**Faustina Koomson (Tina) MBA/MSN**

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**SUMMARY OF QUALIFICATIONS**

* 21 years clinical nursing experience in managed-care, medical-surgical, pediatrics, behavioral health, chemical dependency, home health, critical care, rehabilitation and emergency department.
* Expert in utilization review, case management, appeals, denials, workers compensation, concurrent, prospective and retrospective reviews within organizational protocols, federal, state, HFS, NCQA and URAC guidelines.
* Familiarity with DRGs, CPT, ICD-10 coding, medical terminology and other reimbursement methodologies.
* Recognized as exceptional team player.
* Won Daisy Award for service excellence

***Cook County Health & Hospitals System*** ***9/2012- Now***

Clinical Nurse 1

* Responsible and accountable for providing safe, effective individualized nursing care to critically ill patients on medical/surgical, telemetry, oncology and intensive care areas.
* Provide supportive care to patients’ family and caregivers.
* Apply nursing judgment based on application of scientific principles of nursing, critical thinking and problem-solving skills.
* Applied the nursing process, established and evidence-based guidelines in delivering patient care, teaching and supporting their families and caregivers.
* Acted as charge as needed.

***Next Level Health Partners***  ***11/2015-3/2018***

Manager- Utilization Management

* Used innovation and critical thinking skills and assisted in building the Utilization Management Department as a startup.
* Managed the day-to-day operations of the utilization management department.
* Involved in planning, problem solving, staff development, communication and execution of company goals and objectives.
* Responsible for special projects and or problem resolutions.
* Provided high level oversight and leadership using analytical, organizational planning, verbal and written communication skills.
* Assisted in developing workflows maintaining policies and procedures for Utilization Management.
* Oriented/trained staff on UM processes, documentation and clinical applications.
* Assisted in all aspects of denial and appeal processes.
* Ensured high-quality patient and provider satisfaction results are maintained by collaborating with Outpatient Clinics/Providers to facilitate timely authorization of all requests.
* Performed audits of authorizations to ensure proper criteria, timeliness and ensure all staff are educated on business service lines, Interqual criteria, HFS Fee Schedules, State, and Federal guidelines.
* Provided input and feedback on employee performance and conducted counseling and disciplinary actions as necessary.
* Conducted Inter-rater reliability testing to ensure consistency.

***Blue Cross & Blue Shields of IL*** ***5/2006-11/2014***

Utilization Review:

* Performed pre-authorization, prospective, concurrent and retrospective reviews of inpatient, outpatient, and ancillary services in accordance with approved departmental, Federal, State, Milliman Care Guide and URAC guidelines.
* Collaborated with providers to ensure cost-effective and appropriate discharge planning.
* Coordinated services on behalf of members for safe transition and better quality across the continuum of care.
* Identified alternate treatment programs for chronic and catastrophic cases while providing cost-effective services within the scope of individuals benefit plan.
* Provided referrals to behavioral health, social worker, disease management, and external vendors when necessary

***Family Health Network*** ***2/2015-11/2015***

Utilization Review Nurse

* Perform all aspects of the utilization review process for Medicaid recipients.
* Review records and requests for UR received via fax, email or phone
* Utilize evidence -based and Interqual guidelines to determine medical necessity
* Consult MD and made referrals as needed.

***Norwegian American Hospital*** ***2008-2013***

Registry

• Excellently delivered the complete range of nursing services to patients in Behavioral Health, Chemical Dependency, Critical Care and Medical Surgical units.

• Established a compassionate environment by providing emotional and psychological support to patients and families through teaching.

• Served as a member of quality assurance and performance improvement programs.

• Acted as charge nurse and participated on JCAHO readiness committee.

***St. James Hospital*** ***2009-2012.***

Registry Nurse

* Efficiently performed direct patient care in the areas of rehab, medical-surgical, orthopedics, oncology and telemetry units.
* Demonstrated sound judgment and decision-making skills that saved patients’ lives.
* Recognized by peers and management as excellent patient care provider and advocate.

***Corvel Corporation*** ***2005-2006***.

Case Manager

* Conducted workers compensation case management for disabled workers.
* Facilitated Early Intervention Disability case management in injury events and injured workers with goals to return to work within a short time.
* Collaborated with adjusters and patients regarding cost-effective services resulting in savings for our clients.

***Fastaff Nursing*** ***2000-2004.***

Travel Nurse:

* Worked short assignments as a registered nurse in California, Hawaii, Nevada, Wisconsin, and New York.
* Worked mostly in behavioral health, med/surgical departments.
* Able to rapidly learn and adapt to the daily operations of different facilities within a short period of time.
* Received service excellence award for exceptional patient care.

**EDUCATION**

***Loyola University*** ***1995-1999.***

* Bachelor of Science in Nursing
* Enrolled in MBA/MSN -Grand Canyon University *Dec 2020*

**LICENSES / CERTIFICATIONS**

* Certified Case Manager (CCM)
* CPI Certified
* Certified Managed Care Nurse (CMCN)
* Chronic Care Professional (CCP)
* Registered Nurse, IL, CA, HI, WI,
* ACLS, CPR
* Member of CMSA (Case Management Society of America).
* Proficient in internet, Windows, Excel, PowerPoint, Outlook.
* Proficient in Milliman Careguide (MCG), Interqual and various EMRs (Power Chart,Epic, Cerner, Meditech).