JOB DESCRIPTION

POSITION: Utilization Review

PAY RANGE: Q _____Hourly/Non-exempt X Salaried/Exempt

ORGANIZATIONAL LOCATION: Compliance

BACKGROUND SCREENING: X ICPA X BCA ____None

PURPOSE OF THE JOB: Coordinates and conducts daily reviews of Inpatient and Swing bed admissions and other health care services to maximize the quality and cost efficiency. Ensures documentation and practice supports the admissions and subsequent billing, medical necessity, quality of care, appropriateness of decision-making, place of service, and length of stay. Maintains records to support utilization review decisions. Ensures caregivers understand and meet all documentation requirements. Recognize errors as they occur and take positive steps to resolve those errors.

QUALIFICATIONS:
1. College degree required.
2. Must possess knowledge of specific laws and regulations imposed on healthcare systems by various agencies.
3. RN required. Prefer BSN Certified Professional in Healthcare Quality.
4. Must have at least four years hospital experience, with at least one year experience in utilization review.
5. Must be able to work effectively with Medical Staff, and have knowledge of corporate healthcare delivery services.
6. Ability to analyze data to identify patterns and trends is required.
7. Communication skills, both written and oral, with a functional knowledge of medical terminology is required.
8. Must exercise discretion and maintain strict confidentiality as governed by HIPAA and HITECH.
9. Prior IHS/PHS or Federal hospital experience and/or rural hospital experience is desirable.

ESSENTIAL FUNCTIONS: (Perspectives: E – Employee, C – Clinical, F – Financial and Business, Cu – Customer)
1. E/C Maintains awareness of laws, standards and regulations that may affect healthcare through education and peer contact. Follow strict protocols to determine whether patients meet standards for insurance reimbursement. Uses specific guidance to evaluate process such as Qualis Health’s InterQual criteria.
2. C Advise on questions of hospital admissions, length of stay, imaging studies.
3. E/F Timely reviews all Inpatient and Swing Bed admissions ensuring documentation supports the admissions.
4. C/Cu Work closely with physicians, nurses, health care providers, family members, and insurance companies to ensure appropriate care is provided.
5. **F** Coordinate with State, Federal, and Third Party payors to resolve denials, understand denial basis, and improve activities to prevent future denials.

6. **E/F** Reports patterns of inappropriate documentation to avoid charges of knowingly falsifying documentation and billing. Advises Medical Staff on appropriate coding and documentation.

7. **F** Assists in rapid identification and resolution of documentation and billing problems to reduce delays in appropriate patient services and subsequent billing and collections.

8. **E** Develops and implements system-wide programs, policies and procedures to ensure compliance with applicable federal and state laws and agency regulations.

9. **E** Develops and maintains a utilization review program that promotes effective cost recovery, quality of care and/or compliance with relevant federal and state laws, regulations and standards.

10. **E** Evaluates follow up and monitors as necessary to ensure implementation of required changes. Assesses effectiveness of actions taken to correct recommendations or deficiencies.

11. **E** Arranges and facilitates utilization review team meetings when necessary to address complex issues.

12. **E** Educates providers in the use of appropriate documentation and associated rules and regulations. Assists Chief Compliance Officer (COO) in developing strategies to prevent, reduce, and respond to utilization issues; identify process-oriented problems; improve continuity of care; and strive for positive outcomes.

13. **E** Completes specific utilization review projects delegated directly by the COO, in a timely manner.

14. **C** Maintains up-to-date Tumor Registry. Works with the State to review status and conducts retrospective review.

15. **E** Other duties as assigned.

**WORKING CONDITIONS:** Work is primarily done in a normal office setting. Must be able to see, hear, speak, walk, sit, bend, kneel, and lift and carry up to 20 pounds with or without accommodation. May be required to travel in and out of state. This position is Full Time Attendance in accordance with the BBAHC Attendance policy is a job requirement.

**RELATIONSHIP WITH OTHERS:** Duties are performed independently with full responsibility for accuracy and quality of work. Must be able to work with health care staff, all departments, and employees of BBAHC. Diplomacy and objectivity is required. Ability to communicate and facilitate communication in groups as well as private sessions is necessary. Confidentiality is mandatory. Must be able to work cooperatively with federal and state agencies and their representative agencies.

**POSITIONS SUPERVISED:** None

**SUPERVISED BY:** Chief Compliance Officer

**THIS ORGANIZATION RESERVES THE RIGHT TO CHANGE OR REVISE JOB DUTIES AND RESPONSIBILITIES AS THE NEED ARISES. THIS JOB DESCRIPTION DOES NOT CONSTITUTE A WRITTEN OR IMPLIED CONTRACT OF EMPLOYMENT.**
Employee Acknowledgement 

Date 

APPROVED BY:

Division Manager 

Date 

Chief Human Resources Officer 

Date 

Chief Operations Officer 

Date 

07/14