

## Job Description

**JOB TITLE:** Managed Care Coordinator  
**SUPERVISED BY:** Chief Innovation & Growth Officer  
**STATUS:** Full-Time, Non-Exempt  
**Via Care Community Health Center**  
**Range:** \$27 to \$31

### JOB SUMMARY

The Managed Care Coordinator provides operational support for all managed care functions across contracted IPAs, MSOs, and health plans. This role is responsible for assisting with credentialing submissions, monitoring IPA portal activity, pulling membership reports, tracking enrollment data, and ensuring provider alignment across all payor relationships. The Coordinator serves as a key liaison between Managed Care and external teams to ensure accurate provider assignments, panel oversight, and uninterrupted member access to care. This position requires prior medical managed care experience, including IPA credentialing processes and health plan engagement.

### ESSENTIAL DUTIES AND RESPONSIBILITIES

#### Credentialing & Provider Enrollment Coordination

- Prepare, submit, and track credentialing applications to IPAs and MSOs (medical, behavioral health, and dental).
- Support credentialing inquiries
- Assist in the onboarding of new providers and timely submission of credentialing applications.
- Complete required IPA/MSO attestations and compliance documentation.
- Attend key credentialing meetings and provide updates on application status and provider alignment.

#### IPA & Health Plan Engagement

- Attend scheduled IPA and health plan meetings related to credentialing, panel updates, and member alignment.
- Retrieve and compile monthly enrollment reports from IPA portals.
- Monitor provider panel openings/closures and notify internal teams accordingly.
- Work directly with health plans regarding member lists requiring outreach or reassignment.
- Escalate discrepancies or risk areas to CIGO as appropriate.

#### Provider Allocation & Supervision Oversight

- Track provider assignments by IPA and health plan.
- Maintain updated records of supervising physicians for mid-level providers (NPs/PAs).
- Notify CIGO of any provider changes, terminations, supervision shifts, or allocation updates requiring review.
- Coordinate with Operations to ensure provider listings align with contracted IPA structures.

#### Member Transition & Enrollment Coordination

- Work closely with the Enrollment Lead to address member reassignment needs.
- Support transitions related to provider terminations, panel closures, or IPA changes.

- Assist with coordination of patient outreach to prevent disruptions in care.
- Ensure alignment between managed care updates and front-end operations.

#### **Compliance & Directory Management**

- Maintain and update provider directory submissions/tracker for all contracted health plans.
- Ensure accurate provider data across IPA portals and health plan systems.
- Monitor and track IPA communications for policy or reporting updates.

#### **Competencies**

- Operational coordination
- Credentialing management
- Enrollment reconciliation
- Cross-department collaboration
- Proactive communication
- Compliance awareness

#### **QUALIFICATIONS**

- Minimum 2 years of experience in medical managed care, IPA operations, or provider credentialing.
- Demonstrated experience submitting credentialing applications to IPAs/MSOs.
- Experience navigating health plan and IPA portals.
- Knowledge of Medi-Cal, Medicare Advantage, and commercial HMO products preferred.
- Strong organizational skills and ability to manage multiple timelines.
- High attention to detail and follow-through.
- Microsoft Office applications which may include Outlook, Word, Excel, PowerPoint or Access.
- FQHC or Primary Care experience preferred;
- Basic & complex medical coding & medical terminology preferred

#### **PHYSICAL NATURE OF THE JOB:**

Exerting up to 10 pounds of force occasionally in carrying, lifting, pushing, pulling objects. Sitting most of the time, with walking & standing required only occasionally.

#### **EEO Statement**

Via Care Community Health Center provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, international origin, age, disability, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws. Via Care Community Health Center complies with applicable state and local laws governing non-discrimination in employment in every location in which the organization has facilities. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

**Pay Range: \$27.00-31.00 per hour**

*In compliance with California Labor Code § 432.3, as amended effective January 1, 2026, this job posting includes the pay scale for the position. The pay scale represents a good-faith estimate of the salary or*



*hourly wage range the employer reasonably expects to pay for the position upon hire. Actual compensation within the posted range will depend on experience, skills, and internal equity.*

<b>Supervisor/ HR Name:</b> <hr/>	<b>Employee's Name:</b> <hr/>
<b>Supervisor's/HR Signature:</b> <b>Date:</b> <hr/>	<b>Employee's Signature:</b> <b>Date:</b> <hr/>
I certify that this job description is an accurate description of the responsibilities assigned to the position.	I certify that I have read and understand the responsibilities assigned to this position.

**The above statements are intended to describe the general nature and level of work being performed by the incumbent(s) of this job. They are not intended to be an exhaustive list of all responsibilities and activities required by the position.**