



**Position:** Director of Care Management

**Department:** Care Management

**Division:** Medical Management

**Reports to:** Chief Medical Officer (CMO)

### **About Soundpath Health**

Few industries are growing as quickly with such a strong career outlook as health care. Soundpath Health is poised to become the local industry leader in supporting health care delivery within the 65+ market arena, and we're looking for qualified individuals to join our winning team. Our goal is to promote our members' health through local provider innovation, work as responsible stewards of health care resources, and be an active partner in improving the health of our communities. We believe that experience, teamwork, distinguished customer service, and accountability will help us succeed. We offer a competitive salary, comprehensive benefit package, and rewarding growth potential. We were recently named one of the "100 Best Places to Work For" in Washington by Seattle Business Magazine. Soundpath Health is an equal opportunity employer.

### **General Summary of Duties**

Under the direction of the Chief Medical Officer, the Director of Care Management is responsible for the development, coordination, implementation and oversight of Soundpath Health's Care Management program. The Care Management program includes Utilization Management, Case Management, Chronic Disease Management, and Clinical Pharmacy Management. The Director of Care Management also provides cross-functional organizational support and oversight over delegated provider groups.

## **Primary Responsibilities**

- Responsible for all components of the Care Management program including utilization management (UM), case management, disease management, and associated analytics & reporting.
- Oversees, leads, and coordinates with all delegated groups the case management and utilization management processes, including prospective, concurrent and retrospective review of services.
- Oversees, leads, and coordinates Care Management information focusing primarily on patterns of medical service utilization. Recommends action plans to Quality Committee to improve service delivery and cost-effectiveness thereof; and implements approved action plans.
- Prepares annual Care Management Program Evaluations, Descriptions, and Work Plans for presentation to the Quality Committee.
- Ensures that policies and procedures are developed to meet the needs of the department and are reviewed on an annual basis for presentation and approval for the Quality Committee.
- Oversees, leads, and coordinates clinical quality improvement processes that impact prevention strategies, efficient utilization of medical services, chronic care improvement, and case management.
- Primary liaison between the Soundpath Health Chief Medical Officer, the Quality Committee and Soundpath Health providers to promote effective case management, utilization management, and chronic disease management.
- Performs pre-delegation and delegation audits of all delegated entities for utilization management, case management, behavioral health, and wellness programs for adherence to regulatory standards at least once a year and more often when a corrective action plan is required.
- Coordinates nurse and physician reviewer inter-rater reliability evaluations on an annual basis.
- Collaborates with cross-functional areas to enhance HCC coding and Star ratings.
- Supports the claims department in claims adjudication regarding medical necessity.
- Provides clinical expertise in the evaluation of appeals/grievances.
- Provides clinical pharmacy support to Member Services Department.
- Participates on the Quality and Credentialing Committees.
- Participates in the process to develop network provider contracts.
- Assures that Care Management staff follows the policies and procedures of the organization, with special emphasis on compliance with CMS regulations and HIPAA privacy/security requirements.

- Provides leadership and direction to the Care Management Department and works closely with the Quality Improvement Department.
- Prepares and submits Care Management and related quality reports as required for regulatory compliance.
- Provides information and referral on request from other Soundpath Health staff, providers, and enrollees. Represents Soundpath Health in the larger community.
- Performs other duties as assigned.

### **Required Knowledge, Skills, and Abilities**

- Knowledge of managed care, including utilization management, case management, and quality improvement.
- Must demonstrate self direction and be able to manage multiple priorities.
- Demonstrates leadership, professionalism, team work, problem solving skills, and serves as a professional role model.
- Must have basic analytic skills to support data and trend evaluation.
- Must have excellent verbal and written communication skills.
- Must demonstrate competency in utilization of Microsoft Office software programs including Word, Excel, Access as well as other specialized program applications.

### **Licenses / Certifications**

- Unrestricted license as a Registered Nurse in the State of Washington required; Advanced certification is preferred.
- Case Management Certification preferred.

### **Education and Training**

- Minimum 5 years experience in medical-surgical nursing and at least three years of health plan manager experience in utilization management, case management, and/or quality improvement.
- Bachelor's degree in nursing or a related field required; Masters level in nursing preferred.
- Medicare/CMS experience preferred.
- Experience working with capitated provider relationships preferred.
- Disease Management experience preferred.
- Lean or Six Sigma experience preferred.

### **Working Conditions**

Working conditions are normal for an office environment.

### **Location**

Federal Way