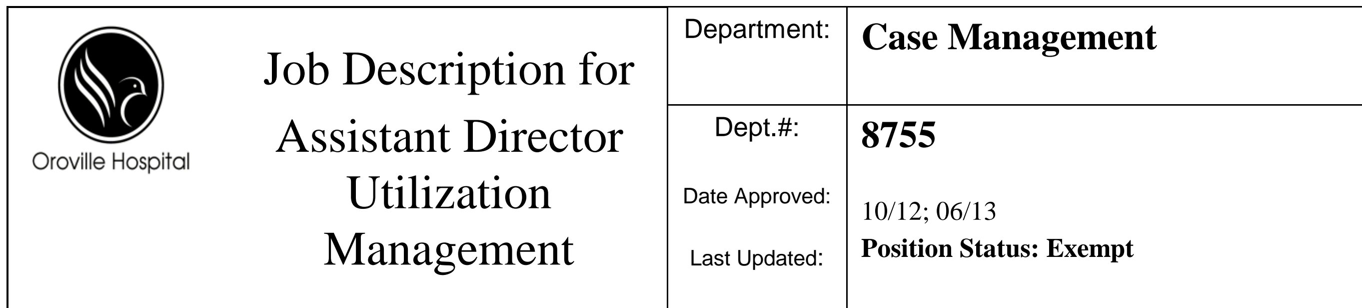

Job Description for Assistant Director Utilization Management	Department:	Case Management
	Dept.#:	**8755**
	Date Approved:	10/12; 06/13
	Last Updated:	**Position Status: Exempt**

Oroville Hospital

Reports To

Corporate Compliance Officer

Position Summary

The Assistant Director of Utilization Management coordinates the design, development, implementation, and monitoring of the organization's case management and utilization review functions. The Assistant Director manages daily operations, which include supervising the staff performing case management and utilization management activities. The goal is to achieve clinical, financial, and utilization goals through effective management, communication and role modeling. The Assistant Director functions as the internal resource on issues related to the appropriate utilization of resources, coordination of care across the continuum and utilization review and management. The Assistant Director is responsible for carrying out assignments in a manner to assure success in financial management, human resources management, leadership, quality and operational management objectives. The Assistant Director participates in program development and unit performance improvement. The Assistant Director consistently demonstrates the core values of Oroville Hospital and serves as a role model to other employees. The Assistant Director adheres to the Oroville Hospital Mission Statement, which is to provide high quality, cost effective healthcare for the people in the communities served.

Job Duties

- Participates in the development and management of department budgets and productivity targets.
- Manages human resources utilization, promotes employee satisfaction, supports staff development and utilizes the progressive discipline process when appropriate.
- Ensures that the UR component of the UM Department are completed as described in the UR Plan.
- Completes daily reviews on all patients and oversees the completion of those reviews to all requesting insurance companies per contract agreement.
- Updates the UR Plan to meet CMS requirements for Condition of Participation.
- Receives all denials for care involving patient stays, discusses with UR Physician Advisor, feasibility to appeal. Manages all appeals related to denials of patient stays for all payors/insurance companies.
- Participates in quality improvement processes and assures implementation of regulatory standards.

- Ensures service is provided considering the age-specific physiological, emotional and cognitive needs of the patients served.
- Acts as a liaison between the patient/family, physician and patient care team as necessary to problem solve
- Researches interdepartmental problems/issues and takes corrective action in timely manner and promotes respectful responsive communication between departments to promote patient centered care.
- Supervises staff in multiple areas. Guides staff in the adherence to applicable standards of care/practice and/or departmental/organizational expectations.
- Establishes, evaluates, and monitors case management processes, policies, and procedures to ensure that appropriate Hospital resource utilization is achieved.
- Serves as an internal resource and consultant to management, medical staff about case management, reimbursement, clinical resource utilization and care coordination issues.
- Considering age-related and cultural needs, ensures that case management processes (clinical care coordination, discharge planning, performance improvement, quality/risk review, utilization management, referrals to appropriate level of care) are appropriately implemented to meet patient needs by assigned staff.

Qualifications

Education & Licensure:

- Minimum of five years of recent clinical experience
- Desired Bachelor or Associate Degree in Nursing
- Experience in acute clinical case management and/or utilization review
- Experience in related duties in the delivery of patient care, management of patient care providers, or project management in a healthcare environment
- Current licensure in good standing with the California Board of Registered Nursing.
- Current BLS
- Desired: National certification of any of the following: CPHM (Certified Professional in Healthcare Management), CCM (Certified Case Manager), ACM (Accredited Case Manager).

Skills/Knowledge/Abilities:

- Current knowledge of case management, care coordination and utilization review processes.
- Shall have knowledge of or ability to learn financial management related to UR function and reporting, quality improvement processes, and human resources management.
- Shall be able to effectively monitor, evaluate and administer the resources of each assigned area, and make substantiated recommendations regarding resource allocation needs for future planning purposes.
- Shall be able to communicate effectively in writing and verbally.
- Shall be able to lead, delegate, analyze information and problem solve.
- Shall demonstrate evidence of strong skills in confidentiality, integrity, creativity, and initiative.
- Demonstrates ability to interact with a wide variety of individuals, and handle complex and confidential-sensitive situations.

- Proficient in the use of computer and multiple software programs.
- Ability to actively work within Vista electronic health record.
- Ability to work closely with Hospitalist Program and Physicians on Active Medical Staff.
- Ability to work with other areas of Patient care including outpatient, emergency services, home health and public health.
- Knowledge of scheduling and allocation of resources to best achieve effective patient care, and employee resources.
- Ability to identify trends through analysis of practices to improve the overall utilization of resources and cost containment.
- Ability to communicate those trends found through analytical study using a variety of reporting mediums.
- Ability to perform utilization review as described in the UR Plan.
- Ability to assist and coordinate appeal efforts when medical care is denied by various payor entities in a timely fashion.
- Ability to make recommendations for practice change to improve the Utilization Management efforts of the department.
- Ability to represent UM/Case Management in Medical Staff Committees as assigned.
- Other duties as assigned.

Dress Code

Complies with hospital and departmental dress code. Wears name badge with job title and credentials clearly visible.

Physical Abilities

See attached Job Task Analysis