

# Monicka Farmer

## Call Center Supervisor

Grand Prairie, TX  
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Actively seeking a Supervisory position where I can contribute the experience I have in this field to the success of company.

Authorized to work in the US for any employer

### WORK EXPERIENCE

#### **Medical Insurance Specialist/ Prior Auth Coord.**

Fresenius Medical Care - Atlanta, GA - May 2015 to September 2015

##### Responsibilities

Verifies insurance coverage by phone, online or through E1 (electronic system) transactions for all new patients and/or changes in coverage.

Contacts all new patients (via telephone) to verify the amount(s) that will be paid out-of-pocket/co-pays.

Maintains confidentiality of information at all times.

Assists patients with understanding their pharmacy benefits and available resources.

Educates patients regarding availability of alternative insurance options, such as providing Medicare part D assistance and education.

Assists when insurance coverage changes between companies or to Medicare, and/or refers patients to a social worker.

Answers patients' questions regarding insurance coverage.

Refers escalated questions/situations to supervisor or appropriate department (such as Billing to address a Billing error), or if a patient wants to opt out of the program.

Enters patient insurance information under the patient's account in the pharmacy data system.

Reviews all enrollment forms. Ensures insurance information and appropriate referrals have been completely and accurately obtained. May be required to follow up with social worker, insurance company, and/or patient to complete the application and verify insurance.

Demonstrates knowledge and understanding of insurance billing requirements.

Monitors all patients' insurance information to ensure that it is updated and accurate. Addresses any identified anomalies or discrepancies, researches and answers questions as needed.

Analyzes patient reports from pharmacy data system as an audit check to ensure the correct insurance information is entered and that other changes are not overlooked. Researches and corrects any discrepancies identified.

Prepares monthly reports to track work progress.

Completes work within authorized time to assure compliance with departmental standards.

Other duties as assigned

#### **Quality Analyst/ Trainer**

Colibrium, Inc - Roswell, GA - November 2014 to May 2015

Performed contact call center monitoring, evaluated and reported all agents, both licensed and non-licensed agents. Actively used quality management system to compile, track and trend agent performance. Communicated with center leadership and Corporate Customer Service Team and socialized call center performance and observed performance gaps. Analyzed call trends and identified agent and call center training opportunities and provided recommendations to management. Consistently sent immediate email

to supervisors and provided instant feedback on performance concerns, disconnected calls and auto fail calls, participated in internal calibrations with Quality, Operations, Client's and ensured consistent scoring. Responsible for being objective liaison on behalf of the client to the vendors. Participated in assisting with quality lessons and improved quality performance. Tracked call results and conducted trend analysis based on results of monitors and improved quality and training needs, in addition to, designed and delivered call center training programs for employees. Scheduled New Hire training, collaborated with management regarding new training procedures. Took part in quality administration of call center, applied and monitored adherence to standard call center operating procedures, developed training programs for clients within call center. Coordinated training programs for call center staff, mentored new sales consultants to achieve assigned targets. Developed and monitored incentive programs, maintained measurement tools for competent training. Recognized opportunities for operational enhancements to improve productivity and assisted with recruitment process in call center.

### **Supervisor/Trainer/Quality Analyst**

Optum Health - Dallas, TX - September 2010 to November 2014

Kaiser Permanente Medicare, Taking inbound calls from prospects regarding enrollment into a Medical plan, making outbound CMS calls to prospects that recently enrolled in the Plan, Qualifying prospects to confirm that they are eligible to enroll into the plan, and handling escalated issues, training new hires, all while meeting and exceeding daily goals, utilizing sales techniques to enroll Medicare prospects into a Medicare-Senior Advantage Plan, monitoring agent's calls, side by side evaluations, weekly team meetings, payroll processing, one on one meetings with agents, provided feed-back for techniques to improve sell ratings, conversion rates and a numerous of other tasks, including weekly meetings with the client, weekly calibration sessions, in addition to listening, scoring, monitoring calls for Licensed Health Agents and Coaching them for best overall quality and consumer solutions.

### **Prior Authorization Specialist/Pharmacy Technician**

CURASCRIP PHARMACY - Orlando, FL - August 2009 to August 2010

Processing new prescriptions, creating referrals and new orders for patient's, processing insurance changes, calculating correct dosages, contacting physician's offices for refill orders, initiating prior authorizations to insurance companies for approvals, setting up delivery orders for patient's medications, data entry, inputting proper ICD-9 codes and CPT codes for correct billing purposes to insurance companies, contacting insurance companies for co-pay information, processing insurance changes, trouble-shooting claim rejections, handle claim reimbursements, while maintaining a meeting and exceeding goals and expectations set.

### **Insurance Verification Specialist- Outbound**

HEALTH MANAGEMENT SYSTEMS - Irving, TX - August 2008 to July 2009

Outbound calls to Insurance companies to verify medical benefits for patients for local government agency, which included health insurance benefits, dental, vision for revenue driven purposes reduce fraud activity within the state Medicare system, training new hires while meeting and exceeding company's expectations.

### **COMPUTER SKILLS:**

Microsoft Office (Word, Excel, Power point, Access, Email, Fax, etc) 40-55 wpm, 10,000+ KSPH

### **EDUCATION**

### **Medical Billing and Coding Program**

Ameritech College

2013

#### ADDITIONAL INFORMATION

Twelve years of experience providing customer support in busy call center environments for health care and various call centers.

- An unwavering commitment to customer service, with the ability to build productive relationships, resolve complex issues and win customer loyalty.
  - Strategic-relationship/partnership-building-skills--listen attentively, solve problems creatively, and use tact and diplomacy to find ground and achieve win-win outcomes.
  - Powerful leadership skills and strong ability to manage and motivate staff.
  - Ability to professionally interact with multiple levels within an organization.
  - Ability to work independently, as well as in a team environment to accomplish a common goal.
  - Ability to demonstrate strong analytical skills.
  - Strong interpersonal / presentation skills.
  - Effective communicator both oral and written.
  - Professional acumen to interact with and handle various escalated issues from internal and external customers.
  - Ability to facilitate change within an organization.
  - Ability to work flexible schedules as business needs dictate.
  - Ability to multitask, while focusing on key responsibilities.
  - Excellent Management Experience.
  - Willing to relocate and travel.
  - Experienced Call Center Trainer has great experience training both new and existing call center employees.
- In addition to being a Licensed Health Agent with over 5 years experience in the Medicare Market.