Morgan Consulting Resource, Inc. has been retained by Care1st Health Plan Arizona, Inc. to conduct the search for the Associate Medical Director (AMD). This position is located in Phoenix, Arizona. Below is information regarding the opportunity that will enable the successful candidate to work within the Medicaid/Medicare health plan and collaborate with the clinical operations team.

About the Company:
Care1st Health Plan (“Care1st”) was created in 1994 in California by a group of health professionals from medical groups and hospitals with long histories of serving the underserved market. The founding physicians still practice medicine today and are actively involved in the operations of Care1st – which believes “patients come first” and aligns with their strong desire to see health care administered from a physician’s perspective.

In addition to the California market, Care1st established an Arizona subsidiary (in 2003) after being selected by the Arizona Health Care Cost Containment System (AHCCCS) to provide services to Medicaid members in Maricopa County. Today, approximately 105,000 Arizonans in Maricopa and Pima County have their health care services managed through Care1st. The senior team works in a collaborative manner – contributing and involved together in the day-to-day operations of the plan. To learn more about Care1st Health Plan Arizona please visit their website at www.care1st.com/az.

About the Position:
Reporting to the Chief Medical Officer, the Associate Medical Director, will work directly with the clinical operations team members to perform daily prior authorization for medically necessary services, concurrent review of inpatient and skilled nursing placements, and pharmacy medical necessity reviews. The AMD will also have the opportunity to collaborate with other clinical operations team members and stakeholders to augment and make improvements to Care1st’s utilization management/quality management programs.

We seek a physician, MD or DO who:

- Is licensed in the state of Arizona and Board Certified in a primary care specialty.
- Have three to five (3-5) years in the health care delivery system in clinical practice. Managed care experience preferred. Medicaid and Medicare experience desired.
- Experience with medical prior authorization, concurrent review and pharmacy medical necessity reviews.
- Is knowledgeable and has experience working with Milliman Care Guidelines and Medicare coverage guidelines.
- Has excellent telephonic and interpersonal communication skills and has the ability to interact professionally during intense discussions with physicians.
- Has the desire to be a leader and seeks career growth in the Managed Care Industry.

Attached please find the position description for further review of this opportunity.

If this description appears to fit your experience and career goals, please contact me directly as soon as possible for further discussion. I look forward to hearing your ideas and providing additional information.

Bev Meade, Executive Recruiter
Office: 702-948-8577
Cell: 702-460-7590
bev@morganconsulting.com
www.morganconsulting.com
Job Title: Associate Medical Director  
Dept: Medical Management  
Reports to: CMO  
FLSA Status: Exempt

GENERAL SUMMARY:  
The Associate Medical Director position involves performing daily prior authorization for medically necessary services, concurrent review of inpatient and skilled nursing placements, and pharmacy medical necessity reviews. There is also an opportunity to collaborate with other clinical operations team members and stakeholders to augment and make improvements to Care1st’s utilization management/quality management programs.

QUALIFICATIONS:  
- Physician licensed without restrictions by the State of Arizona, with Board certification in a primary care specialty (Family or Internal Medicine preferred); Subspecialty training and Board certification would be desirable, but not required  
- 3-5 years experience in the health care delivery system, e.g. clinical practice and health care industry - managed care experience preferred; Medicaid and Medicare experience desired

ESSENTIAL DUTIES AND RESPONSIBILITIES:  
- Medical prior authorization review according to evidenced based guidelines, Medicare and Medicaid guidelines and Care1st procedures; involves peer-to-peer discussions with physicians requesting authorization for services  
- Pharmacy prior authorization review in conjunction with Care1st Pharmacy staff  
- Concurrent review of inpatient hospital care and skilled nursing placements in conjunction with Care1st concurrent review staff  
- Willingly interact with providers, either face-to-face, telephonically or in writing, as it relates to the Utilization Management processes and peer-to-peer communications  
- Assist in the development and maintenance of Care1st clinical guidelines / written clinical protocols  
- Assist in the development and maintenance of Care1st’s prior authorization criteria  
- Work collaboratively with the Medical management senior leaders in the development and implementation of medical expense management initiatives and medical management program development  
- In the absence of the Chief Medical Officer (CMO), may be asked to perform certain responsibilities of the CMO  
- Other duties, as assigned

SKILLS AND QUALITIES:  
- Extensive knowledge and experience working with MCG Milliman Care Guidelines and Medicare coverage guidelines  
- Excellent telephonic communication skills; excellent interpersonal communication skills  
- Ability to have difficult and sometimes confrontational discussions with physicians  
- Demonstrated appreciation of cultural diversity and sensitivity towards target populations  
- Must be a team player, collaborative and capable of independent work  
- Clinical mentoring and coaching skills  
- Knowledge and competence with the Microsoft Office Suite is required

Ensures that appearance and personal conduct are professional at all times:  
- Represent the organization in a positive and professional manner in the community  
- Maintain organizational confidentiality at all times  
- Comply with all organizational policies regarding ethical and compliant business practices  
- UM decision making is based only on appropriateness of care and service and existence of coverage  
- We do not specifically reward practitioners or other individuals for issuing denials of coverage of service or care.  
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization
CORPORATE INTEGRITY:

- Understands and abides by all departmental policies and procedures as well as the organization’s Corporate Integrity Program
- Attends mandatory Corporate Integrity Program education sessions, as required for this position, including the annual mandatory Standards of Conduct class
- Participates actively in ensuring that all state and federal rules and regulations are followed as they apply to this position
- Abides by all applicable laws and regulations as mandated by state and federal laws and prevents being excluded or sanctioned from any state and/or federal programs as they pertain to healthcare