Christine Jenne

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Professional with over 16 years' experience in administrative work; 13 years' experience in the medical field. Results-oriented with a proven record of accomplishments and consistent contributions toward increasing collections of net A/R by efficiently identifying and addressing payer and internal issues for quick resolution.

KEY ACHIEVEMENTS

BJC Healthcare

 Received Revenue Cycle Managements 'Recognizing Outstanding Contributions, Kindness and Success' award Sept 2014, recognizing the team for streamlining the billing process through improved procedures and facility education to increase revenue.

Select Medical

- · Received 9 company recognitions for assistance to coworkers, identifying inconsistencies in charge entries, preemptively identifying & working to resolve missing claim information as well as identifying a system issue that was resulting in a delay of revenue collections.
- · Distributed educational information & training to facility field personnel, significantly decreasing front end errors in coding, data entry and determination of coordination of benefits.

PROFESSIONAL EXPERIENCE

BJC HEALTHCARE- ST. LOUIS, MO

12/2011-04/2018

Inpatient I Coder/Specialist/ Patient Account Representative

Combined overview of roles: Completed review of all assigned edits on the encounter billing exception worklist; analyzed, reported and resolved system issues, contacted departments to correct edits, ensured departmental understanding of billing and coding processes and provided guidance to departments on how to resolve claim issues in the health information system.

Specialist: Provided education to coders on common errors and correct coding practices. Produced and worked reports requiring review for bundling of encounters requiring 72 hour clinical review as well as review of midnight transitions per CMS guidelines. Collaborated with Revenue Management, Patient Access, Health Insurance Management, Charge Description Master, Compliance and Information Systems teams in addition to the hospital's clinics and departments to resolve enterprise coding issues.

Patient Account Representative: Worked with Compliance on requesting documentation, compiling and tracking additional development requests. Reviewed denial, series, and credit balance encounters, ensuring accurate and timely processing of claims. Collected discrepancy and denial data for review to implement necessary changes to system and ensure that necessary edits are in place to ensure submission of clean claims.

Outpatient Coder

Applied appropriate coding to OP Ancillary encounters with 97% accuracy on audit while exceeding productivity standards. Designated encounters lacking essential documentation or under specific guidelines to appropriate ques.

MERCY-ST.LOUIS, MO

10/2010 - 12/2011

Patient Account Representative

Processed patient accounts in accordance with the departmental and institutional policies and procedures. Insured the validity of incoming data, corrected information as needed and processed accounts for payment. Reviewed and resolved claim rejections.

SELECT MEDICAL CORPORATION-ST.LOUIS, MO

03/2005 - 08/2010

Patient Account Representative

Assisted in all aspects of our office in billing, collections and refunds. Identified problem accounts with payers; investigated and corrected errors, added missing account information and contacted responsible parties to resolve delinquent accounts; prepared payment plans and monitored adherence to plans by responsible party; directed accounts to outside collection agencies when necessary. Contacted attorneys, healthcare agencies with overlapping episodes, and others necessary to obtain information for resolution of credit and collection matters. Answered inquiries by phone regarding past due accounts and insurance guidelines. Prepared and utilized reports to identify and resolve accounts receivable issues. Composed routine correspondence to patients and insurance companies to advise of account issues requiring resolution.

EDUCATION