

New York State Department of Civil Service

DIVISION OF CLASSIFICATION & COMPENSATION

Tentative Classification Standard

Occ. Code 5601380

Registered Nurse 2 (Medical Care), Grade 20	5601380
Registered Nurse Supervisor 1 (Medical Care), Grade 23	5601560
Registered Nurse Supervisor 2 (Medical Care), Grade 25	5601620
Assistant Director Nursing 2 (Medical Care), M-2	5601820

Brief Description of Class Series

Registered Nurses (Medical Care) are registered professional nurses who ensure the comprehensive medical rehabilitation of injured workers, claimants, and other consumers, through coordination of medical assessments, evaluations, recommendations, and referrals. They conduct utilization reviews for the medical necessity of treatments of injured workers, consult with claim managers to interpret medical reports and review medical bills for appropriateness of care.

These positions are found in several State agencies with the majority of positions located at the New York State Insurance Fund (SIF) and the Workers' Compensation Board (WCB).

Distinguishing Characteristics

Registered Nurse 2 (Medical Care): provides comment on the medical aspect of cases and consults on complex medical issues; conducts medical reviews of disputed medical bills; and may supervise lower-level staff within a medical unit.

Registered Nurse Supervisor 1 (Medical Care): supervisory level; trains and provides technical oversight and direction to Registered Nurses 2 (Medical Care); may independently review the most legally and medically complex cases.

Registered Nurse Supervisor 2 (Medical Care): functions as regional manager; provides technical supervision of all Registered Nurse (Medical Care) staff in an assigned region through the review, coordination, and approval of decisions on high-cost cases.

Assistant Director Nursing 2 (Medical Care): functions as an agency's statewide medical care program manager.

Related Classes

Registered Nurses 2 (Utilization) analyze and evaluate the necessity, quality, effectiveness, and efficiency of psychiatric and medical services provided to individuals in State facilities. Incumbents evaluate the appropriateness of admissions, individual length-of-stay, and discharge policies and procedures; and conduct reviews of clinical records to ensure consistency with laws, rules, and regulations. Positions are classified in the Office of Mental Health and Office for People With Developmental Disabilities.

Illustrative Duties

Registered Nurse 2 (Medical Care)

Reviews health care and vocational assessments.

- Interacts with claimants, attending physicians, pharmacists, and other medical personnel.
- Determines whether hospitalization is necessary, and if so, the estimated length of stay.
- Assists the hospital in discharge planning and arranges for home care or equipment.
- Establishes a rapport with the claimant through interviews and consults with attending physicians to facilitate the claimant's rehabilitation.
- Renders opinions on the necessity of continued treatment, treatment frequency, and need for examinations or consultations.
- Interprets medical diagnoses and documentation and conducts a review of the case file to determine medical necessity to vary from accepted guidelines; and researches proposed variances.
- Makes recommendations for continuing medical care and therapeutic rehabilitation and analyzes alternative treatment options.
- Reviews prior authorizations of Workers' Compensation Medical Treatment Guidelines confirmations and variances, prior authorizations of medications, durable medical equipment and special services.
- Prepares written summaries of disputes and issues Notices of Resolution.

Authorizes supplies, equipment, home care services, and other medical necessities.

Reviews and approves any home or vehicle modifications.

- Coordinates with architects and contractor services, as appropriate under the treatment plan.

Identifies, coordinates, and refers cases for vocational rehabilitation and monitors the activities of rehabilitation vendors; reviews vendor reports.

Coordinates medical case management and early return to work programs with Policyholder Services and Underwriting staff.

Assists Insurance Fund Hearing Representatives in preparing cases for WCB hearings.

- Interprets medical data for Insurance Fund Hearing Representatives.
- Assists in compiling data and preparing cases for the hearing.

Serves as a technical medical resource/mentor for the business unit team.

- Assists claims staff in interpreting medical reports and implementing medical cost control programs.
- Evaluates medical coding for appropriateness.
- Reviews inpatient and outpatient medical and surgical bills for appropriateness of care, and coding of services.
- Authorizes an Independent Medical Examination (IME) when one is needed to determine appropriate treatment.
- Conducts concurrent and retrospective review and audit of provider bills for medical appropriateness.
- Interprets medical diagnoses, orders for specialized tests, and their results.

Discerns excessive and medically inappropriate practices in coordination with medical arbitration units.

- Audits Pharmacy Benefit Management programs on an ongoing basis. This includes reviewing medication requests to ensure requests are necessary for workers' compensation case.
- Reviews medication requests against diagnoses, medication recommendations, the Federal Drug Administration (FDA) approvals and off label medication allowances.

- Evaluates and monitors medication prescription trends among providers to track opioid dosage and trends with prescribing patterns.
- Identifies medically inappropriate requests and alerts management.
- Evaluates causal relationship and medical necessity of prescription medications.

May prepare cases for and participate in high-cost case committee meetings.

May supervise and train lower-level staff.

