Talesa L Cooper

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Objective: To have a permanent position with a well established organization that allows me to utilize my skills & knowledge to assist in company growth & also gives me the opportunity to grow & learn.

Summary of experience: 23 years of customer service experience, face to face and over the phone. 9 years of medical claims processing, both electronic and paper. 16 years of medical terminology. 6 years of medical records experience. 1 year of billing, 3 years of medical credentialing.

**2015-2019 UnitedHealth Group-HCBS Credentialing Specialist/SCA Credentialing Rep- telecommute**

* Review provider applications to ensure they are complete
* process C & S and VA CCN applications including mailing, reviewing against established criteria, primary source verifications, for approval or denial for several states for credentialing & re-credentialing
* meet state, federal, & quality standards & guidelines
* loading application & provider information into the SharePoint & database tracking systems
* Follow several policies & procedures to process applications
* Notify providers of the credentialing review outcomes, & sends letters to providers regarding credentialing decisions
* Explain the credentialing process, reconsideration process, & when they will have to re-apply
* provide credentialing support & subject matter expertise to providers, staff, & internal operations teams including but not limited to contracting, demographics & loading teams
* verify license and insurance documents
* make sure provider has not had any sanctions or exclusions
* outreach to providers, insurance companies, etc. for needed information or verifications
* audit database information to ensure it is accurate
* coaching & training
* create & update job aids
* perform quality audits on other credentialing reps

**UnitedHealth Group- Exchange Billing & UHCBS- Sr. Customer Service Rep- telecommute**

* answer calls from members,employers, & brokers regarding payments, cobra, optum & reimbursement accounts(FSA,HRA,PTP)
* Educate brokers on how to get web access to group accounts
* PW resets
* Answer questions regarding claims such as pays & denials,denial reasons & educate on documents needed for claims to be paid & assist with portal & ways to submit documentation & claims for reimbursement
* Assist members with PCP selections
* Process member payments, pull reports, email & fax needed documentation & forms to employers, members, & brokers
* Assist with web navigation, Enrollments & implementation
* Review member coverages, premium amounts, & deductibles
* Billing for UHCBS & Exchanges. Educate members on billing invoices & any issues involving billing
* Educate employers on COBRA disbursements, & answer any questions regarding payments already disbursed
* Verifies if a group is eligible for our services & if eligible enter the group in the system or resend welcome letters
* Route issues that need further investigation to the appropriate dept.

**2015-PNC Bank- Operations Sr Specialist**

* Process EOB's for a variety of medical clients.
* Make sure all information is entered correctly & the totals balance.
* When out of balance, thoroughly review the documents to locate out of balance amount.
* Also, performs quality assurance, which is going into the batches that we have received to process and checking our excluded lists to make sure we can process for the particular company, and deleting or suspending what we do not need, and releasing the batches to be keyed by our keyers.
* Processing checks

**2011-2015 West Corp-Cust Service Rep**

* Assist GE customers with re-scheduling delivery of appliances, & return policies.
* Place clients in the appropriate conferences for meetings, etc.
* Transcription
* process client’s orders
* Upsells
* Answer client's questions about services & products
* Assist with online setup, & online navigation
* Setup new accounts & send out information
* submit cases & transfer calls as needed
* Recommend products to clients
* Complete call log after each call stating nature of call and action taken
* complete loan applications and insurance applications
* Solve customer service issues and customer complaints
* Processed donations for disaster relief
* Scheduled appointments

**2009-2015 Stay At Home Mom- Home Schooling my children**

**2007-2009 Health Markets- Claims Examiner**

* Process medical claims in the office & from home, according to CMS guidelines & state mandates
* Call medical facilities & Dr offices for needed information when necessary to process the claim
* Printing Reports & Verify coverage & benefits to determine what portion if any, can be paid
* Perform claims investigations when necessary
* coaching of current processors

**2005-2006 West Corp- Independent Contractor**

* Processed client’s orders for a call center from home
* Handled credit card & check transactions
* Completed orders
* completed loan applications and insurance applications
* Solved customer service issues and customer complaints
* Processed donations for disaster relief
* Scheduled appointments

**2001-2005 Trailblazer Health Enterprises- Claims Analyst**

* Data Entry
* Processed Medicare claims
* Reviewed claims to pay or deny according to Medicare & CMS guidelines. Both electronic and paper claims.
* Ran reports
* Completed Excel spreadsheets for meeting presentations
* approved or denied time off requests according to staff need
* coaching & training of new & current processors

**1999-2001 Orthopedic Associates of Dallas- Medical Records Specialist**

* Prepared records for patients visits
* completed disability forms
* billing
* made outgoing calls, received incoming calls,from patients & medical facilities
* requested tests and x-rays from Dr's offices and hospitals
* Ran reports detailing clinic visits
* Release of information
* Scheduled appts
* Insurance verification
* Composed & typed letters for physicians & patients
* Interacted on a daily basis with patients, physicians, nurses, & other clinical staff in the office as well as the hospital
* Random records audits
* Also worked in the office and at home making sure most recent dictation & all required notes & information were in the patient's medical records.

**1996-1999 Blue Cross Blue Shield of TX / Trailblazer Health Enterprises- Claims Processor**

* Data Entry
* Processed patients claims for Medicare, which involved correcting information misread by the scanner via the computer
* Document prep
* Monitored queues & made sure enough agents were where they are needed to get the work completed
* Also interviewed new applicants
* Approved employee time off and vacation requests based on availability
* training & coaching of current & new employees

**1992-1996 University of TX Medical Center at Dallas- Medical Records Clerk**

* Prepared records for patients visits
* received incoming calls, made outgoing calls, faxed, filed
* located lost records
* pulled x-rays for patient visits
* Ran reports for x-rays and patient visits
* Covered various satellite locations such as Dermatology, Internal Medicine, ENT, OB/Gyn, Orthopaedics, & Plastic Surg
* Also trained and assigned duties to new employees.