

Human Resources
750 S. Wolcott
Room: G-50
Chicago, IL 60612



Job Code: 5505
Grade: FC
FLSA: Exempt

Standard Job Description

Job Title
Clinical Case Manager

Department
Ambulatory Care Coordination

Job Summary

Provides care coordination and case management for complex patients, works closely with physicians, hospital staff and managed care providers. Contributes toward the development, implementation, evaluation and continuous improvement of the care management services for CountyCare. Acts as a liaison to site nursing and direct care management team ensuring the staff operates in adherence to Managed Care management protocols, policies, and procedures.

Typical Duties

- Collaborates on the development of care management protocols, policies, and procedures
- Assists patients/members, their support persons, providers and vendors in facilitating optimum covered health care and services
- Interfaces with primary care teams to ensure the application of care management protocols to primary care services, case management, disease management, utilization management, and pharmacy services
- Identifies patient care issues, develops an approach to resolve issues appropriately or escalates to Director of Clinical Services
- Provides clinical expertise when necessary to support coordination of care
- In cooperation with appropriate Quality personnel, participates in the development of quality metrics and means of data collection
- Participates in patient care rounds
- Prepares reports as requested
- Develops and implements workflows to bring health care utilization and cost in alignment with departmental policies and procedures
- Represents Clinical Services department in committees, workgroups as requested by the Director of Clinical Services, etc.

Reporting Relationships

Reports to the Home/Community Based Waiver Services Manager

Minimum Qualifications

- Licensed as a Registered Professional Nurse in the State of Illinois
- Minimum two (2) years of work experience with responsibilities for care coordination across multiple healthcare settings and providers
- One (1) year of experience in utilization management or case management
- One (1) year of experience in ambulatory nursing, home health or public/community health
- Two (2) years of work experience in acute care nursing
- Must possess a valid driver's license and insured vehicle or otherwise provide an acceptable and reliable means of transportation

Preferred Qualifications

- Bachelor's degree and Master's degree, or Bachelor's and current enrollment in in an accredited Master's program in Nursing, Public Health, or Business
- Prior experience using Millman or InterQual criteria sets and an understanding of clinical algorithms
- Experience working with the patient centered medical home model of care delivery

Knowledge, Skills, Abilities and Other Characteristics

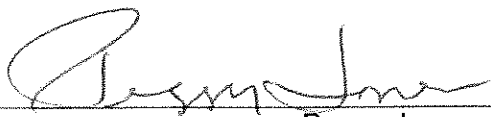
- Knowledge of Medicare, Medicaid, and Third Party Payer review requirements
- Knowledge of social determinants of health and interventions to provide effective health care to persons living in poverty
- Strong interpersonal skills with the ability to establish strong working relationships and to communicate, effectively with leadership team, patients/members, primary care site leaders, physicians and clinicians, behavioral health team members and other care providers
- Strong written and verbal communication skills
- Proficiency with Microsoft Office Suite products (Word, Excel, PowerPoint and Outlook)
- Ability to work in a team based environment
- Ability to communicate in a confidential and HIPAA compliant manner
- Ability to maintain appropriate professional boundaries with all staff, trainees, and patients at all times
- Ability to demonstrate respect and sensitivity for cultural diversity patients and coworkers
- Ability to work autonomously and consult appropriately
- Ability to develop and execute patient care plans and advocate effectively for member/patient needs to achieve optimal health outcomes
- Ability to appropriately manage and rank competing priorities and complete both patient/member care plans and other assignments within appropriate time frames
- Prior experience creating and implementing plans of care for complex patients
- Prior experience working with medically underserved populations

Physical and Environmental Demands

This position is functioning within a healthcare environment. The incumbent is responsible for adherence to all hospital and department specific safety requirements. This includes but is not limited to the following policies and procedures: complying with Personal Protective Equipment requirements, hand washing and sanitizing practices, complying with department specific engineering and work practice controls and any other work area safety precautions as specified by hospital wide policy and departmental procedures.

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

For purposes of the American with Disabilities Act, "Typical Duties" are essential job functions.

Approval:  9/1/2016
Peggy Jones Date
Director of Ambulatory Care Coordination

Approval: _____
Gladys Lopez Date
Chief of Human Resources