**Lisa Tillery BSN, RN, MBA/HCM**

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**Professional Summary**

Professional Registered Nurse highly dedicated with accomplished Leadership. Experienced and skilled in Leadership and Management, Transfer Center, Bed Management, Patient Flow, Nurse Coordinator/Acute Case Management, Utilization Review, Utilization Management, Chart Review, Medical Nurse Auditor, Appeals/Denials, Workers’ Compensation and Medical/Surgical nursing. Also experienced in Pre-Operative & Post-Operative Assessment and Teaching, One Day Surgery, Orthopedics, Nursing Homes, Home Healthcare and Medical Case Management. Experienced in ICD-9 procedure codes and DRG’s. Home Health knowledge related to Supervisory Visits and Re-certifications. 15+ years in Case Management/Utilization Review. Maintains MBA/Healthcare Management Degree.

**EXPERIENCE/EMPLOYMENT HISTORY**

June 2018-Present

Texas Health Resources

***RN Clinical Reviewer- PRN***

* Conduct initial admission review of inpatient, observation and outpatient admissions according to established criteria set adopted by System
* Conduct initial admission review of inpatient, observation and outpatient admissions with traditional Medicare for compliance with the New IPPS rule
* Provide clinical, information to payors as needed for completion of pre-certification process
* Ensure proper authorization requirements are met with each admission
* Obtains or ensures acquisition of appropriate precertification/authorizations from third party payers and placement to appropriate level of care prior to hospitalization or upon admission utilizing medical necessity criteria and third party payer guidelines
* Obtains or facilitates acquisitions of urgent/emergent authorizations, continued stay authorization as needed and with compliance with all regulatory and contractual requirements
* Determines working DRG with each initial review. Discusses working DRG issues as needed with Care Transition staff
* Evaluates consultation to medical and nursing staff, health information management and payors on potential issues with reimbursement of hospitalization
* Communicate with Physicians and other medical providers regarding medical necessity and appropriate level of care - inpatient, observation, outpatient

July 2017 – January 2018

Corvel Corporation

***RN Field Medical Case Manager***

* Responsible for assessment and coordination of medical care related to workers' compensation injuries
* Works closely with patients, adjusters, medical providers, employers, and attorneys to ensure coordination of appropriate care and support return to work goals
* Assess patient's treatment plan for appropriateness and devises cost-effective strategies for health care resources
* Develop case management strategy through assessment, planning, and implementation.
* Provide evaluation of patient's progress to adjuster and employer

March 2013 — May 2017

Parkland Hospital & Health System

***Director Transfer Center/Bed Access Management-Bed Control/Patient Transportation/Discharge Lounges***

* Level I Trauma, Licensed 938 acute inpatient beds
* FTE's-90
* Directs and oversees the day-to-day activities of the Transfer Center/Bed Access Management, Patient Transportation and Discharge Lounge departments to ensure efficient and effective operations
* Interview, hire and evaluate employees
* Responsible for effective fiscal management of the department
* Prepares the annual budget, incorporating departmental and hospital goals
* Development and implementation of the Transfer Center, Bed Control Management and Discharge Lounges processes and procedures
* Analyzes revenue and losses, revise budget, staffing, billing, facility access or other practices to accommodate cost effective finding
* Maintains knowledge of applicable rules, regulations, policies, laws, and guidelines such as the Nursing Practice Act Standards, CMS, CDC, and Joint Commission that impact or govern the departments and ensures compliance
* Responsible for daily bed huddle meetings
* Lead project to implement and streamline processes for all incoming/outgoing transfers and direct admits into Parkland in compliance with Medical Necessity tools and EMTALA
* Utilize Care Management Medical Director as second level reviewer related to transfers and direct admits medical necessity
* Evaluate, update and initiate departmental policies, procedures and processes to maintain efficient work flow
* Assist, coordinate and implement process improvement projects within the departments related to patient safety aligned with hospital, CMS and Joint Commission regulations. Worked very closely with Quality/Risk/Safety departments
* Chairs and participates in facility and corporate committees
* Responsible for physician, staff education related to transfers and direct admits including use of EPIC and Medical Necessity tool
* Communicate and educate Directors, Vice Presidents, and Chief Medical Officers (inpatient/outpatient) on departmental tools and admission processes related to bed tracking (actual and potential admissions)
* Served as a clinical resource and promoted staff development
* Developed and implemented RN Patient Flow Coordinator role
* Key role in developing plan, implementing and assisting in patient transfers from Old Parkland Hospital to New Parkland Hospital as leader of Bed Management, Patient Transportation and Discharge Lounges

February 2012 — March 2013

Baylor Medical Center @ Irving

***Director Care Coordination/Utilization Review/Social Work***

* Licensed 296 acute inpatient beds
* FTE's-28
* Provides direct oversight for the Care Coordination/Social Work Department
* Interview, hire and evaluate employees
* Plans, develops and manages day-to-day operations-care facilitation, utilization review, utilization management and discharge planning
* Develops, implements and maintains departmental budget and monitors variances
* Established and monitored departmental goals and objectives consistent with facility and BHCS strategic objectives, mission and values
* Chairs and participates in facility and corporate committees
* Ensures quality Care Coordination/Utilization Review/Utilization Management activities are provided in accordance with regulatory standards (Joint Commission, CMS and Managed Care Agencies) national guidelines, professional standards and practices
* Implemented Executive Health Resources process for second level review medical necessity
* Educated staff on medical necessity tool
* Worked with Corporate Denial Management department to investigate reasons for denied claims
* Educated staff on denied claims prevention and process
* Departmental cost reduction and savings related to patient transportation-ambulance and taxi vouchers

