



Job Title: Medical Director
Department: Health Services
Reports To: Senior Vice President
FLSA Status: Exempt

Summary: Physicians United Plan, Inc. ("PUP") is a fast growing Medicare Advantage HMO located in Orlando, FL. PUP is led by a dynamic and energetic executive team working to become the leading health plan in Florida. PUP is seeking a highly talented Medical Director to provide the clinical and leadership support to help build PUP's healthcare platform. The Medical Director will provide effective and knowledgeable strategic leadership regarding senior population health management to improve Medicare population health, reduce healthcare cost trend and improve the quality of care and member experience.

Essential Duties and Responsibilities include the following. Other duties may be assigned.

- Reports directly to the Vice President of Health Services.
- Provides guidance for all clinical operational aspects of the program and for oversight of all clinical decision-making aspects of the program.
- Responsible and accountable to the Company for decisions affecting the clinical services that the Company providers to their members.
- Work with the Sales & Marketing team to design benefits that promote improved quality outcomes, removing any barriers inherent in the plan's benefit design.
- Partner with the Special Programs team to work on programs such as Five Star PUP!, HEDIS, etc.
- Partner with Health Data Certification team to executive risk adjustment programs that ensure timely and accurate assessment and reporting of chronic conditions.
- Communicates and periodically consults with practitioners in the field to assist in the development and maintenance of a strong quality network of providers.
- Ensures the Company's objectives to have qualified clinicians accountable to the Company for decisions affecting the member by:
 - Individual consultations with providers.
 - Internal criteria review.
 - Documented peer-to-peer conversations.
 - Soliciting feedback from specialists.
 - Chairing the Medical Advisory Committee.
- Reviews and approves Company's clinical review criteria and scripted clinical screening at least annually to ensure their continued appropriateness.
- Conducts peer clinical review for all cases where a clinical determination to certify any portion of the requested service cannot be met by an initial clinical reviewer.
- Documents and includes specific reasons for the non-certifications

- Conducts, at least weekly, rounds with UR Nurses to discuss cases and provide communication regarding problematic case types.
- Conducts peer to peer conversation - clinical reviews for all cases where a certification of any portion of the requested service is not issued through the initial clinical review or initial screening (reconsideration).
- Ensures that relevant policies and procedures as well as CMS, URAC and state and federal program requirements are implemented to achieve effective, efficient, auditable, and compliant operations.
- Interprets existing policies and develops new policies based on changes in the healthcare or medical arena.
- Provides guidance for all programs related to authorization (pre-certification) of ancillary services and inpatient services and hospitals and skilled nursing facilities.
- Provides guidance of the Utilization Management, Quality Management, Disease and Case Management Programs.
- Participates in the development, implementation and monitoring of quality improvement projects; for clinical projects, is involved in the selection/approval of clinical quality measures and clinical aspects of performance.
- Chairs the Credentialing Committee, Medical Advisory Committee, Peer Review and other committees, as requested.
- Provides support for oversight of delegated clinical functions.
- Participates in accreditation activities.
- Oversees the development and implementation of all peer review activities.
- Has authority, accountability and responsibility for denial determinations for lack of medical necessity.
- Consults with the board certified specialists in the specialty panel for review of complex utilization issues, as appropriate.
- Supports management staff, ensuring timely and consistent responses to members and physicians.
- Uses clinical expertise to manage the clinical model, providing medical interpretation and decisions as required.
- Identifies and analyzes medical information from multiple sources in order to develop interventions to improve the quality of care and outcomes.
- Works with the medical community to assist in the development and maintenance of a strong, quality network of providers.
- Reviews provider and member complaints, assist in resolution, and make recommendations for changes.
- Notifies Company in a timely manner of an adverse change in licensure or certification status.

Supervisory Responsibilities

No direct reports.

Qualifications To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below 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.

Education and/or Experience

M.D. or D.O. from AMA Certified Medical School required; at least 2 years post-graduate experience in direct patient care. Continuing education requirements are met through renewal of licensure by the FL Department of Health.

Certificates, Licenses, Registrations

Current, unrestricted Florida professional license; board certification (or meets Company's credentialing standards).

Other Skills and Abilities

Some local travel required; provider and /or office visits.