



JOB TITLE: Medical Case Coordinator

REPORTS TO: Medical Case Manager

JOB PURPOSE

Reporting to the Medical Case Manager, the successful candidate will be responsible for the coordination of medical services to members both locally and overseas. The case coordinator will ensure that appropriate, quality medical care is provided to members.

DIMENSIONS

1. CINICO is a government-owned company formed to provide health insurance coverage to civil servants (employees and pensioners) and other residents of the Cayman Islands who historically have had difficulty obtaining coverage through their employer or the private insurance market.
2. The post holder will also be responsible the case coordination of member care, and will be responsible for the case load assigned to them as well as the recording of such data.

PRINCIPAL ACCOUNTABILITIES

Principal responsibilities include, but not limited to, the following:

1. The coordination of medical services for members' medical interaction both locally and overseas
2. The review and management the inpatient and outpatient care concerned with case coordination and discharge planning
3. Regular, pre-determined on-call shifts will be required during weekends, public holidays and after-hours. Post-holder will address and resolve all urgent member, provider or accommodation issues and coordination.
4. The coordination of air ambulance transfers for members with medical need
5. Provide member clinical and case coordination updates, with expected treatment plan and discharge details
6. Participation in weekly case management meetings, presenting case coordination updates, issues and queries to the Case Management Team, Medical Case Manager and the Chief Medical Officer
7. Adhere to organizational goals, objectives, standards of performance, and policies and procedures. Ensure compliance with quality patient care and regulatory compliance.
6. The post holder will also undertake additional duties as required by the Medical Case Manager, as required from time to time.

KNOWLEDGE, EXPERIENCE AND SKILLS.

- Applicants should have a minimum of a Registered Nurse qualification or nursing equivalent with two years' experience.
- Candidate must possess current professional licensure in nursing or professional field of certification.
- Clinical experience required in order to understand and interpret medical records, physician notes and multidisciplinary team input to determine appropriate care.
- Excellent customer service skills and telephone etiquette required.
- Experience within the Health Insurance Industry is a definite advantage.
- Applicants must be proficient in all 3 aspects of communication: Oral, Written & Non-Verbal.
- Applicants must have a high level of computer literacy, with proficiency in Microsoft Excel and Word.
- Applicants must have good interpersonal skills and be able to work well within a team structure, be detail orientated with a keen attention to timeliness and accuracy;

OTHER WORKING RELATIONSHIPS

The Post holder must liaise effectively with the Medical Case Manager, other senior and administrative staff, the Company's various service providers (i.e. TPA's, Care Managers, CIHSA) as well as members of the public.

WORKING CONDITIONS

Normal office working conditions with scheduled on-call requirements. Extra hours required periodically.