# OANH NGUYEN

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## EDUCATION & CERTIFICATIONS

**BAS, Healthcare Administration**
*Alvernia University* | Reading, PA
Graduated 2018 | GPA 3.8
Dean List in 2017
Honors Convocation Award in 2018

**AAS, Business Administration & Management**
*Erie Community College* | Williamsville, NY
Graduated 2013 | GPA 3.8
Dean List in 2013

**Structured Query Language (SQL) using SAS**
*SAS* | Coursera Professional Certificate
Credential ID: QL9TG9V8FAHP

**Microsoft 365 Excel 2019 Expert**
*Earn and EXCEL* | CPD Accredited Program
Credential ID: 0YWXRC34O4

**Agile Project Management**
*Google* | Coursera Professional Certificate
Credential ID: PTJJY2RRNS5F

## SKILLS & EXPERIENCES

- Medical Terminologies
- Human Anatomy & Physiology
- Nursing Pharmacology
- Patient Care Fundamentals
- Billing/Coding/Auditing Concepts
- HIPPA
- ICD-10, CPT, HCPCS Level II
- Physician Fee Schedule
- Reimbursement Methodologies
- Provider Contract Research
- Healthcare Attribution Model
- Accountable Care Organizations (ACOs) Management System
- Cost Analysis & Utilization Trends
- NCQA HEDIS Measures
- Clearinghouse: Zirmed/Waystar, Availity, Navinet, Connex, ePACES, ECHO
- Provider Data, Payment Portals, Credentialing Operations (SaaS): Cactus Symplr, Kyruus, Instamed, Zelis, Payspan, Nuna Healthsphere, PEAR AR Analytics & Reporting
- EHR/EMR: EPIC, Merge RIS
- Optum 3M Webstrat Claims Pricing
- Microsoft Access SQL
- Large Scale Data Scrubbing, Mining & Manipulation
- Advance Excel Analytics: Formulas, Vlookup, Power Query, Pivot Tables, Charts & Graphs, Conditional Formating, What-If
- Critical Thinking
- Leadership & Teamwork
- Excellent Verbal & Written Communication
- Highly Detailed-oriented
- Problem-solving

## EMPLOYMENT HISTORY

### Coordinator - Data Analytics & Management ● Virtua Health | Marlton, NJ | Aug 2023 – Present

- Served as the Data Analytics team's Subject Matter Expert (SME) to support the population health value-based programs through sophisticated data management, analysis, and report dissemination for internal/external stakeholders and various Payers such as Aetna, Horizon, AmeriHealth, and Medicare Shared Savings Program, etc…
- Handled timely delivery of high-volume data transfers from diverse sources to designated departments, enhancing operational efficiency through constant communication and prompt resolution of transfer issues.
- Assessed Payers' monthly claims files & rosters for errors and sizing inconsistencies prior to dropping them for EPIC Caboodle load. Confirmed successful data ingestion from System Integrator.
- Managed daily updates of Individual & Group NPIs regarding TINs, network level, active status in the Master Physician Roster, synchronizing with Payer Rosters and other databases for downstream reporting purposes.
- Maintained provider data integrity within cloud-based index software while actively monitored EpicSer ticket submissions progress for a seamless integration into Find A Doc page.
- Improved patients' engagement and ability to locate nearby care by conducting weekly search engine optimizations (SEOs) on Virtua.org, which led to a significant increase in traffic to specialties services page.
- Developed Specialist Directory for Ambulatory Surgery Centers (ASCs) as an organizational marketing tool to boost patient referrals to Virtua's ASCs.
- Created and audited monthly Tier-1 (In-Network) Provider Lists for Aetna, directly contributing to patients' access to affordable healthcare options.

- Assigned PCP to new patients by updating attribution list regularly for each Payer program.
- Implemented a comprehensive tracking system to document all practice locations changes across Virtua Integrated Network (VIN) and Virtua Medical Group (VMG), ensuring 100% alignment with the Master Physician Roster.
- Supported board meetings presentation by retrieving visual data from Tableau Server to highlight financial metrics such as costs, utilization, per member per month (PMPM), and ED visits, etc… influencing business strategic decisions and overall cost reduction.
- Utilized Spyder IDE (Python 3.9) to produce statistical output reports regarding admissions/discharges, hospitalizations, Rx usage adherence for proactive preventive care and chronic disease management.
- Distributed monthly HEDIS Quality Reports received from Payers to all Virtua's facilities, enabling more effective clinical interventions to close patients gaps in care.
- Accurately performed large-scale statistical data extraction from EPIC for the NJ Department of Health's Quality Improvement Program (QIP-NJ) and customized into ad-hoc reports as per stakeholders' requests.
- Led a weekly review process to address and reprioritize team deliverables, improving projects completion rate while elevating team productivity.
- Composed written materials and checklists to standardize recurring job tasks & improve training process.

