

JOB DESCRIPTION: Utilization Management Administrator		EMPLOYMENT CATEGORY: At-will, Administration
POSITION HIRED BY: Mid-State Health Network (MSHN)		FULL-TIME/PART-TIME: Full-time
SUPERVISOR: Director of Utilization & Care Management		EXEMPT/NON-EXEMPT: Exempt
MANAGEMENT RESPONSIBILITIES:	Personnel - Yes	CREDENTIALING REQUIRED: Yes
	Resources - Yes	

Position Overview:

Under the supervision of the Director of Utilization & Care Management, the Utilization Management (UM) Administrator oversees directly operated UM activities for Substance Use Disorder (SUD) services and provides support for delegated UM activities carried out by the region's Community Mental Health Service Programs (CMHSP). The UM Administrator is responsible for the development of policies, procedures, and internal departmental workflows related to service access and authorization for SUD operations.

In addition, this position monitors adherence of contracted providers to established service authorization criteria and regional policy to ensure appropriate access and effective/efficient use of behavioral health and SUD services. The ideal candidate will possess knowledge of recovery-oriented systems of care as well as an understanding of the structure of Michigan's publicly funded behavioral health and substance use disorder system.

This position requires excellent written and oral communication skills, the ability to prioritize a workload, and strong organizational skills. This position is responsible for carrying out all activities of the Pre-Paid Inpatient Health Plan (PIHP) in such a manner that fulfills the organization's mission, strategic priorities, and assures compliance with policies and procedures.

Qualifications:

Minimum Qualifications

- Master's degree in Psychology, Counseling, Social Work, Nursing, or a related field;
- Appropriate licensure, in good standing;
- Four (4) years' experience in clinical service delivery;
- Thorough working knowledge of principles and practices of utilization management;
- Knowledge of current evidence-based standards of care, clinical guidelines and protocols, and care models for behavioral health as well as chronic physical health conditions;
- Knowledge of appropriate Michigan Department of Health and Human Services (MDHHS) rules, regulations, and standards relating to behavioral health and SUD service delivery as well as quality improvement; and
- Knowledge of methods and techniques of research, statistical analysis, and report presentation

Preferred Qualifications

- Direct work experience in utilization management;
- Experience in and use of data analytics for the purpose of performance improvement;
- Experience in a Michigan Community Mental Health Services Program or a Pre-Paid Inpatient Health Plan;
- Knowledge of clinical practices across a range of behavioral health and SUD diagnostic categories;
- Knowledge of managed care compliance requirements specific to UM functions;
- Knowledge of the principles and practices of continuous quality improvement;

Required Skills

- Excellent organizational skills and ability to prioritize a workload;

- Strong data management and analytic skills;
- Observe all rules of confidentiality as it relates to consumer information, both internally and in dealing with outside individuals and/or agencies;
- Assure ongoing competency and assurance of consumer rights protection;
- Excellent interpersonal and human relations skills;
- Excellent verbal and written communication skills;
- The ability to publicly present complex information in a concise, understandable format;
- Ability to interact positively and collaboratively with Board members, executives and finance officers to include Community Mental Health Service Programs (CMHSP) and Substance Use Disorder Providers, co-workers, clients, and community representatives from diverse cultural and socio-economic backgrounds;
- Use of a personal computer (PC) for administration and communication;
- Use of Microsoft Office; and
- The ability to legally drive within the State of Michigan.

<u>Responsibilities</u>	<u>Designated Back-Up</u>
Develop, maintain, and ensure an efficient SUD access and authorization system under the guidance of the Director of Utilization & Care Management.	
Assist the Director of Utilization & Care Management with developing and implementing regional policies and procedures related to service eligibility, access, and utilization management for all populations served.	
Support MSHN's regional Utilization Management (UM) Committee including distribution of agenda and related meeting materials, report preparation, meeting minutes, and other activities as requested by Director.	
Provide day to day oversight for all aspects of MSHN UM program for SUD services including direct supervision of UM Specialists. Assure effective and efficient UM department functioning.	
Provide consultation, leadership, and technical assistance to SUD provider network related to service access and UM processes.	
Develop, implement, and monitor reports related to service utilization. Provide quarterly reports and offer recommendations for system and process improvement.	
Identify problematic utilization patterns, develop appropriate communication pathways, and implement intervention strategies to correct undesirable utilization variation and/or provider performance issues.	
Work with MSHN-contracted SUD providers to remediate identified authorization practices that are contributing to undesirable outcomes.	
Ensure compliance with grievance and appeals and adequate and advance notice practices for MSHN directly operated UM activities in coordination with MSHN Customer Service.	
Collect, aggregate, and review service authorization denial data and provide quarterly report submissions to MDHHS. Recommend and monitor corrective action strategies to ensure regional compliance with service authorization timeliness standards.	
Oversee screening, access, and authorization workflows within the Regional Electronic Medical Information (REMI) system. Work closely with MSHN IT staff and REMI vendor to implement necessary enhancements and ensure efficiency.	

Review and monitor the application of eligibility guidelines and medical necessity criteria for authorization decisions.	
Ensure processes are in place to monitor interrater reliability among individuals who are making authorization decisions.	
Address utilization management decisions and recommendations within appropriate scope of review, i.e. prospective, concurrent, and retrospective reviews. Involve Chief Medical Officer and/or SUD Medical Director as appropriate.	
Represent MSHN, as needed, on various statewide, regional and/or county councils, coalitions, and workgroups.	
Work with MSHN Quality and Compliance staff to prepare and submit appropriate documentation to ensure compliance with utilization management standards for external quality reviews and audits.	
Establishes and maintains appropriate working relationships with consumers, network providers, CMHSP employees, outside agencies, accrediting organizations, etc.	
Observe all rules of confidentiality as it relates to consumer information, both internally and in dealing with outside individuals and/or agencies.	
Be knowledgeable about and actively support: <ul style="list-style-type: none"> • culturally competent recovery-based practices, • person centered planning as a shared decision-making process with the individual, who defines his/her life goals and is assisted in developing a unique path toward those goals, and • trauma informed culture of safety to aid consumers in the recovery process 	
Assure MSHN records and protected health information are retained consistent with approved record retention policies and privacy requirements.	
Performs other duties within the scope of the position and as requested/required.	

Compensation:

This is a full-time, salaried position with additional benefits. Minimum hours will be 40 per week. The schedule is set in conjunction with the needs of the organization as approved by the Deputy Director.

Environment & Safety:

Minimum Physical Requirements

- Ability to exert/lift to 25 pounds of force occasionally.
- Ability to sit for extended periods of time.
- Ability to travel offsite for various meetings, activities, and events; and
- Ability to use computer, telephone, copy machine and various office equipment.

Work Environment

- Remote home office environment with occasional (monthly) in-office attendance
- Occasional travel by automobile.

To carry out this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

My signature below affirms that I have reviewed the job description and agree that it accurately reflects the scope of the position for which I am responsible. Signatures on this document do not constitute nor imply a contract for employment and merely reflect that the contents of this position description are understood by the parties.

_____	_____
Employee Signature	Date

_____	_____
Supervisor Signature	Date