



UTILIZATION MANGEMENT MANAGER – AUTHORIZATIONS (RN)

Position Status: Exempt
Reports To: Utilization Management Director
Effective Date: 07/29/20
Revised Date: 08/31/22
Job Level: M2

POSITION SUMMARY

Under administrative direction, this position:

1. Manages and leads the Utilization Management (UM) Prior Authorization, Authorization Coordinator, and Non-Emergency Medical Transportation teams, acts as a subject matter expert, and provides guidance related to utilization management activities and departmental operations
2. Performs program effectiveness evaluation
3. Manages, supervises, mentors and trains assigned staff
4. Provides leadership in Health Services programs, operations, projects, policies and procedures to ensure high quality results
5. Performs other duties as assigned

RESPONSIBILITIES

1. Manages and leads the Utilization Management (UM) Prior Authorization, Authorization Coordinator, and Non-Emergency Medical Transportation teams, acts as a subject matter expert, and provides guidance related to utilization management functions and departmental operations, with duties including but not limited to:
 - Developing and implementing unit goals and objectives, new and revised programs, work plans, systems, policies, processes, procedures, and methods of operation
 - Assigning work activities, projects, and program responsibilities, monitoring workflow, and reviewing and evaluating work products, methods, and procedures
 - Establishing systems to ensure that timeliness of decisions and quality of documentation are consistent with mandated guidelines
 - 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)
 - Maintaining knowledge of the UM software program functionality and leading the clinical team responsible for advising on replacement, upgrades, and user testing
 - 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
 - Modeling and promoting effective interdepartmental communication
 - Ensuring that department policies and procedures support staff in daily activities and meet regulatory, contractual and accreditation standards
 - Overseeing the tracking and monitoring of the accuracy and timeliness of data entered by staff to ensure compliance with mandated timelines

- Providing technical consultation and direction to subordinate staff
 - Ensuring that staff remain aware of the varying benefits applied to different lines of Alliance business and of any benefit changes
 - Ensuring that staff maintain current knowledge of the MCG Guidelines and other Medi-Cal criteria adopted by the health plan
 - Coordinating Prior Authorization case management referral activities with Pharmacy, Quality Improvement and Health Programs to improve health outcomes and promote appropriate use of resources
 - Developing and monitoring processes to proactively identify members that may qualify for Case Management services
 - Participating in the work to ensure work meets contractual turn-around times, as needed
 - Ensuring that prior authorizations and post service request reviews are performed appropriately, using nationally recognized and evidence-based standards such as the MCG guidelines and other Medi-Cal criteria adopted by the Alliance
 - Participating in managing authorization requests across the Continuum of Care to ensure efficiency of processes and workflows
 - Investigating and following up on complaints, grievances and quality issues related to prior authorization determinations
 - Ensuring that members are notified of appeal rights and that staff distinguish between the Knox-Keene regulations and those mandated by the California Department of Health Care Services
 - Ensuring that members are notified in writing of any denials in a timely and culturally competent manner, in accordance with contractual mandates
2. Performs program effectiveness evaluation, with duties including but not limited to:
- Performing ongoing monitoring of the Prior Authorization program to evaluate the plan's effectiveness and determine follow-up needed
 - Maintaining current knowledge of regulatory and accreditation agencies and related requirements pertinent to prior authorization 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
 - Tracking, analyzing and reporting on productivity and quality metrics and developing strategies to address outlier performance
 - Reviewing and reporting out on Utilization Review trending
 - Managing UM Department preparations and responses to regulatory audits and the construction of corrective action plans
 - Maintaining relationships with local and state clinical and social service agencies relevant to area of assignment
3. 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 development and growth opportunities to staff and subordinate supervisors
 - Interviewing and participating in the selection of staff in conjunction with the department Director
 - Collaborating with the department Director in developing staff training plans, career pathways and routine individual staff performance reviews

