



CONCURRENT REVIEW NURSE (RN)

Position Status: Exempt
Reports To: Utilization Management Supervisor or Manager -
Concurrent Review
Effective Date: 02/08/13
Revised Date: 02/15/21
Job Level: P2

POSITION SUMMARY

Under limited supervision, this position:

1. Performs concurrent or post-service (retrospective) review of acute in-patient care services using established criteria
2. Participates in the Utilization Management (UM) Care Programs; and
3. Performs other duties as assigned

RESPONSIBILITIES

1. Performs on-site, concurrent or post-service (retrospective) review of acute in-patient care services for major in-area facilities, and/or in the office review for out-of-area facilities, using established criteria, with duties including but not limited to:
 - Performing preauthorization, concurrent and post-service review for all Alliance members in acute, sub-acute, skilled nursing and long term care facilities, using established criteria/protocols as approved by the plan
 - Maintaining documentation of clinical reviews in Utilization Management (UM) software system according to policy and procedure
 - Interpreting benefits based on the benefit language as outlined in Title 22, Provider Manual, and plan policies and procedures, to evaluate appropriate care for members in all lines of business
 - Reviewing medical records to determine benefit coverage including appropriateness and level of care
 - Assisting departments with issues that require medical interpretation or definition;
 - Protecting confidentiality of utilization review, quality management information and beneficiary identification
 - Attending Concurrent Review Rounds
2. Participates in the Utilization Management (UM) Care Programs, with duties including but not limited to:
 - Coordinating transition planning for members from acute hospitalization and/or skilled nursing facility placements
 - Advocating on members' behalf to ensure quality of care and attainment of appropriate goals
 - Working closely with an interdisciplinary team, including attending and contracting physicians, ancillary providers, county services and institutional staff to facilitate discharge planning
 - Performing clinical assessments on complex members to determine clinical and health education needs, then developing interventions to achieve successful member outcomes

- Recognizing barriers to compliance and alterations in member's condition in a timely manner; planning and executing appropriate interventions, evaluating outcomes, and adjusting the plan as needed
- Determining appropriate members for referral to Case Management
- Educating members/authorized representatives on the UM Care Programs
- Assisting Alliance staff in other departments with the resolution of quality and coordination of care issues for members
- Participating in Quality Improvement studies involving re-admission studies, UM interventions, re-admission rates and other related issues

3. Performs other duties as assigned

EDUCATION AND EXPERIENCE

- Current unrestricted license as a Registered Nurse issued by the State of California
- Associate's degree in Nursing and a minimum of three years (or a Bachelor's degree and one year) of experience in an acute care setting, which included some experience in Utilization Management, Case Management or similar health programs; or an equivalent combination of education and relevant work experience may be qualifying

KNOWLEDGE, SKILLS, AND ABILITIES

- Ability to travel to Alliance-contracted acute, sub-acute, skilled-nursing and long-term care facilities to perform concurrent and/or retrospective review
- Knowledge of Utilization Management, and/or Case Management principles and practices;
- Knowledge of Medi-Cal and related policies and Title 22 regulations
- Ability to demonstrate strong critical thinking and problem solving skills
- Ability to use MS Office Software Suite
- Ability to use a laptop for medical documentation and chart review
- Ability to navigate and evaluate electronic medical records and other health care data in order to determine the appropriate level of care
- Ability to give clear direction and sequence information verbally, so others can follow and understand
- Ability to exercise good judgment and tact in relating to contracting health care providers and beneficiaries

DESIRABLE QUALIFICATIONS

- Working knowledge of Milliman Care Guidelines in review determination process
- Some experience in a managed care setting

WORK ENVIRONMENT

- Ability to travel to off-site locations in the course of work
- Ability to sit in front of and operate a video display terminal for extended periods of time
- Ability to bend, lift, and carry objects of varying size weighing up to 25 pounds

This position description, and all content, is representative only and not exhaustive of the tasks that an employee may be required to perform. Employees are additionally held responsible to the Employee Handbook, the Alliance Standard Knowledge,

Skills and Abilities and the Alliance Code of Conduct. The Alliance reserves the right to revise this position description at any time.