

BIO

Dedicated and detail-oriented registered nurse and reimbursement professional with more than a decade of experience in medical coding, and additional clinical experience as a practicing registered nurse. Proficient in accurately translating complex medical records into precise diagnosis and procedure codes for billing and coding compliance. Adept at collaborating with healthcare teams to enhance documentation practices and reduce claim denials. Committed to continuous education and professional development in coding practices and healthcare regulations, leveraging clinical expertise to improve patient care and operational efficiency.

EDUCATION

Capella University
Bachelor's of Science in Nursing

Miami Dade College
Associate's in Nursing

CREDENTIALS

Registered Nurse, Florida
Certified Professional Coder
Previous

Licensed Practical Nurse, Florida

CERTIFICATIONS AND SKILLS

Basic Life Support (BLS)

Advanced Cardiac Life Support

Intravenous Certification

Business Specialist Certificate

Certificate in Accounting Technology

EMR Experience: Epic, eClinicalWorks,
Cerner

EncoderPro, 3M

AFFILIATIONS

Association for Healthcare Denials
and Appeals Management

Association of Clinical Documentation
Improvement Specialists

Florida Nurse Association

EXPERIENCE

Marting Law, LLC

2022 - Present

Reimbursement and Appeals Specialist

- Successfully prepare appeals of third-party payer DRG and clinical validation audits
- Manage multi-disciplinary and departmental claim denial and appeal workflows, monitoring deadlines for timely responses to payer communications
- Formulate arguments in support of facility reimbursement
- Incorporate contractual and legal requirements into successful payer appeals programs
- Manage teams' DRG and clinical validation appeal quality assurance
- Monitor appeal success rates
- Develop strategies to improve workflow efficiencies
- Leverage clinical knowledge to review and respond to health plan medical necessity and diagnosis validation denials

Molina Healthcare

2024

Medical Claims Review Nurse

- Review facility inpatient records for validation against Milliman criteria
- Consistently apply organization protocols for claims reviews
- Apply clinical concepts to claims and record reviews
- Validate billing codes and unit reporting using EncoderPro solutions
- Research and apply Medicare National and Local Coverage Determinations

CERis

2023 - 2024

Itemization Review Nurse

- Perform pre-and post-payment itemization bill review
- Consistently apply contract and payer policy provisions during bill review activities
- Apply InterQual guidelines for medical necessity reviews
- Research and apply Medicare National and Local Coverage Determinations
- Work collaboratively with plan's Medical Director on medical necessity reviews

Leon Health Plans

2022 - 2023

Concurrent Review Nurse

- Review provider prior authorization requests
- Research clinical record submissions against organization policies
- Consistently apply contract procedures and coverage policy criteria
- Apply InterQual guidelines for medical necessity reviews
- Research and apply Medicare National and Local Coverage Determinations
- Work collaboratively with plan's Medical Director on medical necessity reviews

EXPERIENCE

○ Jackson Memorial Health System 2022

Registered Nurse, Transplant Unit

- Accurately obtain and record patient vital signs consistent with provider orders
- Perform medication administration
- Provide float coverage in other facility departments to meet high quality patient care staffing goals
- Deliver direct patient care post-operatively
- Communicate with patient's healthcare professionals on patient care needs
- Accurately and timely document clinical information in patient medical records

○ Lee Health Systems Vivida Health Medicaid Plan 2020- - 2022

Licensed Practical Nurse

Grievance and Appeals Coordinator

- Receive and review complaints and grievances
- Develop grievance and appeal tracking system for the health plan
- Understand and consistently apply health plan grievance and appeals processing guidelines
- Collect, analyze, and interpret trend information
- Work collaboratively with multi-disciplinary teams to build Humana's brand image for effective services
- Present cases to medical directors to develop appeal decisions
- Handle State Agency for Healthcare Administration complaints system

○ Cleveland Clinic Florida 2019 - 2020

Licensed Practical Nurse for Outpatient Neurology

- Serve as nurse phone line for patients, providers, and pharmacies
- Manage patient prior authorizations
- Provide education on seizure precautions
- Assist during neurosurgery procedures
- Accurately obtain and record patient vital signs consistent with provider orders
- Perform medication administration
- Provide float coverage in other facility departments to meet high quality patient care staffing goals
- Deliver direct patient care post-operatively
- Communicate with patient's healthcare professionals on patient care needs
- Accurately and timely document clinical information in patient medical records

○ VITAS Health Care 2019

Licensed Practical Nurse for Continuous Care

- Monitor patients' positioning for skin integrity in accordance with provider orders
- Assist patients with activities of daily living and hygiene
- Perform trachea care, suctioning
- Administer PEG tube feedings, medication administration, and cleaning care
- Maintain communication with resident family members and caregivers
- Accurately obtain and record patient vital signs consistent with provider orders
- Perform medication administration
- Communicate with patient's healthcare professionals on patient care needs
- Accurately and timely document clinical information in patient medical records



EXPERIENCE

- LabCorp** 2017 - 2019

Specimen Accessioner

 - Prepare specimens for designated departments/locations
 - Order entry requisitions and check patient information accuracy
 - Operate centrifuge and pour samples for proper testing
 - Image and store requisitions

- CarePlus Health Plans, Inc. / Humana** 2020 - 2022

Grievance and Appeals Coordinator

 - Receive and review complaints and grievances
 - Understand and consistently apply health plan grievance and appeals processing guidelines
 - Collect, analyze, and interpret trend information
 - Work collaboratively with multi-disciplinary teams to build Humana's brand image for effective services
 - Develop and compile case files for submission to second level review entity
 - Present cases to medical directors to develop appeal decisions
 - Handle Medicare complaints

- CAC Medical Center / Humana** 2013 - 2015

Authorization Supervisor

 - Obtain referrals for services from providers
 - Review medical records against medical necessity and coverage criteria
 - Submit prior authorizations
 - Coordinate scheduling for patient appointments, tests, and procedures
 - Assist with peer to peer discussions
 - Understand and consistently apply health plan grievance and appeals processing guidelines
 - Collect, analyze, and interpret trend information
 - Work collaboratively with multi-disciplinary teams to build Humana's brand image for effective services

- MedX Medical Management Services, LLC** 2012

 - Process medical billing for outpatient facilities
 - Contact payers for claim status inquiries
 - Validate accuracy of medical claim information
 - Prepare applicable claim corrections for resubmission

CLINICAL EXPERIENCE

- Jackson Memorial Health** 2022

Registered Nurse

- Aventura Hospital** 2021

Clinical Nurse Rotations

- Miami Jewish Health Systems** 2018 - 2019

Nursing Clinicals