

David B. Secor

“Providing Tailored Fits, Not Generic Solutions”

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Employment Opportunity
Director of Health Case Management Service (UM)
Reports to: AVP
Location: Columbia, MD area

JOB SUMMARY:

The Director, Health Care Management Services is responsible for the development, implementation and coordination of a comprehensive health care program that will assist Health Care Management Services, Medical Management, and/or Health Plans, resulting in improved health outcomes for members. You will manage a staff of 20.

PRIMARY RESPONSIBILITIES:

1. Assists in development and implementation of clinical programs in accordance with the goals of HMO Corporation’s mission, vision and values, the needs of the health plans, federal and state regulatory requirements and NCQA standards.
2. Serves as a clinical leader to HCMS / Medical Management associates.
3. Manages and evaluates team’s performance and ensures adherence to department’s standards.
4. Provides departments with updates as needed to ensure continued compliance with specific medical management standards
5. Assists in the development of medical management policy, procedures and guidelines that relate to specific programs.
6. Assists in evaluating and implementing contracts in coordination with Network Development as needed to implement specific programs.
7. Assists Member Services and Provider Inquiry Department with timely response to issues including complaint resolution.
8. Assists in developing clinical management guidelines including:
 - Conducting literature search to identify “evidenced-based” management
 - Identifying changes in practice which may require updating of guidelines
 - Developing DRAFT guidelines as directed
 - Identifying national providers experienced in treating patients within these areas

- Coordinating physician advisory groups
- 9. Assists in managing the information requirements of HCMS / Medical Management programs.
- 10. Acquires data and evaluates necessary medical, mental health and substance abuse services for cost containment.
- 11. Identification and implementation of HCMS/ Medical Management “best practices.”
- 12. Ensures that delegated medical management activities are contracted, reviewed and reported according to established criteria.
- 13. Evaluates programs quarterly.
- 14. Supports and participates in quality initiatives and activities including clinical indicators reporting, focus studies and HEDIS reporting.
- 15. Ensures compliance with state reporting on utilization management activities for accuracy.
- 16. May assist in developing the annual operating and capital budgets to sufficiently meet departmental needs.
- 17. Other duties as requested or assigned.

EDUCATION AND EXPERIENCE:

Bachelors Degree, Nursing or Social Work, MSN, MPH, MPA, or MSW or MBA with Health Care Concentration (LPC or Certified Case Manager) preferred.

- Must have five years management experience.
Must have at least five years of current experience in utilization management in a managed care setting
- Demonstrated medical management experience in health care.
- Knowledge of Utilization Management targets
- Self-directed with strong organizational skills.
- Excellent verbal and written communication skills.
- Ability to foster inter and intradepartmental communication and team building.
- Strong analytical capabilities.
- Attention to detail.
- Mastery of computer software.
- Statistical reporting experience preferred.
- Multi-task oriented with ability to follow-up on numerous complex problems.
- Strong customer focus.