



**HEALTH ONE ALLIANCE, LLC, ITS SUBSIDIARIES AND AFFILIATES,
INCLUDING ALLIANT HEALTH PLANS
JOB DESCRIPTION**

JOB TITLE:	Director of Medical Management	LOCATION:	Dalton, Georgia
DEPARTMENT:	Medical Management	REPORTS TO:	Chief Financial Officer

Job purpose

The Director of Medical Management directs and oversees the operations and strategic planning for the organizations medical management initiatives and programs. Establishes case management, utilization review, and quality and outcome management programs to provide high quality, cost effective medical services to the plan's membership. Works with internal and external teams to develop and implement clinical guidelines for care designed to improve outcomes while managing costs.

Duties and responsibilities

- Monitors and manages medical expense trends for all product lines and for members. Furthermore, monitors and manages utilization of network and prioritizes any steerage efforts. Develops and facilitates changes in the medical expense management process for all products.
- Manages appropriate reinsurance processes and accountabilities
- Develops, implements and evaluates UM/CM functions for members. Improves effectiveness of services and outcomes for patients by monitoring the Care Management process and following up to improve program usefulness.
- Assists in determining appropriate clinical pathways by providing data regarding access and quality of care issues. Works with the leadership group to develop and educate staff regarding a strategy for the plan regarding disease state specific pathways. In conjunction with the Medical Director and/or physician support staff, follows up with providers and internal stakeholders as necessary to provide additional education on appropriate clinical pathways.
- In conjunction with the Medical Director, reviews and assists in the presentation of clinical and financial data regarding utilization trends specific to providers, procedures, and medical expense. Assists in the development of plans of action in response to the data. Makes recommendations regarding the UM/CM processes and criteria.
- Reviews utilization reports and determines reasons for large claims, over / under utilization and out of network utilization, and develops plans to respond to identified issues. Oversees the implementation of the plan changes and evaluates the effect on utilization. Participates in identification and implementation of strategies designed to improve medical management outcomes.
- Maintains quality practice as defined by the National Committee for Quality Assurance (NCQA), state agencies, and other regulatory agencies
- Works with Quality Improvement, Sales and Provider Relations to identify concerns of employer groups, members and physicians. Provides input as requested regarding contracting and credentialing issues.
- Manages the department operating budget
- Coordinates with Data Analysts and Actuarial Department to monitor utilization data and promote necessary service delivery changes within the Network.



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- Assists internal and external teams with goal setting and follow through. Maintains an open and approachable environment to solicit feedback on all aspects of department processes including process improvements and projects related to enhanced medical management services.
- Other duties as may be assigned

Qualifications

- Requires a Bachelor's degree, Master's degree preferred
- Current RN license
- 3 years administrative experience including organizational and program development skills
- 5 years clinical experience gaining knowledge of utilization review, case management, and insurance plans
- Experience with Microsoft Word and Excel

Competencies

- **Ethics** - Honest, accountable, maintains confidentiality
- **Reliability** - The extent to which the employee can be depended upon to be available for work, do it properly, and complete it on time. The degree to which the employee is reliable, trustworthy, and persistent.
- **Sense of Urgency** - Meets deadlines, establishes appropriate priority, gets the job done in a timely manner
- **Communication skills** - Possesses effective communication skills: oral, written, listening.
- **Conflict management** - Good listener, committed to finding solution to problems, works well with difficult people
- **Initiative** - Takes action, seeks new opportunities, strives to see projects to completion
- **Internal Controls** - Knowledge of and ability to create, implement, evaluate and enhance internal control processes.
- **Job knowledge** - Knowledge of products, policies and procedures; OR knowledge of techniques, skills, equipment, procedures, and materials.
- **Planning & Organizing** - Displays ability to effectively plan, organize and implement applicable tasks or projects in relation to established goals and objectives.
- **Problem Solving & Decision Making** - Displays ability to define a problem, develops workable and realistic alternatives, and selects appropriate alternative to resolve problem. Decisions made are generally correct, and the time taken to make such decisions is reasonable.

Physical, Mental, Environmental & Working Conditions



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Moderate amount of walking, sitting, and writing. Moderate to significant amount of stress in meeting deadlines and dealing with day-to-day events in the execution of job duties. Needs flexibility and adaptability to change. Candidate must be self-disciplined and a self-starter and able to work independently with a flexible work schedule. Must be able to drive a vehicle and daytime/overnight travel as required.

Direct reports

N/A

Version:	Owned By:	Executive Review/Approval:	Date:	Choose One: Initial - Review Only - Revised
1.0	Human Resources	Mark Mixer, CEO Amanda Reed, COO Joe Caldwell, CFO	08/16/2017	Initial