TARA LEE BROOKS

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SUMMARY

A professional Dynamic and motivated with a proven record of generating and building relationships, managing projects from concept to completion, designing educational strategies, and coaching individuals to success. Skills in building successful cross-functional teams, while demonstrating exceptional communication skills, and making critical decisions during challenges. A professional leader that is adaptable and transformational with the ability to work independently and as a team player, ability to create effective presentations, and developing opportunities that further establish organizational goals. Major experience lies in strategizing and leading cross-functional teams to bring about fundamental change and improvement in strategy, process, and profitability – both as a leader and expert consultant. Seeking a challenging career that will utilizes my skills in my area of competence and enriches my knowledge, and gives me a chance to be part of a team that contributes towards the growth of the organization, thereby yielding the twin benefits of job satisfaction and convenient professional growth.

WORK EXPERIENCE

Steward Health/Holy Family Hospital/Merrimack Valley Hospital Methuen/Haverhill, MA 2018- present
Patient Finical Specialist/Certified Application Counselor/Rev Ops Mgt Team

- Responsible for managing and training select staff in patient collections
- Responsible for overseeing staff is working accounts properly
- Responsible for managing and resolving open balance accounts
- Prepare, submit and follow up Medicaid applications
- Stays current on insurance policies and procedure
- Works open balance accounts as assigned for prior balances, in-patient, next day appointments
- Prepare and submit collection letters for outstanding balance, missed ED collections, missed in/out patient collections
- Follow up on unpaid charges and determine best method to collect open balances quickly
- Make corrections to charges as needed based on medical documentation (I.e. add modifiers, duplicate denials, correction of date of service, diagnosis corrections)
- Maintain copies of pertinent documents until resolution of charge(s)
- Train and monitor registers/techs on collections and patient registration
- Rack high dollar appointments
- Set up payment arrangements, apply for hardship application, and assist with self- pay discounts
- Respond to insurance or patient telephone inquiries and correspondence regarding claims/reports
- Handle inbound patient billing and making outbound collections phone calls
- Update account information as needed
- Correct and update patient demographics accordingly
- Perform other duties as (Analyze finical data, counsel patients on insurance benefits and needs,
- Verifies coverage benefits based on the patient's policy to estimate the Out of Pocket cost potentially owed
- Offers self-pay/financial assistance options with the patients when authorization or policy excludes coverage
- Provides prompt feedback to management regarding pattern of missing and/or incomplete documentation as well as payer issues with non-covered services
- Report small adjustment, refunds, or transfer of accounts to the billing department
- Assist in the cashier's office (deposits, payments, payroll, and etc.)
- Report to the CFO and Corporate Management weekly
- Report findings and issue weekly in the revenue management meetings

Middleton Family Medicine Middleton, MA 2017-2018
Patient Finical Services

- Responsible for managing and resolving open balance accounts
- Prepare, submit and follow up on the insurance appeals
- Stays current on insurance policies and procedure
- Works open balance accounts as assigned
- Prepare and submit appeals on denied charges based on insurance plan requirements
- Follow up on unpaid charges and determine best method to collect open balances quickly

- Make corrections to charges as needed based on medical documentation (i.e. add modifiers, duplicate denials, correction of date of service, diagnosis corrections)
- Maintain copies of pertinent documents until resolution of charge(s)
- Respond to insurance or patient telephone inquiries and correspondence regarding claims/reports
- Handle inbound patient billing and making outbound collections phone calls
- Update account information as needed
- Correct and update patient demographics accordingly
- Perform other duties As assigned

COLLIN'S PHARMACY **Methuen** **2015 -2017**

Patient Accounts Coordinator/Assistant to the Billing Manager

- Prepare patients' billing statements and ensure that they are sent to them in a timely manner
- Follow up on delinquent accounts and ensure payments where possible
- Perform collection actions by calling patients
- Submit claims and resubmit denied claims, process payments from insurance companies
- Maintain payment status and billing records
- Perform data entry activities
- Prepare reports and perform analysis of billing documents
- Document transactions appropriately
- Track and resolve billing discrepancies
- Activate and deactivate patients' accounts upon request
- Verify patients' insurance coverage, perform appeals on denied claims
- Manage accounts receivable reports
- Answer questions and resolve problems regarding medical billing activities
- Oversee and audit billing systems and activities to ensure accuracy
- Verify billing information posted, assess all insurance claims against patient services rendered
- Verify completeness of information on medical insurance forms
- Post insurance billing information data into predefined database systems
- Contact insurance companies to determine status of claims
- Follow up on unpaid claims, including denial, exceptions and exclusions
- Resubmit denied claims with additional information to prove denial is inappropriate
- Prepare and submit secondary claims for patients with more than one insurance coverage
- Maintain understanding of managed care authorizations and limit coverage to a certain number
- Verify patients' benefits eligibility and coverage expanse
- Maintain knowledge of ICD9 and CPT treatments to be able to handle data entry and claim check duties appropriately
- Gather and maintain patient data including medical histories, insurance identification and diagnosis

AMESBURY PSYCHOLOGICAL CENTER **Amesbury, MA** **2011 -2015**

Office Manager/Patient Accounts Coordinator /Payroll Coordinator/Credentialing Specialist/Human Resource

- Mange and train staff on office procedure and insurance verification ,
- Managed and processed staff vacation, coverage, scheduling, benefits and payroll
- Credentialed medical staff and center to bill specific insurances and keep all credentials updated.
- Worked and negotiate contracts with insurance company
- Responsible for ensuring required demographic, insurance, referral/authorization verify and communicate promptly. Prepare and submit accurate insurance claims to payer within proper timeframes
- Work payer denial reports in an effective and timely manner and Ensures prompt resolution of outstanding insurance claims
- Identify trends, denials, and issues impacting account resolution and refers as appropriate
- Understands and maintains third party pay contracts
- Prepare and submit secondary claims for patients with more than one insurance coverage
- Maintain understanding of managed care authorizations and limit coverage to a certain number
- Verify patients' benefits eligibility and coverage expanse
- Perform data entry activities
- Prepare reports and perform analysis of billing documents
- Document transactions appropriately
- Track and resolve billing discrepancies
- Activate and deactivate patients' accounts upon request

- Provide positive and effective customer service that supports business operations.
- Set up, prepared and followed up on credentialing of the facility and the staff providing care
- Maintain knowledge of ICD9 and CPT treatments to be able to handle data entry and claim check duties appropriately
- Gather and maintain patient data including medical histories, insurance identification and diagnosis

EDUCATION

Southern New Hampshire College **Manchester, NH** **2021-**
Master's degree – Human Resources and MBA

Southern New Hampshire College **Manchester, NH** **2016-2019**
Bachelor's Degree–Business Administration Management and Health Information Management

Northern Essex Community College **Haverhill, MA** **2013-2016**
Associates Degree -Business Management/Health Care Option

Sanborn Reginald High School **Kingston, NH** **1992- 1996**
Diploma - General Studies

CERTIFICATION

State of Massachusetts **Massachusetts** **2018 – Current**
Certified Application Counselor

State of New Hampshire ***New Hampshire*** ***2019 – Current***
Certified Application Counselor

COMPUTER SKILLS

Med-tech, E-pay, Outlook. Word, Excel. Power Point, Herman, Homecare 360, Hill, QSI, Huron, Epremis., SMS, Kario, Athena, Herman
Insurance website: Health connector, One Source, Mass health, UHC, BCBS, Pay span, Emdeon, Network, Tufts, NHP, Beacon Straggles, etc.