

Directions

Please circle a value for each question to provide us and the interested facilities with an assessment of your experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professional.

Experience
0 Not Applicable
1 No Experience
2 Some Experience (Require Assistance)
3 Intermittent Experience (May Require Assistance)
4 Experienced (Performs without Assistance)
5 Very Experienced (Able to Teach/Supervise)

Print Name

Last 4 Digits of SS#

Date

Case/Care Management	Experience					
Discharge planning	0	1	2	3	4	5
Disease management	0	1	2	3	4	5
Collaboration with interdisciplinary team and members of the healthcare team	0	1	2	3	4	5
Care coordination	0	1	2	3	4	5
Patient/family education	0	1	2	3	4	5
Disability case management	0	1	2	3	4	5
Worker's compensation case management	0	1	2	3	4	5

Utilization Management	Experience					
Utilize Milliman Guidelines	0	1	2	3	4	5
Utilize InterQual criteria	0	1	2	3	4	5
Concurrent review	0	1	2	3	4	5
Retrospective review	0	1	2	3	4	5
Admission criteria	0	1	2	3	4	5
Observation	0	1	2	3	4	5
Works with Medicare guidelines	0	1	2	3	4	5
Prior authorizations	0	1	2	3	4	5
OASIS	0	1	2	3	4	5
Quality						
Create study tools	0	1	2	3	4	5
Root cause analysis	0	1	2	3	4	5
Create plan of correction	0	1	2	3	4	5
HEDIS	0	1	2	3	4	5
Data abstraction	0	1	2	3	4	5
Audits	0	1	2	3	4	5
Appeals and Denials						
Member appeals	0	1	2	3	4	5
Provider appeals	0	1	2	3	4	5
Payor appeals	0	1	2	3	4	5



Initials _____

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Utilization Management - Cont.	Experience					
Grievances	0	1	2	3	4	5
Compliance and Regulating Agencies						
CMS: Centers for Medicare & Medicaid Services	0	1	2	3	4	5
OSHA: Occupational Safety and Health Agency	0	1	2	3	4	5
National Patient and Safety Goals	0	1	2	3	4	5
Department of Health	0	1	2	3	4	5
The Joint Commission	0	1	2	3	4	5
NCQA	0	1	2	3	4	5
HIPPA: Health Insurance Portability and Accountability Act	0	1	2	3	4	5

Software Programs	Experience					
MeDecision	0	1	2	3	4	5
TILE	0	1	2	3	4	5
Allscripts	0	1	2	3	4	5
eDischarge	0	1	2	3	4	5
Electronic Health Records	0	1	2	3	4	5

Work Setting	Experience					
Hospital	0	1	2	3	4	5
Insurance Company	0	1	2	3	4	5
Peer review Organization	0	1	2	3	4	5
Home Health	0	1	2	3	4	5
Hospice	0	1	2	3	4	5
Managed Long Term Care	0	1	2	3	4	5
Physician Practice	0	1	2	3	4	5
Medicaid Population	0	1	2	3	4	5
Medicare Population	0	1	2	3	4	5
Commercial Population	0	1	2	3	4	5
Dual Eligible	0	1	2	3	4	5
Emergency Department	0	1	2	3	4	5

Age Specific Competencies	Experience					
Newborn/neonate (birth-30 days)	0	1	2	3	4	5
Pediatrics (30 days - 21 years)	0	1	2	3	4	5
Adult (21 - 64 years)	0	1	2	3	4	5
Geriatrics (64 + years)	0	1	2	3	4	5



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Please list any Additional Skills:	
1.	2.
3.	4.
Additional training:	
1.	2.
3.	4.
Additional equipment:	
1.	2.
3.	4.

Fax to: 1-888-298-3146

The information on this and all preceding pages is true and correct.	

Signature	Date