

**METROPLUS ONLY**

<i>Position Title</i>	<i>Title Code(s)</i>	<i>Effective</i>	<i>Reissued</i>	<i>Revision</i>
MetroPlus Utilization Review/Management Coordinator				
Level I	343010	05/25/18		
Level II	343030			

**Purpose of Position:**

Working exclusively at MetroPlus, the MetroPlus Utilization Review/Management Coordinator, determines the appropriateness of admission, quality of care, and medical necessity of a patient's course of treatment throughout the patient's continuum of care. Monitors the quality of care, to ensure that it meets established standards. Ensures optimal utilization of resources, service delivery, and compliance with external review requirements and applicable state and federal rules and regulations for better outcomes and improved patient experience. There are two (2) Assignment Levels within this class of positions; all personnel perform related work.

**Assignment Level I**

Performs assigned duties related to analysis, review, and quality assurance of patient documentation. The following are typical tasks for Assignment Level I:

**Examples of Typical Tasks:**

1. Analyzes and reviews patient/medical records holistically (retrospective, concurrent and prospective review of services) for medical necessity and appropriateness, and provides documentation and supporting evidence for Fair Hearing requests or external reviews to defend denial determinations.
2. Identifies and reports concurrent and/or retrospective trends and patterns of care which deviate from established norms.
3. Consults with medical, nursing and other staff involved in treatment to clarify concerns and secure documentation, as required.
4. Performs utilization review for all services (Durable Medical Equipment (DME), Inpatient, Out of Network, Skilled Nursing Facility (SNF), etc.) from System and non-System providers.
5. Initiates action and/or works with Social Service Department to monitor timely discharge planning.
6. Excerpts requested medical information from records for Utilization Review Management, Quality Management, and other committees and may otherwise participate as a member of the committee(s). Develops and maintains liaison with government and employees, third party payers, and Utilization Review agents.

<i>Position Title</i>	<i>Title Code(s)</i>	<i>Effective</i>	<i>Reissued</i>	<i>Revision</i>
MetroPlus Utilization Review/Management Coordinator				
Level I	343010	05/25/18		
Level II	343030			

**Examples of Typical Tasks: (continued)**

7. Maintains appropriate files and other clerical records, to ensure timely review and processing of records. Prepares special Utilization Management reports, as required.
8. Participates in special studies relating to Utilization Review Management and Quality/Management.
9. Keeps informed of changes in regulations, procedures and treatment standards prescribed by the hospital, regulatory and/or reimbursement agencies.
10. Participates in designing quantitative measures and procedures by which program efficiency and cost - effectiveness can be audited, and participates in the evaluation audits.
11. Participates in internal/external quality assurance/performance improvement (QA/PI) activities and programs, facility-wide training, staff meetings, and relevant health care events, as required.
12. Ensures ongoing compliance and maintenance of the NYC Health + Hospitals policies with national standards and other applicable external regulatory requirements and guidelines.
13. Performs other related duties, as directed.

**Assignment Level II**

In addition to performing duties of Assignment Level I at a more difficult and responsible level, also performs the following:

**Examples of Typical Tasks:**

1. Oversees the work of the Utilization Review Department.
2. Supervises activities of Utilization Management staff performing routine and responsible tasks, including, but not limited to, assigning work, scheduling staff, reviewing work product and ensuring the effective delivery of service; provides training and orientation to less experienced staff, and on-going technical assistance to interdisciplinary patient care team.
3. Develops and maintains internal administrative controls of a program area, to ensure compliance with Federal and State laws, rules and regulations.
4. Plans, designs and evaluates quality management programs and systems relating to health care services, the quality of services rendered and implements these activities by appropriate analytical, liaison, consultative and research functions. Participates in developing strategies and alternative approaches for improvement of quality of care.
5. Analyzes guidelines, policy, protocols and standards of medical practice and delineates problems relating to their implementation to reflect the appropriateness and medical necessity of hospitalization.

