



POSITION: RN – Utilization Management (Hybrid Work Environment)
DEPARTMENT: Medical Risk Management

JOB RESPONSIBILITY SUMMARY:

Responsible for the medical management of an assigned group of employees/employers. This involves daily Utilization Management (UM) reviews including pre determination, concurrent and retro reviews.

ESSENTIAL FUNCTIONS:

- Daily review of UM pre-certs, continued stay, retro reviews requests according to evidence based criteria. Timely notification of providers and members according to ERISA guidelines.
- Responds to internal and external customers professionally, timely and completely.
- Updates high cost member plan of care at time of pre-certification requests, obtains results of diagnostic studies and identifies cost of specialty drugs.
- Meets the needs of employees/employers in partnership with Account Management, Stop Loss, Sales and Operations staff.
- May act as back-up for Case Management RN as needed.

ESSENTIAL SKILLS AND EXPERIENCE:

- UM experience minimum of 2 years. Prefer certification in Utilization Management
- Must have valid RN licensure in either KY, OH or IN
- Background on the provider side with varied clinical experience and/or payer side with UM experience
- Ability to connect and build relationships over the phone
- Ability to maintain excellent records and reports
- Ability to manage the medical management book of business for assigned employers
- Positive outlook and dedication to customer service
- Thrives in an environment of continuous improvement and change
- Ability to contribute as part of a team, while developing as an individual

Qualified candidates should send a cover letter, resume and salary expectations to careers@customdesignbenefits.com.