



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands

1178 Hinemlu' St. Garapan, Saipan, MP 96950



HUMAN RESOURCES

EXAMINATION ANNOUNCEMENT NO. 25-078

POSITION:	UTILIZATION REVIEW PROGRAM MANAGER	OPENING DATE: <u>05/16/2025</u>
NO. OF VACANCIES:	1	CLOSING DATE: <u>05/26/2025</u>
SALARY:	\$55,359.20 - \$68,250.00 per Year	
WORKSITE	Nursing Department	
LOCATION:	Commonwealth Health Center P. O. Box 500409 Saipan, MP 96950	

DUTIES:

The incumbent shall perform Hospital Utilization Review services in accordance with the Utilization Review Plan (admission review, length of stay review, and discharge planning review) rules and regulations from the Centers for Medicare and Medicaid (CMS) and other applicable standards. The URPM's duties and responsibilities are essential in ensuring that the utilization review program safeguards the hospital against unnecessary and inappropriate medical care rendered to all patients availing its services. Enhance the Utilization Review Plan by providing insights into reporting, analysis and process improvement initiatives. Oversee the analysis, development, implantation and evaluation of the Utilization Management Plan, programs and policies so that quality, documentations, policies and procedures that is consistent with the Plan and the applicable standards in addition to the identification of areas of improvements. With the new addition the incumbent will also be responsible for the supervision and lead on all Clinical Quality matters. The new responsibilities include but are not limited to the following: primary responsibility for directing and managing clinical improvement initiatives of CHCC, chart/case review, and ensuring regulatory compliance and promoting health care outcomes. The incumbent will work closely with CHCC Hospital Quality Committee to establish a vision and direction for the Quality Improvement (QI) Program within the framework of current regulation, existing program work plans and the CHCC's strategic plan. The incumbent will also work closely with the Hospital Quality Coordinator, as they will work hand in hand assuring clinical quality care throughout CHCC. Also, the use of health information technology and resulting data will be a major component of the QI program. Utilization Review Program Manager will report directly to the Director of Nursing. Admission Review: Determine legitimacy of admission, treatment, and length of stay in health-care facility to comply with CMS and the intricacies of medical insurance coverage or reimbursement policies. Analyze insurance, governmental, and accrediting agency standards to determine criteria concerning admission, treatment, and length of stay of patients. Obtain necessary medical reports and subsequent treatment plan request to conduct reviews and

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validates medical staff's orders, reports progress and unusual occurrences on individuals. Length of Stay Review: Ensure authorization of appropriate and cost-effective healthcare services to individuals. Ensure all admission and continued stays meet clinical criteria for appropriateness and medical necessity. Consult with clinical teams regarding the level of care and collaborates with other departments in evaluation of projects affecting discharge plans. Facilitate educational programs and advise physicians and other departments of regulations affecting Utilization Review Plan. Identify areas for improvement of existing operational policies and procedures and develop recommendations to appropriate management personnel and medical staff; follow through with implementation. Responsible for achievement of team initiatives for Medical Cost Management in addition to the accuracy and effectiveness of Utilization Review process. Work closely with all appropriate internal departments on issues related to utilization management and readmissions, including partnering for clinical presentations for providing and member groups. Review all in-patient cases for any adverse occurrence and refer to the appropriate clinical department head or medical staff department. Discharge Planning Review: Coordinate and supervise the activities of the Discharge Planner (Case Manager/s) and Patient Educator to ensure discharge planning process is active and meet the needs of the patient through the continuum of care. Coordinate with appropriate Discharge Planning team members, facility Utilization Management Department, physician and members to coordinate timely discharge. Function as a major contributor as it relates to Discharge Planning and Readmission reduction strategies. Participate in Treatment Planning to ensure plan meets patient's clinical, psychological and discharge needs in collaboration with the attending physician and Interdisciplinary Team. Monitor and control the use of healthcare resources to achieve desired patient outcomes, decrease length of stay, and decrease resource utilization. Identify and document delays in care and services and reports findings to department supervisor. Monitor and facilitate appropriate utilization of resources using evidence-base clinical criteria. Function as a resource to the clinical team regarding approved criteria, practice guidelines and alternative treatment options. Evaluate Discharge Planning Program and recommend any improvements or enhancements to meet the program goals and objectives.

MINIMUM QUALIFICATION REQUIREMENTS:

Bachelor of Science in Nursing from a recognized/accredited school of Nursing. Must pass NCLEX-RN and must be licensed as a Registered Nurse by the CNMI Commonwealth Board of Nurse Examiners (CBNE) to practice the profession of nursing in the CNMI. Six (6) years of experience as a staff nurse and three (3) years of which must be utilization nursing management experience. Must hold valid CNMI license as a Registered Nurse (NCLEX-RN). Certified in Utilization Review. Organization such as the American Board of Quality Assurance and Utilization Review Physician (ABQAURP) or Certification in Healthcare Quality Program or Certified in Case Management, preferred. Demonstrate excellent critical thinking and ability to work independently. Detail oriented, able to multi-task and remain flexible with assignments. Strong organizational skills and communicate effectively.

CONDITIONAL REQUIREMENT:

Employment is contingent upon successful clearing of pre-employment health and drug screening in accordance with CHCC policy.

ADDITIONAL JOB INFORMATION:

This position is a temporary, Full-Time employment status at 40 hours per week with a shift schedule of eight (8) hours per day from 7:30am to 4:30pm, Monday through Sunday with flexible day(s) off per week. Employment start date will begin on July 01, 2025 through June 30, 2028. This position is paid on a bi-weekly basis (2-week period). Fringe benefits: Paid time off & holidays.

NOTE(S):

- Employer-Provided Items 655.423(k): Workers will be provided, without charge or deposit charge, all tools, supplies and equipment required to perform the duties assigned.
- Deductions from Pay: CNMI Tax, Federal Tax, Medicare and Social Security. Optional: Medical & Dental Insurance, Life Insurance, 401a Retirement Plan.

INTERESTED PERSONS SHOULD SEND THEIR COMPLETED APPLICATION FORMS TO:

Interested applicants may be considered for employment by submitting a completed Commonwealth Healthcare Corporation (CHCC) Employment Application to CHCCs Human Resources Office. The HR Office is open Monday through Friday from 7:30 AM to 4:30 PM and is CLOSED on weekends/holidays. Applicants may contact the employer via email at apply@chcc.health or via telephone at (670)236-8202 to apply for the job opportunity posted on the CHCCs official website: <http://www.chcc.health/job-opportunities.php>. Employment Applications are made available on the CHCC website and at the CHCCs HR & Main Cashier Office.