

## Job Description

<b>Position Title</b>	RN Case Manager
<b>Job description #</b>	HS.04
<b>Reports To</b>	Clinical Operations Manager
<b>Department</b>	Health Services
<b>Last Updated</b>	October 15, 2015

### **Position Summary**

The RN Case Manager works with the member, the member's family and providers involved in the member's care to coordinate the services necessary to help reduce preventable hospitalizations and support self-management of their chronic conditions. The RN Case Manager is responsible for developing a plan of care for the member in conjunction with the member and member's caregivers, in collaboration with the member's PCP and specialist(s). The RN Case Manager will assist in actuating the Plan of Care. This will involve working with the member to close clinical and pharmacy care gaps, mitigating non-clinical barriers to care, and facilitating the coordination of benefits as required. The RN Case Manager will act as a liaison between the member, community-based resources, and health care providers and institutions. The RN Case Manager must understand, support, and promote the mission statement, objectives, and procedures of Riverside Health.

This position can be remote with expectations to commute to Timonium MD based office 1 -2 times monthly.

### **Essential Duties and Responsibilities**

- Provides Telephonic and onsite Care/Case Management to assigned members of targeted high-risk populations
- Coordinates routine home/community based visits with the member to address barriers and challenges that impact the member's identified goals
- Develops an individualized plan of care and implements the plan
- Communicates with nursing staff, physicians, nurse practitioners and other health workers involved in the care of a member on the interdisciplinary team
- Coordinates with member, family, and caregivers to help resolve barriers to care
- Provides educational information regarding preventative and wellness care
- Evaluates member/family strengths, health behaviors, and resources
- Intervenes with at-risk members to avoid unnecessary hospitalizations by reducing condition exacerbation
- Successfully collaborates with member and family to assure comprehension of available resources
- Considers member/family physical, educational, and financial resources
- Other duties as assigned

### **Education, Experience and Qualifications**

- Required to have education, training or professional experience in medical or clinical practice.
- A current license, without restrictions
- Registered Nurse with 4-8 years of clinical experience in medical-surgical, community/home health care, case management, and equivalent experience reviewing patient medical care and services and one or more of the following specialty fields:
  - Complex Medical Illnesses (e.g. HIV/AIDS, ESRD, Oncology)
  - Palliative Care/Hospice
  - Trauma/Rehab
- CCM preferred or a minimum of 2 years of Case Management experience. Health Plan experience is a plus.

- In-depth knowledge of current standard of medical practice and insurance benefit structures to facilitate medical review decisions and interpret contract benefits and managed care guidelines.
- A strong knowledge of Case Management process, standards, and understanding of managed care in all lines of business.
- Detailed knowledge and competency in all types of medical necessity decisions, including inpatient care, subacute/skilled care, outpatient care, hospice care, and home health care.
- A strong knowledge and expertise in case managing complex, cases with minimal supervision.

### **Knowledge, Skills and Abilities**

- Ability to effect change, perform critical analysis and promote positive outcomes and facilitate empowerment for the member/family.
- Provide excellent customer service to external and internal customers.
- Knowledge and competency in all types of medical necessity decisions, including in patient care, sub-acute/skilled care, outpatient care, hospice care, and home health care.
- Excellent analytical and problem solving skills in order to judge medical necessity and appropriateness of patient services and treatments on a case by case basis.
- Excellent interpersonal and communications skills
- Ability to meet deadlines and manage multiple priorities, and effectively adapt and respond to complex, fast-paced, rapidly growing, and results-oriented environments
- Ability to make decisions on what needs to be done based on clearly established guidelines
- Spanish language ability is desirable

### **Computer Skills**

- Substantial knowledge of Microsoft Office including SharePoint, Outlook, PowerPoint, Excel and Word

### **Preferred**

- BSN and/or CCM