

Job Title	Case Management Representative
Employer/ Agency	Houston Methodist Cypress Hospital
Job Description	<p>At Houston Methodist, the Case Management Representative position is responsible for providing clerical assistance and data management support to the case management and social work department to facilitate efficient utilization of resources and discharge planning including referrals management, communication and collaboration with post-acute care providers, access to agencies and other community resources and transportation. This position may perform some secretary duties and performs a wide variety of administrative duties of a higher complexity in support of Case Management operations. In addition, the CM Rep position performs independent actions necessary to provide competent and professional assistance to meet the needs of social workers/case managers and patients. This position also coordinates, oversees, records, and transmits information pertinent to the resource management of patients to next level of care providers.</p> <p>Requirements:</p> <p>PEOPLE ESSENTIAL FUNCTIONS</p> <ul style="list-style-type: none"> • Serves as a department resource for questions related to case management activities. Communicates in an active, positive, and effective manner to all interprofessional health care team members. Reports pertinent patient care and family data in a comprehensive and unbiased manner. Performs phone call and communication triage, troubleshoots and routes issues to appropriate individuals, assists in resolution of non-clinical issues as needed • Facilitates and arranges acquisition of post-acute needs, as directed, and in collaboration with the clinical team. Follows payor/reimbursement practices and regulations that may impact the patient's plan of care • Provides appropriate and timely communication, update, and documentation to the referring personnel to keep them informed of the status of the request • Contributes towards improvement of department scores for employee engagement, i.e. peer-to-peer accountability. <p>SERVICE ESSENTIAL FUNCTIONS</p> <ul style="list-style-type: none"> • Assists the department in distributing required notices, including the Medicare Notice of Discharge to patients, securing signatures on the form from the patient or their legal representative, and answering questions regarding the appeal process • Distributes the Medicare Notice of Discharges to identified patients, including capturing patient and their legal representative's signatures, answering any questions regarding the appeal process • Coordinates with the clinical staff to prioritize placement requests.

	<p>Provides necessary documentation to facilitate post-acute services</p> <ul style="list-style-type: none"> Assists with clerical and clinical functions for patients, physicians, and staff. Provides administrative support as needed, including scheduling follow-up appointments, and confirming the provision or delivery or post-acute services or equipment <p>QUALITY/SAFETY ESSENTIAL FUNCTIONS</p> <ul style="list-style-type: none"> Participates in quality improvement initiatives and collects data for use in department performance improvement as directed. Maintains timelines for follow up and prioritization of department projects and tasks Updates and maintains resources, information and database or directories elated to post-acute providers and insurance contacts to facilitate timely communication and coordination as needed <p>FINANCE ESSENTIAL FUNCTIONS</p> <ul style="list-style-type: none"> Informs social worker/case manager of the patients' available benefits through insurance/managed care provider. Assists in providing community resources/services to uninsured patients as requested Case Management staff Participates in reimbursement/certification and authorization-related activities as directed. Documents approvals and authorization numbers from payors. Logs communications and provides information to social workers and case managers, business office/patient access, etc. on insurance/managed care benefits Supports and assists with concurrent insurance denials and appeals process, transmission of utilization reviews to insurance companies, coordination of peer discussions as directed by the clinical team. Documents authorization, approvals, and denials <p>GROWTH/INNOVATION ESSENTIAL FUNCTIONS</p> <ul style="list-style-type: none"> Maintains awareness of payor/reimbursement practices and regulations that may impact patient's plan of care and confers with care coordinators and social workers to prioritize placement requests Seeks opportunities to identify self-development needs and takes appropriate action. Ensures own career discussions occur with appropriate management. Completes and updates the My Development Plan on an on-going basis
Qualifications	<p>EDUCATION</p> <ul style="list-style-type: none"> High School diploma or equivalent education (examples include: GED, verification of homeschool equivalency, partial or full completion of post-secondary education, etc.) Associate degree preferred <p>WORK EXPERIENCE</p>

- Two years of experience in any of the following: service recovery, insurance verification, working with patient information, having patient contact, and/or general health care coordination responsibilities within a healthcare environment
- Previous experience in hospital setting and/or Case Management

LICENSES AND CERTIFICATIONS - REQUIRED

- N/A

KNOWLEDGE, SKILLS, AND ABILITIES

- Demonstrates the skills and competencies necessary to safely perform the assigned job, determined through on-going skills, competency assessments, and performance evaluations
- Sufficient proficiency in speaking, reading, and writing the English language necessary to perform the essential functions of this job, especially with regard to activities impacting patient or employee safety or security
- Ability to effectively communicate with patients, physicians, family members and co-workers in a manner consistent with a customer service focus and application of positive language principles
- Some knowledge of community resources
- Must be able to operate within a Microsoft Office environment. Proficiency in MS Outlook and MS Word/Excel, knowledge of Medical Terminology
- Excellent telephone, oral and written communication skills, time management and prioritization skills
- Able to learn new skills effectively
- Ability to work independently while collaborating with other team members and exercise sound judgment in interactions with physicians, payors, and patients and their families
- Strong organizational and problem-solving skills

Salary/Hours

Full-time

Address

24500 Northwest Fwy, Cypress, TX 77429

UNIVERSITYof **HOUSTON**
GRADUATE COLLEGE of SOCIAL WORK

Application Method	https://www.houstonmethodistcareers.org/job/110034/case-management-representative-case-management-social-work-houston-methodist-cypress-hospital/
Opening Date	Immediately

To post a job opportunity or if your response to this job posting results in successful employment, please email the GCSW Office of Alumni and Career Services at mswjobs@central.uh.edu with the hiring details of your new job opportunity. Thank you.