



UTILIZATION MANAGEMENT DIRECTOR (RN)

Position Status: Exempt
Reports To: Health Services Executive Director
Effective Date: 03/23/20
Revised Date: 02/25/26
Job Level: M3

POSITION SUMMARY

Under policy direction, this position:

1. Leads and shapes the Utilization Management (UM) Strategy for the Alliance while providing management oversight in implementing, directing and monitoring the Utilization Management Department functions, including prior authorizations, concurrent review, medical claims review, appeals and grievances
2. Directs the Utilization Management Department, acts as a subject matter expert, and provides direction and advice on the Department's functions and overall business operations
3. Directs, manages and supervises Utilization Management Department staff
4. Performs other duties as assigned

RESPONSIBILITIES

1. Leads and shapes the Utilization Management (UM) Strategy for the Alliance, while providing management oversight in implementing, directing and monitoring the Alliance's Utilization Management Department functions, including prior authorizations, concurrent review, medical claims review, appeals and grievances, with duties including but not limited to:
 - Leading development of UM strategy by leveraging the use of data/analytics to inform and technology solutions to streamline operational efficiencies while also building a cost-benefit methodology to rationalize decisions on UM reviews to be performed based upon staffing costs, productivity, and projected medical cost savings
 - Identifying opportunities to create efficiencies in the UM program and activities, incorporating innovative approaches and solutions, and leading process redesign work necessary to implement improvements
 - Directing the utilization management, concurrent review, prior authorizations medical claims review, appeals and grievances functions
 - Providing leadership in the design and implementation of UM policies, processes and procedures needed to meet National Commission on Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC) accreditation requirements for both a Medi-Cal and Medicare line of business (D-SNP)
 - Establishing and measuring productivity metrics in order to support workforce planning methodology and rationalization of services to perform UM reviews
 - Developing approach to auto-approvals where appropriate and partnering with the Provider Services team to implement strategies to reduce unnecessary administrative burden for Alliance care delivery partners related to UM processes
 - Developing and maintaining protocols for Treatment Authorization Request (TAR) authorization criteria

- Ensuring contractual turnaround times are met by staff, and performing duties associated with Prior Authorization
 - Reviewing and reporting out on Utilization Review (UR) trending
 - Ensuring quality of services through UR, review of medical records and provider education, while identifying training opportunities and trends
 - Designing, developing, implementing and maintaining programs, policies and procedures in order to meet regulatory, contractual, accreditation, and performance standards
 - Evaluating and overseeing the implementation recommendations on program changes relative to covered services
 - Maintaining knowledge of the UM software program functionality and leading the clinical team responsible for advising on replacement, upgrades and user testing
 - Advising and collaborating with the Chief Medical Officer (CMO) and Medical Directors on strategic issues involving Utilization Management Department programs
 - Developing and maintaining collaborative working relationships with clinical and social service agencies in the community
 - Collaborating with Care Management, Quality Improvement/Population Health, Pharmacy, and Health Services Operations to improve health outcomes and promote appropriate use of resources
 - Maintaining knowledge of regulatory and accreditation agencies and related requirements pertinent to case management and integrated behavioral health, such as Department of Health Care Services (DHCS), Centers for Medicare and Medicaid Services (CMS), Department of Managed Health Care (DMHC), and Knox Keene
 - Ensuring that staff advocates for members within the scope of the role of the health plan by arranging for, or directly reaching out to, Primary Care Providers (PCPs), specialists, hospitals, local mental health services, the managed care behavioral health organization (MCBHO), local care management programs, and community agencies in order to maximize program participation and outcomes
 - Assisting with quality improvement activities, including annual Healthcare Effectiveness Data and Information Set (HEDIS) studies
 - Overseeing UM Department preparations and responses to regulatory audits and the construction of corrective action plans
 - Participating in regulatory audits related to all aspects of utilization management
 - Tracking, analyzing, and developing strategies to address outlier performance of utilization metrics and reporting on metrics at a regular cadence
 - Providing input into member complaints and grievances related to Health Services
 - Conducting provider trainings in collaboration with the Provider Services Department
 - Participating in Alliance advisory groups and clinical committees.
2. Directs the Utilization Management Department, acts as a subject matter expert, and provides direction and advice on the Department's functions and overall business operations, with duties including but not limited to:
- Participating in the general administration of the Alliance as a member of the senior leadership team by providing input into the problem-solving and decision-making process
 - Participating in strategic planning and implementation of the Utilization Management Department's operational goals related to the growth and development of Alliance business operations

