TREMELL TABB

San Diego, CA
Tabb.mmhs@gmail.com

OBJECTIVE

To obtain a full time Front-End Developer position.

SKILLS & ABILITIES

Excel, Pivot Tables, Allscripts, eClinicalWorks, Database Management, Oracle, AR Account Analysis, Microsoft Access, Computer Science, Medical Billing, ICD-9 & ICD-10, Claim Analysis, Medicare, Data Entry, CPT, Medical Claims, HIPPA, Denial, Hospital, Medical Terminology, Collection Management, Account Receivables, Appeals, Claim Processing, EOB, Customer Service

EXPERIENCE

American Specialty Health, Reconciliation Analyst
February 2019 -

- Reconciles, resolves, and research ASO payments to ASH.

- Experience working with Medicare, Anthem, Cigna, Cerner, Aetna, Medicaid & International Payors

- Knowledge of EHR systems (EPIC, Nextgen, Allscripts & eClinicalWorks)

- System reconciles ASO claims payment from Health Plan Payors.

- Makes calls to Health Plans to check status of payment or underpayment. Make courtesy calls to Providers as needed

- Makes calls and research overpayment requests from health plan recovery services.
- Documents follow-up in Reconciliation System or Communication Log.

- Prepares letters of explanation to Health Plans and prepares spreadsheet documentation of payments/overpayments/underpayments.

- Completes check requests for reimbursements of overpayments to Health Plans.

- Maintains confidentiality of all claim's documents, records, and claims related issues.

- Promotes a spirit of cooperation and understanding among all personnel.

- Recognizes unique and/or problem situations within area of assigned responsibility. Researches and makes recommendations to Supervisor.

Hebert Consulting Services, Revenue **Cycle Professional Biller**
January 2018 – February 2019

- Knowledge of internal operations to facilitate appropriate revenue cycle management tactics.
- Knowledge of the current healthcare climate, including HIPAA standards and governmental programs and regulations.
- Knowledge of CPT, HCPCS and revenue codes and their effect on reimbursement.
- Ability to communicate effectively both verbally and in writing.
- Ability to complete and analyze data queries, scorecards, detailed statistical measurement and interpretation, and financial forecasts.
- Performs in-depth analysis of current and future workflows, data collection, report details, and other technical issues associated with the Epic EHR and designated third-party applications
- Maintains confidentiality of all claim's documents, records, and claims related issues.
- Knowledge of EHR systems (EPIC & Nextgen)

Billing Collections Analyst., Medical Professionals
February 2017 – November 2017

- Investigate up-front denials with insurance carriers
- Prepare and submit appeals
- Identify negative trends with payers and work to resolve with appropriate teams
- Interface with patients and customers to handle inquires, troubleshoot problems, and follow-up via phone and/or email
- Ensure that documents are complete with accurate patient billing information
- Review processing errors and analyzes issues, identifies root causes and escalates as appropriate

Program Analyst, Sedona Staffing
December 2015 – January 2017

- Respond to inbound calls from customers, triage calls as appropriate, document calls in appropriate database, and handle/escalate calls per program specifications.

• Conduct outbound calls per program specifications.

• Conduct insurance verifications to confirm patient benefits, facilitate the prior authorization process on behalf of customers, assist with problem claims, and perform case management to identify insurance and alternative funding sources per program specifications.

• Screen and process patient assistance applications by determining eligibility and making outbound follow up calls as necessary.

EDUCATION

Associates of Software Development, National City, ITT Technical Institute

September 2013 to December 2015

Associate of Computer Science, Chula Vista, Southwestern College

January 2022