analytical skills;
Possess strong communication (written and verbal) skills;
Possess strong interpersonal skills;

Ability to utilize information technology to solve complex problems;
Ability to handle detail with a high degree of accuracy;
Ability to develop data reports that communicate effectively to internal and external clients;
Ability to produce high quality work under strict deadlines;
Ability to effectively formulate and execute work plans; and
Ability to work in a team, as well as independently.

Minimum Qualification Requirements

At least three years of experience programming in SAS to manipulate and analyze large databases.
At least two years of experience compiling data into graphically intensive reports.

One year of experience in health care analysis may substitute for one year of programming experience.
A bachelor's degree or higher in mathematics, a computer science, or a social science, is preferred, but not required, and may substitute for one year of experience in compiling data into graphically intensive reports.

Licensure, Certification, Or Registration Requirements

N/A

CONTACT: JAMES TILLERY 850-412-4133

The State of Florida is an Equal Opportunity Employer/Affirmative

Action Employer, and does not tolerate discrimination or violence in the workplace.

Candidates requiring a reasonable accommodation, as defined by the Americans with Disabilities Act, must notify the agency hiring authority and/or People First Service Center (1-866-663-4735). Notification to the hiring authority must be made in advance to allow sufficient time to provide the accommodation.

The State of Florida supports a Drug-Free workplace. All employees are subject to reasonable suspicion drug testing in accordance with Section 112.0455, F.S., Drug-Free Workplace Act.

VETERANS' PREFERENCE. Pursuant to Chapter 295, Florida Statutes, candidates eligible for Veterans' Preference will receive preference in employment for Career Service vacancies and are encouraged to apply. Candidates claiming Veterans' Preference must attach supporting documentation with each submission that includes character of service (for example, DD Form 214 Member Copy #4) along with any other documentation as required by Rule 55A-7, Florida Administrative Code. Veterans' Preference documentation requirements are available by clicking here. All documentation is due by the close of the vacancy announcement.

Nearest Major Market: Tallahassee

Senior Director - Finance Florida | Magellan Health | Tampa, FL

Source URL: https://www.linkedin.com/jobs/view/senior-director-finance-florida-must-be-located-in-florida-at-magellan-health-1623483424/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Senior Director Finance Florida

Magellan Health | Tampa, FL, US

Senior Director Finance Florida - must be located in Florida

Tampa FL 33612 Fed 9215 N. Florida Ave
Position has overall leadership for the financial affairs of Magellan's Complete Care plan in Florida, serving the Medicaid specialty plan market. Key responsibilities for the role include financial planning and analysis, performance management (including revenue cycle, medical cost initiatives and customer negotiations and settlements) and balance sheet reconciliation and related controls (including regulatory capital). As a member of the senior leadership for the plan, position will actively participate in the development and execution of both near-term and long-term business strategies. Requires 7+ years in financial leadership

roles serving the managed Medicaid health plan market. Experience in the Florida market and/or managed Medicaid specialty health plans is desired but not required. Position serves as member of our national Magellan Complete Care senior Finance team along with 5 other market CFOs.

- Essential functions will vary based on assigned SBU.
- Analyzes monthly financial results, conducts periodic forecasts of current year profitability and develops the annual budget for all assigned customers.
- Participates in periodic meetings with internal stakeholders to discuss results and develop corrective action plans to mitigate risk and optimize profitability.
- Supports month end close process which includes reviewing journal entries, reconciliations and month end reports.
- Actively participates as a member of the SBU leadership team in the development and execution of both near-term and long-term business strategies.
- Performs financial modeling to support the 5-year financial plan.
- Serves as the financial lead for specific strategic strategies including related investment/capital deployment requirements, cost/benefit analyses and evaluation of potential inorganic accelerants to each strategy.
- Leads financial support for all sales to assigned prospects.
- Leads bid qualification, pricing strategy, rate development, financial proposal terms and delivery to prospective target (including sales presentations).
- Develops financial reporting platform to enable deepen transparency of expense structure. Maintains cost transparency across entire SBU G&A cost structure.
- Partners with IT leadership team to enhance activity-based reporting.

- Monitors effective utilization of resources and recommends adjustments to cost structure.
- Assumes responsibility for the integrity and resolution of all balance sheet accounts associated assigned contracts managed including accounts receivable, funds withheld by customers, claims recoverables, etc.
- Supports underwriting efforts and financial aspects of proposals for RFPs.
- Manages select vendor contracts and payment reconciliations.
- Oversees FTE approvals and geographic changes within the financial system (i.e. cost centers).
- Provides support to both Account Management and Proposal team to aid in new business and account retention, if needed.
- Supports the finance team in evaluating customer-specific contractual reconciliations, renewals/rate openers and settlements of contingencies under each contract (eg. performance penalties/incentives), as needed. Identifies and communicates issues and cost drivers.
- Performs ad hoc financial analysis and special projects as requested by management.

