

Human Resources  
750 S. Wolcott  
Room: G-50  
Chicago, IL 60612



Job Code: 6763  
Grade: 23  
FLSA: Exempt

**Standard Job Description**

**Job Title**  
Utilization Management Program Manager

**Department**  
Managed Care

**Job Summary**

The Utilization Management Program Manager is responsible for CountyCare Health Plan's Utilization Management (UM) program and vendor contract oversight for medical, behavioral, Long Term Services and Supports (LTSS), dental, vision, and pharmacy UM. Collaborates with CountyCare directors, clinical managers, providers, and vendors to facilitate appropriate, efficient and effective utilization of health care services in conjunction clinical programs, National Committee on Quality Assurance (NCQA) and State and federal requirements. Serves as UM point of contact providing expertise and analyzing data from various sources to design and implement initiatives resulting in timely and accurate service authorization and cost effective, quality health outcomes for CountyCare.

This position is exempt from Career Service under the CCHHS Personnel Rules.

**General Administrative Responsibilities**

*Collective Bargaining*

- Review applicable Collective Bargaining Agreements and consult with Labor Relations to generate management proposals
- Participate in collective bargaining negotiations, caucus discussions and working meeting

*Discipline*

- Document, recommend and effectuate discipline at all levels
- Work closely with labor relations and/or labor counsel to effectuate and enforce applicable Collective Bargaining Agreements
- Initiate, authorize and complete disciplinary action pursuant to CCHHS system rules, policies, procedures and provision of applicable collective bargaining agreements

*Supervision*

- Direct and effectuate CCHHS management policies practices
- Access and proficiently navigate CCHHS records system to obtain and review information necessary to execute provisions of applicable collective bargaining agreements

## **General Administrative Responsibilities continued**

### *Management*

- Contribute to the management of CCHHS staff and CHHSS' systemic development and success
- Discuss and develop CCHHS system policy and procedure
- Consistently use independent judgment to identify operational staffing issues and needs and perform the following functions as necessary; hire, transfer, suspend, layoff, recall, promote, discharge, assign, direct or discipline employees pursuant to applicable Collective Bargaining Agreements
- Work with Labor Relations to discern past practice when necessary

### **Typical Duties**

- Manages vendor performance of UM contractual requirements supporting the UM process and program implementation and initiates corrective action, as necessary
- Recommends and develops best practices and innovations using evidence based guidelines, relevant State, federal, accreditation and industry requirements; Trains staff and network providers on change
- Drafts and implements UM policies, protocols, program description, clinical criteria, and work plans
- Outlines annual program goals for approval by governance and oversight committees to ensure compliance with health plan accreditation standards
- Conducts annual evaluation of UM program and analyzes data to identify trends
- Analyzes health plan expense reports to identify over and under-utilization against established benchmarks
- Interprets benefit coverage and clinical authorization decisions for all medical, behavioral services, and LTSS, dental, vision, pharmacy, and new technology
- Designs and/or approves reports, metrics, and data analyses to measure health care utilization and outcomes, turnaround times and inter-rater reliability, contract and regulatory compliance, member and provider satisfaction, and quality improvement
- Involves appropriate director(s) in decision making concerning authorizations, denials, and appeals
- Develops secure information transfer between vendors and provider through electronic interfaces when possible
- Builds effective relationships with State, other agencies, providers, and vendors
- Coordinates CountyCare's UM Committee meetings, activities, reports and governance documentation in collaboration with CountyCare Medical Director and vendors. Represents CountyCare on external clinically focused committees and workgroups
- Travels to work sites throughout Cook County including community agencies, network providers, government and other agency offices; may require travel to Springfield, Illinois for meetings with Illinois Healthcare & Family Services
- Performs other duties as assigned

### **Reporting Relationships**

Reports to Director of Clinical Services Managed Care and matrix reporting to Medical Director-Managed Care

## **Minimum Qualifications**

- Bachelor's Degree from an accredited college or university
- Licensed in the State of Illinois as a Registered Nurse (RN), Licensed Clinical Social Worker (LCSW), or Licensed Clinical Professional Counselor (LCPC)
- Three (3) years of full-time clinical work experience
- Two (2) years of full-time utilization management experience in a health plan or manager of utilization management in a hospital setting
- One (1) year of full-time experience analyzing utilization and/or claim data using InterQual, Milliman and American Society of Addiction Medicine (ASAM) clinical utilization guidelines
- Intermediate proficiency using Microsoft Office, including Microsoft Word, Excel, and Access (i.e. analyzing and manipulating data in spreadsheets and generating reports)
- Must be able to travel to work sites throughout Cook County community agencies, network providers, government and other agency offices
- Must be able to travel to Springfield, Illinois

## **Preferred Qualifications**

- Master's Degree in Business, Health Administration, Nursing, or Public Health
- Certified Professional Utilization Management (CPUM) or Certified Professional Utilization Review (CPUR)
- Two (2) years of full-time management or supervisory experience
- Utilization management experience as both a reviewer and manager in a Medicaid Managed Care Organization (MCO)
- Case management, disease management, and/or quality improvement experience in a Medicaid (MCO)
- Experience working with integrated behavioral and physical health care
- Experience with Utilization Review Accreditation Commission (URAC) and/or National Committee for Quality Assurance (NCQA) accreditation

## **Knowledge, Skills, Abilities and Other Characteristics**

- Knowledge of State of Illinois Medicaid programs, managed care and health system goals and trends including care coordination and Patient Centered Medical Home/Health Home models, population health initiative and health outcome measurement
- Knowledge of UM evidence-based practices, clinical practice guidelines, medical necessity criteria, and case management
- Knowledge of mental health, substance use disorder and community service providers, government agencies and professional organizations
- Knowledge of industry standard managed care contract language and regulatory requirements
- Strong verbal and written communication skills and strong interpersonal skills to build relationships, negotiate and collaborate with individuals, organizations and stakeholders Ability to innovate, improve health outcomes, integrate behavioral and physical health care
- Strong analytical skills to manipulate and interpret data, identify trends, and recommend interventions
- Strong program development, management and leadership skills to prioritize, plan, and organize projects to meet deadlines in a fast paced environment
- Demonstrate problem-solving, critical thinking, decision making and conflict management/resolution skills
- Ability to function autonomously and as a team member in a multidisciplinary team

**Physical and Environmental Demands**

This position is functioning within a healthcare environment. The incumbent is responsible for adherence to all hospital and department specific safety requirements. This includes but is not limited to the following policies and procedures: complying with Personal Protective Equipment requirements, hand washing and sanitizing practices, complying with department specific engineering and work practice controls and any other work area safety precautions as specified by hospital wide policy and departmental procedures.

**The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of the personnel so classified.**

**For purposes of the American with Disabilities Act, "Typical Duties" are essential job functions.**

Approval:

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Andrea McGlynn  
Director of Clinical Services, Managed Care

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Date

Approval:

\_\_\_\_\_  
Gladys Lopez  
Chief of Human Resources

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Date