



MEDICARE CARE MANAGEMENT MANAGER (RN)

Position Status: Exempt
Reports To: Care Management Director
Effective Date: 05/07/25
Revised Date:
Job Level: M2

POSITION SUMMARY

Under administrative direction, this position:

1. Plans, organizes, manages, and leads the Care Management Medicare team, acts as a subject matter expert, and provides guidance related to care management activities
2. Provides management oversight related to the Care Management Medicare Unit functions and departmental operations
3. Performs program effectiveness evaluation
4. Manages, supervises, mentors, and trains assigned staff
5. Collaborates with a variety of Alliance staff on special projects
6. Performs other duties as assigned

RESPONSIBILITIES

1. Plans, organizes, manages, and leads the Care Management Medicare team, acts as a subject matter expert, and provides guidance related to care management activities, with duties including but not limited to:
 - Developing and maintaining effective and efficient integrated processes to meet the service delivery needs of Alliance members, across the spectrum of care
 - Developing and implementing case management protocols in accordance with the Medicare Dual Eligible Special Needs Plans (D-SNP) model of care
 - Ensuring that department policies and procedures support staff in daily activities and meet regulatory, contractual, and accreditation standards
 - Maintaining knowledge of Centers for Medicare & Medicaid Services (CMS) regulations and guidelines related to the D-SNP Model of Care
 - Maintaining current knowledge of contractual, regulatory, and accreditation agencies and related requirements pertinent to care management, such as CMS, Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), and Knox Keene Licensure
 - Collaborating with the Care Management Director and Alliance Medical Directors to maintain the Medicare Care Management Program description, and to prepare the Medicare Care Management Work Plan and Evaluation
 - Ensuring that staff has a thorough knowledge of the benefit differences between all lines of business
 - Collaborating with primary care providers, specialists, hospitals, interdepartmental staff, and community agencies in order to maximize program participation and outcomes
 - Developing and monitoring processes to proactively identify members that may qualify for Care Management services
 - Maintaining Medicare Care Management policies and procedures to meet Alliance goals and ensure regulatory and contractual compliance

- Achieving compliance with National Committee for Quality Assurance (NCQA), CMS Model of Care, and STARS health outcomes
 - Ensuring compliance with all applicable regulatory and quality requirements related to D-SNP
 - Participating in the ongoing development and refinement of the electronic Case Management Module, and overseeing its use on an ongoing basis in the Care Management processes
 - Coordinating Medicare Care Management activities with Medicare Operations, Utilization Management, Pharmacy, Quality Improvement/Population Health, Compliance, and Finance, to improve health outcomes and promote appropriate use of resources across the Health Services Division
 - Collaborating with departments across the organization regarding the Medicare D-SNP program
 - Scheduling, organizing, and leading care conferences regarding members and participating in case rounds on a regular basis
 - Providing clinical expertise and leadership within a variety Medicare Care Management activities including care coordination, linkage to resources, supporting transitions of care, and facilitating member self-efficacy and self-management to ensure whole-person care management
 - Monitoring and identifying trends related to member-specific issues and communicating trends and related recommendations to the Care Management Director
 - Establishing systems to ensure that timeliness of decisions and quality of documentation are consistent with mandated guidelines
 - Preparing or overseeing the preparation of mandated regulatory reports
2. Provides management oversight related to Care Management Medicare Unit functions and departmental operations, with duties including but not limited to:
- Conducting complex research and analysis related to Medicare Care Management strategies
 - Drafting, recommending, and implementing administrative policies and procedures related to Care Management Department operations
 - Developing, implementing, and ensuring compliance with department policies and procedures
 - Monitoring legislative and legal changes related to Alliance functions and ensuring compliance with same
 - Preparing narrative and statistical reports and making presentations
 - Overseeing the preparation and maintenance of records and reports and related documents
 - Facilitating, attending, and participating in internal and external meetings related to Care Management Department activities
 - Monitoring the unit budget and project budgets and assisting the Care Management Director with budget development, purchasing, and invoice approvals
 - Participating in vendor selection and contract development, and monitoring and evaluating the work of selected vendors
 - Providing updates to Alliance leadership, making presentations, supporting and training end users, and developing related materials
 - Staying informed of current best practices and new developments in the field and ensuring staff does the same
 - Providing support to the Care Management Director and acting for the Director in the Director's absence