Registered Nurse Supervisor 1 (Medical Care)

May perform any of the duties assigned to a Registered Nurse 2 (Medical Care).

Supervises Registered Nurses 2 (Medical Care).

- Completes performance plans and evaluations for subordinates and coordinates such with the unit supervisor.
- Monitors employee progress and general staff development.
- Provides training to all Registered Nurse 2 (Medical Care) subordinate staff in the medical aspects of case management.

Provides technical assistance on the more complex, controverted, sensitive, or high-cost claims and reviews formal findings and conclusions reached by Registered Nurse 2 (Medical Care).

Personally comments on the most difficult cases, such as those for extensive and/or unusual continuing care and treatments.

Approves the referral of patients to private rehabilitation providers in cases requiring extensive case management.

Develops life care planning assessments and initiates Medicare set aside trusts for structured settlements.

Presents and defends cases at statewide high-cost case review committee meetings.

Reviews and responds to medical provider billing complaints and defends agency position at medical arbitration and/or WCB hearings.

Assists Counsel's Office in the preparation of cases for litigation.

Coordinates and oversees Registered Nurses' 2 (Medical Care) audits of Pharmacy Benefit Management programs.

Manages occupational disease cases where an extensive knowledge of the Workers' Compensation case law is needed.

- Makes initial determinations of causality in cases such as heart attack, multiple chemical sensitivity, severe hepatitis, HIV, and slow starting environmental illnesses.

Monitors the progress of cases.

Implements continued updates to medical guidelines and status changes, including requests to add medications to the formulary preferred list; gathers medical evidence and reviews FDA criteria.

Registered Nurse Supervisor 2 (Medical Care)

Provides administrative supervision to Registered Nurses 2 (Medical Care) in assigned region.

- Remains knowledgeable of all high-cost cases in the region that are presented to the high-cost case committee.
- Collaborates with the business office supervisory staff in oversight of the medical case management and utilization review functions and monitors caseloads for quality and quantity.
- Negotiates home health programs or facility programs in difficult cases.
- Approves all proposals for home modifications in the most complex cases.
- Provides training and guidance and follows up with written documentation when necessary.

Serves as a liaison between the agency and local community service providers.

Makes determinations for the future utilization of outside services.

Maintains regional program statistics on all rehabilitation, radiology, and full-service vendors.

Oversees audits of Pharmacy Benefit Management programs program.

Assistant Director Nursing 2 (Medical Care)

Establishes statewide case management policies, procedures, and reference manuals and ensures staff compliance.

- Coordinates the acquisition of vendor services and acts as the agency representative to negotiate statewide contracts.
- Conducts random case reviews to ensure that policies and procedures are being appropriately applied.
- Assists statewide staff in resolution of the most difficult issues.

Provides expert assistance for home modification proposals.

- Ensures that all appropriate documents (blueprints, ownership papers, and contractor bids) are certified.

Develops, prioritizes, implements, and communicates goals and objectives.

- Ensures compliance with internal and accrediting agency's standards.
- Communicates changes to policies and procedures to supervisory staff in each office.
- Monitors the overall statewide performance of Registered Nurses 2 (Medical Care).

Develops recruitment and retention plans for the Registered Nurse 2 (Medical Care) staff.

- Collaborates with supervisory staff in developing staff assignments to ensure full utilization of staff expertise and experience.
- Makes recommendations concerning staffing patterns, including input from Registered Nurse Supervisors 2 (Medical Care).

Directly supervises Registered Nurse Supervisors 2 (Medical Care).

Develops education and training standards, goals, and objectives for Registered Nurses (Medical Care) staff.

- Plans, implements, and coordinates in-service training and continuing education.
- Evaluates training programs and recommends modifications to meet agency needs and changes in industry standards.

- Ensures that staff members are informed of the changes in medical coding and disease classification criteria.

Minimum Qualifications

Registered Nurse 2 (Medical Care)

Open Competitive: must possess a current license and registration as a registered professional nurse in New York State and two years of registered nursing experience in the following areas: rehabilitation, medical/surgical, public health, community health, visiting nursing, occupational health, utilization review, or review of medical records from hospitals for appropriate ICD 9 or 10/DRG/PAS/CPT coding.

Registered Nurse Supervisor 1 (Medical Care)

Promotion: one year of service as a Registered Nurse 2 (Medical Care).

Registered Nurse Supervisor 2 (Medical Care)

Promotion: one year of service as a Registered Nurse Supervisor 1 (Medical Care).

Assistant Director Nursing 2 (Medical Care)

Promotion: one year of service as a Registered Nurse Supervisor 2 (Medical Care).

Note: Classification Standards illustrate the nature, extent, and scope of duties and responsibilities of the classes they describe. Standards cannot and do not include all the work that might be appropriately performed by a class. The minimum qualifications above are those required for appointment at the time the Classification Standard was written. Please contact the Division of Staffing Services for current information on minimum requirements for appointment or examination.

Date: 9/2024

EG