

## CareAdvantage Navigator

### (Medicare Call Center Navigator)

<b>Only open to candidates residing in California</b>	<b>Opportunity to make a difference in your community</b>	<b>Position not eligible for sponsorship</b>
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Act as the primary point of contact for members of CareAdvantage and assist members with all aspects of plan benefits.

#### Position overview

- Provide customer service to CareAdvantage members primarily on the phone.
- Answer member questions about CareAdvantage health and prescription drug benefits, eligibility, and provider network.
- Make New Member Welcome Calls.
- Resolve problems that members have accessing CareAdvantage-covered services, including but not limited to health care services and prescription medications.
- Ensure that assigned members retain CareAdvantage enrollment by investigating and contacting members and partnering agencies.
- Clearly document any member complaints, including grievances and appeals.
- Follow through with proactive solutions to resolve member issues.
- Prepare and submit requests for services made directly by a member to HPSM Health Services and other departments.
- Prepare and submit member requests for continuity of care with non-contracted providers to Provider Services Department.
- Refer members to appropriate community partner agencies depending on specific circumstances including but not limited to: Behavioral Health and Recovery Services, Aging and Adult Services, Legal Aid and/or HICAP when appropriate.
- Relay pertinent health information to HPSM clinical staff to facilitate care coordination and/or receipt of medical services including prescriptions.
- Participate in and professionally represent HPSM at health fairs, community partnerships, meetings, committees, and coalitions as requested by the Manager or Supervisor.
- Provide departmental organizational support such as maintaining department files, distributing incoming mail, fax, and email, scanning, and uploading files in DocStar,
- Submit SDP tickets for direct member reimbursement and member billing as needed.
- Take minutes for departmental meetings.
- Maintain various department spreadsheet and databases as requested.
- Coordinate meetings including scheduling, arranging conference or Teams meetings when needed.
- Assist with special projects as needed.
- Perform other duties as assigned.

#### Requirements

These are the qualifications typically needed to succeed in this position. However, you don't need to meet every requirement to apply.

#### Education and experience

- Equivalent to a high school diploma or GED required
- Two (2) to three (3) years' experience performing customer service preferably in a health plan environment.
- Previous experience working with seniors or persons with disabilities and/ in a medically related field such as medical assisting.

**Knowledge of:**

- Personal computers and proficiency in Microsoft Office Suite applications, including Outlook, Word, Excel, Access and PowerPoint.
- Health insurance programs preferred.
- Customer service principles and practices.

**Ability to:**

- Work cooperatively with others.
- Work as part of a team and support team decisions.
- Communicate effectively, both verbally and in writing.
- Adapt to changes in requirements/priorities for daily and specialized tasks
- Demonstrate excellent oral and written communication skills with various audiences and individuals of diverse backgrounds.
- Perform problem research, use analytical skills, and effectively influence positive outcomes.
- Develop and maintain strong professional relationships with a diverse range of people.
- Utilize a personal computer, including the range of Microsoft Office products (Word, Excel, PowerPoint, Access, and Outlook).

**Salary and benefits**

**The starting salary range** depends on the candidate's work experience.

**Excellent benefits package** includes:

- HPSM-paid premiums for employee's medical, dental and vision coverage (employee pays 10% of each dependent's premiums)
- Fully paid life, AD&D and LTD insurance
- Retirement plan (HPSM contributes equivalent of 10% of annual compensation)
- 12 paid holidays a year, 12 paid sick days a year and paid vacation starting at 16 days a year
- Tuition reimbursement plan
- Employee wellness program

**To apply, submit a resume to [careers@hpsm.org](mailto:careers@hpsm.org).**

*Health Plan of San Mateo (HPSM) is a local County-funded nonprofit manages the health care for over 140,000 low-income people San Mateo County, including all its Medi-Cal eligible residents. HPSM is proud to be an Equal Opportunity Employer and an affirmative action employer. We are committed to equal employment opportunity regardless of race, color, ancestry, religion, sex, national origin, sexual orientation, age, citizenship, marital status, disability, gender identity or Veteran status.*