

Job Summary

Medical Director, Case Management

Serves an integral role to promote effective resource utilization and quality of care for Harris Health System patients. Adds value for our patients through case management and identifying utilization-related performance improvement opportunities to improve the effectiveness and efficiency of care provided to our patients. Assures the appropriateness of hospitalization, continued stay, and use of resources. Conducts clinical review on cases referred by utilization and case management staff in accordance with the hospital's objectives for assuring quality patient care, effective and efficient utilization of health care services, and to meet regulatory requirements. Meets with case management, quality, and medical staff to discuss concurrent case reviews, trending data, and initiatives for process improvement. Interacts and serves as a resource for medical staff pertaining to medical necessity, continued stay, and appropriate use of resources. Furthermore, assists in coordinating, evaluating, and monitoring performance improvement projects that impact patient safety, patient progression, clinical effectiveness, capacity management, care coordination, and clinical outcomes. Serves as a resource to the medical staff regarding federal and state utilization and quality regulations. Medical Director, Case Management will act as a liaison between the CDI specialists, HIM, and Pavilion's medical staff to facilitate accurate and complete documentation for coding and abstracting of clinical data, capture of severity / acuity, risk of mortality, and DRG assignment. Will review all provider liable cases and develop plans to eliminate future PL cases.

Minimum Qualifications

Degrees

Degree	Related/Alternative Education	Preferred
Doctor of Medicine	Additional education in quality and utilization management through continuing medical education programs and self-study. Current or ability to obtain Texas medical license.	

Licenses & Certifications

License	Other License/Cert Requirement	Preferred
Physician-Medical Doctor	Current upon hire or ability to obtain through the State of Texas.	

Work Experience

Years of Experience	Area of Experience	Preferred
Five (5) Years Work Experience	Recent experience in clinical practice. Utilization Management experience as a member of the Utilization Review committee or past physician advisor case management experience preferred. Quality experience through participation in Quality committees (preferred)	

Communication Skills

Verbal/Written	Additional details
Above Average Verbal Communication (Heavy Public Contact)	
Exceptional Verbal (Public Speaking)	
Writing/Correspondence	

Proficiencies

Proficiency	Proficiency Level	Additional details
MS Access		
MS Excel		
MS Word		
Personal Computer		

Job Attributes

Knowledge/Skills/Abilities

KSAs	Additional details
Analytical Abilities	
Mathematics	
Medical Terminology Knowledge	
Research Knowledge and Abilities	
Statistical Knowledge and Abilities	

Work Schedule

Type of Schedule	Additional detail
Flexible	
On-Call	

Reports To Position

SVP/Administrator

Employees Supervised

Supervisory Responsibilities

Other Special Requirements

Title	Other Requirements
Equipment Operated	Computer, telephone, fax

Duties

002358 Typical Duties That May Be Performed

1. Reviews medical records of patients identified by case managers or as requested by the health care team.
 - a. Assist with medical necessity/level of care and length of stay management
 - b. Assist with the denial management process
 - c. Review and make suggestions related to resource and service management
 - d. Assist staff with the clinical review of patients
 - e. Determine if professionally recognized standards of quality care are met
 - f. Ensure the completion of Secondary Medical Review as requested
2. Coordinates, evaluates and monitors quality/performance improvement projects that impact patient safety, clinical effectiveness, capacity management, care coordination, population health, and clinical outcomes.
3. Strives to improve value for our patients through quality improvement, enhanced healthcare delivery, team building, and employing innovative ideas.
4. Participates in the Harris Health System Utilization Review Committee and/or Quality Review Councils.
5. Reviews cases that indicate a need for issuance of a hospital notice of non-coverage. Discusses the case with the attending physician and if additional clinical information is not available, discusses the process for issuance and appeal to the physician.
6. Serves as a resource and provides education to physicians and other clinicians related to regulatory requirements, appropriate utilization, and quality/performance improvement.
 - a. Documents patient care reviews, decisions, and other pertinent information per hospital policy. Understands and uses InterQual and other appropriate criteria. Documents response to case management referrals in the computer systems.
 - b. Notifies the case managers of any conflict of interest in reviewing a particular patient record. Assists with identifying a physician to review such records.
7. Acts as a liaison with payers to facilitate approvals and prevent denials or carved out days when appropriate. Facilitates, mentors, and educates other physicians regarding payer requirements.
8. Participates in review of long stay patients, in conjunction with Utilization and Clinical Case Management, to facilitate the use of the most appropriate level of care.
9. Participates in the peer review process; makes suggestions on ways to improve this process.
10. Assists with the evaluation of the hospital utilization management program.
 - a. Maintains current knowledge of federal, state, and payer regulatory and contract requirements.
 - b. Attends continuing education sessions pertaining to utilization and quality management.
 - c. Meets with central and hospital case management staff as needed.
11. Other duties as assigned by the Senior Vice President, Medical Affairs.

