GENERAL CLASS DESCRIPTION:

Under general supervision with minimal supervision by professional staff provides hospital program of Utilization Management with pre-certification and surveillance of patient care payer reimbursement which affect Quality Assurance, Risk Management and Epidemiology Programs. Reports problems in specific activities to the Utilization Review Staff Nurse or Director as the situation warrants.

CHARACTERISTIC DUTIES AND RESPONSIBILITIES:

1. Assist in planning for the collection of appropriate data for specific Utilization Management reporting and analysis.

2. Engage in data retrieval, data entry and presentation.


4. Prioritize workload on a daily basis.

5. Assist in developing new procedures and protocol.

6. Apply "Severity of Illness/Intensity of Service" criteria to assigned patient cases from various contracted insurance companies.

7. Review and determine Level of Care of patients for post hospital care planning.

8. Determine appropriateness of same day patient admit/discharge for billing purposes.

9. Perform data entry of reviewed cases.

10. Develop and maintain rapport and productive consultative relationships with clinical and other staff involved in patient care and support services.

11. Provide daily guidance to clinical staff in matters relating to Utilization Review and insure appropriate execution of policies, procedures, standards and techniques (i.e., discharge and readmission guidelines are followed according to pay class).
preamission screening is done according to pay class and pre-discharge screening is performed by physician as indicated by payer).

12. Maintain confidentiality of Utilization Review data.

13. Review and determine discharge and readmit cases for possible physician denials. Refer problems to appropriate staff member.


15. Maintain direct liaison with patients and their families as required for the purpose of dissemination of information, required by Utilization Review.

16. Enter data into systems in real time for tracking purposes.

**KNOWLEDGE, SKILLS, AND ABILITIES:**

1. Knowledge of clinical care of a variety of acutely ill patients.

2. Knowledge of medical terminology.

3. Knowledge of criteria sets for Iowa Foundation for Medical Care (IFMC), Severity of Illness, Intensity of Service (SI/IS);

4. Knowledge of HCFA and PRO regulations.

5. Knowledge of rules regarding combined billing, passes for patients and a number of other regulatory requirements about payment and physician penalties.


7. Skill in the use of electronic systems as a source of information and for documentation.

8. Skill in the use of a calculator.

9. Ability to extract pertinent information from the medical record and record appropriate data.

10. Ability to comprehend multiple facets of various insurance programs and other third party payers.

11. Ability to physically make rounds in assigned areas.

12. Ability to recognize problems in assigned areas and report to supervisors.
MINIMUM ELIGIBILITY REQUIREMENTS:

1. Licensed to practice in Iowa as a Licensed Practical Nurse.

2. Three years experience as a Licensed Practical Nurse in an acute care hospital with formal training in Utilization Review; or

3. Three years recent experience as a Licensed Practical Nurse giving nursing care to acutely ill, medical/surgical patient in an acute care hospital with one year of that experience at the University of Iowa Hospitals and Clinics.

REVISION EFFECTIVE: April 15, 2013