General Job Information

Title
Senior Director Finance Florida - must be located in Florida
Grade
31
Job Family
Finance Group
Country
United States of America

FLSA Status
United States of America (Exempt)
Recruiting Start Date
11/23/2019
Date Requisition Created
11/23/2019

Work Experience

Finance
Education
Bachelors (Required), Masters

License And Certifications - Required

License and Certifications - Preferred

CPA - Certified Public Accountant - Enterprise

Responsibilities

Other Job Requirements

7 years of progressive experience in financial operations within managed care, health care or insurance industries. 3 years in a managerial position interfacing with senior management.
Must be able to handle multiple priorities and meet tight deadlines.

Must be detail oriented and have excellent analytical skills. Must have good communication skills, both written and verbal and experience with communication at an executive level. Must be able to interact with all levels of staff, including all senior management.
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.

Posted Yesterday Full time R00000031906

Magellan is the employer of choice for hard working people interested in making a difference in the health care industry and in the communities where we work and live. Our strong culture of caring is the common thread in both our business strategy and our work environment. We value professional growth and development, total health and wellness, rewards and recognition as well as employee unity. Magellan is a place where you can thrive. Click here to search our openings.

Magellan is committed to providing equal employment opportunities to employees and applicants for employment without regard to race, color, creed, religion, sex, gender identity and expression, sexual orientation, marital status, age, national origin, ancestry, citizenship, physical or mental disability, disabled veteran or veteran of the Vietnam Era status, or any other factors protected by law.

Magellan is committed to meeting applicable Federal labor and employment law posting requirements by providing necessary posters

in a format which is easily accessible and conspicuous to all applicants. Copies of applicable posters are accessible by clicking here .

Warning: Employment Scam

It has come to our attention that a false representative is contacting potential candidates and offering them work at home positions with Magellan Health. “Interviews” are conducted completely through email and the false job offer includes the promise of a check to be issued to the candidate for the purposes of setting up a home office.

Please know that Magellan Health does not interview any candidate through email, nor do we issue checks to candidates to set up home offices. All of our available positions are posted on legitimate job boards and our recruitment team directly contacts candidates should there be a fit.

If you suspect you are being contacted by a false representative of Magellan Health, please call 410-953-2911

Medicaid Business Analyst | Chandra Technologies, Inc | Madison, WI

Medicaid Business Analyst

Chandra Technologies, Inc
Madison, WI, US

Please apply for this position by sending your resume to:

Email:apply AT chandratech DOT com

SUBJECT:Applying for * Medicaid Business Analyst* Madison, WI

Hourly Rate: $51 W2; $59 CTC/1099

Job Description

Previous experience, in a Sr. Business Analyst role, on large infrastructure and/or business implementation projects and ability to facilitate the translation of functional business requirements into policy, business or technical solutions. Previous experience, as a Sr. Business Analyst in helping to

define, design and implement standardized Business Analyst processes and artifacts. Reviews, analyzes, and evaluates business systems and user needs.

Familiar with industry standards, current and emerging technologies, and business process mapping, and reengineering. Business Analyst/Consultant capabilities with 8 or more years of experience in the field or in a related area. Relies on experience and judgment to plan and accomplish goals. Independently, performs a variety of complicated tasks.

Medicaid, Health Care, or State Government experience is a plus

Required Skills

- **Develop Functional Requirements (8 years)**
- **Developing test scripts (5 years)**
- **Develop use case scenarios (5 years)**
- **Gather and document requirements (8 years)**
- **Select, synthesize and organize pertinent information to meet user needs (8 years)**
- **Working directly with business users (8 years)**

Medicaid Business Analyst -- Functional Requirements, Test Scripts, Implementation, Business Requirements, Business Analysis, Business Processes, Business Process Mapping, Use Case Scenarios, Gather Requirements, Document Requirements, Medicaid, Health Care, State Government, Database Analysis, SQL, Process Analysis

Higher Competitive Rates will be considered for consultants with advanced skill set

Corp to Corp Resumes are welcome

Consultants may need a criminal background check

- provided by Dice

Administrative Assistant I | Vprecruiter | Jacksonsville, FL

Source URL: https://www.linkedin.com/jobs/view/68036262-administrative-assistant-i-at-vprecruiter-1623200379/?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Adminstrative Assistant I

