KIMBERLY PORTER

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Dedicated and Responsive Healthcare Professional who thrives in delivering efficient results in a

fast-paced environment. Over 19 years of experience in performing operational tasks in a

management role in various healthcare environments. Outstanding ability to connect and work

collaboratively with teams at all levels and stay abreast of current standards and best practices.

Experienced in both private physician offices, large medical groups and Managed Care settings that include health care services delivered on a fee-for-service basis and through managed care. Effectively able to work well independently or as a team player and adept at handling difficult situations with complete professionalism.

**- CORE QUALIFICATIONS -**

• Delivers leadership in operations, business development, process improvement, implementation, retention, data collection, policies & procedures maintenance, conflict resolution, and regulatory compliance.

• Analytical & interpretive skills; excellent judgment, troubleshooting, problem solving skill

• Strong organizational and project management skills to ensure projects are completed timely and accurately

• Possess a strategic and problem-solving orientation and superior planning and organizational skills

• Attention to Detail: Achieves thoroughness and accuracy when accomplishing a task

• Effective management of projects, deadlines, and workload prioritizing

• Maintain privacy confidentiality by following HIPAA laws.

**- PROFESSIONAL EXPERIENCE –**

**Option Care Health 9140 Gilford Road, Columbia, MD 21046**

**Patient Registration Manager** **02/2019 - 11/2022**

Managed a team of nine (9) employees within the Patient Registration Intake department.

Responsible for facilitating the timely evaluation and acceptance of patients referred for service to

meet the needs of the patient and customers. Managed the entire patient registration process from

referral intake, insurance verification, obtaining and managing documentation and triaging to pharmacy

for drug dispensing. Monitored adherence to policies and procedures. Managed the implementation of

new and updated processes for quality and process improvements. Developed and oversaw the department's quality assurance audit process that addressed Key Performance Indicators (KPI’s). Ensured the patient registration department utilized appropriate forms, obtained proper and complete insurance verification, and obtained authorizations. Ensured the appropriate notification of patients regarding their financial responsibility, benefit coverage and payer authorization for services to be provided. Monitored and evaluated the patient registration team member’s productivity and performance. Completed all required projects and reports in a timely on a daily, weekly, or monthly basis. Trained new patient registration team members and conducted refresher training and skills assessments. Managed, developed, monitored, and coached staff, ensuring professional development of team members through orientation, training, establishing objectives, communication of rules and constructive discipline. Collaborated with internal resources to develop strategies that meet department goals within budget and established timelines. Resolved complex issues, recommended, and implemented strategies to resolve problems. Refined procedures and systems for establishing, operating, and assessing the effectiveness of administrative control systems to prevent waste, loss and unauthorized or misappropriated use of agency assets. Participated in planning sessions and discussions of innovative ways to carry out assigned programs and new programs. Worked collaboratively to review, develop and implement Continuous Quality Improvement (CQI) processes to improve and pass internal Quality Site Assessments (QSA), external Accreditation Commission for Healthcare (ACHC), Food and Drug Administration (FDA) audits, state audits and patient satisfaction survey results.

**Trusted Health Plan 1100 New Jersey Avenue, SE Washington, DC 20003**

**Medicaid Enrollment Manager 09/2017 – 02/2019**

Managed a team of seven (7) employees within the enrollment, eligibility, and outreach/revenue

recovery department. Effectively and timely managed the enrollment of members enrolled in Modified Adjusted Gross Income (MAGI) Medicaid and DC Alliance Health Plans 34,000 membership population. Ensured premium revenue accuracy via membership and capitation reconciliation. Managed workload distribution and monitored production, timeliness, accuracy, and inventory for all areas of oversight. Ensured accurate and timely dis-enrollment of ineligible members, to avoid improper claim payments. Prepared monthly membership reports for the DC Department of Health Care Finance Division of Managed Care (HCDMA), which included Third Party Liability, Newborn Reconciliation and Demographic reports. Analyzed and researched members with high-risk diagnosis, Long Term Care (LTC), and high-cost claims for referrals to other state programs. Monitored and maintained coordination of benefits to ensure proper adjudication of claims. Served as an enrollment liaison between Trusted and the Department of Health Care Finance (DHCF) to resolve Medicaid eligibility issues. Served as a liaison between Information Systems and the Business Process Outsourcing (BPO) to ensure timely loading of the enrollment and capitation files based on state laws and contracts. Developed, and maintained department policies and procedures related to the District of Columbia’s Medicaid State Contract Service Level Agreement (SLA) specific to enrollment, Third Party Liability (TPL) and Coordination of Benefits (COB). Conducted research on Medicaid program code changes as a result of the Affordable Care Act (ACA). Oversaw implementation of Trusted’s ACA Certified Application Counselor (CAC) program. Created training material and conducted staff training on the use of the CAC portal in DC Health Link. Performed departmental audits to evaluate the efficiency and effectiveness of the state 834/820 file data load transmission and load discrepancies. Developed analysis reports that were communicated to management with suggested resolutions. Managed the company’s time-sensitive newborn enrollment process to ensure compliance with District and Federal enrollment requirements. Tracked and monitored daily membership counts based on the daily state 834 enrollment files and distributed to management. Participated in the Hedis roadmap tracking and submission from an enrollment and eligibility perspective.

