



FMQAI Job Description

Job Title: Case Review RN (CRRN)
FLSA Status: Exempt
Prepared Date: 10/09

SUMMARY

The Case Review RN (CRRN) serves as a member of the Beneficiary Protection Team responsible for coordinating and implementing review of medical records to determine medical necessity, appropriate level of care and quality of services provided through the application of appropriate established screening criteria and professional judgment. The CRRN is responsible for timely and accurate completion of all medical record review including data entry into the Case Review Information System (CRIS) in accordance with CMS requirements. The CRRN is also responsible for working with health care providers to initiate, monitor and report on quality improvement activities undertaken as a result of confirmed quality of care concerns. The CRRN is accountable for meeting or exceeding CMS Internal Quality Control (IQC) metrics. The CRRN may also perform data collection for special projects.

ESSENTIAL DUTIES AND RESPONSIBILITIES

1. Works under the direct supervision of the Case Review Project Director or Manager designee.
2. Ability to conduct, on a daily basis, all stages of utilization and quality review with 95% accuracy and within CMS timeframes. Review types include concurrent and retrospective Medicare beneficiary complaints, beneficiary complaints, discharge appeals, readmissions, Medicare coverage, higher weighted DRGs and EMTALA review. Review settings include inpatient acute care, long term care, ambulatory surgical care, physician office, emergency department, comprehensive outpatient rehabilitation, skilled nursing home, hospice and home health.
3. Ability to systematically assign appropriate established screening criteria (InterQual and CMS generic quality screens) to each setting with accuracy reflected 95% of the time.
4. Ability to use critical thinking skills to identify potential utilization and quality of care concerns and pose intelligent questions to physician reviewers for their determination.
5. Ability to complete, with 95% accuracy, all appropriate summaries and abstracts for each case reviewed, through assessment and summarization of medical record documentation.



6. Ability to write clear and concise letters to health care providers to inquire about the appropriateness of admission, quality of services provided and request appropriate quality improvement activities.
7. Ability to assess current health care provider processes and barriers related to the focus of quality improvement activities (QIAs). Based upon assessment findings and in collaboration with the beneficiary protection team, determines appropriate interventions and/or modifications to QIAs, and shares these with healthcare providers.
8. Ability to effectively communicate with Medicare beneficiaries, physicians, administrators, attorneys and other professional staff on case review processes and findings as appropriate. Ability to educate providers and beneficiaries on Medicare requirements as they relate to QIO oversight activities.
9. Ability to adhere to strict CMS and FMQAI confidentiality guidelines.
10. Is accountable for accurate and timely completion of all assigned functions and tasks.
11. Must possess the ability to correlate detailed medical information with approved criteria and/or standards of care.
12. Must be able to read handwritten and electronic medical records.
13. Must possess the ability to work weekends and holidays as required by the contract.
14. Must possess the ability to be flexible in adjusting work hours to workload to assure assigned cases are reviewed in a timely manner.
15. Is accountable for appropriate communication and problem solving behavior with health care providers, Medicare beneficiaries and other professional staff.
16. Must possess the ability to communicate, present and teach, through written and verbal means, information in a pleasantly clear, concise and accurate manner.
17. Must possess the ability to problem solve, use individual discretion and professional judgment to initiate actions.
18. Must possess the ability to work independently or as part of a team.
19. Ability to write clear and concise letters to Medicare beneficiaries to explain FMQAI's case review findings and complex medical decisions in terms that can be easily understood by the general public.



20. Attends staff meetings and in-service presentations conducted at FMQAI on a regular basis, approximately 20 times per year.

QUALIFICATIONS

To function in this position successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION AND/OR EXPERIENCE

1. Current Registered Nurse (RN) licensure as a healthcare professional in the state of Florida.
2. A minimum of five (5) years of acute hospital experience or equivalent field experience in specialty area of review.
3. Three (3) years of utilization/quality review experience.
4. Knowledge of Medicare statutory and regulatory requirements

OTHER QUALIFICATIONS

Computer literacy skills using Microsoft applications such as Word, Excel, Project, Power Point, Internet and Access; typing accuracy and the ability to navigate various CMS-approved databases.

LANGUAGE SKILLS

Ability to read and interpret documents such as safety rules, operating and maintenance instructions and procedure manuals. Ability to write routine reports and correspondence and to speak effectively before groups of customers or employees of the organization. The ability to speak multi-lingual is preferred.

MATHEMATICAL SKILLS

Ability to calculate figures and amounts such as discounts, interest, commissions, proportions, percentages, area and volume and the ability to apply concepts of basic algebra and geometry.

REASONING ABILITY



Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists; the ability to interpret a variety of instructions furnished in written, oral, diagram or schedule form.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an associate to successfully perform the essential functions of this position. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this position, the associate is regularly required to use hands and fingers to handle or feel; to reach with hands and arms and to talk and hear. The associate is frequently required to stand, walk and sit and must regularly lift and/or move up to 10 pounds and occasionally lift and/or move up to 25 pounds. Specific vision abilities are required by this job including close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an associate encounters while performing the essential functions of this position. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The noise level in the work environment is usually moderate.

DISCLAIMER

This is not necessarily an exhaustive list of all responsibilities, skills, duties, requirements, efforts or working conditions associated with the position. While this is intended to be an accurate reflection of the current position, management reserves the right to revise the position or to require that other or different tasks be performed when circumstances change (e.g., emergencies, changes in personnel, work load, rush jobs or technological developments).