


Jennellie Rodriguez

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 Location Available Upon Request

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## Professional Objective

Motivated and strategic healthcare leader seeking a management role that offers substantial growth opportunities. I am passionate about building productive teams, driving operational efficiency, and delivering exceptional customer service. Committed to fostering a collaborative, goal-driven work environment aligned with organizational mission and values. Brings a forward-thinking approach to process improvement, employee engagement, and cross-functional coordination.

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## Professional Experience

### Manager of Pre-Access - Jupiter Medical Center

*2024 – Present*

- Lead and manage all functions of scheduling, preregistration, and prior authorizations for all imaging, nuclear medicine, and cardiology services.
  - Ensure accurate and efficient front-end revenue cycle operations to improve patient experience and reduce denials.
  - Supervise cross-functional pre-access staff monitor daily workflows and performance metrics.
  - Collaborate with clinical and billing departments to ensure alignment of pre-service operations with organizational goals.
  - Implement standard operating procedures and performance benchmarks for improved patient access and service delivery.
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### Manager of Provider Relations – Specialty Network

Health Plan – Miami, FL

*November 2021 – 2024*

- Build and maintain strong relationships with payers, providers, and internal clients.
- Design and implement networks based on client requirements using Quest Analytics.
- Oversee contract acquisition across counties, specialties, and health plans.
- Lead all aspects of team management: hiring, training, performance evaluations, payroll, and scheduling.
- Conduct monthly Joint Operations Committee (JOC) presentations for all contracted health plans.
- Manage provider relations cases, legal agreements, grievances, and appeals.
- Develop and maintain system protocols for all authorization requests and reporting.
- Ensure team accountability to organizational policies and standards.
- Drive strategic planning efforts for medium and long-term network development initiatives.

- Manage over-utilizer projects to reduce costs while maintaining care quality.
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## Senior Hospital Care Investigator

Health and Hospitals Corporation – New York, NY

*August 2008 – October 2021*

- Supervised multiple teams of Hospital Care Investigators in inpatient and emergency settings.
  - Conducted financial investigations to determine patient ability to pay and alternative sources.
  - Managed case assignments for both insured and self-pay patients, ensuring proper follow-ups and documentation for insurance application reviews, financial counseling, and billing procedures.
  - Tracked and reported KPI's and ensured completion of assigned work queues in Epic.
  - Conducted staff evaluations and ensured timely completion of all mandatory trainings.
  - Reviewed and monitored staff documentation for quality, compliance, and timeliness.
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## Education

Bachelor of Science in Business Administration (2026)

Southern New Hampshire University

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## Certifications & Technical Proficiency

- Certified Revenue Cycle Representative
  - Epic EMR Superuser Certified
  - Microsoft Office Suite: Word, Excel, PowerPoint, Teams, OneNote, Publisher, Access
  - Software: Webex, Salesforce, Quest Analytics, Jira, Adobe, Oracle, Unity, Paylocity
  - Systems: Workday, UKG Dimensions/Kronos, Epic EMR, Insurance portals (Avality, NaviNet, etc.)
  - Proficient in insurance verification, billing systems, document indexing, and most payroll platforms
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## Key Skills

- Staff Leadership & Development
- Healthcare Scheduling & Pre-Registration
- Insurance Verification & Authorizations
- Network Development & Contract Negotiation
- Financial Investigations & Revenue Cycle Support
- Grievance & Appeals Management
- Project Management & Process Optimization, Data Analysis & Reporting
- Compliance (HIPAA, CMS, Payer Rules)
- High-Level Communication & Cross-Departmental Collaboration