- Ensuring that Utilization Management Department goals and activities are in alignment with the Alliance strategic plan
 - Conducting complex research and analysis related to utilization management 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
 - Developing performance measures related to strategic goals and new projects and presenting to staff and the Board of Commissioners, as directed by the CMO
 - Preparing reports for the Board of Commissioners package for review by the CMO
 - Drafting, recommending, and implementing administrative policies and processes and procedures related to Utilization Management Department operations
 - Maintaining current knowledge of relevant Federal and State laws, policies and directives, and organizational policies and procedures, including regulatory requirements pertinent to population health, case management and disease management (DHCS, CMS, DMHC, and Major Risk Medical Insurance Board), communicating changes to staff, and ensuring that all requirements are met
 - Monitoring legislative and legal changes related to Alliance functions and ensuring appropriate communication of same
 - Reviewing and assessing overall department functions, core work, goals and structure, developing and implementing short- and long-term planning to achieve strategic objectives, and completing an annual department assessment
 - Overseeing the preparation and maintenance of records, reports and related documents
 - Overseeing, coordinating or participating in a variety of committees, including the Delegated Oversight Committee and Grievance Review Committee
 - Developing and managing the Utilization Management Department operations and budget
 - Attending and participating in internal and external meetings related to Alliance business operations
 - Providing support to the CMO
 - Collaborating with the Medical Director team on complex cases
3. Directs, manages and supervises Utilization Management Department staff, with duties including but not limited to:
- Ensuring Utilization Management staff maintains up-to-date knowledge, skills and abilities related to the administration of assigned responsibilities and functions
 - Identifying, overseeing and assisting with objectives, priorities, assignments and tasks and reviewing work products as needed
 - Providing mentoring, coaching, and development and growth opportunities for staff and subordinate managers and supervisors
 - Evaluating employee performance, providing feedback to staff, and counseling or disciplining staff when performance issues arise
 - Overseeing staff in multiple office locations and/or telecommute settings
4. Performs other duties as assigned

EDUCATION AND EXPERIENCE

- Current unrestricted license as a Registered Nurse issued by the state of California
- Bachelor's degree in Nursing and a minimum of ten years of utilization management experience which included a minimum of five years of experience in a managed care environment and three years of staff management experience (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 utilization management
- Thorough knowledge of the principles and practices of clinical nursing
- Thorough knowledge of Title 22, Knox Keene, Medicaid, Medicare, entitlement programs, and related regulations
- Thorough knowledge of the principles and practices of managed care
- Thorough knowledge of and proficiency in research, analysis and reporting methods
- Thorough knowledge of and proficiency in promoting and applying change management principles
- Thorough knowledge of NCQA accreditation standards
- Thorough knowledge of the use of medical policy and MCG Care Guidelines for medical necessity coverage determinations
- Thorough knowledge of UM documentation requirements necessary to satisfy regulatory audits
- Working knowledge of UM/CM software systems as applicable to clinical care
- Working knowledge of the principles and practices of program development and project management
- Working knowledge of the principles and practices of customer service
- Working knowledge of the principles and practices of supervision and training
- Working knowledge of and proficiency with Windows based PC systems and Microsoft Word, Excel, Outlook and PowerPoint
- Some knowledge of healthcare regulatory processes
- Some knowledge of state and federal legislative processes
- Ability to direct, manage, supervise, mentor, train and evaluate the work of staff
- Ability to provide leadership, facilitate meetings, and partner with and guide managers and employees in the resolution of issues
- Ability to develop, plan, organize and direct programs and activities that are complex in nature and regional in scope
- Ability to identify, evaluate, and implement innovations and solutions to optimize, enhance and expand UM programs and activities
- Ability to act as a technical resource and explain complex laws, regulations, processes, and programs related to area of responsibility
- Ability to evaluate medical records and other health care data
- Ability to demonstrate strong clinical and counseling skills
- Ability to demonstrate strong analytical skills, accurately collect, manage and analyze data, identify issues, offer recommendations and potential consequences, and mitigate risk
- Ability to identify and resolve problems in a timely manner

- Ability to manage multiple projects simultaneously, organize work, and achieve goals and timelines
- Ability to review and assess overall department function, core work, goals and structure, develop and implement short- and long-term planning to achieve strategic plans, and complete an annual department assessment
- Ability to foster effective working relationships, influence others, negotiate and persuade 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 including with members of the medical community, community agencies, and board members
- Ability to make presentations and adjust communication style in order to facilitate collaboration and understanding
- Ability to prepare narrative and statistical written reports, oral reports, correspondence, and other program documents
- Ability to develop and monitor department, program and project budgets
- Ability to partner with Analytics staff to optimize systems and develop reports
- Ability to learn and use specialized software systems
- Ability to develop recordkeeping systems and maintain organized and accurate records
- Ability to identify new processes and systems to improve productivity and results

DESIRABLE QUALIFICATIONS

- Master's degree in Nursing, Health Administration, or Business Administration
- Certified Case Manager (CCM) certification
- Experience overseeing a UM department in a commercial payer insurance environment
- Experience preparing for and responding to CMS audits
- Experience working in a hospital setting
- Thorough knowledge of Medi-Cal and related regulations
- Thorough knowledge of the principles of statistics
- Working knowledge of Tableau

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.