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Our company is hiring for a review nurse. We appreciate you taking the time to review the list of qualifications and to apply for the position. If you don't fill all of the qualifications, you may still be considered depending on your level of experience.

Responsibilities for review nurse

- Perform utilization
- Reviews concurrent and or retrospective acute care medical necessity denials for concurrence and submit timely appeals or complete status changes as necessary
- Documents all denials and appeal process in the denial software
- Works with the Compliance Nurse Manager Auditor to identify needed educational opportunities for Case Management staff and Physicians
- Work with case managers to ensure authorization and certifications of hospital days have been approved by payer
- Work with case managers to ensure clinical reviews are submitted to payer timely for approval for medical necessity continued stay days and avoid a potential non- clinical submission denial
- Utilize clinical knowledge and experience with disease management and medical services rates, including payer contracts, during the negotiation for a reverse decision of a potential front –end denial
- Reports denial activity and reports at monthly revenue management meetings
- Provides support/guidance to RN Case Managers regarding concurrent denials and appropriate patient status determinations
- Supervises, evaluate and or coordinate care management processes/denial prevention, and or denial and appeals management, maintaining regulatory compliance

- Knowledge of healthcare and managed care preferred
- Washington RN license
- Maintain good intradepartmental and community relationships
- Behave in ethical and honest manner to foster trust
- Current TN RN licensure required
- Working knowledge of reimbursement issues