- Evaluating employee performance, providing feedback to staff, and coaching and counseling or disciplining staff when performance issues arise
 - Overseeing or conducting staff training, including the development and maintenance of training materials, in conjunction with the Training and Development team
 - Identifying training gaps and opportunities for improved performance
 - May oversee staff in multiple office locations and/or telecommute settings
4. Provides leadership in Health Services programs, operations, projects, policies and procedures to ensure high quality results, with duties including but not limited to the following:
- Participating in the Health Services Management Team and representing leadership in community relations with contracted providers
 - Participating as a team member in all Alliance Utilization Management Department trainings, activities, and projects
 - Assisting in Quality Improvement activities, including annual Healthcare Effectiveness Data and Information Set (HEDIS) studies, as needed
 - Participating in the annual budgetary process and performs budget monitoring
 - Assisting in the development of departmental policies and procedures
 - Assisting in preparation of reports for presentation to internal staff and external audiences
 - Providing staff support to Alliance advisory groups and clinical committees as needed
 - Providing supervisory support to other departmental functions, as needed
 - Staying informed of benefits and benefits changes in Alliance lines of business and new developments in medical technology
 - Advising the Medical Director as to policy and regulatory issues pertaining to area of responsibility
 - Assisting the Utilization Management Director and Chief Medical Officer in preparation for audits and other regulatory issues and overseeing the collection and preparation of data and information required for audits
 - Participating in Alliance operational meetings and providing information for quality indicator reporting
5. 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 six years of experience in a health plan or patient care setting, which included a minimum of three years of utilization management experience and one year of case management experience and a minimum of three years of experience supervising and training clinical staff (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, practices, tools, and techniques used in clinical nursing
- Thorough knowledge of the principles and practices of utilization management and complex case management
- Thorough knowledge of the principles and practices of supervision and training

- Working knowledge of and proficiency in the use of Window based PC systems and Microsoft Word, Outlook, PowerPoint, and Excel, and Adobe Acrobat.
- Working knowledge of research, analysis and reporting methods
- Working knowledge of the principles and practices of project management
- Working knowledge of the tools and techniques related to data analysis and reporting
- Some knowledge of the principles and practices of managed care
- Some knowledge of Knox Keene, Medi-Cal, Title 22 and related regulations
- Some knowledge of the principles and practices of statistical analysis
- 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 organize and prioritize the work of others, delegate authority and responsibility, and follow up on work assignments
- Ability to analyze and interpret legal, regulatory, and contractual language, policies, procedures and guidelines, and legislative and regulatory directives
- Ability to act as a technical resource and explain regulations, processes, and programs related to area of assignment
- Ability to plan, develop, manage, coordinate, improve, implement, and evaluate programs, projects, systems, activities, and work plans
- Ability to manage the development and implementation of projects, systems, programs, policies, and procedures
- Ability to evaluate medical records and other health care data
- Ability to plan, organize and lead data collection activities
- Ability to provide leadership, facilitate meetings, and attend in person meetings with community partners, providers, and hospitals
- Ability to present strategic information, data and results in a clear and understandable manner utilizing methods appropriate to various forums
- Ability to interact diplomatically with a wide variety of people, facilitate collaborative discussions, and respond to sensitive or difficult issues with tact and diplomacy
- Ability to identify issues, conduct research, gather and analyze information and data, reach logical and sound conclusions, and make recommendations for action
- Ability to effectively, clearly, and independently document, summarize and resolve complex issues
- Ability to develop and implement revisions to standard operating procedures to improve effectiveness or comply with regulatory changes
- Ability to prepare written and oral reports, and create forms, correspondence, and other program documents
- Ability to assist with the development of policies and procedures
- Ability to develop training materials, in conjunction with Training and Development staff, and conduct training
- Ability to provide input regarding budget development and perform budget monitoring
- Ability to establish and maintain effective working relationships with members, co-workers, providers, and individuals of varying socio-economic and/or cultural backgrounds, and with special needs populations
- Ability to foster effective and collaborative 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 quickly learn and use Alliance databases and systems, including the claims and authorization management software
- Ability to develop and implement recordkeeping systems and maintain accurate records
- Ability to work independently and make decisions related to areas of functional responsibility

DESIRABLE QUALIFICATIONS

- Master's degree in Nursing or a healthcare related field
- Certified Case Manager (CCM) certification
- Experience working in a managed care, hospital, or patient care setting
- Experience managing a case management program
- Working knowledge of Knox Keene, Medi-Cal, Title 22 and related regulations

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 travel to different locations in the course of work

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.