

Capital Medical Society Foundation  
1204 Miccosukee Road  
Tallahassee, Florida

Position Description for:  
**We Care Network Case Manager I**

*The We Care Network is a charitable program of the Capital Medical Society Foundation, a non-profit organization operating alongside the Capital Medical Society. Its mission is to provide a safety net to those low-income, uninsured patients most in need in our community through donation of specialty medical care and dental care. (Qualifications for patient acceptance: Uninsured adults whose household income and expenses must be at or below 150% of the Federal Poverty Guidelines. Patients cannot qualify for any alternative programs (Medicaid, Medicare, etc.) that will pay for their care.) Over 300 doctors and more than 40 dentists, the local hospitals and numerous ancillary partners provide well over \$8 million of free care annually to very low income, uninsured patients. We Care Network case managers screen, qualify and obtain appointments for patients referred by primary referral sites. Limited funding is used to assist with transportation and prescriptions for these patients.*

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Reports to: We Care Network Program Coordinator  
Employment type: Full-time (Non-exempt)

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**General Description:** The We Care Network Case Manager I is an entry-level case manager who screens patients received from referral sources to determine eligibility for donated specialty care through the CMS Foundation's We Care Network. The individual in this position arranges for medical/dental care for eligible patients, assists in finding community resources, and may authorize payment for patient assistance (medications, transportation, dentures, glasses, DME). Case managers must maintain positive working relationships with referral sources as well as those physicians and dentists who donate care and take responsibility for tracking and following up. Responsibilities include database management, some community outreach and monthly invoicing/reporting for grants and contracts.

**Essential Duties and Responsibilities include the following. Other duties may be assigned:**

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- Screening and coordinating care for patients referred. This includes answering phone inquiries, determining eligibility, scheduling appointments. (60%)
- Short Term case management with patients who are not eligible. This includes referrals to other community resources and/or Medicaid/Healthy Kids. (10%)
- Develops and maintains strong and effective partnerships with referral sources and funding sources. This includes providing education on referral guidelines. (10%)
- Approve patient assistance expenditures for eligible patients in compliance with policy and procedure. (10%)
- Maintain and update database and complete and deliver assigned reports and invoices required by funding agencies. (5%)
- Attends meetings of the We Care Advisory Committee and the Access to Care Committee as requested. Attends other CMS functions as requested. (5%)

**Expectations:**

- Develops strong working relationship with facilities who refer patients.
  - Answers questions from callers related to medical services and the program in general.
  - Keeps records of assigned cases and prepares required correspondence.
  - Coordinates with staff on sovereign immunity.
  - Works with other staff as a team member and maintains confidentiality.
  - Acts in a professional manner at all times and accepts responsibility for own actions.
  - Follows through on commitments in a timely manner.
  - Consistently focuses on attention to detail.
  - Provides exceptional customer service to all physicians and patients.
  - Able to react to change productively and handle other essential tasks as assigned.
  - Seeks supervision when appropriate.
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**Requirements:**

- A minimum of a four year college degree in social work or health related field. Master's Degree desirable.
- One to two years' experience in a related field highly desirable.
- Experience with the local medical community highly desirable.

**To perform the job successfully, an individual should demonstrate the following competencies:**

- An understanding of case management work including the process for determining eligibility and accessing services.
- Familiarity with and understanding of HIPAA Privacy regulations and basic medical terminology.
- Strong communications skills – written and verbal.
- Strong problem solving skills.
- Ability to work independently with minimal supervision, be self-motivated and develop cooperative relationships.
- Ability to multi-task and work in a fast paced environment.
- Ability to learn independently with on-the-job training.

**Computer Skills:**

To perform this job successfully an individual should have knowledge of Internet, Spreadsheet, Word, and Case Management software. Excellent typing skills are required. Database experience is a plus but not required.

**Physical Demands:**

Must be able sit at a computer and read or enter data and talk on the telephone for long periods of time (up to 7.5 hours each work day).

**Non-Physical Demands:**

This individual must be willing to work non-traditional hours at times to attend meetings either before or after normal working hours. This position may require driving to various locations within the local service area.

**Procurement and Involuntary Separation**

The Organization limits the ability to take tangible employment action, including the authority to hire and involuntarily separate employees, to the Executive Director position. No other individual within the Organization is empowered to take such express actions.

7/11/16