



MEDICARE MEDICAL DIRECTOR

Position Status: Exempt
Reports To: Chief Medical Officer
Effective Date: 08/11/25
Revised Date:
Job Level: M3

POSITION SUMMARY

Under policy direction, this position:

1. Acts as the Alliance's Medicare Dual Eligible Special Needs Plan (D-SNP) clinical subject matter expert
2. Provides specialized clinical D-SNP leadership within a variety of Health Services functional areas
3. Develops and improves relationships with internal and external stakeholders, including the professional medical community, and maintains and enhances communications with similar Health Plan organizations
4. Participates in all aspects of regulatory compliance related to D-SNP and Health Services functions
5. Performs other duties as assigned

RESPONSIBILITIES

1. Acts as the Alliance's Medicare Dual Eligible Special Needs Plan (D-SNP) clinical subject matter expert, with duties including but not limited to:
 - Acting as the clinical D-SNP subject matter expert across the organization
 - Collaborating with the Chief Medical Officer, Medical Directors, and department directors to ensure compliance with Centers for Medicare & Medicaid Services (CMS) contractual and regulatory requirements
 - Participating in the development of the Medicare D-SNP adjudication process and adjudicating D-SNP benefit appeals and denials
 - Managing initial determinations, appeals, and grievances within the scope of expertise as defined by the Alliance, Medicare, NCQA, and other regulatory agencies
 - Tracking and reporting on the frequency and resolution of member complaints, potential quality issues (PQIs), and grievance responses associated with D-SNP providers
 - Advising on updates to the clinical components of the D-SNP Model of Care, to ensure that the plan meets the needs of Alliance members
 - Providing a clinical perspective in support of management of the STARS program
 - Conducting site visits with providers, in conjunction with the Quality Improvement and Population Health Department, to perform quality interventions and data exchange centered around the STARS program
 - Guiding interventions with providers to ensure compliance with D-SNP regulations and requirements
 - Acting as the subject matter expert for cross-organizational D-SNP functions and providing related matrix leadership across the organization
 - Providing clinical expertise related to long-term care, home health, and hospice, including responding to appeals and denials related to those areas
 - Providing clinical oversight and overseeing the optimization of programmatic areas that meet the clinical needs of Medicare members, such as palliative care, dementia care, and ESRD

- Coordinating with other Medical Directors to develop interventions related to the Medi-Cal line of business and the quality improvement emphasis on long-term care
 - Analyzing information to develop interventions that improve quality of care and outcomes with a focus on risk adjustment performance, including STARS, state-based programs, and value-based care
 - Collaborating with other Medical Directors to track trends across the Medicare and Medi-Cal lines of business and providing clinical expertise in the review of utilization trends from a D-SNP perspective
 - Providing expertise related to Medicare Part D coverage and related regulations
 - Leading and participating in clinical components of Medicare risk adjustment, payment models, and Part D management, in collaboration with other Alliance departments and stakeholders
 - Performing peer-to-peer outreach functions in support of the Plan's Medicare Drug Management Program
 - Collaborating with Utilization Management and Care Management to develop programs that address inappropriate utilization and readmissions
2. Provides specialized clinical D-SNP leadership within a variety of Health Services functional areas, with duties including but not limited to:
- Coordinating and consulting with department directors regarding the clinical direction of programs, studies, activities, and processes
 - Participating in the development, interpretation, and presentation of reports and analytics needed for improvement
 - Developing annual work plans, program descriptions, year-end reports, annual evaluations, and reviewing and updating policies, in conjunction with department directors and leadership
 - Providing input on clinical content for specific programs, including D-SNP
 - Taking a leadership role in strategic planning, Clinical Effectiveness and Quality Initiatives, and other operational programs
 - Providing clinical leadership regarding provider relations and member relations
 - Participating in the general administration of the Alliance as a member of the director level management team by providing input into the problem-solving and decision-making process
 - Conducting complex research and analysis related to Health Services strategies
 - Assisting in formulating strategic plans and goal setting in support of Alliance programs
 - Modeling and promoting effective interdepartmental communication
 - Preparing narrative and statistical reports and making presentations
 - Drafting, recommending, and implementing administrative policies, processes and procedures related to D-SNP and Health Services operations
 - Maintaining current knowledge of relevant federal and state laws, policies and directives, and organizational policies and procedures
 - Overseeing the preparation and maintenance of records, reports, and related documents
 - Attending and participating in internal and external meetings related to Alliance business operations

