

JOB ANNOUNCEMENT (INTERNAL/EXTERNAL)

POSITION INFORMATION

Job Title: Case Manager
Division: Medical Staff Services **Department:** Utilization
Reports to: Lead Case Manager **Classification:** Regular, Full Time
Opening Date: Monday, September 16, 2019 **Closing Date:** Friday, September 20, 2019

ANTICIPATED WORK SCHEDULE

(Hour of operation and schedule subject to change)

Department Hours of Operation Monday – Friday from 8:00am – 5:00pm	Schedule Monday – Friday from 8:00am – 5:00pm; subject to change if needed
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BASIC PURPOSE OF THE JOB

Under the general supervision of the utilization management manager acts as a patient advocate/case manager to hospital clients. An autonomous role that coordinates, negotiates, procures services and resources for, and manages the care of complex patients to facilitate achievement and quality and cost-efficient patient outcomes. Looks for opportunities to reduce cost while ensuring the highest quality of care is maintained. Applies review criteria to determine medical necessity for admission and continued stay. Provides clinically based case management, discharge planning, and care coordination to facilitate the delivery of cost-effective quality healthcare and assists in the identification of appropriate utilization of resources across the continuum of care. Works collaboratively with interdisciplinary staff internal and external to the organization. Participates in quality improvement and evaluation process related to the management of patient care. The case manager is on-site and available seven days a week, as well as holidays, and, therefore, is required to work a weekend rotation and an occasional holiday if needed.

QUALIFICATIONS

Minimum Education	<ul style="list-style-type: none"> ▪ Healthcare professional with degree in health science strongly preferred ▪ BSN or MSW preferred
Minimum Work Experience	<ul style="list-style-type: none"> ▪ Three to five years of acute care hospital experience preferred. ▪ Critical care or emergency department experience highly desirable. ▪ Demonstrated skills in the areas of negotiation, communication (verbal and written), conflict, interdisciplinary collaboration, management, creative problem solving, and critical thinking. ▪ Experience with managed care or case management preferred. ▪ Excellent verbal and written communication skills required. ▪ Demonstrates flexibility via an ability to adapt to changing priorities and regulations. ▪ Basic computer skills required.
Required Skills, Knowledge and Abilities	<ul style="list-style-type: none"> ▪ Knowledge of healthcare financing, community and organizational resources, patient care processes, and data analysis. ▪ Knowledge of utilization management as it relates to third-party payers. ▪ Knowledge of post-acute care community resources.

OVERVIEW OF JOB RESPONSIBILITIES

1. **Directs, coordinates, and provides case management to patients in caseload.**
2. **Plays an essential role in assisting physicians, nurses, and staff with an accurate determination of a patient's observation status. The case manager is an important resource in preventing delayed discharges of observation patients.**
3. **Participates in case finding and preadmission evaluation screening to ensure reimbursement.**
4. **Reviews the medical records of all inpatient admissions to determine the medical necessity for admission and continued stay, using pre-established criteria.**
5. **Completes case management assessment of patients and support systems in order to facilitate the most appropriate and timely transition plan.**
6. **Collaborates with PI Department: Performs quality assessment reviews and studies both concurrently and retrospectively as required by the hospital's PI plan, board of registration in medicine requirements, JCAHO standards, and third-party payer regulations.**
7. **Provides clinical data/information to contracted third-party payers while patient is hospitalized to ensure continued reimbursement and to avoid reimbursement delays within 24 hours of request.**

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8. **Interacts, communicates, and intervenes with multidisciplinary healthcare team in a purposeful, goal-directed fashion. Works proactively to maximize the effectiveness of resource utilization. Anticipates, initiates, and facilitates problem resolution around issues of resource use and continued hospitalization and discharge planning.**
 9. **Establishes and maintains effective communication with all referral sources, insurers, vendors, and patient supplier systems.**
 10. **Consistently maintains a professional commitment to institutions and department's goals and objectives. Demonstrates flexibility to the department's needs in relation to floor and work schedule and any other internal and external demands on the department. Continually shows commitment to the department by extending one's self when the need arises.**
 11. **Maintains current knowledge of case management, utilization management, and discharge planning, as specified by federal, state, and private insurance guidelines.**
 12. **Attains all agreed to goals and objectives within specified time frames, as part of the organization's overall mission.**

*Complete job description provided upon employment
