



Job Code: 9721
Grade: 24
HCWR: N

Job Title

Director of Utilization and Case Management

Department

Care Coordination

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

Job Summary

The Director of Utilization and Case Management leads and direct the inpatient utilization review and case management staff for CCH. Determines policies and procedures that incorporate best practices and maintains the accountability of meeting contract requirements, National Committee for Quality Assurance (NCQA) accreditation standards and supporting initiatives with providers and members to manage cost of care. Oversees the Utilization management and criteria-based reviews of care, clinical appeals regarding medical necessity, and the interaction with claims payment policies and processes. Directs activities related to medical review process while monitoring the timeliness and accuracy of utilization management data and reporting. Leads utilization management activities including design and implementation that integrates with quality management. Develops and maintains relationships with providers, facilities, plan sponsors, clients, regulatory agencies, and partners.

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 meetings

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 CCH system rules, policies, procedures and provision of applicable collective bargaining agreements

Supervision

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



General Administrative Responsibilities

Management

- Contribute to the management of CCH staff and CCH' systemic development and success
- Discuss and develop CCH system policies and procedures
- 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

- Directs, coordinates, and evaluates the efficiency and productivity of utilization management functions
- Ensures compliance with all regulatory agencies. Upgrade and implement an appropriate system of policies, internal controls, standards, and procedures. Assure that all utilization management-related activities meet the standards required for the state contract and NCQA
- Leads and organizes the ongoing evaluation of the utilization management program against quality and utilization benchmarks and targets
- Oversees the denials management team, ensuring timeliness of denials, identifying tracking, analyzing patterns of denials, and implementing efforts in reducing denials
- Collaborates with Inpatient Care Coordination leadership in Care Coordination, Transfer Center and Discharge planning activities
- Responsible for resolution and communication of utilization management issues and concerns and corrective action plan activities and reporting
- Manages and directs Care Management Team activities to result in effective utilization of health care services. Directs the work of Supervisors, Utilization Management, who assure quality, interrater reliability and standards are met in daily operations. Assures staff selection, training, and evaluation to promote the development of a high-quality team
- Maintains a well-documented desk procedure manual to include the job tasks, processes and procedures required to ensure the consistent completion of the duties of this position in the absence of the incumbent
- Mentors and develops staff using a supportive and collaborative approach: assign responsibilities, set objectives; establish priorities; and monitor and evaluate results
- Coordinates and attends meetings and participate in various committees, as assigned; may be required to report on major points, actions resolved or to be taken
- Interacts with other department managers to ensure coordinated efforts; maintain an appropriate, professional demeanor
- Collaborates with CCH Leadership to assure a comprehensive approach to managing quality of care, service, and cost of care
- Works closely with Physician Leadership in the training and evaluation of providers in Utilization Management as well in resolving provider related issues. Advise the department leadership and other key members of senior management on new and existing payor notices and issues



Typical Duties

- Identifies opportunities for improvement; organize and manage cost of care initiatives
- Performs other related duties as needed

Minimum Qualifications

- Master's Degree from an accredited college or university
- Current and Valid Illinois License in one (1) the following areas: Licensed Clinical Social Worker (LCSW), Registered Professional Nurse (RN), or Physician Assistant (PA)
- Three (3) years of managerial experience in a health care environment
- Three (3) years of experience in the past five (5) years of Utilization Management or Case Management experience in a health care environment
- Experience and knowledge with NCQA standards
- Experience managing budgets

Preferred Qualifications

- Experience working with diverse populations
- Experience with Electronic Medical Record (EMR) clinical, Clinical Decision Tools (MCG or InterQual) and Revenue cycle
- Experience in multiple health care setting (e.g., ambulatory or hospital or physician practice or skilled nursing facility or long-term acute care, etc.)

Knowledge, Skills, Abilities and Other Characteristics

- Excellent verbal and written communication skills necessary to communicate with all levels of staff and a patient population composed of diverse cultures and age groups
- Excellent program development, management, and leadership skills
- Demonstrate attention to detail, accuracy, and precision
- Ability to prioritize, plan, and organize projects and tasks
- Ability to adhere to department policies and standards utilizing best practices
- Ability to function autonomously and as a team member in a multidisciplinary team
- Ability to perform accurate and reliable mathematical and budget estimates
- Ability to maintain a high level of discretion and maintain confidentiality

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.