

**General Overview:**

Physician who provides clinical support to the Medical Management & Policy team to ensure that utilization management activities are performed in accordance with the highest and most current clinical standards. Responsible to review cases and evaluate the medical necessity and appropriateness of the requested treatment of service. Responsible for compliance to NCQA, URAC, CMS, DOH, and DOL regulations. Responsible for appropriate application of Medical Policy and criteria sets.

This position also provides clinical consultation to the Care Management and Health Coach staff to support the various utilization management and health coach activities.

**Essential Responsibilities:**

## Utilization Management

- Serves as a resource for information and consultation on the issues related to utilization management and clinical services.
- Retains involvement in all aspects of the medical management process involving medical necessity and appropriateness determinations.
- Performs initial determinations, appeals, grievances, peer to peer, pharmacy and other reviews, as assigned
- Participates in protocol and guidelines development to ensure consistency in the review process.
- Ensures that all aspects of the medical management process are consistent with community standards of care.
- Composes clear and concise clinical rationales for member and provider determination notifications.

## Data Analysis/Outcomes

- Assist in the analysis of clinical data elements
- Presents data analysis to a wide range of audiences
- Assure high performance standards by meeting targets set by management.
- Implement action plans designed to achieve and enhance compliance to accreditation standards in accordance with NCQA, URAC, CMS, DOH, and DOL regulations.

## Education

- Supports Care and Case managers by providing consultation and staff education via clinical presentations and case management conferences.
- Interacts effectively with members, practitioners/providers, colleague and care and case managers.

## Project Management

- Identify, develop and implement projects that align with the company's strategic goals.
- Provide leadership, direction and drive projects.
- Manage multiple projects and effectively communicate relevant project information to leadership.
- Delivers engaging, informative, well organized presentations.
- Resolves and/or escalates issues in a timely manner.

## External Corporate Relationships

- Work with existing or potential vendors
- Drive vendor direction and change as needed
- Work with external providers and facilities on programs to ensure appropriate utilization of health care resources.

#### Problem Solving/Latitude

- The scope and frequency of problem solving opportunities is diverse, frequently involving coordination with internal and external customers. The Associate Medical Director has a significant degree of independence in handling day to day operations.

Other duties as assigned or requested.

#### **Minimum Required Qualifications:**

- MD or DO with an unrestricted PA, WV, DE medical license.
- Board certified in an American Board of Medical Specialties or Bureau of Osteopathic Specialists recognized specialty.
- Four years' experience required in active clinical practice.

#### **Preferred Qualifications:**

- Graduate degree such as an MBA or MPH.
- Prior Utilization Management or Quality Improvement experience.
- Area of focus in Family Medicine, Internal Medicine, or Pediatrics.