



## UTILIZATION MANGEMENT MANAGER– CONCURRENT REVIEW (RN)

**Position Status:** Exempt  
**Reports To:** Utilization Management and Complex Case Management Director  
**Effective Date:** 07/29/20  
**Revised Date:** 03/28/22  
**Job Level:** M2

### POSITION SUMMARY

Under administrative direction, this position:

1. Plans, organizes and manages the Utilization Management Unit with focus on Concurrent Review
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 and departmental operations
5. Performs other duties as assigned

### RESPONSIBILITIES

1. Plans, organizes and manages the Utilization Management Unit with focus on Concurrent Review, with duties including but not limited to:
  - Developing and implementing unit goals and objectives and new or revised programs, work plans, systems, processes, and methods of operation
  - Developing, implementing, and ensuring compliance with department policies and procedures
  - Overseeing the preparation and maintenance of records and reports and related documents
  - 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
  - Ensuring that department policies and procedures support staff in daily activities and meet regulatory, contractual and accreditation standards
  - Monitoring legislative and legal changes related to Alliance functions and ensuring compliance with same
  - 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 case management 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
  - Scheduling, organizing, and leading care conferences regarding members and participating in case rounds on a regular basis
  - Participating in the work to ensure work meets contractual turn-around times, as needed

- Ensuring quality of documentation and actively participating in managing inpatient utilization across the continuum of care to full efficiency
  - Ensuring that inpatient concurrent reviews and retrospective review requests are performed using nationally recognized and evidence-based standards, such as the MCG Guidelines
  - Investigating and following up on complaints, grievances and quality issues related to inpatient acute stays
  - Providing concurrent review coverage, as needed
  - Assisting with coordinating the interface of concurrent review with the Skilled Nursing Facility (SNF) and Long-Term Care (LTC) programs
2. Performs program effectiveness evaluation, with duties including but not limited to:
- Performing ongoing monitoring of the Concurrent Review 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 concurrent review 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
  - 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 Utilization Management and Complex Case Management Director
  - Collaborating with the Utilization Management and Complex Case Management 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
  - Overseeing staff in multiple office locations and/or telecommute settings
4. Provides leadership in Health Services programs, operations, projects, policies and procedures and departmental operations, 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 and Complex Case Management Department trainings, activities and projects
  - Assisting in Quality Improvement activities, including annual Healthcare Effectiveness Data and Information Set (HEDIS) studies, as needed

- Conducting complex research and analysis related to utilization management and concurrent review strategies
- Monitoring the unit budget and project budgets and assisting the Utilization Management and Complex Case Management Director with budget development, purchasing, and invoice approvals
- Developing and evaluating RFPs, participating in vendor selection and contract development, and monitoring and evaluating the work of selected vendors
- Assisting in the development of departmental policies and procedures
- Preparing narrative and statistical reports and making presentations
- 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
- Staying informed of current best practices and new developments in the field and ensuring staff does the same
- Advising the Medical Director as to policy and regulatory issues pertaining to area of responsibility
- Assisting the Utilization Management and Complex Case 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
- Attending and participating in internal and external meetings related to department activities
- Participating in Alliance operational meetings and providing information for quality indicator reporting
- Providing support to the Utilization Management and Complex Case Management Director and acting for the Director in the Director's absence

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, which included one year of utilization management, one year of case management experience, and a minimum of three years of supervisory experience related to supervising and training clinical staff (an Associate's degree and two additional years of experience may substitute for the Bachelor's degree); 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 supervision and training
- Working knowledge of the principles and practices of utilization management
- Working knowledge of research, analysis and reporting methods
- Working knowledge of the principles and practices of project management
- Working knowledge of and proficiency in Window based PC systems and Microsoft Word, Outlook, PowerPoint, and Excel, and Adobe Acrobat
- Some knowledge and understanding of the concepts pertaining to managed health care
- Some knowledge of Knox Keene, Medi-Cal, Title 22 and related regulations
- 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 evaluate medical records and other health care data
- 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 identify issues, conduct research, gather and analyze information and data, reach logical and sound conclusions, and make recommendations for action
- Ability to develop and implement revisions to standard operating procedures to improve effectiveness or comply with regulatory changes
- Ability to analyze and interpret legal, regulatory and contractual language, policies, procedures and guidelines, and legislative and regulatory directives
- Ability to quickly learn and use Alliance databases and systems, including the claims and authorization management software
- Ability to prepare narrative and statistical written reports, correspondence, and other program documents
- Ability to provide leadership and facilitate meetings
- Ability to make presentations and present strategic information, data and results in a clear and understandable manner utilizing methods appropriate to various forums
- Ability to interpret and apply complex principles, policies, terms and procedures
- Ability to independently document, summarize and resolve complex issues
- Ability to provide input regarding budget development and perform budget monitoring
- Ability to develop and implement recordkeeping systems and maintain accurate records
- Ability to foster effective and collaborative working relationships, influence others, and build consensus with individuals at all levels in the organization
- Ability to exercise good judgment and tact in relating to contracted health care providers and beneficiaries
- Ability to demonstrate a collaborative management style, build rapport, and effectively manage internal and external business relationships

#### DESIRABLE QUALIFICATIONS

- Master's degree in Nursing or a related healthcare 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

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*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.*