**Michele Nobile**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2173 Hughes Avenue, Bronx, NY 10457 917-693-1303 mnobilem@aol.com

Manager with progressive record of accomplishment in all aspects of health care revenue cycle and practice management.

**Village Care Health Center,** New York, NY, June 2010 to Present

**Revenue Cycle Coordinator**

**Health Center Manager**

* Review Patient Access processes and make recommendations for improvement for Revenue Cycle
* Submit authorization and appeals to insurance carriers
* Assist in the day to day operation of the Health Center
* Prepared and submitted credentialing packages for all new providers
* Confirm and coordinated updated Provider Packages
* Prepared daily deposits to be submitted to Patient Accounting Department
* Trained providers and staff on Electronic Medical Record system (Eclinical Works)
* Team Leader for Collaboration with Primary Care Development Corporation and Owner facilities to obtain Medical Home Accreditation
* Managed Clinical and Administrative staff
* Prepared Manual Payroll cards bi-weekly
* Coordinated Provider training and IPRO Medical Records review
* Trained on all aspects of electronic medical record to be classified as a Superuser
* Submitted weekly paperwork for Metro-card replenishment to the accounting Department. Submitted necessary paperwork to receive metro-card reimbursement from Medicaid and participating Medicaid HMOs

**Upper Room Aids Ministries/Harlem United CAC,** New York, NY, December 2008 to March 2010

**Practice Manager,** Healthcare Division, December 2008 to March 2010

* Run the day to day operation of Primary Care and Dental Practices consisting of 8 providers
* Prepared Monthly Board report for activities for Medical and Dental Clinics
* Lead Continuous Quality Improvement Committee for Medical Practice
* Prepared and implemented all Corrective Action Plans for Medical Practice
* Assisted with the designation of Medical Home Accreditation for Medical and Dental Practices
* Chaired Monthly Provider meetings
* Processed New Provider applications for Vidacare (Medicaid HMO insurance company)
* Maintained Providers file with up to date provider information
* Committee member for monthly meetings with CACNYS and Primary Care Information Project regarding Electronic Medical Records updates and billing
* Prepared all Island Peer Review Organization request for list and chart review
* Handled all client concerns including but not limited to insurance eligibility, access, termination and suspension of client services
* Prepared quarterly provider panel sizes and monitored assignment of new clients to providers
* Worked with Housing and Prevention departments to give access to care for clients for Medical, Psychiatry and Dental services
* Keep all licenses up to date and active
* Updated all required information for reimbursement of Metro cards from Medicaid and HMO Medicaid provider
* Participated in weekly billing conference calls with billing company for account resolution
* Reviewed daily billing for Medical and Dental for accuracy and supplied information to billing company for submission
* Provided education and training for all staff members on Epaces responses
* Set up dental authorization process for all services requiring authorization
* Daily review of billing and submitted to billing agency(BTQ) for provider submission
* Worked with team to obtain necessary correction to billing information and send to billing agency for claim resolution
* Assisted with upgrade of EClinicalWorks(ECW)

**North General Hospital**, New York, NY, November 1999 – November 2008 various positions:

**Director of Revenue Cycle Management**, Finance, May 2002 to November 2008

**Registration Manager**, Finance, November 1999- May 2002

* Conduct trainings of all 1199SEIU registration staff on STAR patient registrations and managed care policies and procedures
* Oversee and monitor daily bed control and Census
* Team member for hospitals’ initiative on patient flow from Emergency Department to Floors
* Work with Community and Clinic Physicians to obtain elective admit authorization to eliminate emergency room visit
* Review and update all patient material for Inpatient Admission to be compliant with Governmental Agencies
* Oversee registration functions of 53 registration staff for 11 departments including New Patient   
  Registration, Ambulatory Care Services, Referred Radiology, Admitting, Ambulatory Surgery, and the Emergency Department
* Daily monitoring of Fail bill, fail claim and late charge reports to minimize re-work by billing department
* Responsible for updated and inputting of all new charges in hospital system for maximum reimbursement
* Serve as business advisor to department administrators to improve operations for $1 million revenue/charges
* Led hospital-wide management team in achieving $1.8 million decrease in unbilled accounts through strategic workgroup efforts targeted at performance reporting, monitoring, staff training and education
* Redesigned existing workflows and data collection tools to support improvements in front-end revenue cycle processes
* Developing new off-site patient call center to introduce timely pre-authorization and pre-registration with eligibility verification to increase patient satisfaction and access to medical center
* Instituted new preauthorization process that increased revenues $500K in first 12 months of operation
* Chair bi-weekly failed bill meeting with all hospital department heads and managers to ensure compliance with established goals
* Generated new systems flows for billing process of new Diagnostic and Treatment Center
* Report weekly targets and achievements to hospitals COO and CFO for Board of Directors and Finance Committee presentation
* Manage outpatient billing vendor (McKesson HBOC) to review A/R statuses and resolve internal or external problems affecting the accounts
* Started-up new denials unit
* Review and approve Invoices for orthopedic/rehabilitation, colonoscopy and anesthesia services
* Negotiated colonoscopy and ancillary anesthesia reimbursement rate with Ralph Lauren Center for Cancer Care and Prevention and River East Anesthesia group, respectively
* Coordinated registration, billing and payment verification for privately owned hyperbaric company
* Managed billing operations for Blue Cross, Medicaid, and HIP
* Help expedite outstanding contract with managed care organizations
* Work with insurance carriers for claim adjudication for large volume of outstanding claims
* Coded all outpatient services for Rehabilitation Medicine utilizing the 3M software system
* Monitored monthly outstanding DRG reassignments for approved payments
* Liaison to Web/MD Veriquest System for all system problems or enhancements
* Process all Software Tracking Items (STIs) testing for the McKessonHBOC STAR system. Reported all problems with system upgrades
* Worked with IDX System Manager regarding interface errors from the HBOC STAR and IDX systems

**Montefiore Medical Center**, Bronx, NY, June 1988-November 1999, various positions:

* **Registration Coordinator**, Radiology, July 1996 to November 1999
* **Blue Cross/Medicaid/HMO (HIP) Inpatient Billing Supervisor**, Health Services Receivables, November 1991- July 1996
* **Medicaid Inpatient Billing Supervisor**, Health Services Receivables, April 1990-November 1991
* **Quality Assurance Representative**, Health Services Receivables, February 1989-April 1990
* **Skilled Nursing Facility Biller**, Loeb Center, Health Services Receivables, December 1988-February 1989
* **Interpro Biller**, Health Services Receivables, June 1988-December 1988

**EDUCATION**

**Iona College, New Rochelle, New York**

Master of Science, Health Service Administration- pending completion

Bachelors, Business Administration-Business Management- January 1987

**Lehman College, Bronx, New York**

Certificate in Medical Records Coding-Completed Courses only July 2005

**SKILLS**

**Software Applications**: EClinicalWorks (ECW), IDX, STAR (McKesson HBOC), Microsoft Word, Excel   
**Training**: Corporate compliance (staff trainer), “Denials, Building a Better Revenue Cycle” (HFMA, Nov. 2004), Denial Management training (HANYS, winter 2003), “Building a Better Ambulatory Care Practice” (MGMA, March 2004)