



## UTILIZATION MANAGEMENT AND COMPLEX CASE MANAGEMENT DIRECTOR (RN)

---

**Position Status:** Exempt  
**Reports To:** Chief Medical Officer  
**Effective Date:** 03/23/20  
**Revised Date:** 11/22/21  
**Job Level:** M3

### POSITION SUMMARY

Under policy direction, this position:

1. Provides strategic management oversight in implementing, directing and monitoring the Alliance's Utilization Management and Complex Case Management Department functions
2. Directs the Utilization Management and Complex Case Management Department, acts as a subject matter expert, and provides executive level advice and guidance on the Department's functions and overall business operations
3. Directs, manages and supervises Utilization Management and Complex Case Management Department staff
4. Performs other duties as assigned

### RESPONSIBILITIES

1. Provides strategic management oversight in implementing, directing and monitoring the Alliance's Utilization Management and Complex Case Management Department functions, with duties including but not limited to:
  - Designing, developing, implementing and maintain programs, policies and procedures in order to meet regulatory, contractual, accreditation, and performance standards
  - Directing the utilization management, adult complex case management, pediatric complex case management, concurrent review and prior authorizations functions
  - Maintaining working knowledge of the UM and CCM software program functionality and lead clinical team advising on replacement, upgrades and user testing as needed.
  - Advising and collaborating with the Chief Medical Officer (CMO) and Medical Directors on strategic issues involving Utilization Management and Complex Case Management programs
  - Developing and maintaining collaborative working relationships with clinical and social service agencies in the community
  - Collaborating with Community Care Coordination, Quality Improvement/Population Health, Pharmacy, and Health Programs 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
- Participating in regulatory audits related to all aspects of utilization management and complex case 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 and Complex Case Management Department, acts as a subject matter expert, and provides executive level advice and guidance 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 executive management team by providing input into the problem-solving and decision-making process
- Participating in strategic planning and implementation of the Utilization Management and Complex Case Management Department operational goals related to the growth and development of Alliance business operations
- Ensuring that Utilization Management and Complex Case Management Department goals and activities are in alignment with the Alliance strategic plan
- Conducting complex research and analysis related to utilization management and complex case 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 and Complex Case 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 case management and disease management (DHCS, CMS, MRMIB, DMHC), 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 and Complex Case Management Department operations and budget

- Attending and participating in internal and external meetings related to Alliance business operations
  - Providing support to the CMO
3. Directs, manages and supervises Utilization Management and Complex Case Management Department staff, with duties including but not limited to:
- Ensuring Utilization Management and Complex Case Management Department 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
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, Behavioral Health, Social Science or a related field 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 and complex case management
- Thorough knowledge of the principles, practices, tools, and techniques used in clinical nursing
- Thorough knowledge of Medi-Cal, 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
- Working knowledge of the MCG Care Guidelines
- 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, and Oracle database software
- 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 develop, plan, organize and direct programs and activities that are complex in nature and regional in scope
- Ability to provide leadership, facilitate meetings, and partner with and guide managers and employees in the resolution of issues
- 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 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 demonstrate strong clinical and counseling skills
- 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 including 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 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, Behavioral Health, Social Science or a related field
- Experience working in a hospital setting
- Experience overseeing a case management program
- Certified Case Manager (CCM) certification

#### 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.*