

HEALTH BENEFIT COORDINATOR/ CUSTOMER SERVICE /TRAINING SPECIALIST

Proven ability to provide innovative solutions to business administration challenges. Successfully managed changes for improved performance and greater efficiency. Provided consulting services to Federal Employees. Coordinated Regional Travel to impact organization performance.

Areas of Excel

Over 25 year Call Center Experience

Close exposure to various routine activities at a call center and extensive experience of monitoring and controlling calls.

Management/ Clients/Providers Database to reflect accurate information

Sales & Contract Negotiations to Reduce Profit & Loss

Exceptional ability to encouraging and motivating team members consistently

Exceptional Interpersonal/Communication Skills

Strong Analytical/Problem Solving Skills

PROFESSIONAL EXPERIENCE

One Call Care Management Jacksonville, FL

2016-2018

Prosthetic Specialist

Provides customer support to business customers via the telephone and/or Internet (e.g. instant message, email). Utilize knowledge of Workers Compensation Claims to independently, evaluate and resolve assigned in order to achieve appropriate outcomes.

- Provide timely processing and adjudication of claims.
- Prepare documents and other paper work relating to claims.
- Take responsibility of payment of all claims in compliance with rules.
- Respond to inquiries and resolve pertaining to specific claim issues.
- Maintain working relationships with departments processing claims.
- Handle claims related to health, disability, life.

- Bring to notice special policy matters to the attention of the management.
- Selects and manages service vendors to achieve appropriate balance between allocated expense and loss outcome.

Commercial Investment Trade (CIT) Jacksonville, FL

2005-2016

End-of-Lease Portfolio Manager/Trainer

Provided and managed various over 300 portfolios to identify financing needs. Collaborated with business entities to support organizational goals. Negotiated service level agreements, and product benefit or cost expectations.

- Responsible for the negotiation implementation and monitoring of various asset programs to identify inefficiencies, cost saving and to increase revenue.
- Identified lease delinquencies, profits and losses and prepared reports to compare month to month actives.
- Ensured seamless transitions of assets according to corporate policies and regulatory standards.
- Prepared month-end reports for managers, and proactively and resolved potential problems.
- Managed, supervised, motivated and trained new hires to ensure best professional methods and standards for service delivery.

**Claims Administration Corporation
Healthcare Benefits Coordinator**

1999-2005

Served as the primary resource for healthcare benefit-related matters for Federal Employees. Extensive Travel extensively to impact excellent client relations. Designed flyers and marketing materials to increase products and services.

- Managed assigned government programs, maintaining a working knowledge of industry trends and issue and effectively guiding employees through the benefit decision making process.
- Required the ability to work independently, effectively communicate complex information in a manner that could be easily understood by diverse groups, and maintaining effective working relationships with internal and external clients.
- Earned recognition for increased sales.
- Created marketing materials to ensure ongoing success.
- Promoted and implemented site visits to enhance customer service
- Developed relations with clients by promoting key products and services.

- Awarded managers bonus for client satisfaction and onsite meeting.
- Reduce customer compliant from 55% to 97% within 6 months.

Claims Administration Corporation

**Customer Service/ Claim Examiner/Team Lead
1997-1999**

Responsible for receiving, and responding to, written and telephone customer inquiries regarding benefit plans and policies. Elevated business regulations, procedure manuals and plan documents to solve various problems. Identified new ways to process incoming claims. Reviewed time slots for team research. Collected and checked timecard for team.

- Processed an adjudicated complex claims according to policies and quality standards.
- Researched and reconciled claim overpayments to ensure correct payments of benefits
- Performed audit of randomly selected claims to ensure quality processing.
- Additional responsibilities included created and implemented programs to promote departmental team work and goal achievement.
- Knowledge of ICD-9, CRT, and HCPCS coding
- Examined HIPAA regulation to comply with policies and procedures.
- Reviewed and addressed hospitals contracts to determine accuracy.
- Processing claims for multiple plans with automated and manual differences in benefits.

**August 1996 – February 1997
Specialist Sara Lee Body Wear**

Customer Relations

Responsible for ensuring accurate processing of merchandise orders and deliveries.

- Job required strong attention to detail; expert problem solving skills and the ability to analyze quickly analyze and resolve complex problems.
- Consistently awarded as a top performer dealing with customers in person, by phone, or electronically.

**November 1986 – May 1996
Representative American Express**

Credit Analyst/Customer Service

Job entailed helping customers identify credit alternatives to meet their financial needs.

- Responsible for providing quality customer service to inbound callers; while collecting sensitive data to assess their financial needs.
- Served as Team Mentor/Trainer for special projects; managed project "Cities in Schools" to mentor students.

EDUCATION

Bachelor of Science in Business Management

University of Phoenix, October 2012