**Profile**

Experienced Health Care Professional with extensive knowledge of Health Care Operations, Processes, Quality Improvement and Coding functions. Excellent project management and communication skills.

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| * **Project Management** * **Strategic Planning** * **Staff Management and Incentives** | * **Leadership and Team-Building Skills** * **Presentation Skills** * **Relationship Building** | * **Budget Management** * **Community Outreach** * **Process Improvement** |

**Professional Experience**

Visiting Nurse Services and Hospice of Fairfield County-Norwalk, CT June 2011-December 2011

**Quality improvement Coordinator, June 2011 to December 2011**

##### Responsible for implementation and monitoring of the agency’s quality improvement activities.

* Responsible for quarterly clinical record review including review of Adverse Events as per OASIS data set.
* Evaluate and oversee the Agency’s clinical and administrative quality improvement activities for appropriateness, adequacy, effectiveness and efficiency. Present the Annual Quality Improvement report to the Medical Professional Advisory Committee and relevant boards for action as needed.
* Lead and direct various Process of Care Investigations (POCIs) committees for implementation of improvement actions based on Home Health Compare clinical outcome measurement data sets and Patient Satisfaction Survey Results.

Health Net, Inc. – Shelton, CT April 1996-January 2011

##### **Manager, Quality Improvement, November 2008 to January 2011**

##### Responsible for regional implementation and monitoring of quality improvement activities for commercial, Medicare and Medicaid lines of business.

* Responsible for working in collaboration with the Medical Director for the resolution of potential quality of care complaints and issues.
* Responsible for the design, development and implementation of ongoing improvement initiatives based on key quality indicators such as HEDIS, CAHPS and QARR rates.
* Oversee and monitor compliance with Quality Improvement policies and procedures, Quality Improvement work plan and Quality Improvement program description, including but not limited to presenting annual QI work plans and evaluation to the regional Utilization Management/Quality Improvement committee and relevant boards.

*Accomplishments:*

* Instrumental in Health Net of the Northeast achievement of an Excellent Accreditation rating for all three HNNE Health Plans from NCQA for two consecutive three-year terms.
* New Jersey Medicaid, received > 80% score and six point improvement in MPRO audit for two consecutive years.
* Exceed departmental budget expectations and goals for the past 2 years.

**Senior Quality Improvement Specialist, April 2007-November 2008**

##### **Manager, Medical Claims Review Unit, June 2005-April 2007**

* Provided leadership and oversight to the Medical Claims Review Unit including hiring, training and performance reviews.
* Assured that the staff had the most current knowledge of CPT4, HCPCS and ICD-9 coding rules and regulations.
* Assured the integrity and operational efficiency of all areas within the unit to meet service level agreements.
* Monitor and report on the performance standards of the department and create action plans to correct deficiencies.
* Develop and maintain departmental policies and procedures and a thorough working knowledge of hospital, member and provider contracts, and state and federal regulations.
* Responsible for the development and implementation of staff education and training.

##### **Senior Medical Claims Review Nurse, May 1998-June 2005**

* Responsible for the review and/or resolution of Quad state claims referred to the Medical Claims Review Unit.
* Working knowledge of provider contracts and member’s benefits and EOC
* Oversees and work with staff members as well as other departments within Health Net, on Extension of Benefit claims and issues for disabled members that meet the definition of disability per Health Net’s policy and procedure
* Assist MCRU staff with questions and issues that may arise when reviewing claims.
* Assist Legal and Special Investigation Unit reviewing potential aberrant billing patterns.
* Keep staff updated on iHealth and system edits as well as correct coding by starting and chairing bi-weekly Round Table Discussion Meetings.

##### **Precertification Coordinator, RN, April 1996-May 1998**

Griffin Hospital, Derby, CT

##### **Continuing Care Coordinator, RN, November 1994-April 1996**

* Performed Urgent/Emergent admission reviews and continued stay using applicable criteria.
* Responsible for patient discharge planning and transition to an appropriate level of care for continuity of care
* Assisted family members and patients in nursing home placements.
* Educated patient and family members on self-management of chronic illness.

**Education**

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| Bridgeport Hospital School of Nursing-Bridgeport, CT  **RN diploma (June 1992)** |

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| Eli Whitney Technical School, Hamden, CT  **LPN diploma (September 1978)** |

**Certification**

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| American Academy of Professional Coders Certification **(November 2003)**  **CPC** |

**Affiliations**

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| Member, Southwest Chapter, American Academy of Professional Coders (**AAPC)** |