

**JOB TITLE:** Nurse Case Reviewer - Medicare Appeals (Part-Time)

**SUMMARY:**

Provide professional assessment of medical necessity redetermination and reconsideration case file clinical data during the evaluation of Medicare Fee-For-Service (FFS) Medicare Administrative Contractors (MACs); Medicare FFS Qualified Independent Contractors (QICs); Medicare Advantage (Part C) and Medicare Prescription Drug (Part D) QICs to determine compliance with CMS rules, regulations and policy guidance.

**RESPONSIBILITIES AND DUTIES:**

- ❖ Attend Pre-Audit Training that includes discussion of lessons learned, changes, common challenges and what to expect during the audit process
- ❖ Perform on-site and/or remote audits of medical necessity reconsideration case files, not less than one business week in length, at each of the FFS, Part C and Part D QICs
- ❖ Perform remote audits of medical necessity redetermination case files of the FFS MACs
- ❖ Evaluate the medical necessity determinations made by the QIC panel reviewers during the reconsideration process
- ❖ Evaluate the medical necessity determinations made by the MAC clinical reviewers during the redetermination process
- ❖ Verify an adequate rationale for the decision is provided by the MAC and QIC and the decision conforms to Medicare's national coverage guidelines, rules and regulations
- ❖ Verify QIC Manual requirements are met, including reasonable and necessary adjudication, qualifications of reviewers, reviewing of medical records, steps in adjudication, determination of whether service is reasonable and determination of whether service is necessary
- ❖ Attend required meetings and workgroups as needed to perform independent case reviews (e.g., procedural changes, sharing trends, reviewing information on specific case files, and discussing issues or questions)
- ❖ Utilize encrypted storage devices (e.g., CDs, flash drive, networks) that contain case file documentation
- ❖ Utilize Internet resources for policy verification and regulations
- ❖ Utilize a modular application tool to document detailed evaluation finding
- ❖ Meet productivity and quality assurance standards

**QUALIFICATIONS:**

- ❖ Registered Nurse (RN) with current license or other related field
- ❖ Bachelor of Science in Nursing (BSN) degree preferred
- ❖ At least 5 years of professional healthcare experience
- ❖ Working knowledge and understanding of Medicare coverage guidelines and clinical expertise to evaluate the medical necessity determination
- ❖ Knowledgeable of the Medicare appeals process preferred
- ❖ Medical Coding Certification (ICD-9-CM, ICD-10-CM, CPT-4 and HCPCS) preferred
- ❖ Investigative and analytical skills
- ❖ Excellent written and oral communication skills
- ❖ Proficiency with Microsoft Office Suite such as Outlook, Word, and Excel

- ❖ Must be able to travel to Jacksonville, Florida and Pittsford, New York for not less than 1 business week in length at a time to perform on-site audits
- ❖ Must have no adverse actions pending or taken against him/her by any State or Federal licensing board or program
- ❖ Must have no conflict of interest (COI) as defined in Section 1154(b)(1) of the Social Security Act (SSA)