Preferred Health Care
Job Description

Job Title: Nurse Manager, Medical Services & Clinical Data Analyst
Department: Medical Services
Reports To: Vice President of Operations

SUMMARY
Responsible for planning, developing, organizing and directing all functional aspects of care management and quality review components of the delivery system to ensure appropriate, timely and accessible medical services to all members of PHC and Eliance Health Solutions. Interpret and analyze data from multiple sources including claims, provider, member, and encounters data. Identify and assess the business impact of trends.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following.

- In concert with PHC's Medical Director and Medical Services staff, coordinate all aspects of care management and quality review, as well as activities of the Quality Management and Cost Containment Committee

- Interprets data, identifies solutions to organizational issues, and implements those solutions as needed.

- Works directly with the Medical Director to identify and improve clinical practices and standards and optimize workflows and systems.

- Represents, with Medical Director, Eliance clinical efforts with LGHCCC to ensure coordinated efforts between our health plans and the ACO.

- Obtains information on identified medically complex patients from all pertinent sources, including clinical records systems, physicians, care providers, the patient and family members, employer and any other source that would have information impacting the patient's outcome.

- Assesses and correlates all the information obtained to identify key areas that will require care management intervention to achieve optimal outcome, including policy development, communication and implementation.

- Manage multiple, variable tasks and data review processes with limited supervision within targeted timelines and thrive in a demanding, quickly changing environment

- Enhancing PHC's quality and utilization management system by proposing new approaches, policies and coordinating modifications and enhancements to the system. Daily use of PHC's data repository and analytics tools in support of this effort.

- Assuring compliance with the Quality Management Program standards by coordinating studies, reporting results, and developing and implementing Quality Improvement strategies and appropriate follow–up processes.

- Assessing and evaluating the quality of the delivery system through data analysis and medical review activities.

- Ensuring that the Quality Management Program and associated activities are in compliance with corporate policies, URAC, NCQA, Department of Health and other regulatory standards.

- Acting as a resource for Medical Services staff through review processes.

- Developing a complete understanding of, and keeping current with, client requirements and assisting clients with clinical issues as appropriate.

- Uses clinical guidelines and nursing judgment to make independent decisions on whether or not a patient meets guidelines for medical necessity. Refer questionable cases to Medical Director as appropriate.

- Maintaining confidentiality of patient information and PHC proprietary management.

- Interfacing with other PHC management staff regarding utilization management issues.

- Serve as a liaison between PHC Participating Providers and non – network providers, including oversight of out – of – network referral processes when necessary.

- Participate in project work groups, including system development activities, as assigned.

- Participate in client meetings and continuing education activities as necessary/appropriate.

QUALIFICATIONS
To perform this job successfully, the Nurse Manager must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION and/or EXPERIENCE
Current RN license to practice nursing in the Commonwealth of Pennsylvania.

MSN or BSN with MS in related field preferred.

Case Management Certification (CCM) preferred.

5-10 years clinical nursing experience, including minimum five years in a supervisory or management role directing utilization and quality management within a health system or managed care organization.

Good presentation and communication skills, both written and oral, along with the ability to function within a team management environment.

LANGUAGE SKILLS
Ability to read and interpret claims/quality management/clinical documents and procedure manuals.

PHYSICAL DEMANDS
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.

Requires stationary physical positioning throughout the day and continuous interaction with computer, telephone and staff.

WORK ENVIRONMENT
The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Activities performed in a fast–paced, performance–oriented office environment.

At times, employee may need to interact with difficult clients, members and/or providers.

Department Manager Approval: Title:	Approved by: Title:
Date:	Date: