

Sue Meador-Flett, RN, BSN, CCM, CCCP, RHC1

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Nursing Professional and Case Manager

A Recognized Expert in Case Management, Utilization Management and Experienced in All Aspects of Nursing

Top tier nursing professional with extensive experience in case management, utilization management and nursing processes that increase efficiency, provide exceptional service levels, and enhance team performances. Highly experienced in program development and management, utilization management, and legal appeals and denials as it relates to nursing. Skilled in ensuring organization and team productivity through exceeding program goals and enriching procedural operations.

CORE COMPETENCIES

- ▣ Nursing Processes ▣ Case Management
- ▣ Utilization Management ▣ Patient Care ▣ Program Management and Development
- ▣ Team Supervision ▣ Analysis and Resolution ▣ Treatment/Discharge Planning ▣ Resource Management
- ▣ Leadership
- ▣ Strategic Planning and Analysis ▣ Obstetric Operations ▣ Service Delivery ▣ Executive Communication
- ▣ Emergency Procedures ▣ Operations Management ▣ Procedure Implementation ▣ Account Leadership
- ▣ Documentation and Procedure Compliance ▣ Safety Management

EXPERIENCES AND ACHIEVEMENTS

AEROTEK, Eden, MN

November 2018-April 2019

RN Utilization Management

- ▣ Utilization Management Blue Cross Blue Shield MN
- ▣ Perform initial, concurrent and retro reviews for Medicare Advantage and Commercial Lines of Business
- ▣ Utilize Interqual 2018 criteria and BCBSMN policies to approve authorizations for inpatient stay or refer to Medical Director if unable to meet Interqual criteria.
- ▣ Review medical records and document relevant clinical information that meets Interqual criteria
- ▣ Notifies providers of authorizations and/or request for additional information necessary to support decision to authorize or refer to Medical Director.

PARALLON/HCA

November 2017-June 2018

Clinical Appeals Specialist

- The ability to use sound judgment in reviewing clinical documentation, supporting patient care as well as conceptual knowledge of the denials landscape within the healthcare industry.
- Assesses the entire hospital stay and clinical course of patient. Identifies risk factors, comorbidities and adverse events to determine if payer denial was justified for that particular hospital stay or service.
- Prepares written appeals.
- Researches medical literature and evidence based medical publications to support patient care.
- Exercises clinical judgment and experience.
- Navigates through web-based portals and independently utilizes other online tools and resources including, but not limited to, word adobe, excel.

Healthnet Federal Services (HNFS) (Centene)

Utilization Management

2016-2017

I accepted a permanent position with HNFS after employment through PSN. Job functions are unchanged with the following added job duties:

- ▣ Performs care coordination by appointing services for individual veterans, utilizing Interqual when indicated, counseling Veterans and following for further needs dependent on their condition.

Professional Services Network (PSN), Silver Spring, MD

Utilization Management

2015-2016

- ▣ Performs Outpatient and Retro Reviews serving the health needs of Veterans throughout the country.

- Specializes in Home Health working closely with Providers and Veterans authorizing care utilizing company and VA prescribed guidelines.
- Reviews authorizations using Interqual criteria when appropriate.
- Evaluates, using Interqual criteria, and forwards authorizations in need of second level reviews by Physician.
- Communicates with Providers and patients offering education, clarifying orders and meeting the needs of the patient.

Sue Meador-Flett Legal Nurse Consultant, Concrete, WA

2002 to 2015

Legal Nurse Consultant

- Reviews obstetrical malpractice cases and provides consultative services that utilize OB Nurse expertise to assist medical professionals and counsel in preparing for any legal claims, investigations, or litigations.
- Analyzes medical malpractice claims information by investigating hospital, nursing home, physician and nursing negligence claims, providing unbiased expertise and determining merits of legal or accreditation actions.
- Evaluates and compiles medical record information by completing initial reviews and liability assessments; identifying health care providers involved in each case; organizing, chronologically summarizing, analyzing, and indexing medical records; preparing a timeline of events; transcribing handwritten charts and record notes; and recommending and preparing documents for review.

Premiera Blue Cross, Mountlake Terrace, WA

2004 to 2015

Telecommuting Case Manager

- Managed the High Risk Prenatal Program through coordinating and operating all OB case management for a high risk population, utilizing the Integrated Case Management Model of case management, developing and enhancing the High Risk Pregnancy Program.
- Assisted in the development and management of the Best Beginnings Program which targeted women with normal pregnancies and provided prenatal to post-partum education for a select group of members.
- Provided expert case management for various types of catastrophic cases while collaborating with members, providers, physicians, and other ancillary staff to provide education, resources and support that enabled members to exceed their personal goals.
- Compiled and organized data using HEDIS measures and performed concurrent reviews to determine and implement medical necessity procedures.
- Experience with Milliman Guidelines and Interqual.

EDUCATION

Colorado State University: Long Distance Education, Certificate for Legal Nurse Consultant, 2002
University of Colorado Health Sciences Center, Denver, Colorado, Bachelor of Science in Nursing, 1980
Arapahoe Community College, Littleton, Colorado, Nursing Prerequisites, 1978
RHC-1 Training, 2014
CCM since 2006