JANE DOE

2577 Main St, Denver, CO 80118 | 720.333.3333 | jane_doe @yahoo.com

SUMMARY

To continue my career in the healthcare profession, expand my knowledge in the workforce and continue to have challenging experiences.

CERTIFICATIONS & MILESTONES

Certifications

- March 2016 Accredited Case Manager certification from the National Board for Case Management.
- · Certified with Basic Life Support with the American Heart Association

Milestones

- · 1992 Acquired RN license in the state of Texas
- · 1996 Transitioned to Case Management
- · September 23, 2004 licensed to practice as a Registered Nurse in Colorado.
- · Apr, May, June 2006 Supervisor of the quarter (Parkmoor Village Healthcare Center)

EXPERIENCE

July 2013 – present Utilization Review – Fulltime RN Case Manager, Castle Rock Adventist Hospital

- Utilization review & discharge planning. Including a dmission, concurrent, and retros pective reviews. Familiar with HMO plans, commercial insurance plans, and Medicare/Medicaid regulations for covered benefits.
- · Assess, plan, and evaluate the care of a designated caseload of patients so that clinical & financial outcomes are achieved.
- Maintained current knowledge & skills necessary to provide care/services to the age of the patients served in the hospital facility.
- Evaluating quality care and effective utilization of hospital & community resources.
- $\cdot \ \mathsf{Managing} \ \mathsf{patient} \ \mathsf{care} \ \mathsf{to} \ \mathsf{prevent} \ \mathsf{fragmentation} \ \mathsf{and} \ \mathsf{duplication} \ \mathsf{of} \ \mathsf{services}.$
- · Participate in Daily (Monday Through Friday) interdisciplinary rounds
- Responsible for monthly Utilization reports including, increased length of stay, readmission within 30 days, length of stay and denials. Responsible for presenting this information on monthly basis to the UM committee.
- Computer skills: Word, Windows, Excel, internet explorer, Interqual, Current MCG super user, and Allscripts super user which is a software application that enables the case managers to enter the patients concurrent review, authorizations, and discharge

planning needs identified. Meditech, which is an electronic medical record application, currently being used at Centura hospitals.

May 2011 – July 2013

PRN RN Case Manager, Littleton Adventist Hospital – Littleton, CO

- · Utilization review & discharge planning. Including a dmission, concurrent, and retros pective reviews. Familiar with HMO plans, commercial insurance plans, and Medicare/Medicaid regulations for covered benefits.
- · Assess, plan, and evaluate the care of a designated caseload of patients so that clinical & financial outcomes are achieved.
- · Maintained current knowledge & skills necessary to provide care/services to the age of the patients served in the hospital facility.
- · Evaluating quality care and effective utilization of hospital & community resources.
- · Managing patient care to prevent fragmentation and duplication of services.
- · Computer skills: Word, Windows, Excel, internet explorer, Interqual, MCG and Alls cripts which is a software application that enables the case managers to enter the patients concurrent review, authorizations, and discharge planning needs identified. Meditech, which is an electronic medical record application, currently being used at Centura hospitals.

July 2010 -December 2011

RN Part Time Office Assistant, Boyd Chiropractic Center – Castle Rock, CO

- · Schedule appointments
- · Check in patients prior to appointment, verify insurance benefits and collect copay if needed.
- · Assemble new charts for new patients.
- · Place patients on chiropractic therapies as ordered per Doctor.

August 2008 – July 2010

Full time RN Case Manager, Parker Adventist Hospital – Parker, CO

- · Utilization review & discharge planning. Including admission, concurrent, and retros pective reviews. Familiar with HMO plans, commercial insurance plans, and Medicare/Medicaid regulations for covered benefits.
- · Assess, plan, and evaluate the care of a designated caseload of patients so that clinical & financial outcomes are achieved.
- · Maintained current knowledge & skills necessary to provide care/services to the age of the patients served in the hospital facility.
- · Evaluating quality care and effective utilization of hospital & community resources.
- · Managing patient care to prevent fragmentation and duplication of services.
- · Responsible for running the interdisciplinary team meeting three times every week to discuss the patient's progress and discharge plan.
- · Computer skills: Word, Windows, Excel, internet explorer, Interqual, Milliman and ECIN, which is a software application that enables the case managers to enter the patients concurrent review, authorizations, and discharge planning needs identified. Meditech, which is an electronic medical record application, currently being used at Parker hospital.

2010

August 2008 – July Front Desk, Plum Creek Medical – Castle Rock, CO

- · Schedule physician appointments
- · Check in patients prior to appointment=verify insurance and collect copay if needed.
- · As semble new charts for new patients

- · Put new patient information into computer system
- · Assist with triaging phone calls for urgent care needs
- · Assist in medical records as needed

July 2005 – November 2006

RN Case Manager, Parkmoor Village Healthcare Center - Colorado Springs, CO

- · Utilization review & discharge planning. Including admission, concurrent, and retros pective reviews. Familiar with HMO plans, commercial insurance plans, and Medicare/Medicaid regulations for covered benefits.
- · Assess, plan, and evaluate the care of patients in the skilled nursing unit so that clinical & financial outcomes are achieved.
- Maintained current knowledge & skills necessary to provide care/services to the age of the patients served in the skilled nursing facility.
- Evaluating quality care and effective utilization of the community resources.
- Responsible for monthly reports including, increased length of stay, readmission within 30 days, and length of stay per diagnosis.
- Responsible for running the interdisciplinary team meeting every week to discuss the patient's progress and discharge plan.
- Participate in weekly care plan meetings to discuss patient progress, clinical update and discharge plan.
- · Supervisor of the quarter (Apr, May, June 2006)

