



**Job Title:** Nurse Care Manager  
**Department:** Medical Services  
**Reports To:** Director of Medical Services  
**Supervises:** No  
**FLSA Status:** Non-Exempt  
**Effective Date:** 06/2007

**Summary:**

The Nurse Care Manager is responsible for supporting the goals and objectives of New West Health Services by coordinating the healthcare and related services of the membership within the applicable benefit structure. This is achieved by supporting and demonstrating excellence in total healthcare management and ensuring cost effective, appropriate resource utilization and quality outcomes. The Nurse Care Manager also evaluates inpatient and outpatient services within established medical criteria and operational policies and procedures to review appropriate levels of care, lengths of stay and discharge planning, intervening when necessary to ensure appropriate and effective utilization and quality outcomes. The Nurse Care Manager may also serve in the role of medical case manager for membership, as assigned, and also serves in a leadership role for the medical services team.

**Education, Certifications, Licenses and Experience:** Current Montana RN license required and five years prior nursing experience preferred in a health care services, utilization review, social work, women's, pediatric or mental health care, medicare, or discharge planning. Certified Utilization Review, Certified Case Manager or Certified Professional in Healthcare quality preferred.

**Duties and Responsibilities:**

- Supports the Director of Medical Services in leading the Medical Services Department team, focusing on adequate staffing, coverage and the facilitation of problem solving of day to day issues.
- Reviews and evaluates current and retrospective provider requests for inpatient admissions and outpatient services for appropriate medical necessity, length of stay, and appropriate place of service in conjunction with established medical criteria, policies and procedures, and consulting with the Director of Medical Services and/or the Medical Director, as needed, to initiate authorization of out of network care, and/or denial of benefit allocation for medical services when medical necessity and / or other established criteria are questionable.

- Reports issues and collaborates with the Director of Medical Services or Medical Director, as needed, regarding requests for health care services that are complex or require direction or support for resolution, which may vary from discharge planning and case management needs to pended claims or medical review.
- Manages the identification of high risk members and the development of plans of care to address total health care needs of members, as assigned, as well as documents and communicates estimated financial risk associated with these cases.
- Performs initial assessments of all Medicare enrollees, as assigned, and identifies potentially high risk cases and enrolls appropriate members into case management services for all lines of business, as assigned, and demonstrating an effective working knowledge of all types of associated benefit plans and coverage as needed.
- Accurately inputs data for any type of health care service request and performs all inpatient medical and surgical utilization review requests in a timely manner and as assigned while capturing, tracking and reporting data and outcomes associated with case management activities, and addressing daily reports, as assigned, to process health care service requests as needed.
- Participates in the development of case management and other Medical Services programs as needed and assigned or as part of a task oriented workgroup member, or operational team member for process improvement or project development as assigned, reporting back activities as needed to the medical services team, and identifies non-participating healthcare providers to support adequate network coverage and communicates opportunities to the Provider Relations Department.
- Assists in developing, implementing, and evaluating educational materials for patients, families, and members as appropriate.
- Demonstrates working knowledge and effective communication in member outreach, authorization, utilization management and case management functions, as well as cost containment, rate negotiation, and professional interdepartmental coordination as needed.
- Collaborates with the Director of Medical Services, the Medical Director, and other departments or business entities as needed to support Quality Assurance activities, the identification and research of potential quality of care issues, as well as works to resolve problems and process pended claims as assigned.
- Is responsive to answering the department phone extension on a daily basis, as able, and functions as a back up to the Medical Services Specialist position during times of reduced staffing or unforeseen increase in medical utilization.

***The above statements are intended to describe the general nature and level of work being performed by employees in this position. They are not intended to be an exhaustive list of all duties, responsibilities and qualifications of employees assigned to this job.***

**Work Conditions:**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to sit. The employee is frequently required to stand, walk; talk and hear. The employee must occasionally lift and/or move up to 25 pounds.

The noise level in the work environment is usually moderate.