

Nurse Case Manager

Job description

Registered Nurse / Licensed Practical Nurse Case Manager

Overview

Access Health, Inc. is a non-profit organization created by community stakeholders in 1999 to promote optimal health through our affordable, zero-deductible, robust benefit health plan. Through twenty-two years of experience, we have embraced transformative change through innovative community programs & partnerships.

At Access Health we all share common guiding principles that 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 treat each other with respect, dignity, fairness, and equality. We are accountable, transparent, and truthful.

Responsibilities

The Case Manager will be a member of the clinical team in our Muskegon, Michigan office. The Case Manager will be a member of the clinical team and provide case management services to members of our community health plan, with oversight of the Medical Director. This position will contribute to the design and operation of clinical programs to meet strategic needs and anticipate future growth opportunities with the primary goal of ensuring clinical excellence. The Case Manager is responsible for providing strategic leadership for the company by working with the management team to establish long-range goals, strategies, plans, and policies.

- Responsible for the day-to-day operation of the Clinical Department.
- Serve as the primary medical need point-of-contact for members with the goal of improving quality outcomes and optimizing appropriate care utilization. Educate staff, members, and the community on chronic disease conditions.
- Incorporate utilization of community resources and the domains of health into the health narrative.
- Oversee quality components (disease management, utilization management, and wellness programs).
- Review policies, procedures, and protocols and revise policies as necessary.
- Review new standards of care and bring suggestions to management and Medical Director.
- Ensure adherence to AHI utilization standards and report utilization variances.
- 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 program benefit policies.

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

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. Supervisory or leadership experience is preferred. Bilingual preferred. Mental health experience preferred.

Job Type: Full-time

Salary: \$62,000.00 - \$80,000.00 per year

Benefits:

- 401(k)
- Dental insurance
- Disability insurance
- Flexible spending account
- Free parking
- Health insurance
- Life insurance
- Mileage reimbursement
- Paid time off
- Travel reimbursement
- Tuition reimbursement
- Vision insurance

Physical Setting: Office

Schedule: Monday to Friday

Education: Bachelor's (Preferred)

Experience:

- Nursing: 3 years (Preferred)
- Case management: 3 years (Preferred)

License/Certification: RN (Preferred)

Willingness to travel: 25% (Preferred)

Work Location: One location