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Example of Utilization Review Nurse Job Description

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Our company is growing rapidly and is searching for experienced candidates for the position of utilization review nurse. To join our growing team, please review the list of responsibilities and qualifications.

Responsibilities for utilization review nurse

- Identify and maintain current information on community resources
- Maintain knowledge of current managed care contracts, federal statutes, regulations and procedures and applies them in performance of review activities
- Enhance professional knowledge and development through participation in educational program and in-service meetings and reading current literature
- Promote increased knowledge of financial implication of health care decisions by individual staff development on assigned unit(s)
- Completes mandatory education annually
- Individuals must possess these knowledge, skills and abilities and be able to
 explain and to demonstrate that she/she can perform the essential functions
 of the job, with or without reasonable accommodation, using some other
 combination of skills and abilities
- Graduate of an accredited School of Nursing, LPN Nursing, one-year of experience in Case Management
- Current license as Licensed Practical Nurse in Florida
- Performs all utilization review activities according to Health Services policy and procedures
- Maintains confidentiality in all aspects of operations

Qualifications for utilization review nurse

• Register Nurse with 3-5 years of clinical experience

- Two years medical surgical nursing and/or job related experience
 Knowledge of admission practices and procedures, related laws, regulations and guidelines pertaining to hospital, homecare, long-term care, sub-acute and acute rehab operations
- Prior insurance /managed care/utilization review experience in the role of a Case Manager or Disease Manager, Population Health, Discharge Planning or Chronic Care Manager
- At least 2 years of floor nursing experience in either acute, SNF or home health a plus