

HEALTH CARE UTILIZATION REVIEW COORDINATOR SERIES

<u>Code No.</u>	<u>Class Title</u>	<u>Occ. Area</u>	<u>Work Area</u>	<u>Prob. Period</u>	<u>Effective Date</u>	<u>Last Action</u>
4572	Health Care Utilization Review Coordinator	03	441	6 mo.	04/01/09	Rev.
4573	Chief Health Care Utilization Review Coordinator	03	441	6 mo.	04/01/09	Rev.

Promotional Line: 269

Series Narrative

Employees in this series evaluate or assist with the evaluation of the quality of in-patient and out-patient care according to criteria mandated by the Professional Standards Review Organization (PSRO) Law and the Joint Commission for Accreditation of Hospitals (JCAH). These evaluations are used by (1) regulatory agencies to ensure that patient care paid for by governmental agencies such as Title 5, Medicare, Medicaid and other third party payers meets their criteria and (2) hospital management to isolate patient care problems and plan for improved patient care.

Hospital administration designates and establishes policies for hospital patient care evaluation based upon mandated criteria. Health Care Utilization Review Coordinators monitor hospital patient care according to these policies. At the higher levels of this series, they may also assist with planning evaluation programs, being responsible for implementing evaluation programs, or supervise an area of patient care evaluation.

Examples of such patient care evaluations include certifying admissions as to the medical necessity of patient care, certifying length of stay in the hospital according to established check points, initiating appropriate discharge planning by bringing the patient's needs (such as physical therapy or nursing home placement) to the attention of the appropriate staff, and evaluations of other aspects of patient care.

DESCRIPTIONS OF LEVELS OF WORK

Level I: Health Care Utilization Review Coordinator

4572

Under the direction of a Chief Health Care Utilization Review Coordinator, an employee at this level (a) supervises an assigned area of the quality assurance program, (b) acts as an assistant to the Chief Coordinator, and/or (c) is in charge of patient care evaluation in a specialized area of the quality assurance program requiring additional expertise.

A Health Care Utilization Review Coordinator typically –

1. may perform duties described in one or more of the areas given below:
 - a. supervises subordinates in an assigned area of the quality assurance program
 - i. interviews applicants and recommends hiring
 - ii. assigns work to subordinates
 - iii. orients and trains subordinates
 - iv. evaluates work of subordinates and recommends discipline and firing
 - v. assists subordinates with difficult evaluations

- b. assists a Chief Health Care Utilization Review Coordinator with duties that require a thorough knowledge of the quality assurance
 - i. assists with planning and implementation of the quality assurance program as required
 - ii. substitutes for a Chief Health Care Utilization Review Coordinator
 - iii. routinely prepares analytical reports of the quality assurance program, including recommendations for improved patient care
 - iv. evaluates cases of a more difficult nature, such as those with vague or complex criteria, as requested
- c. is in charge of a specialized area of the quality assurance program

To be “specialized,” an area must require expertise or responsibilities added to those required for a Health Care Utilization Review Coordinator. For example, preadmissions test evaluation involves reviewing results of diagnostic medical tests prior to hospital admission to ensure that results of all required tests are present, current, and normal. The Coordinator brings abnormal results to the attention of the attending physician. Upon the physician’s request, the Coordinator arranges for additional tests or consultations by contacting patients and appropriate staff. To perform these duties, the coordinator must deal with all areas of the institution where diagnostic tests are conducted such as X-ray, EKG laboratory, and hospital clinical laboratories, patient admissions, and specialty departments for consultation such as pediatrics. The Coordinator must establish a cooperative working relationship with these staff members to carry out work effectively.

- 2. orients other Coordinators to own area of work
- 3. may attend hospital administration committee meetings regarding establishment of policies for the quality assurance program
- 4. may assist students with special class projects in quality assurance
- 5. performs the duties of the lower level of this series
- 6. performs other related duties as assigned

Level II: Chief Health Care Utilization Review Coordinator**4573**

Under administrative supervision of the chief-of-staff designate for the quality assurance program, employees at this level are responsible for the direction of the utilization review staff, implementation of the quality assurance program, and coordination of work efforts with hospital departments and outside review agencies. The employee also assists with the presentation of classes on the quality assurance program.

A Chief Health Care Utilization Review Coordinator typically –

1. is responsible for directing staff personnel
 - a. interviews and selects staff
 - b. assigns duties or supervisor to employees
 - c. ensures proper orientation and training of employees
 - d. disciplines employees
 - e. evaluates and fires employees
 - f. is responsible for preparation of personnel reports and procedures
2. with chief-of-staff designates approval, plans and implements procedures for the quality assurance program
 - a. activity participates in hospital administration committee meetings for the establishment of quality assurance program policies
 - b. plans procedures for implementing policies in cooperation with chief-of-staff designate
 - c. develops forms to be used in the quality assurance program
 - d. implements new or modified procedures
 - e. evaluates effectiveness and adequacy of procedures and recommends modifications in procedures
3. coordinates the quality assurance program activities with other hospital departments such as admitting area, patients accounts, and specialty departments--such as surgery
4. is liaison with outside review agencies, providing agencies with required information and keeping current on changes in criteria issued by agencies
5. prepares materials for classes or seminars on the quality assurance program
6. assists students with special class projects in quality assurance
7. may arrange and coordinate Utilization Review-Medical Audit committee meetings
8. performs the duties of the lower level of this series
9. performs other related duties as assigned

Level I: Health Care Utilization Review Coordinator**4572**

CREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

1. Graduation from an accredited professional nursing program.
2. Current licensure as a Registered Professional Nurse with the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation.
3. Five years (60 months) of medical surgical experience.

PERSONAL ATTRIBUTES NEEDED TO UNDERTAKE JOB

1. familiarity with utilization review practices
2. ability to organize work and to work independently
3. ability to train and/or supervise staff members in the quality assurance program
4. ability to evaluate the impact of changes in program policies and procedures upon daily work duties and the ultimate program outcome
5. ability to assist with teaching

Level II: Chief Health Care Utilization Review Coordinator**4573**

CREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

1. Graduation from an accredited professional nursing program.
2. Current licensure as a Registered Professional Nurse with the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation.
3. Two years (24 months) of utilization review experience comparable to that gained as a Health Care Utilization Review Coordinator.

PERSONAL ATTRIBUTES NEEDED TO UNDERTAKE JOB

1. knowledge of the law, policies, and procedures of the Professional Standards Review Organization-Utilization Review
2. ability to plan, implement, and evaluate a utilization review program
3. ability to supervise staff, including hiring, assigning work evaluating, and firing subordinates
4. ability to coordinate the utilization review program with other areas of the hospital, outside agencies, outside professional groups, and other health care organizations
5. ability to teach