

Briona Whitehead

Conyers, GA 30013

Briona683@gmail.com

+1 706 286 5171

Outgoing and customer oriented- a coder believes strongly in good customer service delivery during patient registration. I have superior interpersonal and oral communication skills, excellent data entry and patient interviewing skills, clear understanding of insurance options and skills within various systems. I have knowledge in accurate billing and accounts, working systems edits and claim errors, CPT coding, and ICD- 10. I have knowledge in coding principles in assigning diagnostic, procedure, and reimbursement codes on all Outpatient, Emergency Center, Pediatric Subspecialty Clinic, Endoscopy, and Outpatient Surgery records. I possess an associate's degree in Health Information Management. I look forward to using my skills and college education to enhance your company's business operations.

Work Experience

Trauma Registrar

Children Healthcare of Atlanta - Atlanta, GA

May 2023 to Present

Maintained and updated the Trauma Registry - TRACS.

Identified trauma patients for inclusion into registry according to State and American College of Surgeons (ACS) criteria.

Read and interpreted inpatient and outpatient medical records to identify all diagnosis and surgical procedures (Quadramed).

Assigned appropriate ICD-9, AIS, and CPT codes in compliance with recognized coding principles and department policies.

Maintained concurrent data entry on all trauma patients and accurately record data elements using the CONTD data dictionary or at a minimum 80% within 30 days.

Reviewed medical records for care provided and identify variations in the processes or outcome of care provided using benchmarking data.

Assisted with identifying inconsistencies within the NTRACs database and help to correct the database to be consist with NTDB requirements (2016 NTDB Data Dictionary).

Appeals Specialist

Watkinsville, GA

August 2020 to Present

Enter denials and request for appeals into information systems and prepares documentation for further review

Request and obtain medical records, notes, and or/ detailed bills that assist with research

Evaluate for medical necessity and appropriate level of care and formulates conclusions per protocol

Collaborate with medical directors and other team members to determine appropriate responses

Receive and resolve provider inquiries related to claims

Act as a liaison between the providers and health plan as appropriate

Prepares responses to provider grievances/ appeals.

Work with customers service to resolve balance bill issues and other member complaints regarding providers.

Reviewing and analyzing any past due amounts using aged accounts receivable reports

Communicates directly with the payor resubmits denied claims, underpaid claims and claims that are inaccurately processed by auditing accounts.

Medical Records Specialist (Full-time/PRN)

Athens, GA

June 2018 to Present

Analyze medical records and documents for completeness

Transfer medical files digitally into system

Document information appropriately in medical records

Prepare new medical records for new patients

Interpret coded medical data and transfer files digitally

Prepare statistical reports incorporating demographics and medical documentation

Ensure patient's accounts are complete with the valid insurance coverage

Admit patients into hospital computer database

Update patient's medical records

Process an average of 70 patients per night

Schedules procedures and pre-op visits for patients

Input and maintain postoperative data for all surgical areas

Maintain up to date HIPAA guidelines knowledge

Responsible for processing all referrals and providing the medical records for those referrals

Responsible for maintaining a physician schedule

Secretary/ Medicaid Biller (Part-time/PRN)

Signature Care of Georgia - Athens, GA

November 2016 to Present

Answer the phone

Assist patients with care and ADL's

Prepare and update patient's medical records

Monitor outstanding claims

Prepare claims for Medicaid

Monitor dietary requirements

Communicate with patients families

File and organize medical records

Upload documents into electronic health record

Prepare claims for accuracy

Assist individuals at medical appointments

Schedule patient appointments to register for medical insurance

Communicate patient scheduling quickly and accurately

Preauthorization Specialist

Northside Hospital - Lawrenceville, GA

February 2021 to February 2021

Contact insurance carriers to verify patient's insurance eligibility, benefits and requirements.

Enters and verifies patient demographics and insurance information

Request, track and obtain pre-authorization from insurance carriers within time allotted for medical and services.

Request, follow up and secure prior-authorizations prior to services being performed.

Demonstrate and apply knowledge of medical terminology, high proficiency of general medical office procedures including HIPAA regulations.

Contact referring physicians for additional information as needed

Input new patient information and update information in our system

Communicate any insurance changes or trends among team.

Maintains a level of productivity suitable for the department.

Clearly document all communications and contacts with providers and personnel in standardized documentation requirements, including proper format.

Responsible for documenting account activity, updating patient and claim information and demonstrates proficiencies with the Medmetrix billing system to ensure all functionalities are utilized for the most efficient processing of claims and identifies prior authorization trends and/or issues resulting in delayed claims processing

Reviewed medical records and documents and collect clinical data (including, but not limited to patient demographics, disease specific data elements, medications,

HAI, and CAUTI) in support of the National Medicare Patient Safety Monitoring

System (MPSMS) initiative; as well as, abstract medical records to validate information collected and reported by hospitals for the National Healthcare

Quality Report (NHQR).