**Specialist I - Payment Integrity (Insurance Auditor)** • **Cotiviti, Inc | Blue Bell, PA | Feb 2020 – Dec 2021**

- Collaborated with Cotiviti's audit team in validating overpayment recoveries for healthcare clients (e.g., Blue Cross Blue Shield, HCSC) through efficient data mining and analysis.
- Utilized various computer software, audit tools, and client systems to analyze provider contracts, state regulations, medical procedures, and NDC drug prices, identifying statistics in reimbursement errors.
- Managed 50+ SQL Custom Queries and ACE reports covering surgery, outpatient, home care, durable medical equipment (DME), duplicate charges, incorrect units, incorrect NPIs, Medicare inpatient DRG, Medicare 340b NDC drug prices, global maternity, etc…
- Consistently exceeded monthly individual audit goals of $300,000 to $500,000, contributing to the team's $13,000,000 monthly goal.
- Recognized on Cotiviti's Monthly Bulletin Board for employee with the highest recovery claims and the lowest void rate, surpassing $1,500,000 in total recoveries for Q1 & Q2 of 2021.
- Continuously researched medical codes and claims data trends to develop innovative recovery ideas, introduced two new concepts to the team within the first three months of promotion.
- Generated comprehensive training materials to guide new and existing employees in utilizing audit tools and navigating client systems effectively.

**Specialist – Billing & Revenue Cycle Management** • **MBMS, LLC | Trenton, NJ | Dec 2017 – Feb 2020**

- Coordinated with MBMS's revenue cycle management projects to maximize financial outcomes and reimbursement processes for physicians and radiologists.
- Downloaded and transferred Payers' payments & correspondences from the client's lockbox to MBMS's management site, then sorted them into categorized work queues and successfully fulfilled them against tight deadlines.
- Posted insurances & patients' payments to the billing system including checks, electronic funds transfer (EFT), automated clearing house (ACH), credit cards, cash, etc... as per explanation of benefits (EOBs) using appropriate system codes, ensuring balance with payment logs and deposits daily.
- Prepared and adjusted billing amount on the HCFA 1500 for auto insurances and workers' compensation, aligning charges with state fee schedules.
- Corrected 100+ patient accounts errors daily to minimize claim denials, leveraging ad-hoc reporting tools.
- Expertly managed insurance remittances, significantly reducing denial rates by 30% through strategic appeals.
- Successfully appealed to insurance companies for underpaid claims, securing approximately $25,000 in recovered funds by providing corrected claims with essential supporting documents.
- Diligently pursued outstanding receivables across all Payer types, including commercial and government programs, leading to a 20% increase in recovered revenues by the end of 2019.
- Directed outsourcing team on billing and coding tasks, providing clear instructions to mitigate errors.
- Provided telephone support to patients for billing inquiries including EOBs, deductible/copay/coinsurance.
- Reviewed and processed pre-collection reports, facilitating the transition of unpaid accounts to collection agencies.

**Nursing Student** ● **Niagara County Community College | Sanborn, NY | Sep 2014 – Dec 2016**

- Successfully completed clinical rotations in various healthcare settings: Geriatric Care, Labor & Delivery, Maternity & Pediatric Care, Med Surg & Emergency Room Triage, Pre-Op & Post-Op Care, Psychiatric Care, and Community Health.
- Delivered comprehensive patient care under charge nurse's supervision, ensuring optimal health outcomes.
- Devised effective care plans by critically analyzing medical cases, diagnoses, treatments, and medications.
- Collaborated with physicians and pharmacists, providing updates on patient's conditions and prescriptions.
- Educated patients about medical procedures and physicians' instructions, enhancing their understanding and compliance.
- Contributed to clinical team leadership, simulating emergency department triage scenarios for improved readiness.
- Applied evidence-based healthcare research in practice, driving innovation and quality in patient care.