

Mary Kelner, RN
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PROFILE

Registered Nurse ▪ Case Manager ▪ Medical Auditor with clinical / auditing experience, including medical treatment documentation reviews, DRG's, CPT coding, and ICD-9-CM coding. Knowledgeable of the disease process, findings, course of treatment, quality assurance, and risk management. Demonstrated track record in:

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| ✓ Medical Records Auditing | ✓ Practice Compliance Auditing | ✓ Medical Bill Auditing |
| ✓ Practice Site Reviews | ✓ Managed Care Case Management | ✓ HEDIS Assessment |
| ✓ Medicaid Auditing | ✓ Field Utilization Review | ✓ Electronic Chart Review |

Background in insurance company based managed care protocol and case management for catastrophic trauma, soft tissue damage, and complicated orthopedic injuries. Skilled in M&R guidelines, Interqual criteria, and new hire orientations. Proven ability to interact effectively with healthcare and office staff professionals.

PROFESSIONAL EXPERIENCE

QUALCARE, INC. (healthcare accreditation firm), Bloomfield, NJ 1998–present

Nurse Reviewer

Field position with multiple long- and short-term assignments. Audited, examined, and verified medical records, and monitored practice sites to ensure documentation accuracy and compliance with standard medical practices and criteria. Conducted 15–18 on-site appointments weekly at medical clinics, hospitals, health plans, and physicians' offices. Reviewed 40–70 charts daily. Completed 3–4 practice site reviews daily.

- **BlueKey Health Plan.** Performed HEDIS effectiveness of care audits, Medicaid audits, and Healthy Start Initiative and follow-up visit tracking. Practice compliance audits involved medical record reviews for specific disease conditions and/or routine care, including diabetes foot, eye and blood work status, asthma management, immunizations, OB-GYN well visits, and OB care.
- **Americaid.** Conducted medical record documentation reviews and practice site reviews for medical standards and credentialing purposes.
- **American Medical Accreditation Program (AMAP)** – Iowa foundation for medical care information system. Performed environment of care data collection for the New Jersey Medical Society. Medical record review and site assessment to determine clinical performance, based on set standards and criteria.

SENTINEL INSURANCE COMPANY, Nutley, NJ 1987–1998

Out-of-Network Utilization Review Specialist – Sentinel Healthcare, Cedar Grove, NJ (1997–1998)

- Identified and implemented appropriate level of care, based on health insurance policy provisions and medical need. Scope of authority included pre-authorization, review, and discharge planning.
- Monitored for quality of care based on ethical and medical standards and criteria, as well as timeliness and cost-effectiveness. Ensured compliance to federal, state, and industry medical management regulations. Utilized computer-based records management procedures for documenting and retrieving clinical data.

PROFESSIONAL EXPERIENCE

Field Concurrent Review Nurse – Sentinel Healthcare, Newark, NJ (1993–1997)

- Performed on-site concurrent chart review for in-patient populations at area teaching medical centers, investigating medical status, appropriateness of stay, and quality of care.
- Monitored clinical outcomes and consulted with network physicians and medical director for case management review, ensuring timely delivery of optimum-level patient care.
- Proactively addressed network gaps by researching and recruiting specialty physicians and facilities to provide continuum of care within the network.
- Effectively balanced patient’s medical needs with health plan benefits to appropriately implement discharge planning to home or alternate-level setting.

Rehabilitation Coordinator – Property & Casualty Insurance Division, Nutley, NJ (1987–1993)

- Designed and delivered field case management within the Personal Injury Protection (PIP) unit. Caseload consistently averaged 40–55 catastrophic and/or traumatic personal injury cases. Coordinated client benefits between Sentinel and the State of New Jersey.
- Audited medical bills and hospital charts, evaluating coding and reviewing all related medical treatment documentation. Negotiated and resolved discrepancies.
- Monitored cases from initial medical assessment through ultimate disposition, coordinating healthcare at all levels in compliance with the New Jersey No-Fault statute.
- Received Sentinel’s **Quarterly Quality Service Leadership Award** in 1991.

REHABILITATION PARTNERS, INC., Newark, NJ

1983–1987

Insurance Rehabilitation Specialist. Consultant for NJ-based insurance companies. Case managed traumatic injury cases from initial assessment through resolution, addressing all medical, legal, and financial issues.

CEDAR GROVE HOSPITAL, Cedar Grove, NJ

1981–1983

Staff Nurse – Medical / Surgical and Orthopedic Units.

EDUCATION

Diploma – Nursing, Montclair State College, Upper Montclair, NJ

Seton Hall University – College of Nursing, Continuing Education Certificates:

The Nurse as Case Manager (43 contact hours) – 2001, RN Re-Entry into Practice (140 contact hours) 1998

Professional development (clinical experience and seminars) in healthcare delivery practices.

CERTIFICATIONS

Registered Nurse – New Jersey (License # 55555)

Certified Case Manager – 1993 (Certification # 55555)