

Directions

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

| Frequency | | Experience | |
|---------------------------------------|--|---|--|
| 1 Observed Only or Never Done | | 1 No Experience | |
| 2 Rarely Done (<6 times/year) | | 2 Some Experience (Requires Assistance) | |
| 3 Occasionally Done (1-2 times/month) | | 3 Experienced (Performs without Assistance) | |
| 4 Frequently Done (daily or weekly) | | 4 Very Experienced (Performs Well) | |

Print Name

SS#

Date

| General Skills | Frequency | | | | Experience | | | |
|--|-----------|---|---|---|------------|---|---|---|
| Familiar with Milliman guidelines | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Familiar with InterQual criteria and computer software | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Familiar with Medicare guidelines | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| National Patient Safety goals | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Patient/family teaching & education | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Regulating Agencies: | | | | | | | | |
| CMS: Centers for Medicare & Medicaid Services | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| OSHA: Occupational Safety & Health Agency | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Department of Health | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| The Joint Commission | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| HIPAA: Health Insurance Portability & Accountability Act | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Disability management | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Worker's compensation | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Data abstraction | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Discharge planning | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

| Assessment | Frequency | | | | Experience | | | |
|--|-----------|---|---|---|------------|---|---|---|
| Assesses resource utilization | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Cost management | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Diagnosis | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Past/present treatment course & services | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Prognosis | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Goals | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Treatment & provider options | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Prior Authorization Reviews | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Continued Stay Reviews | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

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| Planning | Frequency | | | | Experience | | | |
|---|-----------|---|---|---|------------|---|---|---|
| Collaboration with client/family & members of the healthcare team | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Identification of immediate, short-term & ongoing needs | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Develops appropriate and necessary case management strategies | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Discharge planning | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

| Evaluation | Frequency | | | | Experience | | | |
|----------------------------------|-----------|---|---|---|------------|---|---|---|
| Pre-Certification Review | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Concurrent Utilization Review | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Retrospective Utilization Review | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Benefits Eligibility Review | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Drug Utilization Review | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

| Computerized Charting | Frequency | | | | Experience | | | |
|-----------------------|-----------|---|---|---|------------|---|---|---|
| Cerner | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| EPIC | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| McKesson | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Meditech | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Oasis | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Other: | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

| Software Programs | Frequency | | | | Experience | | | |
|-------------------|-----------|---|---|---|------------|---|---|---|
| MeDecision | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| TILE | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| OASIS | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Other: | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

| Work Settings | Frequency | | | | Experience | | | |
|---|-----------|---|---|---|------------|---|---|---|
| Hospital | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Occupational health | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Insurance company | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Health Maintenance Organization Review Department | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| HMO Utilization Review Call Center | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Home health | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Hospice | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Managed Care Service Provider | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Long-term care | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

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| In-Patient Based Skills | Frequency | | | | Experience | | | |
|-----------------------------|-----------|---|---|---|------------|---|---|---|
| Universal precautions | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Cardiac arrest/CPR | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Use of rapid response teams | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

| Age Specific Competencies | Frequency | | | | Experience | | | |
|---------------------------------|-----------|---|---|---|------------|---|---|---|
| Newborn (birth to 30 days) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Infant (30 days to 1 year) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Toddler (ages 1-3 years) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Preschooler (ages 3-5 years) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Childhood (ages 6-12 years) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Adolescents (ages 12-21 years) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Young Adults (ages 21-39 years) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Adults (ages 40-64 years) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Older Adults (ages 65-79 years) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Elderly (ages 80+ years) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

| 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