<i>Position Title</i>	<i>Title Code(s)</i>	<i>Effective</i>	<i>Reissued</i>	<i>Revision</i>
MetroPlus Utilization Review/Management Coordinator				
Level I	343010	05/25/18		
Level II	343030			

**Examples of Typical Tasks: (continued)**

6. Plans and conducts feasibility studies and resources analysis, content and standards for the professional component of health care projects, analysis of socioeconomic and other demographic data.
7. Consults with personnel in other segments of the System involved in the financial, operational or professional components of health care program plans.
8. Prepares records for peer review orientation.
9. Conducts admission, continued stay, discharge, and other reviews.
10. Assists with the development of indicators for the evaluation of Quality Care standards within the service or the institution, as they relate to safety, adequate and appropriate health care.
11. May serve as a member of the Hospital Utilization/Quality Committee, as required.
12. In the temporary absence of the senior administrator, may perform the duties of that position.

**Qualification Requirements:**

1. Valid New York State license and current registration to practice as a Registered Professional Nurse issued by the New York State Education Department (NYSED); and,
2. Two (2) years of experience in a hospital or clinical setting in a capacity which provides thorough understanding of medical diagnosis, symptoms and treatment concepts; or one (1) year of experience in Utilization/Quality Management; or,
3. A satisfactory equivalent of education, training and experience.

**Direct Line of Promotion:**

None. This is in the non-competitive class of positions.

**METROPLUS ONLY**

<i>Position Title</i>	<i>Title Code(s)</i>	<i>Effective</i>	<i>Reissued</i>	<i>Revision</i>
MetroPlus Utilization Review/Management Coordinator				
Level I	343010	05/25/18		
Level II	343030			

**Purpose of Position:**

Working exclusively at MetroPlus, the MetroPlus Utilization Review/Management Coordinator, determines the appropriateness of admission, quality of care, and medical necessity of a patient’s course of treatment throughout the patient’s continuum of care. Monitors the quality of care, to ensure that it meets established standards. Ensures optimal utilization of resources, service delivery, and compliance with external review requirements and applicable state and federal rules and regulations for better outcomes and improved patient experience. There are two (2) Assignment Levels within this class of positions; all personnel perform related work.

**Assignment Level I**

Performs assigned duties related to analysis, review, and quality assurance of patient documentation. The following are typical tasks for Assignment Level I:

**Examples of Typical Tasks:**

1. Analyzes and reviews patient/medical records holistically (retrospective, concurrent and prospective review of services) for medical necessity and appropriateness, and provides documentation and supporting evidence for Fair Hearing requests or external reviews to defend denial determinations.
2. Identifies and reports concurrent and/or retrospective trends and patterns of care which deviate from established norms.
3. Consults with medical, nursing and other staff involved in treatment to clarify concerns and secure documentation, as required.
4. Performs utilization review for all services (Durable Medical Equipment (DME), Inpatient, Out of Network, Skilled Nursing Facility (SNF), etc.) from System and non-System providers.
5. Initiates action and/or works with Social Service Department to monitor timely discharge planning.
6. Excerpts requested medical information from records for Utilization Review Management, Quality Management, and other committees and may otherwise participate as a member of the committee(s). Develops and maintains liaison with government and employees, third party payers, and Utilization Review agents.

<i>Position Title</i>	<i>Title Code(s)</i>	<i>Effective</i>	<i>Reissued</i>	<i>Revision</i>
MetroPlus Utilization Review/Management Coordinator				
Level I	343010	05/25/18		
Level II	343030			

**Examples of Typical Tasks: (continued)**

6. Plans and conducts feasibility studies and resources analysis, content and standards for the professional component of health care projects, analysis of socioeconomic and other demographic data.
7. Consults with personnel in other segments of the System involved in the financial, operational or professional components of health care program plans.
8. Prepares records for peer review orientation.
9. Conducts admission, continued stay, discharge, and other reviews.
10. Assists with the development of indicators for the evaluation of Quality Care standards within the service or the institution, as they relate to safety, adequate and appropriate health care.
11. May serve as a member of the Hospital Utilization/Quality Committee, as required.
12. In the temporary absence of the senior administrator, may perform the duties of that position.

**Qualification Requirements:**

1. Valid New York State license and current registration to practice as a Registered Professional Nurse issued by the New York State Education Department (NYSED); and,
2. Two (2) years of experience in a hospital or clinical setting in a capacity which provides thorough understanding of medical diagnosis, symptoms and treatment concepts; or one (1) year of experience in Utilization/Quality Management; or,
3. A satisfactory equivalent of education, training and experience.

**Direct Line of Promotion:**

None. This is in the non-competitive class of positions.