



Job Title: **RN Case Manager, Stop Loss Risk Management**

Job Location: **Charlotte, NC**

Company Website: www.90degreebenefits.com

Company Summary:

90 Degree Benefits is a health benefits company that specializes in designing health plans and administering benefits for self-funded employers. With a fully integrated, comprehensive medical risk management program that improves health care outcomes for plan participants, the 90 Degree Benefits team of experts is able to significantly reduce claim costs for employer clients. Like all of the 90 Degree Benefits locations, the Charlotte, NC office serves employers and their members both locally and nationwide. As leaders in the industry, the 90 Degree Benefits team in Charlotte takes pride in guiding clients on the road to achieving more with their health plan.

Position Summary:

90 Degree Benefits is seeking a full-time RN Case Manager to join our team. The ideal candidate will have responsibilities in the following areas: utilization review and processing of authorization requests, disease management, wellness mentoring, risk assessment, and Stop Loss reporting, all performed according to policies and procedures of 90 Degree Benefits. This position will evaluate and manage catastrophic episodes of illness for 90 Degree Benefits' client members and ensure that the insured is receiving the best medical care in the most cost-effective manner.

Essential Duties and Responsibilities:

- Acquire member information and maintain records and proficiency in the use of the clinical and claims software programs to include Deerwalk (Plan Analytics, Care Manager and Health Portal) and claims systems.
- Review policyholder data to identify claimants with catastrophic care needs and assess medical and claims information available to calculate potential risk and large loss claims, using the Utilization Review process, predictive modeling, Deerwalk Plan Analytics Cohorts, claims referral, pending claims reports, customer service referral, client referral, and other methods as indicated.
- Assure high risk and potential large loss individuals are flagged in Care Manager system for SL reporting, evaluated for SL notification/reporting and assessment of ongoing claim potential, and referred to management for review.
- Provide written claimant assessments within established deadlines for Account Managers to use when meeting with Brokers to establish rates for new and renewal business.
- Generate renewal reports, including the SL/Case Management Summary, Trigger Diagnosis, Precertification, and Discharge reports.
- Provide reports for inclusion in group's SL renewal and/or management report packet.

- Participate in meetings to provide the clinical aspect of SL renewals.
- Attend the occasional health fair and/or client meeting to educate and mentor.
- Maintain industry awareness of new diagnoses, treatments, costs, and industry trends.
- Respond to verbal or written requests and provide clinical opinion from knowledge, experience, and research.
- Assist with assessing and recommending effective claim cost containment and healthcare trends for clients for potential solution implementation or wellness mentoring.
- Perform other activities and clinical functions, as requested.
- Maintain licensure, certification, and continuing education as indicated for case management, utilization review, wellness, and chronic condition management programs and the professional staff.

Qualifications:

- Bachelor's degree (or higher) in Health Care Administration, Nursing or related field from a four-year college or university or equivalent combination of experience and education.
- Five or more years of management experience in utilization review/case management in the self-insured environment.
- Experience with TPA, SL reinsurance contract administration, risk management and quality assessment preferred.
- Case Management certification (CCM) required. Utilization Management, Disease Management and/or Wellness Certification considered a plus.
- Understanding of legal and ethical issues pertaining to confidentiality and liability associated with utilization management, case management, wellness plans and benefit administration.
- Data analytics and report preparation experience and the ability to explain findings to clients.
- Excellent communication skills; ability to write procedures, reports, and correspondence and speak effectively in group presentations and training seminars.
- Strong organizational skills; ability to work with multiple projects simultaneously and complete assignment within prescribed time frame.
- Ability to deal with problems and apply understanding to complex administrative issues.

Physical Requirements:

- Lift and move a minimum of 20 pounds without assistance
- Sit, stand, walk, and bend for set periods of time; full range of motion

90 Degree Benefits, is an Equal Employment Opportunity (EEO) employer and does not discriminate on the basis of race, color, national origin, religion, gender, age, veteran status, political affiliation, sexual orientation, marital status, or disability (in compliance with the Americans with Disabilities Act) with respect to employment opportunities.