



Director of Medical Management

Qualifications:

- A valid professional with a current unrestricted license for RN in the State of Ohio
- Have a minimum of three years of full time direct patient care in a health and human services profession; preferably in occupational health or rehabilitation
- Case Management/Utilization Review experience a must
- Current certification as a CRRN, COHN, CCM, or CDMS
- Previous experience in Workers' Compensation Case Management
- Proven track record of leadership and communication skills as it pertains to maintaining a larger staff
- Maintain continuing education for licensure and certification

Role and Responsibilities

- Supervises Clinical Team Leaders/Supervisors and administrative staff as applicable
- Acts as a resource for the Clinical Team Leaders/Supervisors and Case Managers/Utilization Review Nurses and various departments
- Responsible for company maintaining certification
- Assists in development, coordination and implementation of orientation and in-services for the case management staff according to guidelines and nationally accredited standards
- Develops and maintains a working relationship with all staff in other departments
- Liaison between the case management department and other departments
- Plans and conducts case management conferences with Clinical Team Leaders/Supervisors as needed to determine reasonableness of treatment, timeliness of return to work and appropriateness of care; monitors on a continual basis case management trends
- Actively participates in the development of clinical guidelines and incorporates processes into the case management/utilization review role through the Clinical Team Leaders/Supervisors
- Ensures that medical and case management services are appropriate for population served

- Understands and upholds company philosophy and demonstrates commitment to the Core Values, develops staff as it pertains to individual and company growth
- Responsible for establishing an internal and external network of resources
- Assesses case load status of the case management group, integrates changes as necessary to meet necessary standards
- Act as a liaison between all customers for complaint resolution/clarification of processes
- Responsible for the direct education and training of the case management staff with input when necessary through planning with the Clinical Supervisors
- Ultimately responsible for the supervision of the case management/utilization review staff, and Clinical Team Leaders/Supervisors
- Oversees contract of Medical Director on all pertinent issues and establishes a working relationship with the Medical Director to support and uphold the established guidelines and standards
- Oversight of TQM Program
- Evaluates, monitors, coordinates budgetary contributing factors and controls in coordination with all Managers and departments
- Evaluates the Medical Dispute Process in collaboration with the assigned area supervisor
- Maintains communication with the Operations Managers as to planning processes which effect Administrative Staff
- Demonstrates self-directed learning and participates in continuing education for professional development
- Demonstrates effective communication methods and skills, using lines of authority appropriately
- Oversees the vocational rehabilitation referral process
- Provides updates of case management and utilization review processes, changes to the current process, current case loads, anticipated caseload changes, staffing issues, turn around time on case management process, status of contract compliance, and status of contract compliance with vendors to direct manager
- Provides direct manager with appropriate reports to verify status of work performance
- Available to assist in any extra duties assigned
- Employee may be asked to travel from time to time to attend employer meetings or other offsite functions.

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