



POSITION: Case Management RN  
DEPARTMENT: Medical Management  
X Exempt Non-exempt

**JOB RESPONSIBILITY SUMMARY:**

Responsible for the medical management of an assigned group of employees/employers. This involves. Telephonic Case Management (CM) of at risk individual members is completed, along with management of high cost member plan of care. This position also serves as back-up for the UM Nurse.

**ESSENTIAL FUNCTIONS:**

- Responds to internal and external customers professionally, timely and completely.
- Completes Case Management of members of assigned companies as needed, based on diagnosis, chronic care and high dollar medical or pharmacy costs. Identifies Case Management cases when conducting pre-certifications.
- Documents according to Case Management Society of America guidelines.
- Meets the needs of employees/employers in partnership with Account Management, Stop Loss, Sales and Operations staff.
- Integrate the Custom Fundamentals into the daily work.

**Essential Skills and Experience**

- Case Management (provider or hospital setting) experience minimum of 2 years. Prefer certification in Case Management
- Must have valid RN licensure in either KY, OH or IN
- Background on the provider side with varied clinical experience and/or payer side with CM experience
- Ability to connect and build relationships over the phone
- Ability to maintain excellent records and reports
- Ability to manage the medical management book of business for assigned employers
- Positive outlook and dedication to customer service
- Thrives in an environment of continuous improvement and change
- Ability to contribute as part of a team, while developing as an individual

Qualified candidates should send a resume and salary expectations to:  
[careers@customdesignbenefits.com](mailto:careers@customdesignbenefits.com).