3. Performs program effectiveness evaluation, with duties including but not limited to:
 - Performing ongoing monitoring of the Medicare Care Management Program to evaluate the plan's effectiveness and determine any process improvement strategies needed, including both clinical and administrative
 - Tracking, analyzing and developing strategies to address outlier performance of care management metrics
 - Tracking and reporting on the productivity and quality metrics related to Medicare Care Management
 - Creating and maintaining orientation materials for Medicare Care Management functional areas
 - Maintaining relationships with local and state clinical and social service agencies
4. Manages, supervises, mentors, and trains assigned staff, with duties including but not limited to:
 - Managing and supervising staff, setting goals and objectives, delegating and assigning work
 - Providing mentoring, coaching, and growth and development opportunities to staff
 - Interviewing and participating in the selection of staff in conjunction with the Care Management Director
 - Assisting subordinate supervisors with orienting new staff to the Care Management Department and providing support with ongoing supervisory responsibilities
 - Evaluating employee performance, providing feedback to staff, and coaching, counseling or disciplining staff when performance issues arise
 - Overseeing or conducting staff training, including the development and maintenance of training materials, in conjunction with subordinate supervisors and the Learning and Development team
 - Identifying training gaps and opportunities for improved performance
 - May oversee staff in multiple office locations and/or telecommute settings
5. Collaborates with a variety of Alliance staff on special projects, with duties including but not limited to:
 - Conducting provider training in conjunction with Provider Services
 - Assisting in Quality Improvement activities, including annual Healthcare Effectiveness Data and Information Set (HEDIS) studies, as requested
 - Participating in preparation of CMS/DHCS/DMHC audit and investigation audits for all aspects of Care Management
 - Providing staff support to Alliance advisory groups and clinical committees
 - Providing supervisory support to other departmental functions, as needed
6. Performs other duties as assigned

EDUCATION AND EXPERIENCE

- Current and unrestricted license as a Registered Nurse issued by the state of California
- Bachelor's degree in Nursing and a minimum of six years of experience in a health plan or patient care setting, which included a minimum of two years of experience supervising and training a multi-disciplinary health care team, one year of case management experience, and some experience in a care management capacity (a Master's degree may substitute for two years of the required experience); or an equivalent combination of education and experience may be qualifying

KNOWLEDGE, SKILLS, AND ABILITIES

- Thorough knowledge of the principles and practices of clinical nursing
- Thorough knowledge of the principles and practices of case management
- Thorough knowledge of the principles and practices of supervision and training
- Working knowledge of care management and coordination
- Working knowledge of the tools and techniques related to research, analysis, and reporting
- Working knowledge of the tools and techniques related to program and project management
- Working knowledge of and proficiency in the use of Windows-based PC systems and Microsoft Word, Outlook, PowerPoint, and Excel, and Oracle database systems
- Some knowledge of the principles and practices of utilization management
- Some knowledge of Medi-Cal and related policy and benefits-related Title 22 regulations
- Some knowledge of Medicare D-SNP and related regulations
- Some knowledge of the concepts and guidelines related to managed care and prepaid healthcare
- Some knowledge of the principles and practices of statistical analysis
- Ability to analyze and interpret legal, regulatory, and contractual language, policies, procedures and guidelines, and legislative and regulatory directives
- Ability to train, mentor, supervise, and evaluate the work of staff, promote an atmosphere of teamwork and cooperation, and motivate staff to achieve goals and objectives
- Ability to act as a technical resource and explain regulations, processes, and programs related to area of assignment
- Ability to organize and prioritize the work of others, delegate effectively, and follow up on work assignments
- Ability to provide leadership and facilitate meetings
- Ability to plan, organize, and lead data collection activities
- Ability to present statistical and technical care management data in a clear and understandable manner utilizing appropriate visual aids
- Ability to attend in person meetings with community partners, providers, and hospitals
- Ability to clearly communicate findings of Care Management reports to providers
- Ability to identify issues, conduct research, gather and analyze information, reach logical and sound conclusions, and make recommendations for action
- Ability to effectively, clearly, and independently document, summarize, and resolve complex issues
- Ability to manage the development and implementation of projects, systems, programs, policies and procedures
- Ability to analyze data and prepare written and oral reports
- Ability to develop training materials, in conjunction with Learning and Development staff, and conduct training
- Ability to assist with the development of policies and procedures
- Ability to provide input regarding budget development and perform budget monitoring
- Ability to create forms, correspondence, and other program documents
- Ability to develop and implement recordkeeping systems and maintain accurate records
- Ability to foster effective working relationships, influence others, and build consensus with individuals at all levels in the organization
- Ability to demonstrate a collaborative management style, build rapport, and effectively manage internal and external business relationships

- Ability to work independently and make decisions related to areas of functional responsibility

DESIRABLE QUALIFICATIONS

- Master's degree in a healthcare related field
- Certified Case Manager (CCM) certification
- Experience with Medicare or D-SNP care management program development and evaluation
- Experience managing a case management program
- Experience in a Medicare, Medi-Cal Managed Care Health Services Area, Public Health, Critical Care, Emergency Room, Telemetry, or Medical Surgical unit patient care setting
- Working knowledge of the Medi-Cal and Medicare D-SNP programs and related regulations
- Working knowledge of Excel pivot tables

WORK ENVIRONMENT

- Ability to sit in front of and operate a video display terminal for extended periods of time
- Ability to bend, lift and carry objects of varying size weighing up to 10 pounds
- Ability to work effectively in a remote work environment
- Ability to travel to different locations in the course of work
- Possession and ongoing maintenance of a valid Driver's License, transportation, and automobile liability insurance in limits acceptable to the Alliance

This position description, and all content, is representative only and not exhaustive of the tasks that an employee may be required to perform. Employees are additionally held responsible to the Employee Handbook, the Alliance Standard Knowledge, Skills and Abilities and the Alliance Code of Conduct. The Alliance reserves the right to revise this position description at any time.