



PRIOR AUTHORIZATIONS NURSE (RN)

Position Status: Exempt
Reports To: Prior Authorizations Supervisor
Effective Date: 12/03/10
Revised Date: 02/15/21
Job Level: P2

POSITION SUMMARY

Under limited supervision, this position,

1. Ensures that prior authorization requests are completed in a timely fashion to meet contractual requirements and that all reviews are conducted using nationally recognized and evidence based standards
2. Performs other duties as assigned

RESPONSIBILITIES

1. Ensures that prior authorization requests are completed in a timely fashion to meet contractual requirements and that all reviews are conducted using nationally recognized and evidence based standards, with duties including but not limited to:
 - Coordinating and following the established preauthorization review process for outpatient and inpatient services
 - Functioning as a resource for LVN and non-licensed staff in evaluating reviews for members with complex conditions such as but not limited to transplants, gastric bypass, etc.
 - Reviewing both inpatient and outpatient authorization requests in an accurate, thorough and efficient manner;
 - Acute hospital pre-admission / Skilled Nursing Facilities / Hospice and other Long Term Care facilities
 - Surgical / Diagnostic procedures / Therapies / Durable Medical Equipment and Home Care
 - Making utilization decisions and recommendations based upon nationally recognized and evidence based guidelines adopted by the Alliance such as Milliman Care Guidelines
 - Using Utilization Management (UM) software systems in an accurate and efficient manner
 - Producing volume of work to meet position requirements
 - Evaluating patient medical records when determining benefit coverage including appropriateness and level of care
 - Reviewing prior authorization requests with Medical Directors as directed
 - Preparing Notices of Action that meet contractual requirements
 - Assisting Member Services, Claims and Provider Services department staff with issues that require medical interpretation or definition
 - Communicating with physicians, ancillary providers and county service agencies to coordinate member care
 - Updating and processing member / provider information as directed
2. Performs other duties as assigned

EDUCATION AND EXPERIENCE

- Current unrestricted license as a Registered Nurse issued by the State of California
- Bachelor's degree in Nursing and a minimum of three years of experience in a patient care setting which included a minimum of one year of experience in Utilization Management or Case Management; or an equivalent combination of education and experience may be qualifying

KNOWLEDGE, SKILLS, AND ABILITIES

- Current working knowledge of Milliman Care Guidelines in review determination process
- Some knowledge of Medi-Cal and related policy and Title 22 regulations
- Some knowledge of utilization management principles and activities
- Some knowledge of case management principles and activities
- Ability to understand concepts pertaining to prepaid health care
- Ability to demonstrate strong critical thinking and clinical nursing skills
- Ability to use MS Word preferred
- Ability to evaluate medical records and other health care data
- Ability to exercise good judgment and professional consideration with health care providers and beneficiaries

WORK ENVIRONMENT

- 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.