October 2009 — January 2012

UMC/LSU Hospital/Charity Hospital New Orleans, La

***Director Case Management/Utilization Review/Social Services-acute inpatient and psychiatric facility***

* Level 1 Trauma, Licensed 390 acute inpatient beds including off-campus Psychiatric Facility
* FTE’s-40
* Coordinate and administer the Case Management/Utilization Review/Utilization Management department through planning, organizing, directing, controlling and evaluating all functions-care facilitation, utilization review, utilization management, case management and discharge planning
* Interview, hire and evaluate employees
* Responsible for departmental personnel management, staff development, overseeing the education of physician, managers, staff, patients and families related to the case management process, policy/procedure development and budgetary preparation and control
* Ensures quality Case Management/Utilization Review activities are provided in accordance with regulatory standards (Joint Commission, CMS and Managed Care Agencies) national guidelines, professional standards and practices
* Negotiate insurance contracts with hospital CFO
* Chairs and participates in facility and corporate committees including Revenue Integrity
* Initiated, implemented and developed Louisiana Medicaid and Commercial Insurer’s process for inpatient, continued stay authorizations, retrospective reviews, appeals and denials
* Instrumental in revision of Louisiana Medicaid authorization process, appeals and denials
* Educated staff on denied claims prevention and process
* Developed and implemented appeals process on denied insurance claims
* Increase hospital revenue
* Cost reduction and savings related to patient transportation-ambulance and taxi vouchers

March 2008 — October 2009

UMC/LSU Hospital/Charity Hospital of New Orleans, La

***RN Manager - Case Management/Utilization Review/Utilization Management***

* Manage, supervise and train RN Case Managers
* Interview, hire and evaluate employees
* Manage day to day operations of the Case Management/Utilization Review department
* Screen admissions and concurrent reviews utilizing Medical Necessity -Interqual guidelines
* Perform various departmental audits
* Perform appeals on denied insurance claims and retrospective reviews
* Day to day operations can include facilitating and coordinating patient treatment plan to assure quality and efficient care throughout the continuum of care
* Facilitate and coordinate patient needs prior to discharge
* Responsible for RAC reviews related to medical necessity and level of care appropriateness
* Communicate with hospital Medical Director, Physician Advisor, Physicians, insurance companies, patients and family members related to medical necessity and discharge plan

May 2007 — March 2008

Genesis Specialty Hospital/LTAC - **Contract Position**

***RN Case Management & Social Services Coordinator***

* Screen potential admissions and perform concurrent reviews using Interqual guidelines
* Initiated weekly interdisciplinary team meetings
* Review medical records and documentation of various healthcare teams. Facilitate and coordinate patient treatment plan to assure quality and efficient care throughout the continuum of care
* Facilitate and coordinate patient care needs prior to discharge

November 2005 — March 2006

Slidell Memorial Hospital

***RN Clinical Nurse Coordinator & Acute Case Management***

* Worked at Slidell Memorial Hospital after Hurricane Katrina until Touro Infirmary Hospital reopened to full capacity. Perform initial and concurrent chart reviews utilizing Interqual guidelines
* Facilitate and coordinate patient treatment plan to assure quality and efficient care throughout the continuum of care
* Review medical records and documentation of various healthcare team members including: the patient assessment, the medical treatment plan including goals while monitoring patient response towards achieving defined goals and outcomes
* Communicate with patients, families, physicians, staff related to discharge needs and discharge plan

January 1990 - March 2008

Touro Infirmary Hospital New Orleans, La

***Registered Nurse/Charge Nurse***

* As an experienced and professional Registered Nurse, worked various departments throughout the hospital
  + Acute Case Management, Clinical Nurse Coordinator, Admission Coordinator
  + Appeals/Denials RN
  + Medical Nurse Auditor-Defense audits, bill verification and correction, performed charge and documentation audits of records to ensure compliance with hospital, Federal and State Regulations. Worked with inpatient/outpatient coders related to admissions/discharge status. Communicated with directors and managers department audit findings. Educated department staff upon request as needed on audit findings and resolutions. Knowledge of icd-9 and procedure codes. Understanding of DRG’s.
  + One Day Surgery, Pre-Assessment Evaluation/Pre-Op Center, Operating Room Circulator, Medical/Surgery, Orthopedic RN

**LICENSURE**

Professional RN Licensure-State of Louisiana

Professional RN Licensure-State of Texas

**EDUCATION**

***University of Phoenix***

Master's Business Administration/Healthcare Management

August 1999 — November 2001

Degree date: November 2001

***William Carey College***

Bachelor of Science, Nursing

February 1988 — February 1990

Degree date: February 1990

**REFERENCES**

Available upon request