

Ashley Franklin

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Summary

Highly motivated health care professional delivering high quality customer service by accurately assessing patient needs and executing the most effective procedures. With a background in medical and pharmacy insurance administration, it would be ideal to collaborate with an organization that will allow me to showcase my skill set and flourish with the company. With integrity and quality assurance, I am determined to fulfill my duties and provide excellent service to my company, patients, and providers alike.

Education

Bachelor of Science in Health Care Administration |In Progress| Grand Canyon University

Skills

- Microsoft Office (Word, PowerPoint, Excel, Outlook, Access)
- HIPAA (Health Insurance Portability and Accountability Act) certification and training
- EHR (electronic health records)
- Texas Health and Life Insurance general knowledge
- Medical Terminology
- Medical Claims and Billing general knowledge
- Quality Auditing
- Customer Service and Interaction
- Case Management
- Pharmacy Benefit Investigation
- Insurance Verification

Experience

Senior Coordinator Individualized Care |Cardinal Health| September 2017-Present

- Auditing prescription and “start form” documents for accuracy and completion
- Point of contact for patients, pharmacies and providers
- Issue resolution to patients, pharmacies, and health care providers
- Health and pharmacy insurance benefit investigations
- Patient facing case management activities including enrollment, outbound correspondence and updating internal treatment plans
- Adhering to quality and efficiency service level agreements set forth by client
- Scheduling required appointments including baseline assessments and first dose observations
- Managing numerous territory for pharmaceutical manufacturer’s support program
- Updating patient accounts within internal database
- Prior authorization initiation and follow-up
- Self- auditing activities to ensure accuracy and efficiency

Prior Authorization Specialist |Renew Sleep Solutions| August 2017-September 2017

- Insurance eligibility processes
- Approval of GAP coverage for out of network carriers
- Authorizations and charge processes
- Claim submission and processing
- Payment processing and introduction to credentialing
- Reporting results and analysis
- Customer service related to revenue cycle
- Monitors and assess business needs

- Develops, implements, and maintains practice of revenue cycle training materials

Clinical Administrative Coordinator |Optum-UnitedHealth Group| September 2016- August 2017

- Manage administrative intake of members or the admission/discharge information post notification
- Work with hospitals, clinics, facilities and the clinical team to manage request for services from members and/or providers
- Manage the referrals process, processing incoming and outgoing referrals, and prior authorizations, including intake, notification and census roles
- Receive care coordination notification cases for non-clinical assessment/intervention and provide appropriate triage.
- Review requests for adverse determination, approval notification and processing notification requirements
- Assist the clinical staff with setting up documents/triage cases for Clinical Coverage Review
- Handle resolution/inquiries from members and/or providers that may include:
 - Benefit and Eligibility information
 - Billing and Payment issues
 - Customer material requests
 - Physician assignments
 - Authorization for treatment
- Explanation of Benefits (EOB) Verifying appropriate ICD-9 and CPT coding usage
- Manage pending referrals
- Checking for insurance authorization
- Contacting MD offices for required documents/MD signatures
- Updating patients and MD offices regarding pending referrals
- Assisting with obtaining any info/documents for the insurance verification process
- Interview/intake process with patients
- Data entry
- Financial discussions with patients including hardship process
- Providing all necessary info/Documentation for the home care site for starts of care

Billing Specialist |Results Staffing Corporate| February 2016- August 2016

- Auditing, creating and sending out invoices to customers:
- Auditing and serving as the quality control of the Operations Department as it pertains to payroll and billing processes
- Administrative:
 - Process billing weekly
 - Interact with other departments to resolve customer issues
 - Research and adjust customer accounts when applicable proof and process time tickets
 - Prepare and distribute customer invoices
 - Update required trackers for errors found during the auditing process
 - Edit existing reports weekly
 - Audit check stubs weekly
 - Interact with sales team and/or other staff members to resolve billing issues
- Customer Service:
 - Answer incoming calls and emails from internal offices and clients with billing concerns providing the highest level of customer service.

Client Account Coordinator |Kelly Services- Blue Cross Blue Shield| January 2016- January 2016

- Guaranteed quality assurance.
- Accurately and efficiently enroll an average of 10 clients in health care policies daily.

- Write to field representatives and brokers to obtain further information, quote rates, or explain company underwriting policies.
- Effectively compile information about new accounts while simultaneously and accurately entering account information into computers and file related forms, or other documents.
- Proficiently investigate and correct all errors routinely and upon customers' requests.
- Verify accuracy of billing data and revise any errors.
- Diligently resolve discrepancies in accounting records.
- Contact customers to obtain or relay account information.
- Readily answer email inquiries regarding rates, routing, or procedures.
- Contact underwriter and submit forms to obtain binder coverage.

Licensed Insurance Agent [Health Markets] September 2015- November 2015

- Sold several types of insurance policies to individuals on behalf of insurance companies, including life, medical and dental insurance or specialized policies such as accident companion, or accidental death and dismemberment.
- Eagerly sought out new clients and developed a diversity of clientele by networking to find new customers and generated lists of prospective clients.
- Ensure that policy requirements were fulfilled, including any necessary medical examinations and the completion of appropriate forms.
- Customize insurance programs to suit individual customers, often covering a variety of risks
- Religiously attended meetings, seminars and programs to learn about new products and services, learn new skills, and receive technical assistance in developing new accounts.

References available upon request