

Risico Total Managed Care, Inc.
Workers' Compensation Utilization Review Nurse

Risico Total Managed Care, Inc. (Risico) is seeking a qualified Utilization Review Nurse to join the Risico Team in our Fresno, California office. We are very excited about the growth of our company and new areas of expansion. We are willing to train candidates in workers comp if they have the right qualifications and background.

Qualifications, Education, Skills, Experience and Attendance Requirements:

- Graduate of an accredited school of nursing. Current, unrestricted California nurse licensure in the State of California with a Bachelor of Science in nursing preferred.
- Valid California Driver's License in good standing
- 1-2 plus years of recent clinical experience and/or 1-2 years recent managed care experience.
- Strong clinical background in orthopedics, emergency room, intensive care, neurology, occupational medicine experience or rehabilitation useful.
- Strong cost containment background such as utilization review or managed care also useful.
- Must be proficient in basic computer skills, including Microsoft Outlook and office.
- Strong written and verbal communication skills in order to effectively communicate with injured workers, medical professionals, employers, claims staff and others.
- Must be able to work at least 40 hours per week, Monday thru Friday and be available to work extended hours as situations arise.

We offer a competitive salary, excellent opportunities for growth and a comprehensive benefit package. Benefits are listed below;

- Medical Coverage
- Dental Reimbursement
- 401 (k) with Employer Match
- Holiday Pay
- Vacation/ Sick Pay
- Paid Personal day per month
- Paid Birthday off
- Relaxed Dress Code in the office
- Health Spending Account
- Employee and Dependent life insurance
- Disability Insurance
- Section 125 – FSA
- Appointment Time
- Additional Optional Insurance
- Ongoing training opportunities

- Telework may be possible after in office initial training. However, candidate must be living in California.

Role and Responsibilities:

Evaluate treatment requests, review available clinical information with treatment protocols, authorize treatment, engage the Medical Director and/or forward treatment requests to Peer Review for determination (where applicable) within established regulatory timeframes and company standards. This candidate must be able to channel authorized treatment within the Medical Provider Network and effectively negotiate treatment plans.

These duties include but are not limited to;

- Conducts prospective, expedited, concurrent and retrospective reviews related to medical treatment requests for authorization
- Ensure the privacy and security of PHI (Protected Health Information).
- Professional and effective communication with injured workers, medical professionals, claims staff, employers and all stake holders
- Responds to various written and telephone inquiries in a timely manner regarding the status of the case.
- Engages in the proper use of resources including the TMC Medical Director, Peer Review, various vendors and other applicable resources to achieve optimal outcomes on each case.
- Documents the use/ source of evidence based guidelines utilized during the clinical review requesting medical treatment authorization
- Utilizes clinical and analytical skills to identify and refer cases for case management, as appropriate
- Functions as a clinical resource to claims staff, employers and injured workers
- Reports any actual or potential quality issues or potential serious medical treatment concern issues to the Director of Nursing and/or Medical Director
- Prioritizes and coordinates multiple responsibilities while working closely with internal and external customers.
- Maintains billable hours appropriate to role and assigned accounts
- Negotiation skills are necessary to establish and facilitate treatment
- Perform other related duties as required.

Maintain confidentiality, professional, positive and appropriate communications, accurate documentation including goals, interventions, recommendations and decisions regarding each case. Prioritize and coordinate multiple responsibilities while working closely with internal and external customers. Perform other duties/ projects as assigned.

Fax resume with salary history to (559) 222-1862. EOE