

**OBJECTIVE:** Problem solving and organizational skills, able to communicate with internal and external parties using different channels to provide exceptional service with every interaction Experience in Medicare & Medi-Cal setting that includes: Membership Enrollment, verifying Eligibility, providing Customer Service, and Long-Term Services & Supports (LTSS).

**EXPERIENCE:**

**Program Specialist**

**CalOptima - Orange, CA**

**2017 January – 2019 January**

- Conducted research, identify and prepared data for reports, created workflows, tables, and PowerPoint presentations
- Represented the LTSS department on projects and in work groups,
- Visit skilled nursing facilities and Community-Based Adult Services (CBAS) facilities for special projects
- Acted as a liaison for the LTSS departments
- Facilitate meetings and communication on specialized topics/projects
- Organize Long-Term Care and CBAS Workshops for CalOptima Employees and Community providers
- Work as Policy Team Lead
- Creates Desk Top Procedures (DTPs)
- Interpreted policies and regulations for Long-Term Services and Supports (LTSS)
- Give project specific direction to the LTSS team and ensured quality services are provided to members in the community
- Develop and/or revise departmental policies and procedures based on regulatory requirements.
- Communicate effectively at all organizational levels and in situations requiring instructing, persuading, negotiating, consulting, and advising
- Managed the LTSS InfoNet Page Via Sharepoint
- Complete projects by coordinating resources with other department stakeholders

**OneCare/OneCare Connect Customer Service Representative Sr. (SME)**

**2015 May – 2017 January**

- Assisted with training new representatives
- Researched complex issues across multiple databases and work with departments and providers to resolve member issues.
- Answered and assisted Customer Service Representatives (CSR's) with any questions or issues regarding documentation process or member benefits
- Maintained documentation of member case within the Facets system
- Initiate referrals to both internal and external care management departments and other department/government or community agencies
- Answered questions and inquiries regarding membership, eligibility, benefits, & procedures
- Assisted members with any medical bills received
- Birthday Outreach, 45 Day-Outreach, OEV Calls
- Assisted with member walk-ins
- Referred inquiries to other departments as needed through Facets
- Follow up on resolution of inquiries and close cases through Facets
- Assisted members with the submission of Grievances, & Appeals
- Volunteered with Community Relations Dep and attended Health and Community fairs and Health Promotion events.

**Accounts Receivable Administrator**

**WageWorks/Word & Brown - Orange, CA**

**2014 April – 2015 February**

- Accounting, Auditing accounting, bookkeeping
- Making copies of checks and researching in Bank of New York checking system
- Cash applications and credit memos
- Process returns

**Special Project Coordinator**

**Citizens Choice Health Plan - Cerritos, CA**

**2010 December – 2013 October**

- Interpreted and competed all regulations and guidelines as related to Low Income Subsidy (LIS), Best Available Evidence (BAE), & Late Enrollment Penalty (LEP) for Part D requirements as they pertain to the Membership Unit
- Assisted Quality Assurance manager with telephonic audits for Outbound Enrollment Verification's (OEV's) and reviewed eligibility notes entered by eligibility representatives in E-Z Member
- Revised and created Policy & Procedures for LIS per CMS Chapter 13 and CMS LEP per Chapter 4

- Created Standard Operating Procedures (SOP's) for all LEP and LIS
- Uploaded LIS from CMS to Ez\_Member to update daily LIS levels, monthly verification recons as well as bi-weekly reports. Daily review of the Transaction Reply Report (TRR)
- Responsible for the Weekly, Bi-Weekly downloads of the CMS LIS levels. Ensured members were updated in EZ\_Member utilizing proper Attestations forms
- Worked with Finance and CVS/Caremark to reconcile reports to ensure accurate payment of LIS prescription Recoupment's
- Ensured that the LEP process is in place as well as working the reports
- Maintained files and members correspondence for monthly internal audit purpose
- Send members Declarations of Previous Prescription Drug Coverage, Reconsiderations Attestations, IEP Reset Attestations, LIS Resets Attestations
- Completed all Reconsideration requests from Maximus and updated member's info according to Maximus decision.
- Run Daily, Weekly, Bi-Weekly, Monthly Reports for all LIS and LEP
- Submitted LEP via Wipro (SMS) to CMS
- Mailed correspondence to members informing them of LIS or LEP
- Uploaded and downloaded LIS Match Rate report to Acumen

**Client Service Professional Sr.**

**JP Morgan - Los Angeles, CA**

**2007 December – 2010 December**

- Set up account information in all bank systems for new deals and termination checklist
- Monitored wire DDA for incoming wire transfers
- Generated periodic tickler report of all upcoming scheduled events and ensure completion
- Researched and updated report for overdrafts, un-invested cash balances and failed trades
- Distributed daily cash reports, incoming mail, and facsimiles
- Cash Processing / Trade Settlement:
- Made sure that all cash receipt and disbursement transactions are handled timely and accurately
- Seek proper approval for cash trade processing with valid support documentation. Pursuant to agreement instructions
- Ensured files are maintained and documents imaged for retention
- Provided daily support to Client Managers by responding quickly to requests and communicating results of Overdrafts, write-offs, un-invested cash, operating losses and business risk is avoided
- Documented all account activities and in ensuring they are in compliance with relevant governing JP Morgan policies and procedures

**Member Service Representative Sr.**

**Caremore Insurance Services - Cerritos, CA**

**2004 September – 2007 July**

- Status of referrals and authorizations, pharmacy questions, primary care physicians, podiatry, and Ophthalmology changes
- Responded to routine customer inquiries and complaints and Monitored Queue when Lead not available
- Submitted Appeals & Grievances on behalf of the members
- Assisted providers with claim issues. Called providers billing members, to resolve the issues, requested UB92'S, HICFA'S, submitted claims for process, reimbursements
- Handled all correspondence received from Law Offices, policy holders and members, relating to Medical Records and medical bills requests
- Provided seniors with flu shots during drive through Flu Shot events

**LANGUAGE:** English and Spanish

**EDUCATION:**

**FREMONT COLLEGE Cerritos, CA**

Bachelor's Degree, Business Leadership

Associate Degree, Paralegal Studies

**CERTIFICATIONS:**

PMI Project Management Professional (PMP) Certification

Certificate of Completion, Medical Billing and Coding

Certificate of Completion, Medical Assistant Administrative & Clinical