Vprecruiter | Jacksonville, FL, US

Requisition No: 88604

Agency: Agency for Health Care Administration

Working Title: 68036262 - ADMINISTRATIVE ASSISTANT I

Position Number: 68036262

Salary: $979.97 / Bi-Weekly

Posting Closing Date: 11/25/2019

This is an exciting opportunity to provide Administrative Support to the Jacksonville Medicaid Recipient and Provider Assistance (RPA) Office and the Statewide Contact Center activities. The Agency for Health Care Administration (AHCA) is the State of Florida agency responsible for oversight of the Medicaid Program. The Medicaid program provides low-income families and individuals with access to health care. If you have a desire to use your talent and skills at an organization that provides critical services to millions of individuals and families across the state, AHCA invites you to apply to become an essential member of our team. As one of Florida's leading state agencies, AHCA's diverse workforce community of more than 1,400 employees is proud of its efforts to serve the people of Florida.

We are seeking to hire an Administrative Assistant I who desires to

work to enhance the delivery of health care services through the Florida Medicaid Program. This position requires a candidate who is creative, flexible, innovative, and who will thrive in a team based work environment.

This position is located in the Bureau of Medicaid, Recipient and Provider Assistance (RPA) and serves as the Administrative Lead for the RPA Jacksonville and the Statewide Contact Center offices. Responsibilities include serving as the Human Resources Personnel Liaison for the RPA Jacksonville office and the Human Resources administrative lead for the Medicaid Contact Center; Master Safety Warden, manages supply and inventory; process all routine and annual Purchasing Requisitions; process travel requests and reimbursements for local staff; manage records retention processes, and various other administrative duties.

The incumbent in this position must maintain a high quality of professional services standards and must meet or exceed the established performance measures. The hours are 8:00 am -5:00 pm with 1 hour for lunch, Monday through Friday, and the non-negotiable salary is $979.97 bi-weekly with no overtime.

This position may require travel.

AHCA Offers An Excellent Array Of Benefits, Including

Health insurance
Life insurance
Dental, vision and supplemental insurance

Retirement benefits
Vacation and sick leave
Paid holidays
Opportunities for career advancement
Tuition waiver for public college courses
Training opportunities

For more information about the Bureau of Medicaid Recipient and Provider Assistance please visit our website at:
https://ahca.myflorida.com/Medicaid/index.shtml

Join us at the Agency for Health Care Administration in fulfilling our mission to provide "Better Health Care for all Floridians."

Knowledge, Skills, And Abilities

Knowledge of administrative principles and practices. Knowledge of office procedures and practices.
Knowledgeable in software programs such as Microsoft Word, Excel, PowerPoint, Outlook, Windows NT & Internet Explorer
Ability to prepare correspondence and administrative reports.
Ability to understand and apply applicable rules, regulations, policies and procedures.
Ability to plan, organize and coordinate work assignments.
Ability to communicate effectively.
Ability to travel with or without accommodations.
Ability to lift 25 pounds with or without accommodations.

Minimum Qualifications Requirements

At least 2 years of experience performing administrative duties.

One year of college or university can substitute for one year of the required experience.

Bilingual in English and Spanish (both in written and verbal form) preferred.

Licensure, Certification, Or Registration Requirements

N/A

CONTACT: DEBBIE STOKES 904-798-4528

The State of Florida is an Equal Opportunity Employer/Affirmative Action Employer, and does not tolerate discrimination or violence in the workplace.

Candidates requiring a reasonable accommodation, as defined by the Americans with Disabilities Act, must notify the agency hiring authority and/or People First Service Center (1-866-663-4735). Notification to the hiring authority must be made in advance to allow sufficient time to provide the accommodation.

The State of Florida supports a Drug-Free workplace. All employees are subject to reasonable suspicion drug testing in accordance with Section

112.0455, F.S., Drug-Free Workplace Act.

VETERANS' PREFERENCE. Pursuant to Chapter 295, Florida Statutes, candidates eligible for Veterans' Preference will receive preference in employment for Career Service vacancies and are encouraged to apply. Candidates claiming Veterans' Preference must attach supporting documentation with each submission that includes character of service (for example, DD Form 214 Member Copy #4) along with any other documentation as required by Rule 55A-7, Florida Administrative Code. Veterans' Preference documentation requirements are available by clicking here. All documentation is due by the close of the vacancy announcement.

Nearest Major Market: Jacksonville