Physical and Sensory Rqmnts

Physical Requirements

Category	Rating
Lifting/Carrying : 1-10 pounds	Occasional 10%-30%
11-20 pounds	Never < 10%
21-40 pounds	Never < 10%
41-60 pounds	Never < 10%
Pushing/Pulling : 21-40 pounds	Never < 10%
41-60 pounds	Never < 10%
61 or more pounds	Never < 10%
Bending/Stooping	Occasional 10%-30%
Reading Above Shoulder Level	Occasional 10%-30%
Driving Automatic Equipment	Never < 10%
Working with heavy machinery	Never < 10%
Climbing	Never < 10%
Walking	Continuous 61%-100%
Standing	Continuous 61%-100%
Sitting	Continuous 61%-100%
Working in Extreme Temperatures	Never < 10%
Exposure to Toxic/Hazardous Conditions	Never < 10%

Sensory Requirements

Category	Rating
Visual Activity : Close Paperwork	Yes
Visual Display Terminal	Yes
Color Vision Required	No
Visual Monotony	Yes
Hearing Activity : Conversation	Yes
Monitoring Telephone Equipment	Yes
Telephone Transcription	Yes
Background Noise	Yes
Sensory Discrimination (Hot/Cold/Sharp/Dull)	Yes

Job Standards

ServiceFirst

ePerformance Description	Measurement Methodology	Weight
<p>Delivers exceptional customer service by embracing ServiceFIRST standards of behavior during all patient, visitor and staff encounters.</p> <p>Friendliness: Make eye contact and smile. Introduce yourself; offer assistance. Say the patient's name often.</p> <p>Integrity: Ensure our customers' right to privacy and modesty. Do what you say you'll do. Exceed expectations.</p> <p>Responsibility: Live Harris Health System's mission.</p>	<p>Leadership commendations</p> <p>ServiceFIRST Hero</p> <p>Employee of the Quarter</p> <p>Management Observation</p>	10%

ePerformance Description	Measurement Methodology	Weight
<p>Be accountable. Take pride in your appearance and keep our facilities clean.</p> <p>Satisfaction: Say words like, "my pleasure", and "I'll be happy to." Give everyone prompt service; keep them informed.</p> <p>Teamwork: Respect and encourage co-workers so our guests' needs are met. Encourage co-workers and recognize them for a job well done.</p>		

Patient Satisfaction

ePerformance Description	Measurement Methodology	Weight
<p>Works collaboratively with colleagues to deliver patient/customer services that meet or exceed patient expectations as evidenced by patient satisfaction scores.</p>	Patient Satisfaction Scores	10%

Reviews medical records of patients

ePerformance Description	Measurement Methodology	Weight
<p>1. Reviews medical records of patients identified by case managers or as requested by the health care team.</p> <p>a. Assist with medical necessity/level of care and length of stay management</p> <p>b. Assist with the denial management process</p> <p>c. Review and make suggestions related to resource and service management</p> <p>d. Assist staff with the clinical review of patients</p> <p>e. Determine if professionally recognized standards of quality care are met</p> <p>f. Ensure the completion of Secondary Medical Review as requested</p>	<p>Observation Medical Care Review Reports</p>	10%

Assists with the evaluation of the hospital utilization management program

ePerformance Description	Measurement Methodology	Weight
<p>2. Assists with the evaluation of the hospital utilization management program.</p> <p>a. Maintains current knowledge of federal, state, and payer regulatory and contract requirements.</p> <p>b. Attends continuing education sessions pertaining to utilization and quality management.</p> <p>c. Meets with central and hospital case management staff as needed.</p>		10%

