

**Access Health, Inc. (AHI)**  
**RN / LPN Case Manager**

Access Health is a non-profit organization created in 1999 to address the needs of our community by developing programs & partnerships aimed at helping people to improve & achieve their optimal health. Our primary focus is providing access to affordable health coverage to the working uninsured. We are excited expand our team as we continue our path of transformative innovation.

**Our Company Culture:** Our guiding principles are at the center of everything we do. We're here to help our members, our community and ourselves make real changes that lead to optimal, sustained health outcomes. We approach every relationship with extraordinary care and empowerment. We believe that success will follow only when we do the right thing by our members, our community and our staff. We have the courage to do what's right, even when it's difficult.

**Benefits:**

Health, Dental, and Vision insurance  
Disability insurance  
Life insurance  
Paid time off  
Tuition Reimbursement  
401(k)

**Responsibilities:**

Management: The Case Manager is responsible for ensuring clinical excellence within both administrative and medical capacities to ensure that establishment runs smoothly, including management and oversight of clinical and member services staff. This position will design clinical operations programs and processes to meet strategic needs and anticipate future strategic changes. The Case Manager will be responsible for providing strategic leadership for the Company by working with the management team to establish long-range goals, strategies, plans and policies.

Clinical: The Case Manager will be a member of the clinical team within Access Health, Inc. and provide onsite and telephonic case management services to individuals identified as "high risk members. This position will serve as the primary point-of-contact for a selected group of members with the goal of improving quality outcomes and optimizing service utilization and cost. The position will incorporate education to staff, clients and the community on chronic disease conditions, incorporation of the domains of health into the health narrative and utilization of community resources.

- Responsible for the day to day management of the Clinical and Member Services departments.
- Oversees quality components (disease management, utilization management, and accreditation and wellness programs).
- Manage the recruitment, development, appraisal and mentoring of staff.
- Reviews policies, procedures, and protocols no less than annually and revises policies as necessary with approval of the Clinical Committee.
- Reviews new standards of care and bring suggestions to the Clinical Committee.
- Mentors staff to ensure adherence to AHI utilization standards and report utilization variances.
- Provides leadership and direction in the implementation of projects initiatives to ensure goals are met and provide value of service for plans and customers. Collaborate with others in the organization to ensure project team efforts accomplish objectives in a timely and successful manner.

- Evaluate and report the outcomes of care coordination programs and/or individual care coordination activities.
- Provide clinical expertise in individual benefit interpretations, consistent with established Access Health plan benefit policies.

**Required Minimum Education:** Graduate of an accredited school of nursing; Baccalaureate degree in nursing (BSN) preferred, LPN will be considered as well. Will need to obtain Managed Care Nurse Certification within 6 months of hire.

**Required Minimum Licensure/Certification:** Current licensure in Michigan as a Registered Nurse or Licensed Practical Nurse.

**Required Minimum Experience:**

- Three to five years of recent experience in a clinical health care setting with responsibilities reflecting direct management of patient care including planning, coordination, and delivery of needed services such as education, psychosocial support, discharge planning and utilization management.
- Highly Proficient computer skills including experience with Microsoft Office, database management programs.
- Supervisory or leadership experience is preferred.
- Bilingual in English and Spanish preferred.
- Mental health experience preferred.

**Position Type/Expected Hours of Work:** This is a full-time position. Days and hours of work are Mondays through Friday of each week, from 8am to 5pm in our Muskegon Office. Hours of operation may change due to the needs of the organization.

**COVID-19 note:** All staff members have private offices with doors. Masks are worn at all times in all common areas. Meetings are held via zoom or Microsoft Teams. Our building is currently closed to the public. We plan to conduct initial interviews by zoom or Microsoft Teams.

**Reply:** Please submit resume to Samantha Cornell, Access Health Compliance Officer at [scornell@access-health.org](mailto:scornell@access-health.org)