



Commonwealth Healthcare Corporation
Commonwealth of the Northern Mariana Islands
1178 Hinemlu' St. Garapan, Saipan, MP 96950



HUMAN RESOURCES

EXAMINATION ANNOUNCEMENT NO. 26-069

POSITION: **Utilization Review Nurse** OPENING DATE: **06/08/2026**
NO. OF VACANCIES: **2** CLOSING DATE: **Continuous**
SALARY: **\$48,634.56 P/A**
PAY LEVEL: **UNG**
The salary given will be determined by the qualifications of the appointee.
LOCATION: **Nursing Services,
Commonwealth Healthcare Corporation, Saipan**

NATURE OF WORK

This position reports directly to the Utilization Program Review Manager. The incumbent is responsible for compliance with Centers for Medicare & Medicaid Services (CMS) Conditions of Participation regarding Utilization Review and Discharge Planning, including the implementation of the Utilization Review Plan and assisting with the coordination of the Utilization Review Committee. The incumbent also ensures compliance with national standards of care, making certain that discharge planning and patient needs for care, treatment, and services after discharge or transfer are met. The incumbent follows the CHCC's Utilization Review Program, which integrates the functions of utilization review, discharge planning, and resource management into a unified effort to ensure that, based on patient assessment, care is provided in the most appropriate setting using medically indicated resources. The hospital's case management model outlines a collaborative practice aimed at improving quality through coordinated care, impacting length of stay, minimizing costs, and ensuring optimal outcomes.

DUTIES AND RESPONSIBILITIES:

Clinical Case Management

A. Assessment

1. Conduct a comprehensive patient/family assessment and discharge planning evaluation upon admission and at regular intervals as requested to initiate and maintain the patient's discharge plan of care.
2. Review the patient's medical record to determine health status and risk factors, and to evaluate the likelihood of the patient's capacity for self-care or the possibility of the patient being cared for in the same environment from which he/she entered the hospital.
3. Identify patient/family education needs and ensure that patient/family members have adequate information to participate in discharge planning, and that they are given choices to the degree possible when the patient requires post-acute hospital services.

B. Analysis

1. Critically evaluate and analyze physical and psychosocial assessment data.
2. Evaluate developmental status and mental status, and utilize data to modify the discharge plan of care. Differentiate between normal and abnormal physical findings, as well as adaptive and maladaptive behavior.
3. Interpret screening and selective laboratory/diagnostic tests.

C. Care Planning

1. Initiate and maintain communication and collaboration with physicians, staff nurses, social workers, other interdepartmental disciplines, and patients/families to develop, implement, and evaluate a discharge plan of care for each patient within the assigned clinical area.

D. Intervention

1. Act as a clinical expert resource to nursing staff in planning and implementing the discharge plan of care.
2. Utilize the financial and insurance resources of the patient to maximize healthcare benefits.
3. Develop a plan for continuing care when discharge outcomes are not met.

E. Evaluation

1. Arrange post-acute referrals for patients with health problems requiring further evaluation or additional services.
2. Provide post-discharge follow-up by making referrals to the primary care clinic.
3. Conduct concurrent utilization reviews for the defined patient population.
4. Identify and track avoidable days.

Leadership

A. Coordinates and facilitates patient progression throughout the continuum.

1. Identify and facilitate the resolution of system process problems that impede diagnostic or treatment progress. Resolve delays and obstacles to discharge.
2. Facilitate referrals for home health care, hospice, durable medical equipment, and supplies.
3. Ensure and maintain consensus on the discharge plan among the patient/family, physician, interdisciplinary team, and the patient's payer.

B. Coordinates and integrates utilization management functions and quality reviews.

1. Apply approved utilization acuity criteria to monitor the appropriateness of admissions as part of the initial and concurrent review for continued stays for all patients on the assigned caseload.
2. Refer UR issues to the UR Program Manager and/or UR physician advisor(s) in a timely manner, and monitor the issue until it is resolved.
3. Participate in UR Committee activities, including the quarterly committee meetings.
4. Comply with documented policies and procedures for non-coverage notifications, including Hospital Issued Notice of Non-coverage (HINN) and Advance Beneficiary Notice of Noncoverage (ABN).

C. Collaborates with all members of the healthcare team and external customers.

1. Provide clinical consultation to physicians and CHCC staff on UR and case management issues.
2. Refer appropriate patients to Medical Social Services for psychosocial intervention, guardianship, financial assistance, and complex discharge planning in a timely manner.
3. Attend the quarterly Saipan Care Transition Coalition meetings to address readmissions and other care transition issues with relevant stakeholders.

