

<b>Job Title</b>	Case Manager II (\$15, 000.00 Sign-on and Referral Bonus)
<b>Employer/ Agency</b>	Houston Methodist Willowbrook Hospital
<b>Job Description</b>	<p>At Houston Methodist Willowbrook, the Case Manager II (CM II) position is a licensed registered nurse (RN) who comprehensively plans for case management of a target patient population on a designated unit(s). This position works with the physicians and interprofessional healthcare team to facilitate and maintain compassionate, efficient quality care and achievement of desired treatment outcomes. The CM II holds joint accountability with social workers for discharge planning and continuity of care and assures that admission and continued stay are medically necessary, communicating clinical information to payors to ensure reimbursement. In addition to performing the duties of a CM I, the CM II helps drive change by identifying areas where performance improvement is needed (e.g., day-to-day workflow, education, process improvements, patient satisfaction).</p> <p><b>PEOPLE - 10%</b> Collaborates with the physician and all members of the interprofessional health care team to facilitate care for designated case load; monitors the patient's progress, intervening as needed to ensure that the plan of care and services provided are patient-focused, high quality, efficient, and cost-effective; facilitates timely: completion and reporting of diagnostic testing; completion of treatment plan and discharge plan; modification of plan of care, as necessary, to meet the ongoing needs of the patient; assignment of appropriate levels of care; completion of all required documentation in EPIC and MIDAS (EF) Serves as a preceptor and implements staff education specific to patient populations and unit processes; coaches and mentors other staff and students. Serves a resource for case management and social work resources and needs for the department and the hospital. (EF)</p> <p><b>SERVICE - 20%</b> Performs review for medical necessity of admission, continued stay and resource use, appropriate level of care and program compliance. Identifies when services no longer meet InterQual/Millman I criteria, initiates discussion with attending physicians, coordinates with the external case manager to facilitate discharge planning, seeks assistance from the physician advisor, if needed, and informs management of the possible need for issuing Medicare Hospital Initiated Notice of Non-coverage. (EF) Applies approved utilization criteria to monitor appropriateness of admissions, level of care, resource utilization, and continued stay. Reviews level of care denials to identify trends and collaborate with team to recommend opportunities for process improvement. (EF)</p>

	<p><b>QUALITY/SAFETY - 30 %</b>  Documents assessment and interventions efficiently and effectively. (EF)  Plans for routine/difficult discharge and anticipates/prevents and manages emergent situations. Specific focus given to discharge plan and elimination of barriers. (EF) Performs post-discharge review by analyzing the inpatient record to ensure that compliance with quality indicators are met. Intervenes and takes appropriate action to foster real-time compliance with CMS guidelines and other performance measures associated with certification programs and other regulatory, national, regional or locally- sponsored quality programs. Provides reports, as needed, to appropriate parties showing: compliance with established governmental and/or institutional rules and regulations analysis of problematic areas, and actions taken to improve compliance (EF) Conducts chart audits and performs peer-to-peer evaluations for continuous quality improvement. (EF) Identifies opportunities to improve patient satisfaction with focus on discharge domain and collaborates with unit leadership to implement evidence-based patient engagement strategies. (EF)</p> <p><b>FINANCE - 25%</b>  Monitors Length of Stay (LOS) for case load on an ongoing basis. Identifies population and/or service-specific trends impacting LOS and addresses/resolves problems impeding treatment progress. Proactively takes action to achieve continuous improvement and expedite care/facilitate discharge. Contributes to meeting departmental financial target on scorecard (EF) Manages all patients in Observation Status, daily, informing physicians of timely disposition options to assure maximum benefits for patients and reimbursement for the hospital. (EF) Secures reimbursement for hospital services by communicating medical information required by all external review entities, managed care contracts, insurers, fiscal intermediaries, and state and federal agencies. Responds to requests for information, monitors covered days, and initiates review to assure that all days are covered and reimbursable. (EF)</p> <p><b>GROWTH/INNOVATION - 15%</b>  Provides education to unit-based physicians, nurses, and other healthcare providers on case management topics. (EF) Identifies opportunity for practice changes. Offers innovative solutions through evidence-based practice/performance improvement projects and shared governance activities. (EF) Identifies and presents areas for innovation, efficiency and improvement in case management or department operations using evidence-based practice literature. Completes and updates the individual development plan (IDP) on an on-going basis. (EF)</p>
<b>Qualifications</b>	<p><b>EDUCATION REQUIREMENTS</b>  Bachelor of Science degree or higher in Nursing  Master's degree preferred</p> <p><b>EXPERIENCE REQUIREMENTS</b>  Five (5) years hospital clinical nursing experience which includes (2) years in case management</p> <p><b>CERTIFICATES, LICENSES AND REGISTRATIONS REQUIRED</b>  Texas RN license or temporary TX RN license, should obtain permanent license within 90 days. Compact license acceptable according to current Board of Nursing</p>

	requirements. American Nursing Credentialing Center (ANCC)-recognized certification, Case Management-related, including but not limited to Certified Case Manager (CCM), American Case Management Association - Accredited Case Manager (ACMA-ACM), OR National Board for Case Management - Accredited Case Manager (NBCM-ACM)
<b>Salary/Hours</b>	Full-time
<b>Address</b>	18220 State Highway 249
<b>City, State, Zip</b>	Houston, TX 77070
<b>Application Method</b>	Apply Online: <a href="https://www.houstonmethodistcareers.org/job/case-manager-ii-15-00000-sign-on-and-referral-bonus-case-management-social-work-houston-methodist-wi-17-21467/">https://www.houstonmethodistcareers.org/job/case-manager-ii-15-00000-sign-on-and-referral-bonus-case-management-social-work-houston-methodist-wi-17-21467/</a>
<b>Opening Date</b>	Immediately

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