**Cigna Health Spring MCO 3601 O’Donnell Street Baltimore, MD 21225**

**Enrollment/Reconciliation Manager (Medicaid & Medicare) 01/2014 - 09/2017**

Managed a team of seventeen (17) employees within the Medicaid Enrollment and MAPD

Reconciliation Operations Department. Managed the deadline-driven Medicaid, Medicaid Waivers and Medicare-Medicaid (MMP) enrollments process into Cigna’s membership database (Illinois and Texas Markets) 51,000 membership population. Managed the reconciliation of the Medicare Advantage/Prescription Drug Daily Transaction Reply Report (DTRR) from the Center of Medicare Medicaid Services (CMS). Managed workload distribution and monitored production, timeliness, accuracy, and inventory for all areas of oversight. Partnered with Maximus (enrollment broker) and the State ensuring enrollments and disenrollment were updated in internal systems accurately and timely. Collected and analyzed data and prepared reports containing processes, results, and other measurements for review by company executives. Identified areas for expanded Medicare/Medicaid knowledge and cross training of CMS and State guidance and managed care laws. Worked with the Implementation team to support technology, product, and membership growth by participating in testing to ensure effective roll-out of new systems or product implementations. Supported market expansion by building partnerships with other departments specifically provider data management, claims and member services to achieve corporate objectives. Identified program deficiencies and collaborated with Information Systems and worked towards resolution. Facilitated departmental communication regarding contract and operational changes . Created and maintained compliance with internal policies & procedures and job aids to stay compliant with all enrollment state and federal contracts and Service Level Agreements (SLA’s). Participated in the Hedis roadmap tracking and submission from an enrollment and eligibility perspective.

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**Reconciliation Supervisor Medicare Prescription Drug Program (PDP) 08/2012 – 12/2013**

Supervised a team of thirteen (13) within the PDP Reconciliation Department. Managed the

reconciliation of the Daily Transaction Reply Report (DTRR) from CMS. Conducted research in the

Center for Medicare and Medicaid (CMS) guidance manual to ensure compliance with Federal

mandated laws as it related to membership enrollment. Analyzed external correspondence to ensure

Best Available Evidence (BAE) policy requirements and uploaded requests via CMS EPRT reporting system.

Implemented the Medicare Secondary Payer (MSP) & Coordination of Benefits (COB) process, including identifying areas related to best auditing practices, reviewed and submitted Business Requirement Documents (BRD) and integration testing. Managed the COB and MSP processes via CMS generated reports. Managed the Prescription Drug Event (PDE) monthly reporting; ensuring member updates are reconciled to the Prescription Benefit Management System (PBM). Reviewed and ensured appropriate processing of the Filebound (repository) queues. Managed the Bravo Retroactive Processing (RPC) submission, tracking, and disposition process. Managed the research and resolution of reconciliation issues and audited reconciliation adjustments. Established and maintained departmental Policies and Procedures and Standard Operating Procedures.

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**- EDUCATION -**

Business Administration, Some college courses

Strayer University, Millersville, MD

High School Diploma, Laurel Senior High School, Laurel, MD

**- JOB RELATED SKILLS & Training -**

Microsoft Office Suite, Windows XP, MHC, QNXT, IDX, ACEDS, Marx, Info-crossing, Catamaran PDM, Sharepoint, Concur, DC Health Link, Electronic Medical Records, Privacy /HIPAA Guidelines, CMS EPRT reporting system, Filebound (repository) queues, Privacy / HIPAA Guidelines & Fraud, Waste, Abuse, Diversity and Inclusion, Manager Effectiveness