**Marcha Beckham, AAHCA.,CHAA**

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**Work Experience**

**Texas Health Resources Dallas, TX October 2017- Present**

**Billing Specialist II**

* Supervises billing procedures to ensure services performed are being billed, processed accurately & in a timely manner according to company standards. Supervises collection procedures & end of day processes.
* Responsible for monitoring the scanned batches & any scanning backlog to insure scanning is performed according to standard policy.
* Monitor & evaluate daily, weekly, & monthly reports; educate staff to support monthly improvement as necessary, including quality improvement initiatives.
* Responsible for daily payroll corrections, monitoring of compliance with regards to meal periods & overtime reports & timely submission
* Submit reimbursement requests to Medicare and Medicaid
* Work with patients to develop self-pay arrangements and payment plans
* Enter charges accurately and expeditiously to ensure proper records handling and fast payment responses
* Process and follow up on payer denials, consulting with the patient and/or his or her family as needed
* Post payments in a timely manner and Initiate private pay collections after insurance cancellation, denial or other issue, Research and resolve client billing problems or issues
* Assist patients and their families with applying for Care Credit and other financial solutions
* Document payment records and issues as they occur

**Family ER and Urgent Care Irving, TX June 2017 to Present**

**Night Team Lead Patient Access Rep**

* Ensures the appropriateness of complex registration activity including verifying patient demographic information, processing point of service payments, obtaining signatures for required consent paperwork, document imaging and following documentation standards to facilitate efficient patient access according to assigned protocol
* Acts as a liaison to resolve complex patient access and account issues, responds to questions on reimbursement and serves as a resource and systems expert for patient access specialists, including on-the-job training
* Prepares consolidated payer-specific registration and reimbursement data for presentation
* Verify third party coverage for all visits to ensure all services are reimbursed (through real time eligibility in EPIC, using the internet or by phone to the payer). Understands the complexities of and complete all third party payment
* Complete all legal requirements related to registration, including the completion of consent forms, HIPAA Privacy Rules, Patient Rights and Responsibilities, etc. Check in and check out patients. Enter charges and diagnostic codes.
* Approve staff payroll using Kronos and managing of payroll ensuring all time is recorded and accurate
* Timely addresses issues with processes that negatively impact the revenue cycle.  
  Manage data collection efforts at all access points of responsibility. Ensure staff is utilizing the quality tools provided and staffing of department based on the volume making adjustments

**Alliance Family of Companies Irving, TX January 2017 to October 2017**

**Billing Specialist, Supervisor**

* Orient, assist to train new employees, Discuss performance, suggest improvement strategies, tracking of all attendance and performance reviews
* Receiving and sorting incoming payments with attention to credibility andManaging the status of accounts and balances that consist of any inconsistencies
* Issuing of all bills, receipts and invoices that are needed to receive payment of all claims
* Creating of all Dr. Billing and Super Bills that are needed to gain payment on behalf of PC billing
* Monitoring all cash reconciliation to identify cash posting errors and ensures all receipts are applied and reconciles to daily bank deposits and monthly statements. Knowledge of insurance verification procedures and payor guidelines regarding notification and
* Retrieving of EOB’s as required from commercial and federal government payors and interpreting various payer explanation of benefits (EOB's) and Posting of all cash receipts and credit card payments and reconciles to batch

**Our Lady of the Lake  Baton Rouge, LA February 2015 to January 2017**

**Patient Admissions Representative II, Supervisor**

* Provides supervision, direction, and development and guidance to staff and new hires. Orient, assist to train new employees, Discuss performance, suggest improvement strategies, tracking of all attendance and performance reviews for a staff of 7 to 10 employees
* Verifies insurance and accuracy of CPT/ICD-9 codes for billing , obtains and tracks referrals and authorizations as required and Ensures that all charges are entered in the HIS to bill the patient
* Registers patients and obtains pertinent information to establish proper means to document patient identify while maintaining and protecting each patient’s right to confidentiality and adhering to all HIPPA guidelines and regulations
* Front desk patient registration in an ER setting and registration of pre-admit and direct admit patients
* Follow-up on all patients placed in collections, verify all assuring accuracy of all demographics on behalf of patients.
* Collecting and posting of all copayments, notifying patients of estimate amounts due based on insurance benefits
* Knowledge of Medicare/Medicaid Guidelines, JCAHO guidelines as it relates to registration/admitting.
* Knowledge of insurance verification procedures and payor guidelines regarding notification and pre-authorization

**Baton Rouge General Medical Center Baton Rouge, LA April 2009 to February 2015**

**Supervisor, Patient Access Coordinator /Scheduler -Endoscopy Department**

* Effectively leads and develops a team of employees including hiring, training and development, salary recommendations, initiates process to terminate access when employees separate, etc. Responsible for employee performance management by completing performance appraisals and setting individual goals as outlined in policies and procedures.
* Manages front office operations to maximize patient satisfaction, patient access, maintenance of medical records, verification of benefits, timely and accurate charge entry, collection of payments (TOS) and customer service efforts. Supervises medical and clerical staff to ensure adequate coverage for quality patient care. Monitors payroll system to control time management.
* Assists the Regional Director to develop and implement performance goals and objectives as well as long-term planning.
* Coordinates scheduling of operations with that of the practitioner to ensure proper coverage of patient appointments and out-of-office calls.
* Ensures work environment complies with regulatory, licensure, compliance and accreditation requirements by monitoring the work setting on an ongoing basis to identify deficiencies, risk, and opportunities for improvement.
* Serves as the first point of contact for patient and external customer complaints. Responsible for reconciling and investigating all complaints relating to practice operations and routes privacy and/or Compliance complaints/issues. Escalates reoccurring problems as needed.
* Acts as the liaison between the practice and Central Billing Office.Serves as Medical Records Custodian. Reviews authorizations and 3rd party chart review requests for validity. Ensures required PHI disclosures are tracked. Reports all confirmed or suspected privacy breaches, OCR complaints, or patient complaints regarding privacy to the EPO or Compliance in timely manner. Enforces and monitors corrective action plans. Knowledge of Medicare/Medicaid Guidelines, JCAHO guidelines as it relates to registration/admitting
* Performs other duties as assigned. Verifying accuracy CPT/ICD-9 codes for billing purposes and Scheduling of patients for inpatient and outpatient endoscopy/ next day surgical procedures

**Convergys  Baton Rouge, LA October 2003 to April 2009**

**Supervisor, Call Center Representative**

* Obtain direction and meet goals established by Call Center Manager
* Assists with the selection, training, scheduling, coaching, counseling and disciplining of team
* Coaching of employees at twice monthly, and ways to improve
* Determines productivity, quality and customer service standards
* Creates a monthly task rotation schedule for a team of 10 to 15 employees
* Responds to and resolves escalated calls with both tact and compassion while remaining within the boundaries of company policies and protocols. Completes quarterly and annual reviews on all team members

EDUCATION

**Associates in HealthCare Administration**

University of Phoenix July 2015- August 2017

**Diploma in Medical Billing and Coding Specialist**

Medical Training College  Baton Rouge, LA May 2005

**High School Diploma**

Belaire High School  Baton Rouge, LA **May** 2002

Computer Operating/Skills   
• Customer Service, Billing, Medical Coding, Scheduling Procedures,   
• Microsoft (Word, Excel, and Access)   
• Cerner, Passport, Paragon, Image Now, Epic, Brightree, and Centricity   
• Fax, Copier, Scanner, and Typing Speed: 45-50 wpm Ten-Key Stokes 9500