D. Participates in clinical performance improvement activities (QAPI) to set goals.

1. Use data to drive decisions and plan/implement performance improvement strategies related to clinical care coordination for patients.
2. Collect delay and other resource utilization data for specific performance and/or outcome indicators.

E. Compliance

1. Demonstrate a working knowledge of CMS regulatory and survey standards.
2. Demonstrate a working knowledge of InterQual criteria and apply them consistently according to inter-rater reliability techniques.
3. Demonstrate a working knowledge of disease and age-specific impacts.

QUALIFICATION REQUIREMENTS:

Education: Associate of Science in Nursing (ASN) or Bachelor of Science in Nursing (BSN) Degree from recognized and accredited school of nursing.

Experience: Minimum of 2-3 years of relevant nursing experience (e.g., case management, utilization review, or discharge planning). Experience in care coordination or transitional care is preferred.

Licenses/Certifications: Must pass the NCLEX-RN and be licensed as a Registered Nurse by the CBNE to practice nursing in the CNMI. Certification as a Certified Case Manager (CCM) is preferred but not required..

Other: Must comply with mandatory flu vaccine and drug screening in accordance with CHCC policy

KNOWLEDGE/SKILL/ABILITY:

- Healthcare Regulations and Standards — Understanding of healthcare policies, regulations, and standards related to utilization review, including knowledge of insurance guidelines, medical necessity criteria, and quality assurance processes.
- Clinical Knowledge — Familiarity with medical terminology, treatment protocols, and patient care practices to effectively assess the appropriateness of care and services provided to patients.
- Patient-Centered Care — Knowledge of principles for assessing patient needs, ensuring quality of care, and evaluating patient satisfaction to enhance the overall patient experience.
- Analytical Skills — Ability to critically evaluate clinical information, assess the appropriateness of care, and make informed decisions regarding utilization of healthcare services.
- Effective Communication — Proficient in conveying complex information clearly and concisely to patients, families, and healthcare providers, ensuring understanding and collaboration in care decisions.
- Patient Assessment and Prioritization — Skilled in assessing patient needs and prioritizing cases based on medical necessity, urgency, and resource availability.
- Attention to Detail — The ability to notice and evaluate specific details in clinical documentation and patient records to ensure compliance with utilization review criteria.
- Oral Comprehension — The ability to listen to and understand complex information and ideas presented through spoken words, facilitating effective communication with healthcare teams and stakeholders.
- Organizational Skills — The ability to manage multiple cases and prioritize tasks efficiently, ensuring timely reviews and adherence to deadlines in the utilization review process.

CONDITIONAL REQUIREMENTS:

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

OTHERS:

This position is a Full-Time employment status and requires at least 40 hours per week. This position is “**Exempt**” or is not eligible to receive overtime compensation pursuant to the Fair Labor Standards Act (FLSA) of 1938 Federal Law. Regular operating hours of the Commonwealth Healthcare Corporation will be Monday to Friday from 7:30am to 4:30pm. This work schedule however is subject to change with or without notice based on the Employer’s business requirement and/or by the demands of the employee’s job. This position is paid on a bi-weekly basis (2-week period). CHCC adheres to all applicable deductions such as C.N.M.I. Tax, Federal Tax, Medicare and Social Security.

Note(s):

- *Three-fourths 20 CFR 655, Subpart E: “Workers will be offered employment for a total number of work hours equal to at least three fourths of the workdays of the total period that begins with the first workday after the arrival of the worker at the place of employment or the advertised contractual first date of need, whichever is later, and ends on the expiration date specified in the work contract or in its extensions, if any.”*
- *Employer-Provided Items 655.423(k): Requires Employer provide to the worker, without charge or deposit charge, all tools, supplies and equipment required to perform the duties assigned.*

CHCC is an equal opportunity employer. We consider all applicants for all positions without regard to race, color, religion, sex, disability, age, mental or veteran status, the presence of a non-job-related medical condition or disability, or any legal protected status.

INTERESTED PERSONS SHOULD SEND THEIR CURRENT APPLICATION FORMS TO:

Office of Human Resources

Commonwealth Healthcare Corporation

1178 Hinemlu' St., Garapan, Saipan, MP, 96950

Operation Hours: Monday Through Friday 7:30 AM – 4:30 PM and CLOSED on weekends/holidays.

Employment Application Forms will be available 24/7 at the employer's hospital facility's Main Cashier Office (entrance/exit point for all)

E-mail: apply@chcc.health

Direct Line: (670) 234-8951 ext. 3416/3410/3427/3584

Trunk Line: (670) 234-8950

Fax Line: (670) 233-8756

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Note: Education and training claimed in Employment Application must be substantiated by diploma, certificate or license. Failure to provide complete application form or the required documents will result in automatic disqualification.