

[0017 "Case Management"]

MARY JONES, RN
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A healthcare professional with extensive experience in startup, case management programs for healthcare providers and utilization review companies, improving compliance to contracts, decreasing hospital length-of-stay and reducing payor denials.

ACCOMPLISHMENTS

- Directed comprehensive case management services for patients beginning with the pre-admission process and continuing through discharge to the next level of care for acute and long-term care facilities.
- Saved \$4 million in one year by managing a PPO contract as well as reducing out-of-network specialist referrals and physician billing reviews.
- Assisted in the design of a case management program that could be implemented in any size facility. Developed the educational modules, trained staff and implemented the system in three hospitals.
- Presented an educational session on outcomes assessment at the Case Management Society of America (CMSA) convention that was attended by 2,000 professionals.
- Designed and implemented a managed care program for a self-insured, tertiary, teaching medical center. Reviewed and monitored PPO physician practice patterns and cases for the third party administrator (TPA) for validity and compliance with the Parent Company/PPO agreement.
- Directed utilization management programs for patients receiving federal and state funded healthcare services. Educated physicians on documentation requirements and reduced Medi-Cal denials.
- Prepared and presented 18 six-week case management training courses and taught 40 in-service classes for staff and other organizations.

PROFESSIONAL EXPERIENCE

Strongam Medical Center, Strongam, California

2002-2007

Director of Continuum of Care

Responsible for case management, social services, admitting and medical records at a 135-bed non-profit acute-care hospital and a 150-bed long-term care facility.

- Instituted an admission screening process with the case manager, preventing unnecessary hospital admissions and facilitating patient scheduling to minimize length-of-stay.
- Implemented multidisciplinary patient rounds with case managers, decreasing delays in treatment and reducing patient length-of-stay by 1.5 days.
- Developed a case management strategy that involved the education of staff on specific roles and the philosophy of patient care. Improved collaboration with nursing, home health, social services and case managers.

Los Angeles Hospital, Los Angeles, California

1996-2002

Vice President of Clinical Operations

Responsible for the clinical operations of a progressive managed care company, encompassing utilization review and medical case management for clients in diverse industries covered by accident and health insurance as well as workers' compensation. Responsible for quality and outcomes management.

Los Angeles Hospital, Continued

- Actively participated in marketing seven product lines.
- Assisted in the development of an information system with software to monitor clinical operations and case status. Tracked claims costs including labor.
- Developed patient care plans for select diagnoses with a physician advisor panel.

The Valley Memorial Medical Center, Calabasas, California

1988-1996

Utilization Review Specialist of Human Resources (1994-1996)

Assistant Manager of Utilization Review (1991-1993)

Designed and implemented a managed care utilization review program for beneficiaries of the four health plans for a self-funded, 998-bed medical center. (Combined population exceeded 9,600 lives.)

- Established a utilization review committee to ensure compliance with the Parent Company/PPO agreement as well as to review and monitor medical services, physician practice patterns and quality of care.
- Investigated the internal specialty options for patient referrals and reduced out-of-network referrals by 98%.
- Organized and coordinated all activities of the medical plan review committee for the third level appeals process and information pertinent to each of the health plans, including working with outside legal counsel regarding decisions.
- Intervened with medical case management and reduced outside utilization review costs by \$85 per hour.
- Reviewed 30 TPA cases per month for validity and contract compliance.
- Reviewed select cases to obtain retroactive reimbursement from private payors, producing \$80,000 per year in payments.
- Served as the administrative liaison with the Department of Health Services Valley Field office.

Public Health Nurse in Home Health Agency (1990)

Resource Staff Nurse (1989-1990)

Staff Nurse (1988)

EDUCATION

Los Angeles University, Los Angeles, California

Bachelor of Science, Nursing

Completed Public Health Nurse requirements. Graduated with distinction.

Rio Hondo City College, Whittier, California

Associate of Science, Nursing

PROFESSIONAL LICENSE AND CREDENTIALS

State of California – Registered Nurse License and Public Health Nurse Certificate

National Certification – Certified Case Manager

Legal Nurse Consultant