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JOB DESCRIPTION

JOB TITLE:	Healthcare Liaison			COMPANY:	IHP
REPORTS TO:	Social Case Manager - RN				
DIRECT REPORTS:	None				
STATUS:	Non-Exempt	FULL TIME	WORK COMP CLASS:	8742	
OUTSIDE TRAVEL:	80%	Schedule: 9/80 M-F	WORK CONDITIONS:	Home Office/ Travel	
This job description is intended to be a general statement about this job and is not to be considered a detailed assignment. It may be modified at any time, with or without advance notice, to meet the needs of the organization.					

JOB SUMMARY

Under the direction of the RN Social Case Manager, the position is responsible for outreach and enrollment for the network Enhanced Care Management (ECM) program as well as facilitating care management services that promote equitable access to care, quality outcomes, and total cost of care. The Enhanced Care Management program (ECM) is a new statewide Medi-Cal benefit available to eligible members with complex needs, including access to a support team that provide comprehensive care management and coordinate health and health-related care and services.

The ECM care plan interventions will focus on helping patients navigate the social barriers of achieving diligent care and ensuring quality outcomes. The Health Care Liaison will work directly with the managed care payer, health center staff and clinicians, and community-based organizations to ensure that the patient is enrolled into the ECM program and that the patient is actively working within their individual care plan as outlined by the social case manager. The liaison will document ECM outreach and care plan of status and ensure effective communication between the patient, clinician, social case manager, and community-based organizations. The Health Care Liaison will be a patient advocate to ensure enrollment and access to services needed.

ESSENTIAL JOB FUNCTIONS

- Utilize payer or network reports to outreach to ECM eligible patients to enroll into the ECM program.
- Educate the patient on the ECM program, their benefits, and the support services outlined in the program.
- Become a patient advocate for ECM patients to ensure care plan compliance.

- Engage with the patient and communicate any non-compliance of care plan or healthcare challenges to the social case manager or health center clinical team.
- Document all patient engagement in the designated tools as outlined by the ECM program. (payer or network)
- Work closely with the RN Social Case Manager to report barriers to care and implementation of interventions outlined in the plan of care.
- Help patients navigate and access medical and community resources to help improve health outcomes and overcome social barriers that impede health.
- Establish relationships with community-based organizations and managed care payers to ensure successful engagement within the ECM program.
- Facilitate and coordinate care needs for identified in plan of care that promote quality and controls cost.
- Provide social support and advocate for ECM patients to address community health needs.
- Coordinate care that is safe, timely, effective, efficient, equitable, and client centered based on the care plan developed by the health center clinician or social case manager.
- Assist with community outreach, such as home visits, health assessments and involvement in clinical community intervention activities as assigned.
- Build trusting relationships with patients with a goal to decrease health disparities.

Other

- Develop team members, payer, health center relationships to ensure effective communication that benefits the patients.
- Meet annual goals outlined by leadership that align with the network strategic plan.
- Actively participate in staff meetings and training.
- Perform other duties as assigned.

QUALIFICATIONS:

- High School Diploma or GED
- CPR Certified- Preferred

Education/Experience

- Working knowledge of regional health disparities and social determinants of health.
- Working knowledge community-based organization services.
- Strong interpersonal skills to work effectively internally and externally and across all levels in an organization.
- Working knowledge of relevant computer systems and software.
- Must have excellent written and verbal communication skills.
- Must possess valid driver's license, insurance, and own transportation for use in work, and be flexible with working some evenings and weekends within a 40-hour workweek.
- Must reside in San Diego County.
- Must be willing to travel, as needed.

Other Required Skills/Abilities

PHYSICAL REQUIREMENTS

- Ability to sit or stand for extended periods of time
- Ability to reach, bend and stoop
- Physical ability to lift and carry up to 20 lbs.
- Office setting.
- Frequent, daily use of computer, telephone, copier and FAX machines.

- Regular periods of high stress and long days
- Must be responsive to multiple deadlines.

HIPAA/COMPLIANCE

- Maintain privacy of all patients, employee and volunteer information and access it only on a need-to-know basis for business purposes.
- Comply with all regulations regarding corporate integrity and security obligations. Report Unethical, fraudulent, or unlawful behavior or activity.

I acknowledge that I have read and understand this job description. My signature below certifies that I can perform the essential duties of this position. I have also discussed any accommodations that I feel I might need to allow me to perform these essential functions. Additionally, I agree to abide by the policies and procedures established by Health Center Partners of Southern California.

Signature

Date

Employee Name (please print)