

CLAIMS SUBJECT MATTER EXPERT

Professional Summary

Experienced Customer Service Representative with over 10 years of experience Worked in Healthcare Industry for over 8 years with Humana, Passport and Excellus BCBS of NY Successfully trained seasonal associates for Open Enrollment and worked as a Client Subject Matter Expert for SHPS, Inc.

Skills

- HCPCS Coding Guidelines
- Understands anesthesia coding
- Insurance and collections procedures
- Understands insurance benefits
- DRG and PC grouping
- Ambulance coding familiarity
- Composed and professional demeanor
- Research and data analysis
- Resourceful and reliable worker
- Excellent problem solver
- Close attention to detail
- Medical terminology expert
- Billing and collection procedures expert
- Adept multi-tasker
- Office support (phones, faxing, filing)
- Fast Learner
- Records management professional
 - ICD-10 (International Classification of Disease Systems)
 - Familiar with commercial and private insurance carrier
 - Insurance and collections procedures
 - DRG and PC grouping
 - Understands insurance benefits
 - Ambulance coding familiarity
 - Composed and professional demeanor
 - Research and data analysis
 - Excellent problem solver
 - Office management professional
 - Close attention to detail
 - Excellent verbal communication

• Office support (phones, faxing, filing)
• Excellent verbal communication

Work History

Claims Subject Matter Expert , 09/2016 to 12/2016

Company Name " City , State

- Responsible for meeting claims production goal of 200 claims per day
- Processed professional HCFA 1500 ambulance, anesthesia, labs, office visits etc. professional HCFA 1500
- Responsible for claims processing for the Medicaid plans for HMO 7 University Health and HMO 9 AHCSS
- Worked as a claims subject matter expert for Banner Health

Benefit Plan Admin./Client Service Expert , 05/2016 to 09/2016

Company Name " City , State

- Responsible for duties in support of all departmental efficiencies as assigned by management
- Scheduled refills per the patients' plan benefit
- Keyed orders and sent for fulfillment
- Processed RX refills for customers
- Assisted with outbound calling to providers, patient and pharmacies to obtain additional info need to process the RX refill,
- Answered incoming calls

Patient Access Rep I , 07/2015 to 03/2016

Company Name " City , State

- Responsible for duties in support of departmental efficiencies which may include: but not limited to performing scheduling, registration, patient pre-admission and admission, reception and discharge functions.
- Verify medical benefits and eligibility with payers and calculate patient liability collection amounts
- Completes the whole patient financial clearance process; including educating patients on liability and collection of patient liabilities due.
- Completes all account documentation and enters the correct activity code when required.
- Secures insurance authorizations for services and updates account accordingly
- Performs payment reconciliation & secured payment entry in adherence to financial & cash control policies and procedures

Claims Subject Matter Expert/DST , 07/2015 to 07/2015

Company Name " City , State

- Worked as a Claims Examiner for DST Solutions based out of Delaware
- Responsible for processing Commercial and Medicare Plans.
- Adjusted backlog claims using the clients claims system for adjudication
- Knowledgeable of Citrix platform for applications.
- Utilized Claims Matrix to determine authorization for Delivery, Well baby Newborn, Inpatient Claims, Nursing Home etc.

Claims Examiner , 07/2014 to 05/2015

Company Name " City , State

- Worked as a Claims Examiner for client Kaiser Permanente Southern California.
- Responsible for data processing incoming Hospital UB's for Medicare/ KPSA Plan.
- Contract interpretation to validate proper payment logic for claim adjudication.
- Identify billing and coding errors and submit documentation to provider's if necessary for corrected claims forms to be sent in with the Medicare compliance guidelines.
- Adjudicate Replacement, Late charge claims etc. accordingly per client's guidelines for processing.
- Proficient in Microsoft Word, Excel, Power point, Outlook, Internet Explorer, CMS Pricers, DRG Calculator, ICD-9, CPT, Basic Office Systems and various web applications

Claims Subject Matter Expert , 05/2013 to 05/2014

Company Name " City , State

- Worked as a contracted claims expert for Excellus BCBS of NY
- Responsible for claims processing for the HOME Commercial, Medicare and Medicaid plans
- Processed claims with the HOST side of the plan updating provider files and credentials to support claims adjustment.
- Worked any other special projects as assigned by management.

