



Director, Population Health Management – Service Coordination Community First Health Plans, Inc.

Job Class: 2342
Reviewed: 04/23

ORGANIZATIONAL COMMITMENT

A strong commitment to service excellence, positive clinical outcomes, cost efficiency, performance enhancement and high business ethics is required. Comprehensive knowledge in the area of specialty with a results-oriented and patient-centered focus. Supports the strategic vision of the organization. A personal commitment to treat all customers with courtesy, dignity, respect and professionalism and adherence to the Commitment to Service Excellence behaviors and standards.

POSITION SUMMARY/RESPONSIBILITIES

Provide oversight and management of the Community First Health Plans, Inc. (Community First) clinical activities and deliverables related to utilization management (UM), service coordination (SC) and behavioral health (BH) assuring all contractual, regulatory and accreditation standards are met. Provide administrative and clinical guidance to all Population Health Management (PHM) clinical and administrative staff as assigned. Oversee the efficient utilization of resources within the schedule of benefits for Long-term Services and Support (LTSS) & acute programs for the line of business (LOB).

FUNCTIONS/BEHAVIORS

1. Oversees clinical staff in the assessment, planning, implementation, coordination, monitoring, and evaluation of utilization management and service coordination activities that require interventions for Community First members. Ensures that all UM/SC/BH processes for these members are efficient and timely. (E, 15%)
2. Implements an explicit process for managing denials, appeals, and complaints (E, 10%)
3. Directs, advises, and supports Population & Disease Management service coordination activities related to the LOB. (E, 15%)
4. Supports Quality Management in UM/SC/BH activities as it relates to achieving accreditation. (E, 5%)
5. Directs, advises, and supports clinical and administrative training for PHM. (E, 10%)
6. Functions as a resource for PHM staff. Interprets, creates, and revises policies and procedures to ensure compliance with all regulatory, contractual, and state requirements. Provide guidance to staff through mentoring and appropriate development and/or revision of policies as required. (E, 10%)
7. Ensures UM/SC/BH reports required by the Texas Health and Human Services Commission (HHSC) are completed timely and accurately. Reports must measure process, outcome, and overall compliance to standards of care established by Community First, Medicaid, and other agencies. Through these reports, identifies trends and practice/referral patterns that result in an ineffective usage of resources and/or unnecessarily increased cost profile and provide corrective action, focused education, and direction to these identified providers and/or processes in need of

- modifications. (E, 10%)
8. Handles member, provider, visitor or administrative inquiries promptly, appropriately and tactfully. Functions as a liaison with other departments. Educates staff and contracted Community First providers in all areas of clinical development and alternate approaches to care and treatment. (E, 5%)
 9. Performs other related duties as may be requested or assigned including but not limited to participating in multidisciplinary teams and conferences. (E, 5%)
 - 13. Demonstrates competence to perform assigned patient care responsibilities in a manner that meets the age-specific and developmental needs of members served by the department. (E)**
 - 14. Appropriately adapts assigned patient assessment, treatment and/or care methods to accommodate the unique physical, psychosocial, cultural, age-specific, and other developmental needs of each member served. (E)**
 - 15. Supports the mission, vision, and values. Demonstrates established customer service behaviors and standards. Treats all customers with courtesy, dignity, respect, and professionalism. (E)**

SUPERVISION

Position reports directly to the Vice President, Population Health Management (STAR+PLUS and STAR Kids) under the direction of the Chief Medical Officer.

EDUCATION/EXPERIENCE

Bachelor's degree from an accredited school of professional nursing or a related field is required. Master's degree in nursing preferred. Five to ten years' experience in a health care setting is required. Three or more years in Managed Care with experience in service coordination, medical and behavioral health utilization management, medical record review, discharge planning, data analysis, and case management of acute and chronic illness. An understanding of long-term support services and service coordination for a disabled population is required. Familiarity with information and computer systems is required. Knowledge of screening criteria such as InterQual as well as DRG, ICD-10, and CPT coding is preferred. Certification in Case Management (CCM), or other comparable certification, is required, or must be eligible for obtaining CCM within twelve months of date of hire (Master's degree may replace certification requirement). Must exhibit a thorough understanding of NCQA standards and HHSC regulations. Minimum of two years of supervisory and three years managerial experience is required. Experience in an HMO setting, or managed care is highly desirable.

LICENSURE/CERTIFICATION

If a Registered Nurse, must have an unrestricted license to practice in the State of Texas.

EQUIPMENT

Knowledge and familiarity with standard office equipment and the Microsoft Office Suite, including personal computer.

WORKING CONDITIONS

Works in a modern, well-equipped administrative facility with exposure typical to that of health care delivery. Frequent interruptions, deadlines, and decisions. Local travel to other Health System facilities is required. Out-of-town travel may be required. Hours of duty may be long and irregular.

OTHER

Requires an in-depth knowledge of service coordination, utilization, and case management principles and functions, including Behavioral Health. Must be able to recognize and identify causes, synthesize alternatives, determine and implement solutions using foresight, judgment and sensitivity to contributing factors. Must be able to communicate technical and procedural concepts (verbal and written) to a variety of individuals including subordinate staff and the members of the Board of Directors. Must exhibit excellent written and oral communication skills and the ability to work well with a diverse group of people at various levels internally and externally. Knowledge of statistics, research methodology and use of computers is required. Must be capable of managing other personnel. Must successfully complete the pre-employment/post-job offer health screening examination and the annual screening each year thereafter, as an employee.