Abstracted extremely large medical records received without affecting my overall productivity rating in order to meet CMS deadline

Determined and negotiated the validity of abstracted data and question controversial information.

Entered abstracted data into standard data collection.

Worked with Physicians' staff to set abstraction appointments.

Pulled charts according to protocol and arrange for all necessary tools to conduct abstractions.

Aggregated summary data, track routine statistics, conduct analysis, and complete standard reports.

Provided patient and family support and education regarding protocol-related drugs and procedures as needed.

Reviewed data for completeness and accuracy and followed up with data sources as necessary.

Care Plus

A/R Insurance Specialist

Athens Orthopedic Clinic - Athens, GA

January 2020 to July 2020

Reviewed and analyzed inactive claims

Worked denied claims

Followed-up on submitted invoices to ensure prompt and timely reimbursement

Reviewed, verified and tracked payments/denials from appropriate parties in the billing system

Identified problematic accounts and entered discrepancies into tracking spreadsheet

Contacted clients to obtain or request additional information necessary for payment reimbursement

Maintained confidentiality of patient and proprietary information

Followed-up on unpaid claims

Monitored customer account details for non-payments, delayed payments and other irregularities

Reviewed AR aging to ensure compliance

Maintained accounts receivable customer files and records

Medicare Advantage Follow-up Representative

Piedmont Hospital - Athens, GA

June 2019 to December 2019

Reviewed and analyzed inactive claims and denials to perform the appropriate treatment necessary

Corrected and verified insurance information using various eligibility online portals

Identified, documents and communicated trends in recurring denials and recommended process improvement or system edits

Tracked changes within the industry to ensure a current understanding of medical terminology and CPT coding and ICD-10

Processed claims and appeals by gathering information, initiating and/or creating via payer portals, scanning appeals, filing electronic or paper rebills and mailing to insurance company in a timely manner

Resolved issues with payments and charges

Maintained and updated collections tracking spreadsheet to help organize payment information

Updated coordination of benefits and reviewed explanation of benefits in order to submit the claim to the correct part being paid

Gathered payment information and insurance information form medical billing.

Maintained A/R records; prepare statements, bills and invoices; processed payments; responded to customer inquiries regarding account status; and reconciled expenses to general ledger

Experienced optimizing the A/R function by improving procedures and controls.

Proven ability to determine root cause of issues and recommended viable improvements

Complied with all Medicare, Medicaid, CHAMPUS, and private insurance company requirements, as well as federal laws as they apply to the Prospective Payment System

Clerk Assistant (PRN)

Bed, Bath & Beyond Warehouse - Jefferson, GA

March 2015 to June 2018

Printed labels for the Picker/ Inductor

Processed the number of boxes that entered and left the warehouse

Entered accurate information into computer system for tracking

Picker/Inductor (Full-time)

Placed boxes on conveyers

Labeled boxes

Picked items for packaging

Sorted the material

Packaged material

Scanned boxes

Inventoried materials as needed

Cashier

Wal-Mart - Athens, GA

December 2014 to July 2015

Cashed customers out

Greeted customers

Packaged customer's items

Counted money before and at the end of each shift

Provided customer service

Cashier (Part-time)

Dollar General - Athens, GA

September 2013 to July 2014

Greeted customers and provided customer service

Cashed customers out

Packaged customer's items

Organized store shelves

St. Mary's Hospital

Education

Bachelor's Degree in Health Information Management

Devry University - Decatur, GA

January 2020 to June 2023

Associate's Degree in Health Information Technology

Athens Technical College - Athens, GA

August 2020

Diploma in Information Technology

Athens Technical College - Athens, GA

December 2018

High School Diploma

Cedar Shoals High School - Athens, GA

May 2013

Skills

- Patient registration
 - Medical Records
 - Accounts receivable
 - Billing and collections
 - Epic
 - Trauma Registrar
 - AIS coding
 - Relevant Coursework: Medical Terminology, Anatomy & Physiology, Revenue Cycle Management, ICD 10 PCS coding, CPT coding, ICD 10 Advance coding, Health Record Content Structure, AIS 10- Coding
- ICD coding
- Medical terminology
- ICD-10
- ICD-9
- Health information management
- Medical records
- Data collection
- Medical office experience
- Computer skills

- Customer service
- Microsoft Office
- Insurance Verification
- Medical Coding
- Medical Billing
- EMR Systems
- Data Entry
- Transcription
- Documentation Review
- Payroll

Certifications and Licenses

First Aid Certification

CNA

RHIT

April 2022 to April 2034

CPR Certification

CPI Certification

Certified Coding Specialist

AHIMA

RHIA

Certified Professional Coder