UW HEALTH JOB DESCRIPTION

Utilization Review Specialist

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<tr>
<th>Job Code: 800021</th>
<th>FLSA Status: Exempt</th>
<th>Mgt. Approval: B. Borchert</th>
<th>Date: 3-17</th>
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<tbody>
<tr>
<td>Department: Nursing-Coordinated Care/93070</td>
<td>HR Approval: R. Temple</td>
<td>Date: 3-17</td>
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**JOB SUMMARY**

The Utilization Review (UR) Specialist has well-developed knowledge and skills in areas of utilization management (UM), medical necessity, and patient status determination. This individual supports the UM program by developing and/or maintaining effective and efficient processes for determining the appropriate admission status based on the regulatory and reimbursement requirements of various commercial and government payers. This individual is responsible for performing a variety of concurrent and retrospective UM-related reviews and functions and for ensuring that appropriate data is tracked, evaluated, and reported. This individual monitors the effectiveness/outcomes of the UM program, identifying and applying appropriate metrics, evaluating the data, reporting results to various audiences, and designing and implementing process improvement projects as needed. This individual identifies, develops, and provides orientation, training, and competency development for appropriate staff and colleagues on an ongoing basis. This individual leads and/or actively participates in process improvement initiatives, working with a variety of departments and multi-disciplinary staff. This individual maintains current and accurate knowledge regarding commercial and government payers and Joint Commission regulations/guidelines/criteria related to UM. This role is responsible for ensuring that the UM program maintains documented, up-to-date policies and procedures and ensures and that all UM key processes have valid outcome measures that are monitored for compliance and reported to a variety of audiences.

The UR Specialist effectively and efficiently manages a diverse workload in a fast-paced, rapidly-changing regulatory environment. The UR Specialist is a member of and provides support to the hospital’s UR Committee. He/she collaborates with multiple leaders at various levels throughout UW Health, including directors and vice presidents, for the purpose of supporting and improving the UM program. The UR Specialist is responsible to the Medicare/Medicaid UR Program Manager.

**MAJOR RESPONSIBILITIES**

I. CLINICAL PRACTICE AND LEADERSHIP
   A. Coordinate and facilitate correct identification of patient status.
      1. Collaborate and set standards with registered nurse (RN) case managers (CMs) and outcome managers to ensure that all hospitalized patients have the correct admission status (inpatient, outpatient short stay, observation status) so that the appropriate claim can be submitted to commercial and government payers.
      2. Complete short stay work queue reviews and track and trend results for reporting and education purposes. Identify opportunities for process and system improvement and initiate and lead performance initiatives as indicated.
      3. Identify and facilitate resolution of system process problems impeding UM functions. Identify and resolve delays and obstacles as appropriate.
      4. Collaborate with nursing, physicians, admissions, fiscal, legal, compliance, coding, and billing staff to answer clinical questions related to medical necessity and patient status.
      5. Facilitate the annual update of InterQual (or other screening tool) software (collaborating with Information Systems staff), create training tools, and provide training to RN CMs.
      6. Maintain current status determination tools and other UM tools and distribute to staff as needed.

B. Coordinate and integrate UM functions.
   1. Ensure that RN CMs are consistently recommending the appropriate admission status and provide education as needed.
   2. Complete short stay work queue reviews within 5 business days, including referrals to UR physician advisors.
   3. Perform other concurrent and retrospective reviews within 5 business days, or earlier as directed by UR Program Manager.
   4. Prepare succinct, written clinical case summaries that include rationale for the recommended billing status as directed by UR Program Manager.
   5. Serve as a resource person for RN CMs and others to ensure consistent and accurate patient status determinations for appropriate claim submission.
   6. Participate in UR Committee and UM activities:
      a. Assist with preparation of discussion and appeal letters for Medicare/Medicaid medical necessity denials.
      b. Other audit activities as requested.
   7. Assist with developing and maintaining efficient and effective documented policies and procedures for non-
coverage notifications, including Notice of Non-coverage (HINN) and Advance Beneficiary Notice of Noncoverage (ABN), to include compliance monitoring.

C. Collaborate with all members of the healthcare team, both internal and external customers.
   1. Provide clinical consultation regarding UM to physicians and other colleagues within the UW Health system.
   2. Respond to all requests appropriately, accurately, and timely according to Coordinated Care Department guidelines.
   3. Interact with physicians, nurses, and other hospital colleagues in a timely, positive manner to resolve UM and patient status issues.
   4. Seek consultation from appropriate disciplines/departments as required to expedite care and facilitate timely and accurate documentation of patient status and clinical reviews.
   5. Refer UM issues to the UR Program Manager, outcome manager(s), and/or UR physician advisor(s) in a timely manner and monitor the issue until it is resolved.

D. Participate in clinical performance improvement activities to achieve set goals.
   1. Use data to drive decisions and plan/implement performance improvement strategies related to UM activities.
   2. Use Microsoft Word, Excel, PowerPoint, and other software tools for analysis and presentation of UR-related data.
   3. Create reports, displaying data and providing narrative analysis, to a variety of audiences.
   4. Participate in development, implementation, teaching, evaluation, and revision of departmental standards related to UM.