Additionally, provides clinical leadership from a D-SNP perspective in partnership with directors in the other Health Services Division departments, including the following:

Utilization Management Responsibilities: Providing clinical leadership for medical decisions regarding hospital Concurrent Review on Alliance inpatient members; reviewing Authorization Requests as referred by Utilization Management staff for approval or denial of requested services; evaluating member requests for administrative membership categories; evaluating physician

requests for member reassignment; participating in staged resolution of authorization appeals and communicating with providers and members regarding utilization management issues and questions; directing and interpreting data based on utilization analysis, including overutilization, underutilization, and cost trending in key areas, such as inpatient, pharmacy, and Emergency Department (ED) use; and, evaluating member and provider appeals

Quality Improvement Responsibilities: Assessing requirements and needs for mandatory and optional health promotion programs; recommending study design, oversight, and feedback mechanisms for quality improvement projects; participating, as assigned, on internal quality review activities; evaluating potential quality of care incidents, communicating with providers regarding such incidents, developing Corrective Action Plans (CAPs), and evaluating responses to CAPs; participating in the Alliance complaint and grievance resolution process, including State Fair Hearings; participating in peer review activities; Identifying fraud, waste, and abuse and working with the Alliance Compliance Program to address those issues; and, evaluating member grievances and complaints; evaluating potential quality issues

Pharmacy Management Responsibilities: Participating in the development, implementation, and monitoring of the Alliance drug formulary; providing clinical support and leadership to the Pharmacy Department drug utilization management process, including practitioner interface, and overseeing appropriate denials; and, assisting in the Pharmacy Benefit Manager (PBM) and pharmacy consulting services relationships, including participating in the PBM Request for Proposal (RFP) process

Care Management Responsibilities: Collaborating and consulting with the Care Management Director to set the clinical direction and implement disease management, care coordination, and complex case management programs; collaborating with the Care Management Director to ensure that Care Management programs support Alliance strategic initiatives, including utilization and quality targets; supporting coordination of internal, provider, and other external care management resources; and, leading interdisciplinary team conference

3. Develops and improves relationships with internal and external stakeholders, including the professional medical community, and maintains and enhances communication with similar Health Plan organizations, with duties including but not limited to:
 - Attending or chairing local medical meetings and committees
 - Acting as the Alliance's physician liaison for the D-SNP provider network
 - Leading or participating in the Alliance's internal committees and workgroups
 - Educating internal stakeholders about clinical aspects of the D-SNP program
 - Participating in community forums related to the Alliance's goals and mission
 - Participating in information sharing, discussions, and problem-solving meetings with other Health Care organizations and community agencies
 - Informing and educating the professional community about the Alliance and its programs
 - Participating in academic detailing outreach to providers regarding Care Based Incentives, Quality Improvement Programs, Utilization Management best practice, and Care Management Programs
 - Serving as a liaison for network physicians who have questions, suggestions, feedback, or complaints
 - Providing clinical support and education to the network providers in support of standards of care, evidence-based medicine, and use of clinical criteria in decision management

- Working with providers on value-based initiatives, quality, and provider satisfaction and alignment of provider performance with plan goals
 - Evaluating disputes regarding Primary Care Physician performance
4. Participates in all aspects of regulatory compliance related to D-SNP and Health Services functions, with duties including but not limited to:
 - Preparing for and reviewing requirements for state and federal audits
 - Acting as the lead in response to audits of the Medicare line of business
 - Ensuring compliance with regulatory requirements
 - Preparing and reviewing materials related to compliance requirements
 - Participating as needed in regulatory discussions, meetings, and conferences
 - Participating in statewide Medi-Cal Managed Care Medical Director communications and related meetings as assigned
 5. Performs other duties as assigned

EDUCATION AND EXPERIENCE

- Doctor of Medicine, current license to practice medicine issued by the State of California, Board certification in a specialty recognized by the American Board of Medical Specialties, and a minimum of three years of experience as an attending physician with the Medicare population or three years of experience as an attending physician which included a minimum of two years of Medicare Plan administration experience; or an equivalent combination of education and experience may be qualifying

