Gavin Belson

RN, CCM, ACM-RN • Senior Case Manager / Case Management Leader
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LICENSURE & CREDENTIALS

CCM — Commission for Case Manager Certification | Valid through November 2027
ACM-RN — American Case Management Association | Valid through November 2026
RN — Illinois Department of Financial & Professional Regulation | License #: 041-221038 | Active
BLS — American Heart Association | Valid through January 2026
Continuing Education: 72 CE hours completed in current 5-year CCM renewal cycle, including 24 hours in utilization management, care transitions, and payer relations

PROFESSIONAL SUMMARY

Senior RN case manager with 11 years of experience across acute care hospital and managed care payer settings, holding dual CCM and ACM-RN certification. Expertise spans discharge planning, utilization review, complex care management, payer relations, and population health program leadership. Led a 9-member case management team at a 560-bed academic medical center, reducing average length of stay by 1.6 days and 30-day readmission rates by 21% over two years. Skilled in Epic, InterQual, and MCG criteria, with deep working knowledge of Medicare and Medicaid coverage rules, CMS discharge planning Conditions of Participation, and the Two-Midnight Rule. Known for building cross-disciplinary relationships, closing payer communication gaps, and mentoring high-performing case management teams.

CORE COMPETENCIES

Case Management & Clinical Leadership: Discharge planning, utilization review and management, care transitions, complex care management, risk stratification, chronic disease management, population health program oversight, staff mentorship and team leadership, quality improvement, denial management
Software & Clinical Technology: Epic (care management and UR modules), InterQual, MCG criteria, Cerner (read-only), population health platforms, Microsoft Office Suite (Excel – pivot tables, data validation), Zoom, telehealth coordination platforms
Regulatory & Payer Knowledge: Medicare and Medicaid coverage rules, CMS Conditions of Participation for discharge planning, Two-Midnight Rule, observation vs. inpatient status, commercial and managed care authorization, NCQA and URAC standards, HIPAA, CMS star ratings, Joint Commission
Communication & Stakeholder Relations: Interdisciplinary rounds leadership, payer and utilization director communication, family conferencing, denial appeals, physician advisor collaboration, community partner liaison, staff training and onboarding, quality data reporting

PROFESSIONAL EXPERIENCE

Lead RN Case Manager / Case Management Team Lead | **University of Chicago Medical Center** | Chicago, IL • Mar 2019 – Present

- Led a 9-member case management team across two acute care units at a 560-bed academic medical center, overseeing daily caseload distribution, performance monitoring, and team development for a combined patient census of 160 to 180.
- Reduced average length of stay by 1.6 days over 24 months by redesigning the discharge planning initiation protocol to begin within 4 hours of admission rather than the prior 24-hour standard, adopted system-wide after pilot results.
- Decreased 30-day all-cause readmission rate from 18.4% to 14.5% over two years by implementing a structured post-discharge follow-up call program covering 100% of high-risk discharges within 48 hours.
- Managed a personal daily caseload of 16 to 20 complex medical patients, including high-acuity cases involving homelessness, SMI, and medically fragile post-acute needs requiring multi-agency coordination.
- Oversaw 300+ SNF, LTAC, inpatient rehab, and home health referrals annually, negotiating placement for complex patients within an average of 1.8 days and reducing placement delays flagged in monthly operations reports by 31%.

- Led denial management process for the unit, authoring physician-advisor-supported appeal letters that resulted in a 68% overturn rate on initial payer denials over the most recent 12-month period.
- Mentored and formally precepted 6 new case managers over 4 years, developing a 60-day onboarding curriculum that reduced time-to-independent-caseload from 10 weeks to 6 weeks.

Senior Case Manager – Utilization Management | **Centene Corporation – IlliniCare Health Plan** | Chicago, IL • Aug 2015 – Feb 2019

- Reviewed 30 to 40 prior authorization and concurrent review cases daily against MCG criteria for a Medicaid managed care population of 180,000 members, maintaining 99% turnaround compliance within contractual timeframes across 15 consecutive quarters.
- Enrolled 70+ high-risk members annually in complex care management programming and reduced 30-day readmissions in that cohort from 22% to 13% over 18 months through structured care planning, medication reconciliation support, and provider follow-up coordination.
- Collaborated with the payer's medical director and physician advisors on complex case reviews, providing clinical rationale supporting authorization decisions and contributing to a 25% reduction in escalated appeals year-over-year.
- Conducted telephonic outreach and care plan development for members with diabetes, CHF, and COPD as part of the plan's chronic disease management program, achieving an 82% engagement rate among targeted high-risk members.

RN Case Manager | **Advocate Christ Medical Center** | Oak Lawn, IL • Jun 2013 – Jul 2015

- Managed a daily caseload of 20 to 24 medical-surgical patients at a 694-bed regional medical center, coordinating discharge planning and utilization review across cardiology, oncology, and general medicine units.
- Completed InterQual-based utilization reviews for 22 to 28 cases daily and maintained observation-status denials below the hospital benchmark in 10 of 12 measured quarters.
- Coordinated 180+ post-acute referrals annually, including SNF, home health, and outpatient therapy placements, averaging a 1.6-day referral-to-placement cycle for uncomplicated discharges.

EDUCATION

Bachelor of Science in Nursing (BSN) | **University of Illinois Chicago College of Nursing** | Chicago, IL • Graduated May 2013

Summa Cum Laude • GPA: 3.91

PROFESSIONAL AFFILIATIONS

- American Case Management Association (ACMA) – Member since 2014; Chicago Chapter Program Committee, 2021–Present
- Commission for Case Manager Certification (CCMC) – Credentialed member, CCM renewal cycle 2022–2027
- American Nurses Association (ANA) – Member since 2013