



UM Coordinator

Position Title: UM Coordinator
Position Type: Full Time
Location: Huntington Beach, CA or Arcadia, CA
Reports To: Director of Utilization Management

About Clever Care Health Plan

Clever Care Health Plan is a newly founded Medicare Advantage health plan serving Medicare beneficiaries in Southern California. Our employees are passionate in providing best services to our members and healthcare providers. Our three office locations are in Arcadia (Los Angeles County), Huntington Beach (Orange County) and New York City.

The UM/CM Department Coordinator provides support to the utilization and case review process. The coordinator works collaboratively with all team members of Utilization and Case Management department. Also works with other departments such as Customer Solutions, Claims, Appeals and Grievance, and Provider Network. In addition, the coordinator assists in identifying, tracking, and coordinating services for patients upon transitions from level of care or when needed. The position requires strong written and communication skills and the ability to interact with Clinical Staff, Providers, members, Medical Group and IPAs/MSOs to ensure the delivery of high-quality, cost-effective healthcare and compliant with all state and federal regulations and guidelines

Functions & Job Responsibilities

- Review of daily inpatient census for new admissions and enter EZ Cap and EZ Care
- Review daily UM Report for any new activity or 'Requested' authorizations
- Enters data and processes referral authorization requests, to include appropriate coding and quantities
- Works with management and clinical staff for identification of members meeting qualification for Chronic Supplemental Benefit
- Answers incoming calls from Providers, IPAs, Medical Groups, and other internal and external calls and assists on the queues as needed
- Monitors the Fax Inbox and appropriately distributes incoming faxes. Ensures that internal compliance security measures are met
- Verifies member eligibility before processing authorizations
- Identifies non-contracted providers and requests Letter-of-Agreements when needed
- Requests support documentation from IPAs / Medical Groups / Provider offices as requested by the UM/CM Nurses, Medical Directors, or Management
- Processes Extensions and Denial Letters, when needed.
- Monitors the Turn Around Timeframes



- Contacts facilities identified by the UM Nurses/Case Managers/Manager/Director/Medical Director to research any issues (i.e. contract, discharges, services provided).
- Prepare Utilization Review Reports as necessary.
- Assists the Case/Care Managers in coordinating and arranging services for members.
- Enters Health Risk Assessments (HRA) in EZ Care, refer to CM upon identification of high-risk stratification or outliers (as identified by staff)
- Assist in completed CM Trigger check list for Case Management
- Assists the Claims Department, when requested
- Responds to variations in daily workload by evaluating task priorities according to department policies and standards.
- Maintains confidentiality of information between and among health care professionals.
- Other duties as assigned.
- Follows all UM/CM policies and procedures

Education & Experience

- High school diploma or general education degree (GED) AA/BA college preferred not required
- Medical Terminology Certificate preferred
- One-year related experience and/or training; or equivalent combination of education and experience.
- Experience entering case referrals and prior authorizations
- Knowledge of ICD9 and CPT codes
- Knowledge of Managed Care Plans
- Bilingual (Korean/English) preferred
- Knowledge working in Access Express/Portal (not mandatory)

Knowledge/Skills/Abilities

- Language Skills: Ability to read and interpret documents such as safety rules, operating and maintenance instructions and procedure manuals. Ability to write routine reports and correspondence. Communicates effectively using good customer relations skills.
- Good oral, written and telephone skills
- Good organizational skills
- Ability to reason and carry out instructions.
- Good interpersonal skills.
- Basic Computer Skills (Microsoft Outlook, Excel, Word)

Physical & Working Environment

Typical Physical Demands.

Position requires a great amount of sitting and standing. Some lifting, stooping, bending, or reaching is required. May require lifting up to 15-30 pounds. Requires manual dexterity sufficient to operate a



computer, calculator and telephone. Requires normal range of hearing and vision. Requires the ability to type and file.

Typical Working Conditions.

Work is performed in an office environment and/or remotely. The job involves frequent contact with staff and public. Work may be stressful at times. May occasionally work some irregular hours.

Qualifications

What's in it for you?

1. A competitive compensation and benefits program.
2. Generous paid-time-off (PTO).
3. Ten paid holidays per year.
4. Excellent 401k saving plan, employer provides up to 4% match and employer contribution match is 100% immediately vested.
5. A work-life balance and much more!

Please email your resume directly to hr@ccmapd.com

Clever Care Health Plan Inc. is an equal opportunity employer and it is our policy to abide by all federal, state, and local laws prohibiting employment discrimination. All qualified applicants will receive consideration for employment.