Dec. 2003 – Oct. 2004

RN Case Manager, TexSan Heart Hospital - San Antonio TX

- Initiated the case management department at TexSan Heart hospital opened in Jan. 2004.
- Developed case manager orientation checklist and oriented new case managers to hospital.
- · Developed hospital community resource manuals.
- Responsible for monthly reports presented at the PI (Performance Improvement) committee including avoidable and denied days, increased length of stay, readmission within 30 days, and geometric length of stay per DRG.
- $\cdot \ \mathsf{Assisted} \ \mathsf{with} \ \mathsf{development} \ \mathsf{and} \ \mathsf{initiating} \ \mathsf{multidisciplinary} \ \mathsf{rounds}.$
- Utilization review & discharge planning using the Milliman care guidelines. Including admission, concurrent, and retrospective reviews. Familiar with HMO plans, commercial insurance plans, and Medicare/Medicaid regulations for covered benefits.
- · Assess, plan, and evaluate the care of a designated caseload of patients so that clinical & financial outcomes are achieved.
- $\cdot \ \, \text{Maintained current knowledge \& skills necessary to provide care/services to the age of the patients served in the hospital facility.}$
- · Evaluating quality care and effective utilization of hospital & community resources.
- Computer skills: Word, Windows 98, Windows office 2003, Excel, GroupWise, Milliman care guidelines, and Midas which is a software application that enables the case managers to enter the patient's concurrent review, authorizations, and discharge planning needs identified. Affinity/Quadra Med, which is a computerized medical charting system.

Aug. 2001 - Dec. 2003

RN Case Manager, Northeast Baptist Hospital - San Antonio TX

- Utilization review & discharge planning using the Interqual Criteria for admission and concurrent review. Familiar with HMO plans, commercial insurance plans, and Medicare regulations for covered benefits.
- · Assess, develop & implement cost effective, alternative health care regimens.
- Working in Collaborative practice with the physicians and other members of the healthcare team to meet the patient's needs, linking cost resource management and quality to patient care.
- · Managing patient care to prevent fragmentation and duplication of services.
- Computer skills: Word, Windows 98, Excel, GroupWise, Interqual, and Midas which is a software application that enables the case managers to enter the patient's concurrent review, authorizations, and discharge planning needs identified.

Aug. 1999 – Aug. 2001

Senior Case Manager, Quality Care Network - San Antonio TX

- Preceptor for new case managers involved with the development of a new orientation guide for the case managers.
- · Responsible for making on-call schedule and vacation schedules.
- · As sist case managers with preparing for monthly board meetings.
- · Involved with the interview process and hiring of new case managers.
- · Responsible for running twice a week case manager meeting.
- Continue to be responsible for one IPA group and monthly Board meetings. Including the on-site review of charts as explained below.
- Continue to be the first resource for all case managers with any daily problems or concerns regarding a certain patient and/or physician.
- Computer Skills: Word, Windows 98, Microsoft Outlook Express, Excel, and EZCap which is an Quality Care Network software application that enables the case managers to enter the patients concurrent review for each inpatient record and authorizations.

Sept. 1997 – Aug. 1999

Case Manager, Quality Care Network - San Antonio TX

- Daily On-site Utilization review & discharge planning using the Interqual Criteria for admission and concurrent review for HMO members with Humana, Humana Gold, PacifiCare, Secure Horizons, Community First Medicaid & Community First commercial insurance plans. Familiar with all plans coverage, and Medicare regulations for covered benefits.
- Daily extensive telephone and individual communications with Primary care physicians & specialists regarding patients continued plan of care & discharge plan of care.
 Quality Care Network has approximately 150 Primary Care Physicians. Responsible for management of all PCP's managed care members.
- Responsible for presenting utilization information, Fee for Service referrals, and opportunity days at the monthly Board meetings with the Primary Care physicians & specialists. Each case manager is assigned one or two IPA's (Independent Physicians Association). Quality Care Network has a total of seven IPA's.
- $\cdot \, \text{Assess, develop and implement cost effective, alternative health care regimens.} \\$
- Develop and maintain relationships with hospitals, physicians and healthcare providers.

Sept. 1996 – Sept. 1997

Nurse consultant - Utilization Management, Aetna US Healthcare - San Antonio TX

- Precertification for inpatient and outpatient medical services including outpatient psychiatric reviews.
- · Concurrent and retrospective inpatient reviews.

- · Assess, develop and implement cost effective, alternative healthcare regimens.
- Develop and maintain relationships with hospitals, physicians and healthcare providers.
- \cdot Evaluate medical claims and provide professional opinions as to medical necessity with support from physician consultants.
- Extensive telephone contact with patient, hospitals and other healthcare providers.
- Computer Skills: Word, Windows 95, Email, and Healthline which is an Aetna software application that enables the nurse to enter the patient's medical history for each inpatient and outpatient service.

May 1991 – Sept. 1996

RN Staff Nurse, SWT Methodist Hospital - San Antonio TX

- · Intermediate Medical and Surgical Care Unit / General Surgery.
- Preceptor for new nurses to unit involved in development of new preceptor plan for unit.
- · Involved in education council.
- · Resource Role Team Leader for agency nurses or LVN's.
- Relief Charge nurse for 3-11s hift involved in triage of patients, nurse assignments, report to oncoming charge nurse, resource role, and communicating with the hospital shift supervisor regarding availability of beds on unit.

EDUCATION

1988 - 1992

Associates Degree in Nursing., San Antonio College School Of Nursing