



### **About Clever Care Health Plan**

Clever Care Health Plan is a newly founded Medicare Advantage health plan, will serve Medicare beneficiaries in Southern California. Our employees are passionate in providing best services to our members and healthcare providers. Two office locations are at Arcadia city of Los Angeles county and Westminster city of Orange county. To learn more, please visit **CleverCareHealthPlan.com**.

### **Job Summary**

Promote the quality and cost effectiveness of medical care by applying clinical acumen and the appropriate application of policies and guidelines to emergent/urgent and continued stay reviews. Complete medical necessity and level of care reviews for requested services using clinical judgment and refer to Medical Directors for review depending on case findings.

#### **Responsibilities:**

- Perform onsite review of emergent/urgent and continued stay requests for appropriate care and setting, following guidelines and policies, and approve services or forward requests to the appropriate Physician or Medical Director with recommendations for other determinations.
- Complete medical necessity and level of care reviews for requested services using clinical judgment and refer to Medical Directors for review depending on case findings
- Collaborate with various staff within provider networks and discharge planning team electronically, telephonically, or onsite to coordinate member care
- Conduct discharge planning
- Educate providers on utilization and medical management processes
- Provide clinical knowledge and act as a clinical resource to non-clinical team staff
- Enter and maintain pertinent clinical information in various medical management systems
- Direct care to participating network providers
- Participate in utilization management committees and work on special projects related to utilization management as needed
- Serve as a subject matter expert for questions or issues for other Concurrent Review Nurses and Prior Authorization Nurses
- Audit case reviews to ensure compliance with utilization management policies and procedures
- Assist with the development of utilization management workflows, policies, and procedures
- Research and validate accuracy of lapsed authorization data with staff and provide reports summarizing results
- Lead and facilitate multiple weekly rounds with staff, medical directors, and external contracted providers
- Assist with training for new hires and continued development of existing staff
- Serve as a back up to direct manager as needed
- Participates in daily census review process and productivity review for staff.

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**Education/Experience:**

Graduate from an Accredited School of Nursing. Bachelor's degree in Nursing preferred. 2+ years of clinical nursing experience and 3+ years of utilization management experience in a managed care setting. Knowledge of utilization management principles and healthcare managed care. Experience with medical decision support tools (i.e. Interqual, NCCN) and government sponsored managed care programs.

**Licenses/Certifications:**

Current state's LPN/LVN or RN license.

Active driver's license in good standing preferred.