UNIVERSITY OF SOUTHERN CALIFORNIA

Director, Health Plans

Job Code: 133307

Grade:  N
OT Eligible:  No
Comp Approval:  6/11/2002

JOB SUMMARY:
Directs the health care plan programs, services, projects and functions, through subordinate managers and professional staff for the University. Has responsibility for plan design, plan assessment, new health plan development, health plan modifications, policy development and assessment, and strategic planning to meet the University’s strategic goals. Oversees health plan operations and administrative functions to include planning, delivery of services, budget development, record keeping and personnel administration.

JOB ACCOUNTABILITIES:

*E/M/NA  % TIME

____  _____ Directs health care plan administrative operations through subordinate managers professional staff and third party providers. Designs, develops and oversees health plan programs, services and projects for the University. Develops short and long-term strategic plans and objectives for health care plans to maximize benefits to all employees and meet cost containment goals. Assists in the development of a University-wide health care strategy to strengthen the viability of the medical and health professional schools and University affiliated hospitals. Researches and identifies trends and needs and establishes health plan directions accordingly. Assesses quality of health plan services and operations. Modifies existing services and/or creates new health plan services. Links services and operations with other relevant departments on campus.

____  _____ Serves as the University fiduciary for the self-funded preferred provider organization (PPO) plan. Makes all final decisions regarding plan design, benefits, exceptions and appeals.

____  _____ Selects and negotiates agreements with and oversees performance of Third Party Administrator, Delta Health Systems, Pharmacy Benefits Manager (PBM), SYSTEMED, Utilization Review, Psych vendors, Tenet Health Care, Physicians and Medical Groups.

____  _____ Oversees provider network for preferred provider organization (PPO), negotiates agreements and addresses access and adequacy of care concerns.

____  _____ Negotiates health maintenance organization (HMO) and Dental Plan contracts. Addresses and assists in compliant resolution. Manages annual review of health care contracts to determine continuation, notification or termination of such agreements.

____  _____ Maintains liaison with the Office of General Counsel, Office of Compliance and outside counsel concerning all legal and compliance matters.

____  _____ Develops health plan operating and administrative policies. Directs the dissemination, interpretation and application of health plan policies university-wide and grants exceptions.

____  _____ Develops and manages budget(s). Makes major budgetary and resource allocation decisions. Provides financial status reports as needed.
Serves as key resource for health plans information. Provides consultation services, advice or assistance to faculty, staff and senior administrators. Resolves problems, issues, requests or questions referred by staff, University administrators, or professionals outside the University. Represents health plan office and University as an authority in field.


Collaborates with Medical Advisor to address and resolve medical issues relating to new programs, medical procedures, drugs, medical equipment and appropriate utilization of experimental drugs and procedures.

Collaborates with Medical Advisor, USC Care Medical Group, health professional schools/providers and senior management to develop new programs such as USC Senior Care to meet needs of University community.

Ensures senior management is aware of budget issues and performance. Compares, analyzes, and evaluates the need for plan design changes based on budget performance and changes in health care market place against overall impact on employee relations and morale.

Serves as primary resource and staff of the University's Employee Benefits Committee. Maintains professional currency through active participation and leadership in associations and other committees both internal and external to the University.

Develops and maintains all necessary systems to ensure that health care programs meet budgetary and quality objectives. Prepares status reports as requested.

Establishes and maintains appropriate network of professional contacts. Maintains currency through professional organizations and publications. Attends meetings, seminars and conferences. Makes formal presentations.

Develops and implements security related procedures such as office opening and closing routines, recognition of duress signals and key controls. Coordinates security activities with University Public Safety Department. Promotes and maintains standards for security conscious awareness and behavior. Maintains knowledge of University's crime prevention and suppression programs and services. Ensures dissemination of security related information to staff.

Performs other related duties as assigned or requested. The University reserves the right to add or change duties at any time.

*Select E (ESSENTIAL), M (MARGINAL) or NA (NON-APPLICABLE) to denote importance of each job function to position.

**EMERGENCY RESPONSE/RECOVERY:**

Essential:  
[ ] No  
[ ] Yes In the event of an emergency, the employee holding this position is required to "report to duty" in accordance with the university's Emergency Operations Plan and/or the employee's department's emergency response and/or recovery plans. Familiarity with those plans and regular training to implement those plans is required. During or immediately following an emergency, the employee will be notified to assist in the emergency response efforts, and mobilize other staff members if needed.
**JOB QUALIFICATIONS:**

**Minimum Education:**
Master's Degree

**Minimum Experience:**
7 Years

**Minimum Field of Expertise:**
Directly related experience in managing health plans in an educational institution or corporate environment. Thorough knowledge of management principles, budgeting and applicable laws/regulations. Extensive contract negotiation experience with provider and managed care vendors. Ability to interact and build strong working relationships with administration, senior management, physicians, hospital executives and health care organizations. Advanced knowledge of traditional and non-traditional health care delivery systems, major health care industry trends in performance measurement and management. Excellent analytical, statistical, and oral and written communications skills.

**Preferred Experience:**
10 Years

**Skills: Other:**
Analysis
Assessment/evaluation
Budget control
Budget development
Communication -- written and oral skills
Conceptualization and design
Conflict resolution
Consulting
Counseling
Interpretation of policies/analyses/trends/etc.
Interviewing
Knowledge of applicable laws/policies/principles/etc.
Managerial Skills
Negotiation
Networking
Organization
Planning
Problem identification and resolution
Project management
Public relations
Public speaking/presentations
Research
Scheduling
Staff development
Statistical analysis
Teaching/Training

**Skills: Machine:**
Adding Machine
Calculator
Computer Network (Department or School)
Computer Network (University)
Personal Computer

**Supervises: Level:**
Manages through subordinate supervisors

**Supervises: Nature of Work:**
Administrative
Managerial
Professional/Paraprofessional

**SIGNATURES:**

Employee: ___________________________  Date: ___________________________

Supervisor: ___________________________  Date: ___________________________

The above statements are intended to describe the general nature and level of work being performed. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of personnel so classified.

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