

DORETHA C. BLEDSOE RN, BSN, CCM, LNC

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SUMMARY

A highly qualified, results-driven health care professional and Registered Nurse with extensive experience in providing quality, patient-centered care in nursing home, hospital, home health, community health, workers compensation providing medical case management services and traveling as needed to perform on-site assessments, Medicare case management, and Medicaid Quality Improvement Management. Possesses a proven ability to identify, collect, assess, analyze, and interpret medical data to make a substantial contribution to the client and company. Combines expert communication skills, writing skills, and organizational skills with innate problem-solving ability to drive continuous improvement, enhance quality and patient/client experience, control costs, and consistently exceed expectations.

EXPERIENCE

NUR-VIEW (Independent Nurse Case Management), Baton Rouge, LA
Independent Nurse Case Manager 2014-Present

Medical Case Management Services including Medical Field Case Management, Task-Based Case Management, Triage Case Management, Telephonic Case Management, some Catastrophic Case Management Services, and Medical Record Review/Summary.

AmeriHealth Caritas of LA, Baton Rouge, LA
Quality Performance Specialist-Clinical June 2014-December 2014

Assist with developing departmental work groups in preparation for NCQA First Survey Accreditation. Assist with obtaining results of HEDIS Measures working with QIAs and Health outcome Satisfaction Summary and work with all areas to integrate results into departmental goals. Participate on QI committees structured to achieve outcomes success consistent in meeting accrediting body requirements. Medical Record Review.

AmeriHealth Caritas, Baton Rouge, LA
Case Manager II, Medicare, 2013 – June 2014 (Workforce Reduction)

Assist Members with appropriate care coordination and case management services to achieve their optimal level of health. Engage Members and Providers to assess, plan, and establish individual goals. Facilitate and coordinate care for members while assuring quality and use of cost-effective resources. Function as a single point of contact and be an advocate for members in the care coordination program. Complete comprehensive assessments of environmental, psycho-social and support needs. Identified problems/barriers for care coordination and appropriate care management interventions. Create a plan of care to assist members in reducing/resolving problems and or barriers so that members may achieve their optimal level of health. Identifies and implements the appropriate level of intervention based upon the member's needs and clinical progress. Schedules follow-up calls as necessary and makes appropriate referrals to management. Implement actions to address member issues. Documents progress towards meeting goals and resolving problems. Coordinate care and services with members and family members as appropriate, PCP's, specialists and facility/vendor providers. Collaborate with department staff to assist members in receiving quality and cost effective services. Facilitate access to entitlement programs and/or community resources. Monitors and documents member's ongoing progress. Conducts hospital and home visits as necessary. Participates in the discharge planning process for hospitalized members. Assist members in the transitional process from home to a skilled nursing facility for long-term

placement. Arrange for medical services/appointments. Participates on project teams/committees with a goal toward improvement.

FARA, A YORK Risk Services Company, Baton Rouge, LA
Medical Case Manager, 2005 - 2013

Review medical records and submit case reports. Provide proactive case management services in an efficient and cost effective manner. Collect and analyze medical data. Evaluate clients' medical and vocational status and facilitate return to work. Communicate with insurance adjusters to apprise them of case activity, case direction, and to receive authorization for services. Communicate with health care providers and travel to various health care providers' offices following up on medical treatment and facilitating return to work and resolution of cases. Arrange for prompt and appropriate medical treatment of an injured worker by qualified healthcare providers. Obtain medical reports/work status forms. Facilitate authorization/certification of medical requests/procedures. Work with treating physician to update any conditions as medical treatment progresses. Average caseload varies.

Younger & Associates, Covington, LA
Medical Care Manager, 2004 – 2005

Review case records and reports, collect and analyze data, and evaluate clients' medical and vocational status. Provide proactive case management services and facilitate return to work. Perform job site evaluations/summaries. Prepare monthly written evaluative reports. Communicate with insurance adjusters to apprise them of case activity, case direction, and to receive authorization for services. Travel to homes, health care providers, and various offices as required, facilitating return to work and resolution of cases. Average caseload ranges from 20 to 30 cases.

Broadspire Services, Plantation, Florida
Medical Care Manager, 2002 - 2004

Reviewed case records and reports, collected and analyzed data, and evaluated clients' medical and vocational status. Provided proactive case management services and facilitated return to work. Performed job site evaluations/summaries. Prepared monthly written evaluative reports. Communicated with insurance adjusters to apprise them of case activity, case direction, and to receive authorization for services. Traveled to homes, health care providers, and various offices as required, facilitating return to work and resolution of cases. Average caseload ranged from 25 to 30 cases.

Managed Access, Inc., Tampa, Florida
Medical Reviewer, 2004-2005 (concurrent)

Reviewed medical records for United Health Care HEDIS (Health Plan Employer Data and Information Set) using three domains of care including effectiveness of care, access/availability of care, and use of services. Traveled to the offices of various health care providers who were members of the United Health Care Plan and conducted on site chart audits.

Capitol City Family Health Center, Baton Rouge, Louisiana
Clinical Coordinator, 1999 - 2002

Coordinated clinical services of all individuals seeking health care services, including those with Medicaid, Medicare, private pay, or insurance. Supervised clinical staff such as nurses, medical assistants, and front desk. Coordinated continuous quality improvement activities and maintained records of monthly and quarterly activities. Coordinated disease management programs. Wrote and reviewed policies and procedures. Assisted as needed with grant research. Performed chart audits. Traveled as required.

HRSA/Bureau of Primary Health Care, Washington, D.C.
Objective Review Committee Member, 2000 - 2002 (concurrent)

Reviewed Community Access Program (CAP) grant applications which assist communities and consortia of health care providers develop the infrastructure necessary to fully develop or strengthen integrated health systems of care that coordinate health services for the uninsured and underinsured. Submitted written recommendations, evaluations, and scores according to the CAP grant guidelines which was a critical piece to the decision process. Participated in Objective Review Committee Meetings and Panels to determine the appropriate score for each application. Traveled as required.

Professional Management Providers, Inc., Baton Rouge, Louisiana
Clinical Director, 1998 - 1999

Served as a consultant/liaison for various home health care agencies. Supervised nurses and medical assistants assigned to the office and field. Defined problems, collected and analyzed data, established facts, and drew valid conclusions with the implementation of solutions. Enforced Medicare, Medicaid, and other regulatory bodies guidelines and revisions. Performed chart audits. Traveled as required.

ADDITIONAL EXPERIENCE

Various Home Health Care Agencies

Case Manager, 1993 - 1998

Eden Park Community Health Center, Baton Rouge, Louisiana

Assistant Director of Nursing, 1993 - 1995

EDUCATION

Alcorn State University, Natchez, Mississippi

B.S.N., Nursing, 1989

Graduated with Honors (Cum Laude); GPA 3.5

LICENSURE/CERTIFICATION

Certified Case Manager through the Commission of Case Management Certification (Active-2005)

Legal Nurse Consultant through LSU School of Nursing (2005)

State of Louisiana Registered Nurse, Active

State of Mississippi Registered Nurse, Active

Diabetic Foot Specialist Certification, 1994

Denver II Certification, 1993

PERSONAL

Married; two adult children