

Grievance and Appeals Coordinator
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Coordinator, I Phoenix, AZ Work Experience
Grievance and Appeals Coordinator HealthCare
Support Staffing - Phoenix, AZ March 2019 to Present
Review, research and resolve written
appeals and grievances from providers within stringent timeframes. Multitask on multiple appeals
simultaneously, prioritizing work and completing within stringent timeframes. Gain and maintain
knowledge and understanding of the plan designs and effectively apply that knowledge.
Collaborate with different departments within the plan to solve issues. Maintain an intermediate
level knowledge of claims processing and an ability to research and resolve claims issues. Contact
providers to seek additional information or clarification regarding grievance and appeals cases and
review and resolve issues by requesting medical records, notice of action, or any other pertinent
information related to grievances and appeals from medical groups, delegated entities and/or
providers. Perform complete, accurate and consistent data entry into system software applications
in accordance with policies, procedures and instruction from the Manager of Grievance and Appeals
Operations. Prepare accurate and professional resolution letters to providers. Maintain a
comprehensive working knowledge of policies, procedures, compliance regulations, schedule of
benefits, and turnaround times across all product lines.
Network Operations Consultant Phoenix
Children's Hospital - Phoenix, AZ July 2017 to February 2019
Develop and implement policies and
procedures. Assist in building of new quality improvement program and workflows to train provider
offices lead to higher quality scores. Act as a liaison between Phoenix Children's Care Network
and physician network (PCPs and Specialists) Visit PCP and specialist offices monthly to drop off
reports, resolve issues, deliver marketing materials, provide quality improvement
trainings/orientations, and any other face-to-face interactions with physicians and/or their staff as
needed Research and resolve provider issues for the network. Participate in activities to obtain
URAC accreditation for clinically integrated network. Attend, provide support and speak at
meetings with physicians and/or staff. Process all new incoming application requests for
participation in the network & contracts from the local network. Prepare meeting packets, provider
orientation packets, provider educational memos and PCP engagement grids as needed. Assist in

the development and mailing of any termination letters for provider network as needed. Review the credentialing approvals every week for any newly credentialed provider. Once identified, process the physician add accordingly. Assist with provider calls, visits and/or emails for claims questions, enrollment questions, referral questions, etc. as needed for the local physician network. Provider Relations Representative Banner Health - Mesa, AZ February 2015 to April 2017 Acted in a team lead capacity for over a year. Trained new staff on systems, prepared daily workloads for staff and coordinated the daily allocation of work, while motivating the team to achieve high standards and targets. Monitored and reported on standards and performance targets in a timely manner. Arranged and chaired weekly team meetings, focusing on targets and achievements. Recruited new staff, sat in on all interviews and completed hiring process. Traveled frequently to physicians' offices doing site visits, educating office staff, recruiting new offices and resolving established problems. Provided education to physicians and their office staff. This included coordinating orientation and education of providers, hospitals and the organization's insurance plan administration staff. Identified and resolved managed care advanced to complex issues concerning daily administration, operations, claims, contract interpretation, utilization management, eligibility and general operational issues. Maintained all levels of communication with network providers, informing them of any operational, procedural and contractual changes and updates. Assisted internal departments in resolving provider and member complaints and appeals pertaining to the organization's physician, hospital and insurance plan contracts. Assisted manager with network development in various geographic regions within the organization. This includes negotiating, implementing and maintaining managed care contracts with payers and providers. Trained and assisted providers and/or office staff in Banner quality programs. Including identifying open care gaps for the year and assisting offices on creating a plan and closing them. Maintained a thorough understanding of managed care reimbursement strategies and methodologies for physicians, hospitals and ancillary providers to assist in the development and maintenance of a comprehensive provider network for Banner Plan Administration. Programed data retrieval utilities and queries and track and analyze statistical data. Provider Network Administrator Health Net, INC -

Tempe, AZ June 2013 to July 2014 Developed and maintained positive and mutually supportive working relationships with participating physicians, participating physician groups, hospitals and/or ancillary providers within the assigned area. Assisted in the day to day administration and operation of the contractual provider relationships within the Provider Network Management department which included researching, analyzing and resolving complex problems dealing with contract loading, division of financial responsibility interpretation, contract rates and language interpretation, grievances and appeals, and eligibility. Researched, analyzed and resolved, issues related to contract interpretation, benefit problems, shared risk settlements and authorization inquiries within limits of authority. Responded to inquiries from Claims, Member Services, Provider Data Management, Sales, Finance, Credentialing and Appeals regarding the contract. Assessed training needs of physician office staff and delegated group personnel such as Banner Health Systems, Arizona Priority Care and Sun life Health Care. Participated in required Joint Operating Committee Meetings and conducted physician, hospital and/or ancillary meetings as necessary. Created and maintained Excel Spreadsheets to monitor and track contracts, including re-contracting current providers, to ensure timely and accurate implementation. Supervisor, Network Management Phoenix Health Plan - Phoenix, AZ June 2012 to June 2013 Provided day-to-day management and leadership of the Provider Network Management team involved in provider relations and the health plans access/availability program. Developed and executed all strategies related to outreach, training, education, and service to the provider network. Designed and implemented programs to build and nurture positive relationships between the health plan, providers (health plans, physicians, hospitals, ancillary, IPAs, etc.) and practice managers. Conducted initial and subsequent provider orientations, maintaining compliance with provider related standards, local, state and federal regulations and accrediting agencies, troubleshooting provider concerns, conducting outreach related to provider disputes and claims issues, and implementing ongoing quality initiatives. Worked collaboratively with the Director, Provider Network Management, representing the department at management and cross-functional meetings and interfacing with other departments as necessary. Patient Services Supervisor Union Hills FMC - Glendale, AZ July 2010 to June 2012

Provided ongoing supervision of the clinic to provide for the satisfaction of patients, efficiency of operation, and development of clinic practices to meet demands. Reviewed operations and workflows to assess need for procedural revisions and enhancements. Participated in billing and claims duties such as verifying insurance coverage, entering insurance claims, tracking insurance payments, and researching and resolving insurance denials and rejections. Created and maintained staff schedule. Responsible for the maintenance of electronic medical records system and trained all employees on system. Ensured compliance with all contracted insurances and government agencies. Assisted in preparing office budget. Planned and participated in staff training and development of training tools. Education Bachelors of Science in Health Administration in Health Administration Langston University - Langston, OK 2010 Additional Information Key Skills Supervising Customer Service Reports & Spreadsheets Dispute Resolution Written and Verbal Communication Medical Terminology Problem Solving Preparing and Presenting Training Materials Contract Writing and Interpretation ICD-9 ICD-10 CPT2 Strategic Planning Billing & Coding Advanced Microsoft Office skills Multiple electronic medical record systems

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