Briante' Evans

Charlotte, NC 28216
brievans526@gmail.com
+18038302995

Professional Summary

To secure a position with a well-established organization with a stable environment that will lead to a lasting relationship with opportunity to grow in the field of business management.

Authorized to work in the US for any employer

Work Experience

Claims Analyst

Colonial life - Starmount-Columbia, SC
March 2019 to July 2022

• Respond to customer inquiries with timely and accurate information.
• Follow all documented processes/workflow to enhance customer service and reduce customer effort/ operating efficiency.
• Utilize resources and tools to accurately respond to customer inquiries.
• Ensure privacy of our customers
• Meet the expectations of the quality/productivity standards, including demonstrating on phone proficiency and passing required knowledge checks.
• proficiency in servicing inbound phone calls
• Verifying Insurance for Members and Providers
• Claims Review
• Provide updated information on amended policies, benefits, and claims processing
• Streamlined claim processing by accurately preparing Initial Claim Reports for dental & vision policies.
• Enhanced policyholder satisfaction by providing timely updates on amended policies, benefits, and claims processing.
• De-escalating escalations
• faxing/ mailing correspondence
• Abiding to Hippa laws
• maintaining 100% adherence
• Verify Dental & vision benefits
• confirm frequency & processing codes for Dental procedures

Executive Administrative Assistant

UNIVERSITY OF SOUTH CAROLINA-Columbia, SC
April 2016 to August 2018

Full life cycle recruitment for qualified work-study students based on university department/manager needs.
• Prescreened submitted applications for qualified candidates.
• Conduct interviews; Make job offers as directed; negotiated salary.

• Maintained and processed payroll for all work-study staff utilizing ITAMS
• Processed, reconciled and validated invoices.
• Obtained all required on-boarding paperwork prior to orientation and created employee files.
• Perform state and county background checks for all prospective agency employees.
• Conducted monthly orientation for all new agency employees.
• Created daily staffing census, usage/variance reports and analysis/audit reports
• Established and maintained effective communication with all levels of management and unit staff.
• Records management for DA/OAS

Centralized Scheduling Customer Service Representative

UNITED WAY ASSOCIATION OF SC /SC DEPT HEALTH ENVIRONMENTAL CONTROL-Columbia, SC
January 2015 to April 2016

Answered 3000+ Medicaid and Medicare calls adhering to Federal guidelines with great attention to detail while providing quality customer service.

• Determined applicant eligibility for different state and federal funded programs.
• Scheduled, cancelled, rescheduled patient appointments, including interpreting and verifying insurance in accordance with state and federal guidelines.
• Entered no-show information; monitored the electronic wait list; prepared for provider visits; monitored both inpatient and outpatient appointments for areas of responsibility.
• Verified and updated applicant eligibility and demographics.
• Extensive utilization of ICD-9, medical coding and terminology.
• Performed a variety of routine and complex account support duties to include changing and adding benefits and explaining benefits and billing.
• Processed customer payments and set up payment arrangements.
• Extensive utilization of many different software databases to effectively manage customer profiles.
• Tracked, interpreted and changed detailed patient information.
• Attended extensive training on new products and services.
• Utilized analytical and multitasking skills in order to accelerate payment processing.
• Maintained confidentiality while working with confidential information.

Customer Service Representative/Tier 1 Technical Support

TELEPERFORMANCE COMMUNICATIONS-Columbia, SC
August 2012 to October 2014

Answered 5,000+ inbound calls per month while providing quality customer service and accurate information about company policy, products and services. Excellent utilization of problem-solving, time management and decision making skills with great attention to detail to effectively evaluate customer accounts.

• Performed a variety of routine and complex, account support duties to include changing and adding products and services, explaining billing, activating equipment and troubleshooting equipment etc.
• Processed customer payments and set up payment arrangements.
• Extensive utilization of many different software databases to effectively manage customer accounts.
• Tracked, interpreted and changed detailed account information.
• Attended extensive training on new products and services

Education

Healthcare Administration (Associate)

Ultimate Medical Academy-Clearwater, FL

General Studies (College Prep)
Honors College Prep

Skills

- CRYSTAL REPORTS (Less than 1 year)
- Time management
- Microsoft Office
- Microsoft Word
- Receptionist
- Typing
- Google Suite
- ICD (3 years)
- ICD-9 (2 years)
- EXCEL (7 years)
- Data Entry
- Filing
- Quickbooks
- Billing
- Organizational Skills
- Medical Terminology
- Scheduling
- Powerpoint
- ACCESS (3 years)
- English
- accounting
- Time Management
- Clerical
- Administrative Assistant
- Outlook
- Classroom Experience

Additional Information

IT SKILLS Microsoft Office (Access, Excel, Outlook, PowerPoint, Word) Lotus, Oracle, SQL, CARES, CSM, AIMS, Mainframe, Meditract, MediTech, ICD-9, Lawson, Kronos, Crystal Reports, PeopleSoft ITAMS