Ventura County

Senior Medical Management Nurse - Ventura County Health Care Plan (VCHCP)/ Department Promotional

SALARY	$58.19 - $69.58 Hourly $4,655.29 - $5,566.09 Biweekly $10,086.47 - $12,059.86 Monthly $121,037.67 - $144,718.28 Annually	**LOCATION**	Oxnard, CA
JOB TYPE	Full-Time Regular	**JOB NUMBER**	0231HCA-26AA (LG)
DEPARTMENT	Health Care Agency	**DIVISION**	Ventura County Health Care Plan
OPENING DATE	08/31/2026	**CLOSING DATE**	9/14/2026 5:00 PM Pacific

Description

Come be part of our Ventura County workforce in the Ventura County Health Care Plan's (VCHCP) Utilization Management, Case Management and Disease Management Department! VCHCP is a County sponsored Health Maintenance Organization (HMO) that offers an extensive range of benefits and low out-of-pocket expenses. Established as a cost-effective and practical option for providing health care services to County employees and their covered dependents. VCHCP is dedicated to excellence in service and care.
Join us and apply your skills and ideas to improving the lives of our members and the quality of care they receive.

The Position
The Ventura County Health Care Plan is hiring a Senior Medical Management Nurse- VCHCP to provide Utilization Management and/or Case Management duties. This successful candidate assigned to case management and/or utilization review will possess thorough knowledge and skills in auditing member medical records and data collection related to HEDIS (Health Effectiveness Data Information Set). In addition, this position requires that incumbents demonstrate advanced competency skills and knowledge specific to Health Plan Utilization review with pre-certification, concurrent, retrospective, out-of-network, and medical appropriateness of treatment setting reviews using applicable criteria, medical policies, and industry standards/guidelines. Incumbents are expected to work at the full scope of their licensure, providing case management and/or utilization review functions and possibly serving as a clinical resource to others, and

assisting in supervising work of utilization management staff with a decreasing amount of supervision commensurate with their experience.

Educational/Bilingual Incentive: Incumbents may be eligible for an educational incentive of 2.5%, 3.5%, or 5% based on completion of an Associate's, Bachelor's, or Master's degree that is not required for the classification. Incumbents may also be eligible for bilingual incentive depending upon operational need and certification of skill. In order to qualify for this incentive, incumbents in eligible positions must take and pass the applicable bilingual fluency examination.

Certification Pay: $0.813 per hour based on scheduled work week hours for each qualified certification up to a maximum of five (5) certifications. One of the five certifications may be paid at $2.00 per hour for a National Certification.

AGENCY/DEPARTMENT: Health Care Agency - Ventura County Health Care Plan

PAYROLL TITLE: Senior Registered Nurse – Ambulatory Care

Senior Registered Nurse-Ambulatory Care is represented by the California Nurses Association (CNA) and is eligible for overtime compensation.

Salary placement will be determined according to the current California Nurses' Association (CNA) memorandum of agreement.

The eligible list established from this recruitment may be used to fill current and future Regular (including Temporary and Fixed-term), Intermittent, and Extra Help vacancies **for this position only.** There is currently one (1) Full-Time Regular vacancy in Quality Management (QA) with the Ventura County Health Care Plan.

TENTATIVE SCHEDULE
OPENING DATE: August 31, 2026
CLOSING DATE: September 14, 2026

Examples Of Duties

Duties may include, but are not limited to the following:

- Performs utilization review with pre-certification, concurrent, retrospective, out of network and medical appropriateness of treatment setting reviews to ensure compliance with applicable criteria, medical policies, member eligibility benefits, contracts and industry standards/guidelines;
- Utilizing nursing processes, plans and participates in practice site audits, review of medical records, and HEDIS (Health Effectiveness Data Information Set) data collection efforts/ HEDIS interventions;
- Makes medical record and external programmatic reviews; collects Department of Managed Health Care (DMHC) and/or National Committee for Quality Assurance (NCQA) data utilizing HEDIS and performance improvement strategy development techniques and methods;
- Applies medical knowledge and analytical skills to effectively implement and coordinate quality activities to improve performance metrics; Provides unit organization and maintains responsibility for the completion of all delegated and indicated quality-related functions;
- Maintains a knowledge base of HEDIS requirements and clinical performance implementation methods to improve HEDIS scores;
- Serves as clinical resource to others while assisting in supervising work of UM staff and coordinates the work of other staff assigned to perform associated tasks;
- Coordinates internal and external resources to meet identified needs and address objectives and goals identified during assessment. Interfaces with Medical Directors, Physician Reviewers, the treatment team, patients, and families in the development of care/case management treatment plans;
- Assists in problem solving with providers and/or patients on claims or service issues;
- Facilitates member care transition through the healthcare continuum and refers treatment plans/plan of care to clinical reviewers as required;

- Facilitates compliance with regulatory requirements and standards by knowing, understanding, correctly interpreting, and accurately applying regulatory requirements of the Department of Managed Health Care (DMHC) and standards;
- Assumes responsibility for writing required analysis that align with the NCQA requirements within the health plan's framework;
- Performs disease management for certain health plan population; and
- Performs other related duties as required.

Typical Qualifications

These are entrance requirements to the examination process and ensure neither continuance in the process nor placement on an eligible list.

AGENCY/DEPARTMENT SERVICE
Currently working as a Regular employee for the County of Ventura Health Care Agency. A Regular employee is an employee who was appointed from an eligible list and holds an allocated full- or part-time position in the County budget. Anyone who is Extra Help, Intermittent, or who participates in a training program or works as an independent contractor is not considered a Regular employee.

EDUCATION, TRAINING, and EXPERIENCE:
Requires three (3) years of full-time professional registered nursing experience, including two (2) years of full-time experience in Case Management, HEDIS and/or Utilization Review.