E. Demonstrate positive and professional written, verbal and nonverbal communication skills.
   1. Effectively and efficiently create clinical case summaries from a variety of medical record documentation for internal and external audiences, including for commercial payers and Medicare and Medicaid contractors.
   2. Substantiate activity by documentation that is entered in a clear, concise, organized, and timely manner per UW Health and Department of Coordinated Care guidelines.
   3. Utilize negotiation skills, which effectively promote constructive solutions.
   4. .
   5. Reflect concise clinical pertinence in documentation for assigned patient population.
   6. Respond to all inquiries from payers within a professional manner using Coordinated Care Department guidelines.
   7. Document UM, quality, and risk concerns and refer to appropriate departments as applicable for follow up.
   8. Complete assignments, monthly statistics, and all reports per Coordinated Care Department guidelines.

F. Apply advanced critical thinking and conflict resolution skills using creative approaches.
   1. Demonstrate a working knowledge of regulatory and survey standards (Medicare, Medicaid, Joint Commission).
   2. Demonstrate a working knowledge of disease and age specific impact.
   3. Demonstrate a working knowledge of approved status determination criteria and apply consistently according to inter-rater reliability techniques.
   4. Demonstrate a working knowledge of rapid-cycle process improvement.

II. EDUCATION
   A. Provide ongoing education to case managers, outcome managers, and other colleagues related to UM, medical necessity, patient status, McKesson InterQual and other screening criteria sets, non-coverage notifications (including HINN and ABN), and other areas as requested.
   B. Participate in the orientation of new department staff specific to UM.
   C. Develop and provide individualized UM-related education as needed.
   D. As requested, provide learning opportunities for students in various health care disciplines.
   E. Support the UW Health outreach mission through consultation and/or education of community agencies as requested through the Department of Nursing and Department of Coordinated Care and Case Management.

ALL DUTIES AND REQUIREMENTS MUST BE PERFORMED CONSISTENT WITH THE UW HEALTH PERFORMANCE STANDARDS.
## JOB REQUIREMENTS

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<th>Education</th>
<th>Minimum</th>
<th>Bachelor’s degree in Nursing</th>
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<td>Preferred</td>
<td>MS degree in Nursing or Health Care related field</td>
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| Work Experience | Minimum | Five (5) years relevant clinical nursing experience |
|                | Preferred | Equivalent combination of education and experience will be considered |

| Licenses & Certifications | Minimum | RN licensed in the state of Wisconsin |
|                          | Preferred | ACM (Accredited Case Manager) through AMCA (American Case Management Association). |
|                          |          | CCM (Certified Case Manager) CCMC (Commission for Case Manager Certification). |
|                          |          | Board certification in Nursing Case Management (RN-BC) through ANCC (American Nurses Credentialing Center). |
|                          |          | CPHQ (Certified Professional in Health Care Quality) through NAHQ (National Association of Health Care Quality). |

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<th>Required Skills, Knowledge, and Abilities</th>
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<td>Excellent interpersonal communication, problem-solving, and conflict resolution skills.</td>
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<td>Computer skills in word processing, data base management, and spreadsheet desirable.</td>
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<td>Knowledge in areas of: Medicare and Medicaid UM regulations, McKesson InterQual, Medicare Inpatient Only List, RAC, QIO, MAC, and Denial Management.</td>
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### AGE SPECIFIC COMPETENCY (Clinical jobs only)

Identify age-specific competencies for direct and indirect patient care providers who regularly assess, manage and treat patients.

**Instructions:** Indicate the age groups of patients served either by direct or indirect patient care by checking the appropriate boxes below. Next,

- [x] Infants (Birth – 11 months)
- [x] Toddlers (1 – 3 years)
- [x] Preschool (4 – 5 years)
- [x] School Age (6 – 12 years)
- [x] Adolescent (13 – 19 years)
- [x] Young Adult (20 – 40 years)
- [x] Middle Adult (41 – 65 years)
- [x] Older Adult (Over 65 years)

### JOB FUNCTIONS

Review the employee’s job description and identify each essential function that is performed differently based on the age group of the patient.

### PHYSICAL REQUIREMENTS

Indicate the appropriate physical requirements of this job in the course of a shift. **Note:** reasonable accommodations may be made available for individuals with disabilities to perform the essential functions of this position.

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<tr>
<th>Physical Demand Level</th>
<th>Occasional</th>
<th>Frequent</th>
<th>Constant</th>
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<td>Up to 33% of the time</td>
<td>34%-66% of the time</td>
<td>67%-100% of the time</td>
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<td><strong>Sedentary:</strong> Ability to lift up to 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers and small tools. Although a sedentary job is defined as one, which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.</td>
<td>Up to 10#</td>
<td>Negligible</td>
<td>Negligible</td>
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<td><strong>Light:</strong> Ability to lift up to 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may only be a negligible amount, a job is in this category when it requires walking or standing to a significant degree.</td>
<td>Up to 20#</td>
<td>Up to 10# or requires significant walking or standing, or requires pushing/pulling of arm/leg controls</td>
<td>Negligible or constant push/pull of items of negligible weight</td>
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<td><strong>Medium:</strong> Ability to lift up to 50 pounds maximum with frequent lifting/and or carrying objects weighing up to 25 pounds.</td>
<td>20-50#</td>
<td>10-25#</td>
<td>Negligible-10#</td>
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<td><strong>Heavy:</strong> Ability to lift up to 100 pounds maximum with frequent lifting and/or carrying objects weighing up to 50 pounds.</td>
<td>50-100#</td>
<td>25-50#</td>
<td>10-20#</td>
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Very Heavy: Ability to lift over 100 pounds with frequent lifting and/or carrying objects weighing over 50 pounds.

List any other physical requirements or bona fide occupational qualifications:

Note: The purpose of this document is to describe the general nature and level of work performed by personnel so classified; it is not intended to serve as an inclusive list of all responsibilities associated with this position.