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|  | SHERTEEN THERESA VASHER |
|  | *1706 Briarpath Lane Arlington, Texas 76018  682-408-1133 E-mail:Sherteen\_vasher@hotmail.com* |

*A Multi-certified professional with experience seeking a challenging and rewarding career opportunity that will allow continuous growth and will allow me to enhance my skills and expertise in the healthcare industry.*

***DERMLASER INSTITUTE/PARK CITIES DERMATOLOGY DALLAS, TEXAS January 2016- October 2018***

***Collections Supervisor***

* *Responsible for the daily office collections for medical insurance (PPO, Worker’s Comp and Medicare) products and established payment arrangements with patients; monitoring payments; following up with patients when payment lapses occur.*
* *Responsible for reporting daily collections, claim rejections and cosmetic product/procedure sale reports. Also responsible for reporting payer trends and issues to the office manager and staff. Managed workflow to reach maximum efficiency and productivity levels, as well as provide solutions on how to improve in this area. In addition to assisting in the implementation and enforcement policies and procedures for the department. Proactively identified, resolved, and communicated A/R trends and issues. Successfully coached and mentored new hires for the department.*
* *Plan and implemented streamlined process and procedures. Ensured timely and accurate billing, including maintaining the integrity of time and follow-up on aged amounts that are not being billed regularly.*
* *Monitored and resolved escalated patient accounts and ensure that issues are addressed in a timely manner.*
* *Ensured Daily, Weekly and Month-end closing and reporting of all billing (medical and cosmetic) were accurately completed. Regularly provided executive team with revenue cycle status including reports, KPI’s and presentations.*
* *Other duties as assigned which included in front desk activities such as answering phones, scheduling patients, checking patients in/out, verifying insurance benefits, medical records, obtaining pre-authorizations and etc.*

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| ***Medassets plano, texas*** | ***April 2014-November 2015*** |

***Business Analyst/Government Programs Specialist***

* *Responsible for researching updates to pricing systems and fee schedule updates from client facilities for the following state products: Pennsylvania Medical Assistance, Pennsylvania Worker’s Compensation, but California Worker’s Comp and Florida Medicaid*
* *Designed flow charts for new pricing logic and worked closely with developers for product enhancements and/or product issues. Performed quality analysis on code changes in test and production environments.*
* *Identified problem areas with pricing systems including learning the basic components of all GP pricing systems, which included identifying enhancements per calendar quarter to make the system more attractive to users. Also, provided assistance to management on daily, monthly and quarterly reporting. Successfully completed special projects as assigned.*
* *Maintained and expanded personal knowledge of the healthcare industry, particularly in the area of government reimbursement. Successfully identified at least one opportunity per calendar year for new revenue. Ensured payment systems were updated within 90 days of publication.*
* *Proficient in the following: 3M Coding/Billing Software, CGI Software, Rally Development Software, Agile/ SCRUM procedures, MedAssets Contract Management, MedAssets Knowledge Source (Code Correct) SQL, AdHoc Reporting and Salesforce applications.*

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| ***children’s medical center/ Children’s health services of Texas dallas, texas*** | ***November 2005 – April 2014*** |

***Collections Coordinator II/ Denial Prevention Liaison***

* *Managed collection operations in EPIC which included ensuring that charges were billed correctly on patient accounts. Accountable for any additional information to be obtained and forwarded to payer (insurance). Resolving Medicaid/ Medicaid Managed Care and some Commercial Insurance accounts including Unicare Health Plans of Texas, Parkland Healthfirst, Superior, Molina Healthcare, Amerigroup and CHIP products. Also, Proficient in adjudicating Medicaid Managed Care & Commercial Insurance accounts.*
* *Served as role model. Providing professional, effective problem-solving and wide-ranging assistance which includes coaching and mentoring peers. Communicated with staff, management and other hospital departments as required, to maintain efficient operations. Analyzed problems and elevated to department and/or external leadership as appropriate.*
* *Continuously fostering relationships with Served as a liaison for Children’s Medical Center (Patient Financial Services) between internal and external clients including physicians and insurance carriers by providing the highest level of customer service, and resolving claim issues and concerns in a timely manner. Educated clinic departments and physicians about any billing and collections, in addition to providing additional training as necessary. Ensuring that charges are billed correctly; that any additional necessary information is obtained and forwarded to the appropriate payer. Appealed any claim denials, if appropriate; and payments are received and posted; and residual accounts are pursued and resolved.*
* *Joint Operations Committee Liaison for Parkland Healthfirst, which included in attending meetings with external leadership in a forum discussing process improvements such as system enhancements, claims processing and other methods of operations. Also, provided updates the team for reference after each meeting.*

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| ***ppoNEXT/MEdical control Dallas, texas*** | ***June 2004-May 2005*** |

***Provider Relations Representative***

* *Maintained professional relationships with providers and successfully resolved issues in a proactive and timely manner.*
* *Having daily communication with physicians and hospitals regarding contract inquires and other contractual issues.*
* *Continuously displayed excellent written and verbal communication skills and extensive knowledge of the managed care industry, claims processing and provider relations.*

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| ***Blue cross blue shield of florida jacksonville, florida*** | ***Feb 2001-Feb 2003*** |

***Quality Analyst- Team Lead***

* *Facilitated departmental meetings and training sessions, including training and supervising up to 25 new hires in a training application setting. Assisted with the implementation of the company wide audit standard office procedure guidelines.*
* *Responsible for conducting audits on comprehensive claims of all lines of business; Inpatient, Outpatient, Physician and Ancillary (Hospital), and Dental claims in support of Managed Care Operations.*
* *Conducted pre and post payment audits and examined claims /customer service inquires to identify inaccuracies and non-compliance issues.*
* *Facilitated departmental meetings and training sessions, including training and supervising up to 25 new hires in a training application setting. Assisted with the implementation of the company wide audit standard office procedure guidelines.*

***Education***

*1993 -1997 Englewood Sr. High School - Jacksonville, Florida*

*2002 - 2003 Florida Community College of Jacksonville -Kent Campus*

*Jacksonville, Florida*

*2006-2007 University of Texas at Arlington - Arlington, Texas*

***Associations***

*2015-present Healthcare Financial Management Association- Member*

*2010-present National Ovarian Cancer Coalition- Member*

*2015-present WEDI*

*2005- 2016 March of Dimes/March for Babies- Volunteer*

***References***

***April Bell- Registered Nurse- (904) 704-7743***

***Tywanna Fields- Medical Biller- (469) 386-9041***

***Nicole Arrington- Community Liaison- (469) 982 -9339***