Utilization Review Nurse

credenza

Candidate Evaluation Form

Candidate Name		**Interviewer**	
Position Title		**Interview Date**	
Desired Salary		**Interview Start Time**	
Available Start Date		**Interview End Time**	

Rating Scale Responses	Interviewer Recommendation
1. No answer 2. Does not meet expectations 3. Meets expectations 4. Exceeds expectations 5. Outstanding **Total Score: _____**	☐ Hire ☐ Needs additional interview ☐ Possible fit for different position ☐ Do not hire but keep on file ☐ Do not hire **Comments:**

Questions	Rating	Notes
How has your clinical background prepared you for a role in UR?		
What experience do you have working with insurance providers?		
Can you walk me through a typical day working as a utilization review nurse?		

What evidence-based criteria or tools do you use to support your utilization reviews?		
Which steps would you take to follow up on a payment denial?		
Tell me how you would respond if a physician (or peer) disagreed with your assessment of medical necessity?		
How do you stay up to date on the latest regulatory requirements and billing standards?		
Additional Questions:		