**Ginger Williams** (678) 525-8195

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**Career Focus: Business Analysis/Project Management - Medicaid and Medicare, Medicare Advantage (MA)**

Highly organized and results-oriented professional with a distinguished career in executing complex clinical projects from initial conception through completion, managing high volume behavioral and mental health programs and resolving public service grievances and appeals; skilled in analyzing existing processes, identifying gaps, defining transition plans, and driving change to streamline processes; deep understanding of healthcare administrative operations, audit procedures and ad hoc and recurring regulatory state reporting (Commercial and Public Sector).

Thorough with compliance procedures of accrediting and governing agencies: NCQA, URAC, Dept. of Insurance (DOI), Dept. of Labor (DOL), and state and federal healthcare agencies. Accustomed to working in a fast-paced business environment with proven success in handling 4000+ inventory appeals monthly with 98% compliance rate and overturn rate below 23%. An inspiring leader with strengths collaborating with cross-functional teams to bring innovation to work processes.

**Areas of Value**

* Data Analysis & Tools
* Regulatory Compliance/Audits
* Clinical & Administrative Appeals
* Research & Investigations
* Workflow Management
* Process Automation
* Client Facing Functions
* Continuous Improvement
* Dashboards/ Reporting
* KPIs/Metrics Measurement
* Subject Matter Expertise
* Technical Demonstrations
* Team Leadership & Engagement

**Professional Experience and Accomplishments**

**Senior Business Analyst**

**Gainwell Technologies, Atlanta GA**

**2021-Present**

* Cross functional product module support for the vision, guiding principles, purpose and service delivery for Whole Person Services (WPS) Product Portfolio.
* Conduct in-depth research and analysis regarding Health and Human Services (HHS) Programs (State & Federal).
* Executive Architect (EA) team Coordinator of Non-Disclosure Agreements for WPS vendor demonstrations.
* Collaborate and facilitate knowledge transfer sessions for onboarding of new team members.
* Create User Stories and User Acceptance criteria utilizing agile methodology.
* Recommends business processes to improve and support enterprise architect team initiatives.
* Analyzes and documents client’s business requirements and processes and communicates requirements by process models.
* Assists with test scenarios & test plans to be used in testing the business applications in order to verify that client requirements are met. Assists in analyzing testing results throughout the project.

**Optum Behavioral Health, Atlanta, GA**

**2015 – 2021**

Brought on board by the organization as Manager of Appeals to manage an inventory of member, provider, administrative and clinical Behavioral Health Appeals. Assumed increasing responsibilities and progressed to Business Analyst for leading the migration of Community & State Behavioral Health, Clinical and Administrative Appeals into United Clinical Services (UCS) Escalated Tracking System.

**Career Progression and Significant Contributions**

**Business Analyst, Jan 2020 – Nov 2021**

Oversee Behavioral Health Medicaid and Dual Special Need Program member and provider appeals for 22 States. Ensure compliance to avoid potential state sanctions and remediation plans. Provide indirect supervision to five Appeal Coordinators for managing daily inventory of approximately 2200 administrative and clinical cases.

**Significant contributions**

* Key leader in providing support of designing business processes, gathering requirements for Behavioral Health Medicaid & Commercial utilization management automation projects.
* Experienced with database queries, process mapping (Visio), data manipulation, Pivot tables, root cause analysis and remediation.
* Pioneered the development of migration plan for Medicaid Behavioral Health (BH) clinical and administrative appeals into Escalated Tracking System to assign appeals to designated licensed reviewers (M.Ds. & Ph.Ds.) – *first-ever implementation in the organization.*
* Succeeded in delivering huge cost savings through automation as well as improved case turnaround, resulting in an increase in member and provider satisfaction.
* Improved efficiency and compliance from 90.56% to 99.14% within three months *(Jan-Mar 2020, an increase of 8.50%)*.

**Manager of Appeals, 2015 – 2020**

* Oversaw multi-locational team of two supervisors and 23 members spread across St. Louis, Atlanta, San Francisco and Illinois; managed an average inventory of 3500 member, provider, administrative and clinical appeals.

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* Evaluated regulatory changes and conducted internal audits to ensure compliance with federal, state, and local regulatory and organizational guidelines.
* As integral key leader for Optum Government Solutions for State Medicaid Replacement Medicaid Management Information System (RMMIS) RFPs, presented technical facts to the following states: SC, MT, IA, WY and SC.

**Significant contributions**

**Appeals**

* Led the department in completing 4,000 pieces of inventory per day while ensuring compliance to activities including planned documentation, policy and procedure updates.
* Reviewed and resolved over 400 member and provider appeals within 90 days of being onboard, increasing overall appeal compliance rate by 5%.

**Process Improvement and Employee Performance**

* Led root cause analysis of UBH misdirected mail managed through the CAOM outlook mailbox. Implemented an effective sorting process for managing UA’s and key accounts, and to mitigate compliance risks.
* Collaborated with plan contact for implementing a WAND queue to capture misdirected appeals effectively.
* Received high scores on employee surveys, measured by daily team inventory calls, employee advisory groups, and staff one-on-one discussions.
* Developed Realignment Plan-Sept. 2016 that improved AC balance of inventory, compliance, morale, quality and enabled staff to utilize senior coordinator roles more efficiently.
* Increased organizational efficiency and streamlined workflows by eliminating duplicate processes.

**Aetna, Atlanta, GA 2013 – 2015**

**Appeal Supervisor, Southeast and Northeast Region**

* Supervised, mentored, and provided content model expertise to 18 Appeal Analysts for Aetna’s policies, procedures, regulatory and accreditation requirements.
* Integrated the Appeals department during Coventry’s acquisition by Aetna; trained staff on Aetna systems, policies and guidelines, and managed an additional 18 employees.
* Obtained NCQA accreditation for all Coventry plans post-acquisition including: file preparation, gathering of documentation, and validation of 150 case files.

**Peach State Health Plan (PSHP), Smyrna, GA**

**2006 – 2013**

**Quality Improvement Coordinator II 2010 – 2013 | Lead & Denial Appeal Coordinator, 2006 – 2010**

* Supervised five Appeal and Denial Clinical Quality Coordinators, and provided health plan subject matter expertise to clinical and non-clinical teams.
* Prepared medical files for grievance and quality of care peer review and oversaw federal and state grievance, appeal, and denial reporting.
* Led EPSDT/Health Check-Medical Record Review audit process to ensure compliance with state guidelines.

**Military Experience**

**United States Navy | CA, VA**

**1994 – 2000**

**Hospital Corpsman/Surgical Technologist/Lead Patient Registration Liaison | Honorably Discharged**

**Education**

**Master of Public Administration (Emphasis – Health Service Management), 2009**

Keller Graduate School of Management, Decatur, GA

**Bachelor of Science in Technical Management (Emphasis – Health Service Administration), 2007**

DeVry University, Decatur, GA

**Technical Skills:** Microsoft Word, Excel, PowerPoint, Access, Outlook, and SharePoint; Visio, MS Access, Oracle, Salesforce.