



Position: RN Health Plan Care Manager

Department: Care Management

Division: Medical Management

Reports to: Director of Care Management

About Soundpath Health

Few industries are growing as quickly with such a strong career outlook as health care. Soundpath Health is poised to become the local industry leader in supporting health care delivery within the 65+ market arena, and we're looking for qualified individuals to join our winning team. Our goal is to promote our members' health through local provider innovation, work as responsible stewards of health care resources, and be an active partner in improving the health of our communities. We believe that experience, teamwork, distinguished customer service, and accountability will help us succeed. We offer a competitive salary, comprehensive benefit package, and rewarding growth potential. We were recently named one of the "100 Best Places to Work For" in Washington by Seattle Business Magazine. Soundpath Health is an equal opportunity employer.

General Summary of Duties

It is the responsibility of the RN Health Plan Care Manager to provide integrated care management services, including utilization management and case management, across the continuum of care. The RN evaluates the appropriateness of medical services and facilitates referrals, authorizations, concurrent review, and discharge planning. He/she assists with the development and support of new programs, including implementation of a chronic disease management program. He/she works collaboratively with other departments in day-to-day cross-functional activities. He/she assists in the maintenance of policies and procedures in compliance with regulatory standards. The overall goal of the position is to enhance the quality of patient management and satisfaction, while promoting continuity of care and cost-effectiveness.

Essential Duties and Responsibilities:

- Coordinates and provide day-to-day execution of the utilization management and case management programs.

- Performs pre-admission, concurrent and retrospective clinical reviews to evaluate appropriateness of admissions, need for continued stay, length of stay, and utilization of resources.
- Proactively manages discharge and transition planning.
- Reviews clinical pharmacy inquiries.
- Assists in developing and implementing a chronic disease management program.
- Assures that regulatory and accreditation standards are implemented and met.
- Assures that policies and procedures, operational guidelines, and process workflows are current and meet standards.
- Analyzes population data for trending and identification of high risk individuals/populations.
- Works collaboratively with delegated provider groups, other departments and committees as assigned.
- Participates in the Quality Committee and assist in related functions.
- Assess and provide case management for members with complex conditions per established criteria.
- Follows strict adherence to departmental standards of confidentiality of medical and proprietary information.
- Collaborates with Appeals & Grievances and Quality Improvement departments.
- Performs other duties as assigned.

Knowledge, Skills, and Abilities

- Varied Knowledge of clinical areas of medical treatment impacting the senior population.
- Knowledge of Interqual Utilization Criteria
- Knowledge of hospital/patient care facilities, current practices, procedures, acceptable medical treatment and diagnoses.
- Ability to learn and execute company policies and procedures as they relate to authorizations/denials, facility concurrent review, case management, appeals, etc.
- Strong verbal and written communication to ensure the accurate transferability of information and to build rapport that will ensure the trust, confidence and cooperation of others in a work situation.
- Excellent record-keeping skills necessary to provide complete information and documentation for relevant and appropriate medical determinations.
- Ability to establish and maintain effective work relationships.
- Ability to effectively respond to pharmacy and related formulary questions.
- Analytic skills to collect, monitor, and evaluate data.
- Keen understanding of the medical and social needs of the senior population.
- Understanding of the role of palliative and hospice care.

Preferred Skills

- Experience working with Medicare Advantage/CMS

- Experience with capitated provider arrangements
- Experience with Chronic Disease Management
- Experience with Lean and/or Six Sigma

Education and Training

- At least 2 years health plan (or similar) experience doing utilization management and/or case management
- Degree from an accredited school of nursing –BSN preferred
- Current unrestricted RN license for the State of Washington
- Minimum three years of clinical experience
- Demonstrated competency with Microsoft Office Suite
- Case Management Certification preferred

Working Conditions

Working conditions are normal for an office environment.

Location

Federal Way, Washington