Provider Claims Service Unit Representative I , 03/2008 to 11/2012

Company Name " City , State

- Responsible for immediate responses to incoming provider calls regarding claims issues.
- Process incoming correspondence from providers on claims issues that need to be resolved for Passport Health (Medicaid) and Passport Advantage.
- Reprocessing claims as identified through incoming phone calls or submitted by provider relations staff.
- Identifying systematic and procedural issues resulting in claims processing errors and initiating action to resolve those issues.
- Documenting calls, problems, and resolutions for future reference
- Proficient in Microsoft Word, Excel, Power point, Outlook, Internet Explorer, Facets, IKA Systems, CMS Pricers, DRG Calculator, ICD-9, CPT, Basic Office Systems and web application
- Worked special projects as assigned by management

Benefits Plan Administration/ Eligibility & Enrollment/Client Service Expert , 05/2004 to 03/2008

Company Name " City , State

- Answered incoming calls regarding eligibility, claims processing, and billing inquiries.
- Administered employee group benefits for retirees, active, long term disability, and cobra participants
- Resolved Issues for billing, carrier eligibility, etc.
- Organized special projects such as web inquiry responses, updating accurate information in our knowledge base customer service tool as assigned by management
- Team lead/ Initiated training for full-time and temporary associates of ongoing call center and open enrollment.

Customer Service Claims Specialist-Chicago Medicare/ Commercial/ Medicaid , 04/2001 to 02/2003

Company Name " City , State

- Supported Chicago Medicare , Medicaid and Commercial Markets
 - Received inbound and outbound calls from insured members, clients, brokers, agents and providers
 - Mailed any related correspondence such as enrollment material, forms and brochures to members.
 - Processed medical claims that needed adjustment
 - Knowledgeable of DRG, ICD-9, CPT coding
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- Managed customer calls effectively and efficiently in a complex, fast-paced and challenging call center environment.
 - Accurately documented, researched and resolved customer service issues.
 - Managed high call volume with tact and professionalism.
 - Acted professionally and patiently when addressing negative customer feedback.
 - Resolved service, pricing and technical problems for customers by asking clear and specific questions.
 - Effectively managed a high-volume of inbound and outbound customer calls.

Claims Examiner , 07/2014 to 05/2015

Company Name " City , State

• Worked as a Claims Examiner for client Kaiser Permanente Southern California.

• Responsible for data processing incoming Hospital UB's for Medicare/ KPSA Plan.

• Contract interpretation to validate proper payment logic for claim adjudication.

• Identify billing and coding errors and submit documentation to provider's if necessary for corrected claims forms to be sent in with the Medicare compliance guidelines.

• Adjudicate Replacement Bill Type , Late charge claims etc. accordingly per client's guidelines for processing. Proficient in Microsoft Word , Excel, Power point, Outlook, Internet Explorer, CMS Pricers, DRG Calculator, ICD-9, CPT, Basic Office Systems and various web applications

Precisely completed appropriate claims paperwork, documentation and system entry. Thoroughly researched newly identified diagnoses and/or medical procedures to expand skills and knowledge. Resourcefully used various coding books, procedure manuals and on-line encoders.

- Actively maintained current working knowledge of CPT and ICD-9 coding principles, government regulation, protocols and third party requirements regarding billing.

Education

Bachelor of Science : Psychology , Current

Liberty University - City , State

Psychology/ Christian Counseling

Administration

• Advocacy

Case Management

Community Relations

• Counseling

• Mental Health Services Programming

Certification in Medical Coding May 2017 : Ashworth College -

Skills

AS400, balance, Basic, benefits, billing, brochures, Calculator, call center, CMS, CPT coding, CPT, credit, client, clients, customer service, forms, ICD-9, Internet Explorer, Team lead, team leader, Microsoft Access, Excel, Office, Outlook, PowerPoint, Power point, Word, Microsoft Word, Police, Coding, sales, phone