



# Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands  
1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950



## HUMAN RESOURCES

### EXAMINATION ANNOUNCEMENT NO 22-093

POSITION:	<b>UTILIZATION REVIEW PROGRAM MANAGER</b>	OPENING DATE:	<b><u>05/06/2022</u></b>
NO. OF VACANCIES:	<b>1</b>	CLOSING DATE:	<b><u>CONTINUOUS</u></b>
SALARY:	<b>\$55,359.20 P/A - \$67,290.08 P/A</b>		
PAY GRADE:	<b>09/01</b>		
LOCATION:	Corporate Quality & Performance Management, Commonwealth Health Center, Commonwealth Healthcare Corporation, Saipan		

#### NATURE OF WORK:

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 CQPM.

#### DUTIES AND RESPONSIBILITIES:

#### 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, an

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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.

length of stay of patients. Obtain necessary medical reports and subsequent treatment plan request to conduct reviews and validates medical staff's orders, reports progress and unusual occurrences on individuals.

**LENGTH OF STAY REVIEW:**

Ensure authorization of appreciate 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 implantation. Responsible for achievement of team initiatives for Medical Cost Management in addition to the accuracy and effectiveness of Utilization Review process and working with the appropriate department to improve their understanding of how these standards impact their departments. 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.

**DISCHARGE PLANNING REVIEW:**

Design, direct and oversee implementation of clinical Quality Improvement programs with the guidance of the Clinical Community. Support CHCC Clinical team members in developing and implementing the necessary teams, tools and care process changes in parallel with individual center efforts to improve patient outcomes and develop innovation approaches to primary care delivery reform. Work closely with CHCC Hospital Quality Coordinator and Clinical Staff in implantation of quality Management to ensure that all clinical setup and workflow development is aligned with QI program requirements, goals and objectives. Participate in monthly Clinical Committee meetings and perform requested follow-up duties. Responsible for co-facilitating Quality Council Meetings. Establish goals, objectives, policies and procedures for QPM Program in consultation with the CQPM and CHCC clinical Management Leaders. Provide consultative services to clinical departments and services of the corporation in achieving regulatory and accreditation standards. Initiates physician peer review process and occurrence screening activities. Promotes problem resolution by timely intervention and reassessment or problems. Oversee/participate in Mortality Review, as well as facilitate the process. Works collaboratively and provides feedback directly to the Hospital Administrator regarding problem areas, status of quality and performance improvement results of corrective action and reassessment of problems.

**QUALIFICATION REQUIREMENTS:**

**Education:** Bachelor of Science in Nursing from a recognized/accredited school of Nursing.

**Experience:** Six (6) years of experience as a Registered Nurse and three (3) years of which must be utilization nursing experience.

**Licensure:** 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. BLS/ACLS Certified.

**CONDITIONAL REQUIREMENTS:**

Employment is contingent upon successful clearing of pre-employment health screening (Covid-19 vaccine required) and drug screening in accordance with CHCC policy.

**OTHERS:**

This position is a Full-Time employment status and 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 for a total of 40 hours per week. 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.*

**INTERESTED PERSONS SHOULD SEND THEIR CURRENT APPLICATION FORMS TO:**

Office of Human Resources

Commonwealth Healthcare Corporation

1 Lower Navy Hill Road, Navy Hill, 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](mailto:apply@chcc.health)

Direct Line: (670) 236-8205/8210/8729/8202

Trunk Line: (670) 234-8950 ext. 3580/3581/3583

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.