



# Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands

1178 Hinemlu' St. Garapan, Saipan, MP 96950



## HUMAN RESOURCES

### EXAMINATION ANNOUNCEMENT NO. 24-156

POSITION:	<b>Utilization Review Nurse</b>	OPENING DATE:	<b><u>10/30/2024</u></b>
NO. OF VACANCIES:	<b>1</b>	CLOSING DATE:	<b><u>Continuous</u></b>
SALARY:	<b>\$47,821.28 – 52,723.84 P/A</b>		
PAY LEVEL:	<b>UNG</b>		
	<i>The salary given will be determined by the qualifications of the appointee.</i>		
LOCATION:	Nursing Services, Commonwealth Healthcare Corporation, Rota		

#### NATURE OF WORK

This position reports directly to the Utilization Program Review Manager. The incumbent is responsible for facilitating the Discharge Planning Program across all hospital units to ensure that the discharge planning policies and procedures are implemented and followed accordingly. The incumbent will also perform hospital utilization review services using evidence-based criteria, namely admission review, length of stay review, and discharge review, in accordance with CMS (Centers for Medicare and Medicaid Services) standards. The duties and responsibilities of the Utilization Review Nurse are essential in ensuring that the utilization review program safeguards the hospital against unnecessary and inappropriate medical care rendered to all patients utilizing its services.

#### DUTIES:

- Evaluates patient medical records for accurate and complete documentation of medical necessity, treatment modalities, and appropriate levels of care.
- Determines the medical necessity of hospitalization using evidence-based criteria.
- Identifies the planning needs of patients and coordinates all disciplines to ensure those needs are met prior to discharge.
- Assists in the creation of a monthly transition of care report, which includes in-depth research on the reasons why patients are readmitted, prepares the presentation, and reports to the team involved in the transition of care for discharged patients.
- Participates in the hospital's Quality Assurance and Performance Improvement, which includes the monthly and quarterly creation and submission of reports on readmitted patients, and proposes a plan of action if the target is not met.
- Participates in site certifications to meet regulatory standards and serves as a member of the monitoring team in periodic program reviews.
- Presents at the quarterly meetings for the Care Transition Coalition and Utilization Review Committee, proposing a plan of action to address concerns such as high readmission rates, long-staying patients, and other issues directly affecting the utilization review of admitted patients.
- Reviews the appropriateness of continued stays in inpatient records concurrently during the patient's hospital stay.
- Reviews discrepancies in the documentation of services.
- Develops statistical and narrative reports to be shared with the Utilization Review Program Manager on the outcomes of audits of provider services, highlighting areas such as the timeliness of provider denials, certified admissions and extensions, and administrative stays.
- Maintains a log of chart reviews for tracking purposes. In the absence of the Utilization Review Program Manager, performs duties and responsibilities as delegated.
- Performs other related duties as assigned by the Utilization Review Program Manager and/or Director of Nursing.

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### **LENGTH OF STAY REVIEW:**

- Ensure the authorization of appropriate and cost-effective healthcare services for individuals.
- Ensure that all admissions and continued stays meet clinical criteria for appropriateness and medical necessity.
- Consult with clinical teams regarding the level of care and collaborate with other departments in the evaluation of projects affecting discharge plans.
- Facilitate educational programs and advise physicians and other departments on regulations affecting the Utilization Review Plan.
- Identify areas for improvement in existing operational policies and procedures, and develop recommendations for appropriate management personnel and medical staff; follow through with implementation.
- Responsible for achieving team initiatives for medical cost management, in addition to ensuring the accuracy and effectiveness of the utilization review process.
- Review all inpatient cases for any adverse occurrences and refer them to the appropriate clinical department head or medical staff department.

### **DISCHARGE REVIEW:**

- Coordinate with appropriate Discharge Planning team members, physicians, and stakeholders to ensure timely discharges.
- Function as a major contributor to Discharge Planning and readmission reduction strategies.
- Participate in treatment planning to ensure that the plan meets the patient's clinical, psychological, and discharge needs in collaboration with the attending physician and the interdisciplinary team.
- Monitor and control the use of healthcare resources to achieve desired patient outcomes, decrease length of stay, and reduce resource utilization.
- Identify and document delays in care and services, and report findings to the Utilization Review Program Manager.
- Monitor and facilitate the appropriate utilization of resources using evidence-based clinical criteria.
- Serve as a resource to the clinical team regarding evidence-based criteria, practice guidelines, and alternative treatment options.
- Ensure that all patient discharges meet clinical criteria for appropriateness and that all discharge plans and goals are met.

### **QUALIFICATION REQUIREMENTS:**

#### **Education:**

- A1. Associate of Science in Nursing (ASN) from a recognized/ accredited School of Nursing.
- B1. Bachelor of Science in Nursing (BSN) from a recognized/ accredited School of Nursing.

#### **Experience:**

- A1. Plus five (5) years of work experience in an acute care hospital setting; experience in the Utilization Review department or Case Management is preferred.
- B1. Plus three (3) years of work experience in an acute care hospital setting; experience in the Utilization Review department or Case Management is preferred.

**Licenses/Certifications:** Must pass NCLEX-RN and licensed as a Registered Nurse by CBNE to practice the nursing profession in the CNMI and in good standing at the time of application. Must have BLS certification by AHA.

**Other:** None.

### **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

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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.*

### **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](mailto:apply@chcc.health)

Direct Line: (670) 234-8951 ext. 3416/3410/3427/3583

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.

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