**Lucie L. Passaro-Brown  
5 Camelot Drive  
Monroe, Connecticut 06468  
203.268.0262** [**Lucielbrown@yahoo.com**](mailto:Lucielbrown@yahoo.com)

**Profile:**   
Comprehensive knowledge of the health insurance industry with extensive background in managed care contracts & policies, health care billing and third party reimbursement.  Extensive experience in specialty pharmaceutical auditing, as well as claims, contracts and reimbursement for Pharmacy Benefit Managers, Hospitals and Physicians.  Responsible for strategic planning, development and management of large audit projects  
  
**Professional Experience:**

**5/07 to present  Senior Analyst, Way Mark Associates, a ScioInspire Company- Stratford, Connecticut**  
• Responsible for auditing, identifying and recovering overpayments with a strong focus on high cost specialty pharmaceuticals  
• Accountable for performing large scale data mining audits and contract audits for clients to identify overpayments and trending areas of wastage, leakage and abuse  
• Responsible for the development, creation and implementation of internal processes and procedures  
• Directing IT Team with creation and development of all data mining queries  
• Assist Partners with client interaction to ensure smooth and consistent progress of projects  
• Responsible for training all new hires and weekly reporting of team metrics  
• Through extensive analysis and medical record review identified over  $6MM in incorrectly reimbursed and/or billed claims  
  
**1/03 - 5/07 Senior Provider Compliance Analyst, United Healthcare - Trumbull, Connecticut**   
• Managed multiple large scale audit projects aimed at identifying systematic claim   
overpayments  
• Negotiated the recovery of over $3.4MM in claim overpayments with physicians, hospitals and attorneys  
• Responsible for projects in data mining and query development  
• Acted as a Liaison between internal team members and external vendors, consultants and attorneys  
• Assisted in-house attorneys with arbitration & litigation cases including testifying in legal proceedings

**1/1/00- 1/1/03 Fraud Investigator, Oxford Health Plans - Trumbull, Connecticut**• Assisted in the development and reorganization of the Special Investigation Unit  
• Negotiated the recovery of $800M in overpayments relating to fraud  
• Developed and managed an average of 30 cases per year  
• Acted as a company Liaison with law enforcement agencies at the local, state and federal levels; including the Federal Bureau of Investigations and the Insurance Fraud Bureau

**7/98-1/1/00 Resolution Analyst**  
• Selected for participation as a on a specialized team that handled Provider complainants, appeals and large scale provider claim projects  
**7/97-7/98 Claims Analyst**• Utilized claim payment policies, claim edit software and provider contracts to process claims for commercial, Medicare & Medicare lines of business

**Education**May 1997 Sacred Heart University, Fairfield, Connecticut  
Bachelors of Arts, Social Work