TINA M. BROWN

113 Walnut Creek Rd.
Charleston, SC 29414
Cell **(843) 696-4901** **tina_brown1010@yahoo.com**

PROFESSIONAL SUMMARY

Physician, Business Office and Revenue Cycle Management/Collections, Case Management, DME and Operations professional with over 20 years of leadership experience. Works directly within medical facilities, assisting with revenue cycle problem resolution, providing guidance to revenue cycle departments, making recommendations for process improvement and offering feedback, as necessary, related to identifying trends affecting the Revenue Cycle and Reimbursement of services, as well as ensuring Revenue Cycle Compliance. Reputation for exceeding expectations.

PROFESSIONAL EXPERIENCE

Centene/Absolute Total Care-Charleston, SC
Clinical Nurse Liaison/Nurse Case Manager **June 2020-Current**

- Provides outreach service to clients in their homes, telephonically, and in the community
- According to person centered plans provides advocacy, linking, coordinating, and monitoring to assist with housing, education, transportation, employment, financial, social, psychiatric, and other clinical and community inclusive activities
- Monitors mental and physical health status, including monitoring medication use, management, and compliance
- Creates Patient-Centric Care Plans and provides appropriate goals and interventions designed to achieve and/or improve functioning skills within home environment
- Assists the clients to achieve improved quality of life related to specific disease state, progression, or diagnosis
- Provides assessments and crisis stabilization of clients experiencing a mental health crisis including consultation with primary care providers, other organizations, and individuals
- Provides substance use disorder referrals to clients with co-occurring disorders
- Provides and coordinates educational and support information and resources in daily living skills and in activities designed to foster recovery
- Monitors mental health and physical health status including monitoring medication compliance
- Makes referrals and facilitates access to health care and community resources
- Provides timely clinical documentation in the electronic medical record that includes amount, scope and duration of services provided in accordance with the person-centered plan.
- Complies with agency policy, CMS, and Medicaid criteria for clinical documentation for all aspects of the medical record including, but not limited to, intake assessments, person-centered plans, person-centered plan reviews, releases of information, progress/activity notes, annual psycho-social assessments and discharge summaries
- Promotes recovery and respects the choices and autonomy of clients while teaching and encouraging actions that will promote good mental and physical health
- Participates in team meetings and other staff meetings as requested, and meets regularly with supervisor for consultation, supervision, and resource development

- Participates in meetings and training as requested to maintain proficiency and develop competency
- Contributes to team effort by accomplishing related results as needed
- Performs duties and responsibilities in ways that promote goodwill, build positive relationships
- Serve as a resource and liaison on utilization, quality improvement, and case management activities, including, but not limited to, collaborating care with behavioral health, PCP, LISW, pharmacists, and all other patient care coordinators.
- Partner with various staff, along with internal and external departments on provider education and outreach
- Partner with regional leadership for providers requiring a clinical interpretation of results related to health plan reporting, data, and quality incentive payments
- Support community and member initiatives with a focus on at risk targets and HEDIS measures

Medical University of South Carolina-Charleston, SC
Practice Manager/LPN **July 2018-June 2020**

- Oversees the development and implementation of goals and objectives.
- Develop and implement new office procedures as necessary to improve office flow and overall operations.
- Manages the daily operations including staff scheduling, cash reconciliation, charge entry, and operational checks and balances.
- Manages Human Resources by interviewing, hiring, orienting and evaluating ensuring optimal staffing at all times.
- Evaluate employee performance and provide necessary feedback and disciplinary action, as required
- Reviews the operational budget and expenditures and works to ensure the practice stays within the budget parameters
- Inventory management for the office and physician staff
- Accounts payable management
- Works as clinician to care for patients
- E-scribe medications on behalf of physician
- Scheduling patient appointments
- Educational Resource contact for all staff
- Interacts with all physicians to ensure exceptional patient care is provided
- Coordinates physician on call schedule

Capital City Surgery Center- Raleigh, NC
Business Office Manager **July 2016- July 2018**

- Manage business office staff and all operational processes related to the business office
- Hire and provide orientation and on-going training to staff
- Evaluate employee job performance, counsel, and discipline as necessary
- Complete payroll for all employees within the center
- Maintain current policies and procedures for the Surgery Center business office
- Evaluate case costing and provide recommended actions for financial options and operational improvements

