



**Case Manager/Utilization Review
JOB DESCRIPTION**

Position Title:	Case Manager/Utilization Review	Exemption Status:	Exempt
Job Classification:		Job Code:	
Department:	Case Management		
Reports to:	Chief Nursing Officer		
Last Update:	May 12, 2016		

Job Summary

The Case Manager is responsible for compliance with CMS Conditions of Participation regarding Utilization Review and Discharge Planning including implementation and annual review of the Utilization Management Plan and assisting with the coordination of the Utilization Management Committee. The Case Manager is also responsible for ensuring compliance with DNV/DOH provisions of care regarding discharge planning and patient needs for care, treatment, and services after discharge or transfer are met. The Case Manager follows the hospital's Case Management/Utilization Program that integrates the functions of utilization review, discharge planning, and resource management into a singular effort to ensure, based on patient assessment, care is provided in the most appropriate setting utilizing medically indicated resources. The hospital's case management model outlines a collaborative practice to improve quality through coordination of care impacting length of stay, minimizing cost, and ensuring optimum outcomes.

Essential Functions

- Promote the mission, vision, and values of the organization
- Facilitate team meetings that foster interdepartmental collaboration with the patient and their family as deemed necessary, this includes multidisciplinary meetings and Utilization Review/Case Management meetings. Provides input in such meetings regarding utilization management and discharge planning.
- Responsible for evaluating and screening potential admissions to the facility when appropriate.
- Knowledgeable of criteria for Medicare, Medicaid, HMO and private insurance coverage.
- Communicate daily with admissions personnel regarding admissions and discharges to various units.
- Initiate ongoing communication with the resident and resident's family to assess discharge needs.
- Communicate with physicians to ascertain their plans for a timely discharge.
- Document discharge planning as an ongoing review.
- Knowledgeable of resident's financial status, diagnosis and discharge needs.
- Responsible for home care needs being met by the time of discharge, with a goal of arrangements completed 24 hours prior to discharge when date of discharge is known.
- Cooperate with insurance companies, based on information received.
- Manage and collaborate with the healthcare team on Swing Bed placement and complete MDS documentation as necessary.
- Ensures that a quality of care is maintained or surpassed by collecting quality indicators and variance data and reporting the data to the appropriate department; reports and identifies data that indicates potential areas for improvement of care and services provided within the system.

- Assist as needed with obtaining referrals, prior authorization for Home Health Care, DME, SNF, acute rehab and appointments.
- Educates physicians and staff regarding appropriate level of care/utilization issues.
- Develop and implement methods, policies and procedures to improve the departments' efficiency and overall effectiveness.
- Oversight and evaluation of the discharge planner/ utilization review nurse.
- Perform and oversee needs analysis and planning. Work with executive leadership to ensure targets are met for the annual operating plan/financial management.

Non-Essential Functions

- Perform other duties as assigned

Professional Requirements

- Adhere to dress code, appearance is neat and clean.
- Complete annual education requirements.
- Maintain patient confidentiality at all times.
- Report to work on time and as scheduled.
- Wear identification while on duty.
- Maintain regulatory requirements, including all state, federal and local regulations.
- Represent the organization in a positive and professional manner at all times.
- Comply with all organizational policies and standards regarding ethical business practices.
- Communicate the mission, ethics and goals of the organization.
- Attend regular staff meetings and in-services.

Qualifications

- Current registered nurse licensure in the state of New Mexico
- Knowledge of criteria for Medicare, Medicaid, HMO and private insurance coverage
- Minimum of five (5) years acute hospital nursing experience and three (3) to five (5) years acute hospital Case Management experience required

Knowledge, Skills, and Abilities

- Knowledge of nursing services and insurance coverage preferred
- Strong organizational and interpersonal skills
- Ability to determine appropriate course of action in more complex situations
- Ability to work independently, exercise creativity, be attentive to detail, and maintain a positive attitude
- Ability to manage multiple and simultaneous responsibilities and to prioritize scheduling of work
- Ability to maintain confidentiality of all medical, financial, and legal information
- Ability to complete work assignments accurately and in a timely manner
- Ability to communicate effectively, both orally and in writing
- Ability to handle difficult situations involving patients, physicians, or others in a professional manner
- Knowledge of the continuum of care and utilization process.
- Ability to document Case Management plans in a clear and concise manner.

Physical Requirements and Environmental Conditions

- Working irregular hours, including on call hours
- Physically demanding, high-stress environment
- Exposure to blood and body fluids, communicable diseases, chemicals, radiation, and repetitive motions
- Pushing and pulling heavy objects
- Full range of body motion including handling and lifting patients
- Position requires light to moderate work with 50 pounds maximum weight to lift and carry.
- Position requires reaching, bending, stooping, and handling objects with hands and/or fingers, talking and/or hearing, and seeing.

General Sign-off

The employee is expected to adhere to all agency policies and to act as a role model in adherence to agency policies.

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.

I have read, understood and had the opportunity to ask questions regarding this position description.

Employee's Signature

Date