



<https://phoenixvirtualstaff.com.ph/job/um-program-manager-rn/>

UM Program Manager RN

Description

The UM Program Manager RN, also known as Clinical Care Manager RN, is responsible for overseeing clinical care management activities linked to utilization management (UM). This job ensures the delivery of efficient and high-quality healthcare services while successfully managing resources and following to the organization's policies and regulations. The position requires a solid clinical background combined with experience in health plan management, case management, or utilization management.

Responsibilities

- Oversee the review and evaluation of medical services, ensuring that appropriate levels of care and resources are provided to patients.
- Collaborate with healthcare providers to ensure medical necessity and optimal patient care outcomes.
- Ensure compliance with regulatory requirements and organizational policies related to utilization management.
- Provide case management services by coordinating care for patients, ensuring continuity of care throughout the healthcare system.
- Conduct assessments, develop care plans, and monitor patient progress, adjusting interventions as needed.
- Communicate effectively with patients, their families, and healthcare providers to ensure clear understanding and coordination of care.
- Lead and mentor clinical and non-clinical staff within the UM team.
- Collaborate with interdisciplinary teams to develop and implement UM strategies and initiatives.
- Ensure all documentation is accurate and complete, following regulatory standards and organizational protocols.
- Maintain knowledge of and adhere to federal and state regulations, including those related to case management and utilization review.
- Utilize electronic medical records systems (e.g., EPIC, Clinical Care Advanced) and other necessary computer applications for documentation and reporting.
- Identify areas for process improvement in UM and care management practices.
- Stay current with industry trends and best practices in managed care,

Hiring organization

Phoenix Virtual Solutions

Employment Type

Full-time

Date posted

September 17, 2024

utilization management, and case management.

- Be open to accepting new challenges and tasks as they arise.

Qualifications

- **Must hold a current, unencumbered Registered Nurse (RN) license in the state of Oregon.**
- Bachelor of Science in Nursing (BSN) preferred.
- A minimum of one (1) year of clinical nursing experience is required.
- At least one (1) year of experience in health plan management, case management, and/or utilization management is required.
- Excellent verbal and written communication skills
- Experience with EMR/EHR Tools.
- Proficiency in healthcare delivery systems, with experience in managed care patients.
- Strong computer skills with experience in electronic documentation systems such as MS Office, EPIC, and Clinical Care Advanced.
- Knowledge of medical office procedures.
- Skill in operating a computer.
- Skill in answering the telephone in a pleasant and helpful manner.
- Ability to work under pressure and still maintain accuracy.