

# Career Opportunities at



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Date: October 22, 2010

Posting Date / Requisition #	Job Title / Position Number	Department / Supervisor	Status	Major Responsibilities / Qualifications
9/14/2010	Coding Consultant	Claims Benay McCarron	Full Time Exempt	The Coding Consultant will identify and analyze new codes and code changes to ensure smooth and timely implementation. This role will work with Configuration staff to identify opportunities for automation of existing manual claims processes. The Coding Consultant will serve as a subject matter expert for Member Services, PAC and Provider Relations to educate on coding issues and assist in preparation of education materials and identify training opportunities. Research and resolution of complex claims and reimbursement issues are also required of this role. A professional certified coder designation from an accredited institution is required. Two to three years experience as a certified coder, in a health delivery setting, health insurance or Medicare and/or Medicaid setting is required. Comprehensive knowledge of CPT, ICD-9 and HCPCS coding, claims payment operations, associated medical terminology and payment methodology is required. Three to five years experience is required in claims operations and code editing software (Ingenix iCES preferred). Excellent verbal and written communications skills, strong analytical and problem solving skills and solid presentation skills are desired
1359	708			
10/4/2010	CAG Coordinator	Quality Management Sandra Houge	Full Time Exempt	The Complaints, Appeals, and Grievances (CAG) Coordinator will investigate and coordinate activities necessary for the resolutions of appeal and grievance cases for Medicaid, Medicare, Medicare Part D, and Special Needs Plan members. The CAG Coordinator will provide verbal and written communication to members and providers regarding the investigation of appeal and grievance cases and prioritize and organize work in order to meet regulatory requirements. A high school graduate or equivalent is required. A college degree or post high school education is preferred. Experience with Medicare and/or Medicaid benefit programs is required. Demonstrated experience in completing clear and meaningful written and verbal communication and PC skill is also required. Experience answering benefit and claim questions is preferred. Claims adjudication process experience is also preferred. Our ideal candidate will have Amisys experience and proficiency in Microsoft Office program - Word, Excel and Access.
1367	960			

Posting Date / Requisition #	Job Title / Position Number	Department / Supervisor	Status	Major Responsibilities / Qualifications
9/27/2010	Federal Government Relations Specialist	Government Relations Hannah LaMere	Full Time Exempt	The Federal Government Relations Specialist will provide contract oversight activities for the Centers for Medicare & Medicaid Services (CMS) contracts. This position will coordinate regulatory and contract communications with CMS. The Federal Government Relations Specialist will manage CMS new and expansion applications for Medicare Advantage, Part D and Special Needs Plans (SNPs). With Federal Government Relations Manager, the person in this role will manage federal requirements of SNP activities. The Federal Government Relations Specialist will provide guidance to internal departments on analysis of federal regulations and regulatory communications, primarily related to SNPs and Medicare Part D, and work to help ensure regulatory requirements are operationalized. A bachelor's degree is required. A minimum of three years work experience in health care compliance, health insurance and/or managed care is required. Medicare program administration experience (Medicare Part D) is required; in addition, Medicaid program administrative experience is preferred. Project management experience and legal research and writing experience are also required. Our preferred candidates will also have medicaid program administrative experience and knowledge and/or experience with integrated SNPs.
1365	414			
9/24/2010	Financial Analyst – Risk Contracts	Health Care Economics Kim Smith	Full Time Exempt	The Financial Analyst – Risk Contracts will provide assistance in analysis, development of data and reporting for risk contract financial settlements and reporting packages. The Financial Analyst – Risk Contracts will communicate results to provider groups. A Bachelors degree with an emphasis in finance/accounting or a related field is required. A minimum of three to five years of related experience in Finance or Accounting is required. Intermediate or higher level of MS Access and Excel experience and knowledge of the HMO industry are strongly preferred.
1364	208			

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9/17/2010	Health Care Analyst	Health Care Economics Ann Herzog Morrison	Full Time Exempt	Working in our Health Care Economics department, you will develop complex health care analytics; analyze data and develop reporting for utilization management, provider profiling and outcome development management. This position is also responsible for representing Health Care Economics in meetings and work groups pertaining to health care analytics, clinical, and quality initiatives. Our preferred candidate will have at least 5 years experience in health care utilization analysis. A minimum 3 years experience in data analysis is required. Advanced Microsoft Access experience required. Experience using Business Objects is a plus. A BA/BS with an emphasis in Business, Economics, Statistics, or related field preferred. Equivalent experience will be considered in lieu of degree.
1363	710			
9/8/2010	Provider Services Coordinator	Provider Network Management Marilee Moritz	Full Time Exempt	The Provider Services Coordinator will build and maintain positive working relationships with assigned UCare network providers. The person in this role will serve as liaison to providers and internal departments within UCare. A Bachelor's degree in health care management or a related field is required. Related experience will be considered in lieu of a degree. Three to five years experience in a health care delivery setting (physician group practice, health insurance, HMO or community service agency) is required. Provider Relations experience is required. Candidates with knowledge of both State Public Programs and Medicare products will be given preference. Knowledge of claims processing and Microsoft software preferred.
1356	213			

Posting Date / Requisition #	Job Title / Position Number	Department / Supervisor	Status	Major Responsibilities / Qualifications
9/14/2010	Training and Development Coordinator	Customer Service Ron Wilson	Full Time Exempt	As a Training and Development Coordinator in the Customer Services Department at UCare, you will develop and implement training programs and resources for the Customer Services staff. You will train members, providers, and community groups about UCare programs, benefits, and Customer Services department functions. In addition, you will develop, monitor, and maintain the Customer Services policies and procedures in compliance with all regulatory requirements. You will develop, monitor, and provide feedback on performance during new employee training period. You will also assist with the development and presentation of UCare sponsored training programs. This position requires a minimum of two years experience with training and training program development, along with experience with adult learning principles. Three to five years experience in a health insurance or managed care environment is also required. Our preferred candidate will have a background in Medicare and/or Medicaid, along with supervisory or team lead experience. Four-year college degree in teaching, business, or communications required with a teaching degree preferred. Specific experience and proven performance considered in lieu of degree.
1360	605			
10/18/2010	Transportation Representative	Customer Service Chuck Kroll	Full Time Non Exempt	As a Transportation Representative, you will coordinate accurate and efficient transportation of members to covered services. Member contact will take place via telephone, fax, voice mail and in person. This position requires a high school diploma or equivalent. A minimum of one year customer service experience is required. Prefer experience in a call center environment. A working knowledge of State Public Programs or customer service experience in a health plan or clinic setting is preferred. Experience working with a transportation company as a dispatcher or scheduler is highly desired. Proficient computer skills are required.
1370	613			