Quality/performance improvement projects

ePerformance Description	Measurement Methodology	Weight
3. Coordinates, evaluates and monitors quality/performance improvement projects that impact patient safety, clinical effectiveness, capacity management, care coordination, population health, and clinical outcomes.	Observation Data Reports	10%

Strives to improve value for our patients through quality improvement

ePerformance Description	Measurement Methodology	Weight
4. Strives to improve value for our patients through quality improvement, enhanced healthcare delivery, team building, and employing innovative ideas.		10%

Harris Health System Utilization Review Committee and/or Quality Review Councils.

ePerformance Description	Measurement Methodology	Weight
5. Participates in the Harris Health System Utilization Review Committee and/or Quality Review Councils.		5%

Reviews cases that indicate a need for issuance of a hospital notice of non-coverage.

ePerformance Description	Measurement Methodology	Weight
6. Reviews cases that indicate a need for issuance of a hospital notice of non-coverage. Discusses the case with the attending physician and if additional clinical information is not available, discusses the process for issuance and appeal to the physician.		5%

Provides education on regulatory requirements

ePerformance Description	Measurement Methodology	Weight
7. Serves as a resource and provides education to physicians and other clinicians related to regulatory requirements, appropriate utilization, and quality/performance improvement. a. Documents patient care reviews, decisions, and other pertinent information per hospital policy. Understands and uses InterQual and other appropriate criteria. Documents response to case management referrals in the computer systems. b. Notifies the case managers of any conflict of interest in reviewing a particular patient record. Assists with identifying a physician to review such records.		10%

Acts as a liaison with payers to facilitate approvals and prevent denials

ePerformance Description	Measurement	Weight
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	Methodology	
8. Acts as a liaison with payers to facilitate approvals and prevent denials or carved out days when appropriate. Facilitates, mentors, and educates other physicians regarding payer requirements.		5%

Review of long stay patients, and Utilization and Clinical Case Management

ePerformance Description	Measurement Methodology	Weight
9. Participates in review of long stay patients, in conjunction with Utilization and Clinical Case Management, to facilitate the use of the most appropriate level of care.		5%

Participates in the peer review process

ePerformance Description	Measurement Methodology	Weight
10. Participates in the peer review process; makes suggestions on ways to improve this process.		5%

Other duties as assigned by the Senior Vice President, Medical Affairs.

ePerformance Description	Measurement Methodology	Weight
11. Other duties as assigned by the Senior Vice President, Medical Affairs.		5%

Performance Standards

Rating	Description
4	4.0-OUTSTANDING: Consistently performs all aspects of the job standard in an outstanding manner. Performance of all criteria of the job standard is the best that can be expected in the position.
3.5	3.5-EXCEEDS REQUIREMENTS: Consistently performs all aspects of the job standard in an above average manner. Significant progress is being made toward achieving high efficiency in all/most of the criteria of the job standard. Performance usually indicates knowledge and skills above that typically expected
3	3-EXCEEDS REQUIREMENTS: Consistently performs all aspects of the job standard in an above average manner. Significant progress is being made toward achieving high efficiency in all/most of the criteria of the job standard. Performance usually indicates knowledge and skills above that typically expected
2.5	2.5-MEETS REQUIREMENTS: Meets the performance expectation of the job standard. Performing all major duties and responsibilities in a fully satisfactory manner.

Rating	Description
2	2-MEETS REQUIREMENTS: Meets the performance expectation of the job standard. Performing all major duties and responsibilities in a fully satisfactory manner.
1.5	1.5 -NEEDS IMPROVEMENT: Meets the expectations of the job in only a marginal manner. The incumbent does only the minimum or less than the minimum that is expected and/or is not learning or assuming additional duties and responsibilities required to be efficient in the position.
1	1-NEEDS IMPROVEMENT: Meets the expectations of the job in only a marginal manner. The incumbent does only the minimum or less than the minimum that is expected and/or is not learning or assuming additional duties and responsibilities required to be efficient in the position.
0.5	0.5-UNSATISFACTORY: Incumbent has been counseled regarding unacceptable performance for not meeting the minimum requirements of the job standard. After counseling, performance remains at unacceptable levels.
0	0-UNSATISFACTORY: Incumbent has been counseled regarding unacceptable performance for not meeting the minimum requirements of the job standard. After counseling, performance remains at unacceptable levels.