

SENIOR APPLICATION SPECIALIST

Professional Summary

Highly motivated, results and detail oriented leader with strong communication, leadership, and troubleshooting skills. I have a proven track record in increasing staff development with a focus on quality improvement. I am seeking a position that allows me to implement health care improvement processes and procedures.

Education and Training

Associate Degree , Applied Science June 1999 Robert Morris University 1/4 City , State

Health Information Management

Healthcare Management DeVry University 1/4 City , State

Course work in Healthcare Management

Skill Highlights

- Staff training and development
- Relationship and team building
- Conflict resolution

Professional Experience

Senior Application Specialist Mar 2014

Company Name 1/4 City , State

- Implement and support business office software solutions
- Create and test application scenarios, including interfaces and device integration
- Coordinate software version upgrades with various departments
- Assists in project efforts related to charge capture, claims, remittance and cash management workflows
- Support day to day maintenance of HB system. Includes daily checks, investigation, root cause analysis, remediation, and process improvement
- Serves as the HB Data Courier lead
- Provides on-call support during off hours

Revenue Cycle Trainer Jul 2006 to Mar 2014

Company Name 1/4 City , State

- Provided operational and technical support which enabled the business office to function efficiently and effectively.
- Responsible for operational issues, resolution development and advanced integration through audit/review functions.
- Conduct, deliver and arrange training programs for new employees and continuing education of current employees of the business office.
- Evaluate old policies and procedures and update as necessary.
- Acts as a liaison between the business office and technical staff in information systems to communicate issues and coordinate resolution.
- Work with managers to develop job aids, improve accuracy and assist in improving best practices.
- Conduct employee specific need and issue based assessments.
- Participate in quality reviews of staff to identify issues and provide additional training.
- Create and maintain training materials as well as Epic procedural guidelines and departmental workflows.
- Deliver cross-training programs.
- Analyze workflows and system functions to enhance the correct capture of patient information, clinical charges and diagnostic codes, in support of the electronic billing and collection processes.
- Regularly evaluated employee performance, provided feedback and coached staff as needed.

Network Support Analyst Nov 2005 to Jul 2006

Company Name 1/4 City , State

- Customer service liaison to Nebo customers.
- Traveled locally and regionally to train hospital business office personnel on the use of ECare CMS system.
- Assisted new clients in setting up their billing processes utilizing ECare.
- Worked with programmers/analysts on problem related issues concerning the installation and upgrades involving ECare.

Managed Care Claims Auditor Apr 2002 to Nov 2005

Company Name 1/4 City , State

- Led and directed managed care projects involving patient account activities.
- Monitored billers and collectors workflow processes.
- Assisted in improving departmental performance and outcomes.
- Assisted in maximizing reimbursements and reaching departmental revenue goals.
- Worked closely with staff to keep them abreast of current contracts, contract changes, billing criteria, reimbursement timeframes, and pre-

certification requirements.

- Developed job tools to assist billers, admitting and insurance verification staff.
- Coordinated the appeal process for denied claims.
- Coordinator for the refunds unit.
- Participated on A/R, Utilization Review, Revenue Management and Patient Access task forces.

Provider Relations Representative Jul 1997 to Apr 2002

Company Name i¼ City , State

- Responsible for recruiting physicians for the PHO (Physician Hospital Organization).
- Resolved member and provider inquiries.
- Visit, and educate physician's office staff related to managed care changes.
- Conducted physician staff orientation and in-services on a quarterly basis.
- Communicated policy and procedure changes to physicians and their staff.
- Identified and developed action plans for operational needs.
- Handled resolution of credentialing issues from Managed Care Organizations.
- Facilitated the resignation and termination of physicians with the Provider Health Organization.
- Acted as an administrative liaison for seven Provider Health Organization's.
- Oversaw the accuracy of operational issues related to providers, and members in relation to referral processing, claims payments, capitation payments, fee schedules, dictionary updates and provider listings.

Computer Skills

Epic certifications in Resolute Hospital Billing, Home Health and SBO

Allegra

IDX

MIDAS

Passport/ECARE

Microsoft Word, Excel, and Powerpoint

Certifications

- Revenue Cycle Training through HFMA
- Six Disciplines of Breakthrough Learning
- Developing Others
- The Basic Principles of a Collaborative Workplace
- Giving and Receiving Constructive Feedback
- Designing Effective Learning Experiences
- The OZ Principle
- Accountability Training