- Knowledgeable in Key Performance Indicators and analytics for effective business and financial operations
- Assist in the Center's operations within all legal, regulatory, and accreditation standards as it relates to the business office and medical records department.
- Manage all accounts receivable activities and ensure timely cash flow & revenue cycle operations
- Obtain all necessary prior authorizations and referrals required for ambulatory procedures/outpatient surgeries
- Review contracts and correspond with key contacts at Managed Care companies regarding discrepancies, claims issues, etc.
- Participate in the center's QI committee and program to insure on-going compliance monitoring and adherence to all standards
- Manage Accounts Payable process
- Review, update, and create policies and procedures appropriate to Business Office operations
- Hands-on IT resource and IT liaison for the center's IT company
- Supervise and oversee staff in duties pertaining to patient billing, communications with health insurance, collections, cash posting, account management, and contract analysis

Adreima- Raleigh, NC
Senior Manager, AR Services **September 2014—July 2016**

- Manage, direct and coordinate the day to day operations of assigned departments; Discovered Insurance-Early Out and Bad Debt, Out of State Medicaid and assigned clients within the AR Service Line.
- Work regularly with the IT dept to review all files received from clients in order to verify the data is accurate, conforms to database specifications and is compliant, according to industry standard billing guidelines.
- Manage client AR business to goals and KPI's, achieved through regular review, and evaluation of all client data and inventory stats.
- Oversee and manage the process for monthly client invoicing including the reconciliation of transaction and adjustment files for revenue maximization
- Responsible for establishing and maintaining successful and ongoing client relationships. This is achieved through regular conference calls and webinar and face to face meetings according to business needs.
- Created and implemented documented policies and procedures for new and established clients within the Out of State Medicaid Department and AR Services to ensure quality service and clear expectations
- Assist with reviewing and establishing monthly and ongoing revenue goals for new and existing clients
- Actively worked patient claims, denied claims, prior authorizations, etc. in order to obtain payments from payer
- Responsible for managing the budgets and monthly revenue goals of assigned teams. This is achieved through the monitoring of workload distribution, FTE's and client volumes.
- Designed and developed client-specific reports for our Out of State Medicaid Clients to establish KPI indicators for ongoing monitoring & reference points

American HomePatient– Brentwood, TN

Regional Billing Center Manager- Summerville, SC & Tulsa, OK **March 2005-September 2014**

- Knowledge of and communication with Managed Care payers, State Medicaid payers, Medicare contractors, and Third Party Administrators in the negotiation of payment &/or claims related issues, including all prior authorization and referral related issues

- Worked with Managed Care Payers, Third Party Administrators, and physician offices to provide information on products, services, and relevant reimbursement information, as well as necessary compliance & regulatory information
- Managed team of over 70 responsible for all aspects of billing, collections, and revenue management activities for durable medical equipment, respiratory equipment, Infusion and miscellaneous supplies for 40 locations, in five states
- Responsible for the billing and collections of over $5 million in accounts receivable each month with ~2% in bad debt
- Managed all aspects of personnel development, including interviewing, hiring, coaching, and termination
- Assisted with corporate policy creation and revision, including compliance and audit policy reviews
- Participated in & provided direction to corporate support staff via special task teams

Manager, Systems Integration- Brentwood, TN **January 2004-March 2005**

- Oversaw the implementation & training of a new centralized intake process for the entire company
- Worked closely with IT & Reimbursement Departments, as well as local General Managers in the planning & roll-out of all phases of the process
- Assisted in the development, creation of forms and processes, and training used in the centralization process.

Education:

- Trident Technical College: Practical Nursing Degree (SC license # 23374)
- SNHU: Currently pursuing Bachelor's of Science in Healthcare Administration with concentration in Health Information Management

Additional Training, Experience, and Certifications:

- WebExtender, ECNet Document & Imaging Scanning System, FileNet
- Microsoft Excel, Power Point, Outlook, Citrix, Mineraltree, Intaact
- EPIC, MediPac, Meditech, SSI, Zirmed, DDE, Emdeon, Passport, Cerner, TruCare, Availity, other healthcare billing systems
- BLS Certified (expires Oct. 2020)
- Lean Six Sigma Yellow Belt-pursuing Black Belt certification
- Professionalism and Ethics Course Certification, De-Escalation Techniques
- Abuse, Neglect & Exploitation, Communication About Culturally Sensitive Issues, Communicating Across Cultures
- Population Health Care Course, Social Determinants of Health, Substance Use Disorder, Evidence Based Practices