

Job Title	Care Coordinator - Weight Management Insurance Team (Med Center/Sunset Clinic)
Employer/ Agency	Houston Methodist West Hospital
Job Description	<p>At Houston Methodist, the Care Coordinator position is responsible for serving as an initial point of contact for patients, employees, vendors, clients, medical staff and other callers seeking help from the department. This position provides technical, clerical assistance and data management support to the department staff to facilitate efficient utilization of resources including referrals management, communication and collaboration with providers, access to agencies and other community resources and transportation. The Care Coordinator position performs duties including but not limited to coordinating needed physician referrals and appointments, assisting with department initiatives, demonstrating independent actions necessary to provide competent and professional assistance to meet the needs of the health care team and patients. This position coordinates, oversees, records and transmits information pertinent to the resource management of patients to next level of care providers and performs a wide variety of administrative duties of a higher complexity in support of department operations.</p> <p>The Care Coordinator for the Weight Management Insurance Team is responsible for obtaining and recording eligibility and benefit information for patients receiving services and initiates authorization process in a timely manner. This position has the ability to perform more complex processes related to insurance verification, authorization, and financial clearance. Highly effective communication skills are needed in all interactions with patients, co-workers, insurance companies, physicians etc. The Care Coordinator will support patients, co-workers, insurance companies, physicians etc with questions regarding pending authorizations and eligibility/benefit information for patients receiving services as well as proactively present solutions to resolve access to care issues when possible.</p> <p>Please see below for list of preferred qualifications for the Weight Management Insurance Team:</p> <ul style="list-style-type: none"> • Three years of insurance verification experience in a healthcare setting, preferably hospital or clinic • Knowledge of Medicare, Medicaid, and managed care reimbursement methodologies • Ability to review clinical documentation for Medical Necessity and payer requirements • Working knowledge of CPT, International Classification of Diseases (ICD)-9 and/or ICD-10 <p>Requirements: PEOPLE ESSENTIAL FUNCTIONS</p> <ul style="list-style-type: none"> • Communicates in an active, positive and effective manner to all health

care team members and reports pertinent patient care and family data in a comprehensive and unbiased manner, listens and responds to the ideas of others. Encourages open communication to achieve mutual understanding.

- Interacts with peers, staff and physicians in a supportive and respectful manner. Works collaboratively and maintains active communication with Care Managers, Navigators, physicians, nurses, office staff and other members of the care team to resolve problems that are identified during follow-up phone calls.
- Answers incoming telephones, troubleshoots and directs calls and requests to appropriate individuals from patients, employees and clients while evaluating, documenting and managing their needs. Proactively acts as a patient advocate, responding to and working to resolve patient concerns.
- Assists and coordinates various functionality and utilization of patient and client database including data entry; assuring database is kept up-to-date. Proactively contacts patients and clients to arrange follow-up on process or outcome goals that are determined or required.

SERVICE ESSENTIAL FUNCTIONS

- Assists with clerical functions for patients and clients, coordinating referrals and services, following department standards, for patients with community resources, communicating effectively with community agencies and service providers to facilitate care coordination and information sharing.
- Coordinates and arranges appointments for providers and patients for patient meetings, procedures, and appointments and sends correspondence as designated.
- Assists with department initiatives by role modeling skills through peer-to-peer accountability, in order to contribute towards improving score for patient satisfactions on department scorecard.

QUALITY/SAFETY ESSENTIAL FUNCTIONS

- Documents activities as required by program type, statistical forms and procedures and maintains complete patient records while keeping complete patient confidentiality. Responsible for proficiently, accurately and timely entering of data in the medical record systems. Submits data, reports and spreadsheets to Quality programs, meeting deadlines, as required by initiatives.
- Communicates needed interventions to providers or ordered by protocol. Assesses the status of patients discharged to self-care through telephonic contact 48-72 hours after hospital discharge (as appropriate). Collaborates and coordinates with the patient and family to ensure all ordered services and treatments are in place and that appropriate medical follow-up has been scheduled.
- Participates in quality improvement initiatives and collects data for use in departmental performance improvement as directed. Maintains timelines for follow up and prioritization of department projects and tasks.

FINANCE ESSENTIAL FUNCTIONS

	<ul style="list-style-type: none"> Organizes and performs office/clerical tasks to ensure that patient information and reports are processed efficiently and accurately, medical records are maintained, charges are processed and reports are completed and distributed in a timely manner. Coordinates department technology and communication systems. Self-motivated to independently manage time effectively and prioritize daily tasks, minimizing incidental overtime. Provides input into the department resource utilization including capital and operational budget needs as necessary. <p>GROWTH/INNOVATION ESSENTIAL FUNCTIONS</p> <ul style="list-style-type: none"> Monitors processes and work flow across the department and recommends changes for improving efficiency and quality. Follows up on action items as necessary to ensure completion of assignments. Identifies evidence-based practice/performance improvement projects based on research and observations by offering solutions. Identifies and assumes responsibility of own learning needs, consults with healthcare team experts and seeks continuing education opportunities to meet those needs. Completes and updates the individual development plan (IDP) on an on-going basis. Ensures own career discussions occur with appropriate management.
Qualifications	<p>EDUCATION</p> <ul style="list-style-type: none"> High School diploma or equivalent education (examples include: GED, verification of homeschool equivalency, partial or full completion of post-secondary education, etc.) <p>WORK EXPERIENCE</p> <ul style="list-style-type: none"> Three years of healthcare experience which could include physician's office, acute care, long term care, home health Case Management experience preferred <p>LICENSES AND CERTIFICATIONS - REQUIRED</p> <ul style="list-style-type: none"> N/A <p>KNOWLEDGE, SKILLS, AND ABILITIES</p> <ul style="list-style-type: none"> Demonstrates the skills and competencies necessary to safely perform the assigned job, determined through on-going skills, competency assessments, and performance evaluations Sufficient proficiency in speaking, reading, and writing the English language necessary to perform the essential functions of this job, especially with regard to activities impacting patient or employee safety or security Ability to effectively communicate with patients, physicians, family

	<p>members and co-workers in a manner consistent with a customer service focus and application of positive language principles</p> <ul style="list-style-type: none"> • Demonstrates respect for individual, cultural and social diversity • Strong assessment, organizational and problem solving skill as evidenced by capacity to prioritize multiple tasks and role components • Able to work in a fast paced environment committed to providing immediate resolution to patient problems • Proficient computer skills including Microsoft products, data entry, retrieval and report generation • Ability to work independently while collaborating with other team members and exercise sound judgment in interactions with physicians, payors, and patients and their families • Knowledge of Medical Terminology
Salary/Hours	Full-time
Address	1701 Sunset Houston, Texas 77005
Application Method	https://www.houstonmethodistcareers.org/job/104381/care-coordinator-weight-management-med-center-sunset-clinic-case-management-social-work-corporate/
Opening Date	Immediately

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