NECESSARY SPECIAL REQUIREMENTS

- Must possess and maintain a current, valid license as a Registered Nurse issued by the State of California.
- Must have a current, valid Basic Life Support (BLS/CPR) certification by first day of employment.
- Depending upon the area of assignment, additional specialty experience and/or certification(s) may be required.

DESIRED

Any of the following:

- Experience with Utilization Management and/or Case Management in a Managed Health Care Plan.
- Experience in meeting or exceeding NCQA requirements, including project management responsibilities.
- Experience related to HEDIS, including data collection, reporting, and ensuring compliance with HEDIS measures and standards.

KNOWLEDGE, SKILLS, and ABILITIES:

Considerable to thorough knowledge of:

- Principles, practices, techniques and methods used in Utilization review/management
- Regulatory requirements of the Department of Managed Health Care (DMHC) and National Committee for Quality Assurance (NCQA) regulatory requirements.

Skills in the following:

- Problem solving/conflict resolution;
- Organization to manage all aspects of a client’s case.

Working ability to:

- Perform audit evaluations related to clinical and health care services performance improvement activities.
- Determine the appropriateness of treatment and pre-certification by ensuring compliance with contracts, medical policy, member eligibility, benefits, out-of-network, concurrent/retrospective, and contracts
- Maintain confidentiality of patient/client information;
- Effectively maintain a positive working relationship with the medical staff, public, patients, and family members;
- Communicate effectively, both orally and in writing.

Recruitment Process

FINAL FILING DATE: Your application must be received by County of Ventura Human Resources in Ventura, California, no later than 5:00 p.m. on Monday, September 14, 2026.

To apply on-line, please refer to our web site at hr.venturacounty.gov. If you prefer to fill out a paper application form, please call (805) 677-5184 for application materials and submit them to County of Ventura Human Resources - Health Care Agency, 646 County Square Drive, Ventura, CA 93003.

Note to Applicants: It is essential that you complete all sections of your application and supplemental questionnaire thoroughly and accurately to demonstrate your qualifications. A resume and/or other related documents may be attached to supplement the information in your application and supplemental questionnaire; however, it/they may not be submitted in lieu of the application.

LATERAL TRANSFER OPTION: If presently permanently employed in another "merit" or "civil service" public agency/entity in the same or substantively similar position as is advertised, and if appointed to that position by successful performance in a "merit" or "civil service" style examination, then appointment by "Lateral Transfer" may be possible. If interested, please click **here** (Download PDF reader) (Download PDF reader) for additional information.

SUPPLEMENTAL QUESTIONNAIRE - qualifying: All applicants are required to complete and submit the questionnaire for this examination at the time of filing. The supplemental questionnaire may be used throughout the examination process to assist in determining each applicant's qualifications and acceptability for the position. Failure to complete and submit the questionnaire will result in the application being removed from consideration.

APPLICATION EVALUATION - 100%: All applications will be reviewed to determine whether or not the stated requirements are met. A score of 70 will be assigned to each application based on established criteria. Such score will be considered as the final score for placement on the eligible list.

Applicants successfully completing the exam process may be placed on an eligible list for a period of one (1) year.

BACKGROUND INVESTIGATION: A thorough pre-employment, post offer background investigation which may include inquiry into past employment, education, criminal background information, and driving record may be required for this position.

For further information about this recruitment, please contact Liz Gonzalez via email at Liz.Gonzalez@venturacounty.gov or by telephone at (805) 677-5153.

EQUAL EMPLOYMENT OPPORTUNITY

The County of Ventura is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding, and related medical conditions), and sexual orientation.

Employer
Ventura County

Address
800 S. Victoria Avenue
LOC. #1970
Ventura, California, 93009

Phone
(805) 654-5129

Website
http://hr.venturacounty.gov

Senior Medical Management Nurse - Ventura County Health Care Plan (VCHCP)/ Department Promotional Supplemental Questionnaire

*QUESTION 1

Your salary will be determined based on the nursing experience documented in your application. Please ensure that you list all applicable nursing experience in the Work Experience section of this application. Please confirm that you have read and understood this information.

- ◯ Yes
- ◯ No

*QUESTION 2

Are you currently a Regular employee of the Health Care Agency as defined in the job announcement?

- ◯ Yes
- ◯ No

*QUESTION 3

Do you possess a current valid license as a Registered Nurse issued by the State of California? If yes, you MUST include your date of licensure and a current valid license number in the Certificates and Licenses section of your application. Failure to do so will result in your application being disqualified.

- ◯ Yes
- ◯ No

*QUESTION 4

Do you possess or are you willing and able to acquire a valid Basic Life Support (BLS/CPR) Certification by first date of employment? If yes, you MUST include the certification information in the Certificates and Licenses section of your application.

- ◯ Yes
- ◯ No

*QUESTION 5

Describe your full-time professional registered nursing experience in case management, HEDIS and/or utilization review. In your response, please include the following: Full-time is considered 40 hours per week, anything less than that must be prorated. In your response be sure to include the following: A) Employer name(s) B) Dates of employment reflected as MM/YYYY to MM/YYYY or Present C) Specific duties you performed If you do not have this type of experience, please type, "No Experience." NOTE: To receive credit for this experience, you MUST include each employer cited in the Work Experience section of your application, and all details for each employer must be included.

*QUESTION 6

Describe your experience related to HEDIS which may include data collection, reporting, and ensuring compliance with its measures and standards. In your response, please include the following: A) Employer name(s) B) Dates of employment reflected as MM/YYYY to MM/YYYY or Present C) Specific duties you performed If you do not have this type of experience, please type, "No Experience." NOTE: To receive credit for this experience, you MUST include each employer cited in the Work Experience section of your application.

* Required Question