KNOWLEDGE, SKILLS, AND ABILITIES

- Thorough knowledge of the methods of designing, operationalizing, evaluating, and iterating workflows and programs
- Working knowledge of the needs of the Medicare population and/or Medicare Plan administration
- Working knowledge of Medicare regulations related to home health care, long-term care, and hospice
- Working knowledge of medical programs administration, quality improvement, and/or informatics
- Working knowledge of data collection and management practices, as related to utilization and quality of medical care
- Working knowledge of the peer review process
- Working knowledge of Knox-Keene, NCQA, and Title 22 regulations
- Working knowledge of the use of the MCG guidelines in clinical decision making
- Working knowledge of the principles and practices of program development and project management
- Working knowledge of and proficiency in promoting and applying change management principles
- Working knowledge of the principles and practices of customer service
- Working knowledge of and proficiency with Windows based PC systems and Microsoft Word, Excel, Outlook, and PowerPoint, and database systems
- Some knowledge of the Medicare D-SNP program and related regulations
- Some knowledge of the CMS D-SNP STARS Rating System
- Some knowledge of managed care

- Some knowledge of healthcare regulatory processes
- Ability to provide clinical oversight and leadership of the Medicare D-SNP program
- Ability to independently navigate complex systems in order to effectively and efficiently implement new programs in a timely manner
- Ability to analyze issues and think critically to ensure success in leading system change, make informed operational and strategic decisions, and oversee implementation and continuous process improvement related to key internal and external priorities
- Ability to audit, analyze, and assess medical records and other health care data
- Ability to interpret regulations, legal and contractual language, policies, and procedures
- Ability to evaluate, qualitatively and quantitatively, a broad variety of programs and processes and use these evaluations to ensure ongoing quality improvement
- Ability to oversee the development and implementation of projects, systems, programs, policies, and procedures
- Ability to develop, plan, organize and direct programs and activities that are complex in nature and regional in scope
- Ability to manage multiple projects simultaneously, organize work, and achieve goals and timelines
- Ability to act as a resource to clinical and non-clinical staff and explain complex laws, regulations, processes, and programs related to area of responsibility
- Ability to understand and interpret complex clinical reports, data, and analytics
- Ability to resolve complex problems with creativity and resourcefulness
- Ability to prepare narrative and statistical written reports, correspondence, and other program documents
- Ability to make presentations and adjust communication style in order to facilitate collaboration and understanding Ability to foster effective working relationships, influence others and build consensus with individuals at all levels in the organization
- Ability to utilize good judgment, communication, and tact when interacting with health care providers, members, and other stakeholders
- Ability to build trust and rapport with the local provider community and other health plans
- Ability to demonstrate a collaborative management style and effectively manage internal and external business relationships
- Ability to provide leadership, facilitate meetings, and partner with and guide managers and employees in the resolution of issues
- Ability to demonstrate sensitivity, empathy and understanding to a culturally diverse member population
- Ability to gain and maintain knowledge of the medical communities within all Alliance service area counties

DESIRABLE QUALIFICATIONS

- Bilingual (English/Spanish or English/Hmong)
- Experience working with the Medicare D-SNP and Medi-Cal programs
- Experience leading change across inpatient and outpatient patient care settings
- Experience working with systematic quality assurance, quality improvement, and public health and epidemiology programs
- Experience working with healthcare partners and community partners
- Working knowledge of the Medi-Cal program and related regulations
- Working knowledge of the complex practices, issues, and theoretical principles related to Medicare D-SNP, including the regulatory environment

- Working knowledge of managed care
- Working knowledge of the principles and practices of data quality and/or clinical informatics
- Working knowledge of the methods and techniques utilized to address the social determinants of health
- Working knowledge of safety net systems and the factors to consider when working with vulnerable populations
- Working knowledge of the principles and practices of program implementation, continuous process improvement, and systems thinking and design
- Some knowledge of the principles and practices of supervision and training
- Some knowledge of the medical communities within the Alliance service area counties

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
- This position has geographic-specific responsibilities and will perform duties at satellite Alliance offices, as directed by the Chief Medical Officer and Health Services Officer
- 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.