

# Annette Gloria

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**Objective:** To obtain a professional level position within an agency which will allow me to acquire agency specific knowledge, to help promote the agency's mission while maximizing my work experience.

**Education** General Studies (Undergraduate 90 credit hours)  
Cochise College, Sierra Vista Arizona

**Continuing Education** Medical Assistant Certificate

## Hard Skills

- Grievance Processing & Resolutions
- Appeals Processing & Resolutions
- Medical Coding (ICD-9/ICD-10, CPT, HICPIC Codes)
- Medical Billing / Insurance Verification (Claims Review & Processing)
- Training Coordinator
- Personnel Relations
- Case Management and Eligibility
- Credentialing
- Medical Services Authorizations
- Administrative functions

## Soft Skills

- Customer Service
- Decision Making
- Leadership
- Collaborative (Team Work/Independent)
- Critical Thinking
- Problem Solving
- Communication
- Microsoft Suite
- Adaptive/Fast Learner

## Work Experience

**Nov 2014 – June 2022** **Appeals and Grievance Specialist**  
Avesis (602) 379-6760

- Intake Coordinator who received and logged heavy caseloads for all incoming complaints or appeals. Research and Intake grievance and appeals. Created new files in database and obtained required member case documentation for case review. Assigned case numbers and distributed workload to Case Coordinators.
- Resolve member Grievance and Appeal complaints within required timeframes in compliance with established policies and procedures. Strive for high outcomes with favorable resolution to member.
- Prepare files for appeals with regulatory agencies, including Medicare and Medicaid State Fair Hearings.

**Aug 2012 – Nov 2014** **Customer Service Representative**

Avesis (602) 379-6760

- Administer benefits Medicaid, Medicare HMO and PPO, and commercial health plans. Verified benefit coverage, and coordination of benefits on the telephone for members and providers. Collected and verified information concerning eligibility, provider referrals, and deductibles and copays. Evaluates explanation of benefits in order to properly apply payments and • adjustments to a patient's account
- Educates providers on Prior Authorization, claim submissions, and appeals process following health plans policies and procedures. Train and oversight of representatives (existing and new hires) on government and commercial health plans to include benefits and eligibility.
- Educates members on health plan coverages in-network vs out-of-network.
- Responsible for Issue Resolutions for members and providers, to include issues with medical claims, claim reprocessing, claim reimbursement.

**Jun 2009 – Sept 2012**

**Case Manager II**

Cochise County (520) 432-9400

- Completes Intake Interviews, evaluates client's medical needs, develop, monitor and evaluate treatment plans and progress to meet client's needs in home based and/or Long Term care placements. Maintains monthly census, data collection on clients with confidential client cases and records. Coordinates resources and referrals, such as transportation, medical equipment, medical, behavioral and specialty services. Traveled to designated areas to evaluate clients. Set up care plans and write client reports. Coordinates discharge planning and Long Term care placement. Coordinates services to the least cost-effective plans of care.
- Has knowledge and determines eligibility for social services, public health programs and provides community resources.
- Experience working with culturally and economically diverse clients.

**July 2005 – May 2009**

**Medical Services Authorization Specialist**

Cochise Health Systems, Cochise County (520) 432-9400

- Verify member eligibility and covered services. Responds to requests for medical authorizations from physicians, hospital, nursing homes, therapists, pharmacies, or other providers. Responsible for reviewing all hospital admissions, and emergency room visits and reporting to case managers for covered members. Responsible for obtaining and maintaining records, reports, and files related to medical authorizations. Resolved client and provider concerns and assist clients in reaching satisfactory resolutions.
- Responsible for answering a 5 line calling system.
- Responsible to ensure that ICD-9 and CPT coding procedures for prior authorizations effectively reflect the appropriate medical services provided.
- Follow Arizona State Health care system rules and regulations and ensured compliance with Administrative Code 3.

**Oct 2004 – June 2005**

**Administrative Assistant**

Cochise Health Systems, Cochise County (520) 432-9400

- Responsible in processing credentials for all medical providers. Processed health plan enrollment/credentialing applications for physicians and allied health providers. Reviewed and analyzed providers returned paperwork to ensure completeness of information. Maintained professional credentialing database, input action notes to maintain accurate record of progress with health plans. Update provider health plan Identification number and other required database fields.
- Maintained professional relationship with providers, public, and agencies.
- Organized Peer Review Committee meetings quarterly.
- Back up for Medical Authorization Specialist (see job functions above).
- Performed varied clerical/administrative support functions.

**Jul 2000 – Sept 2004**

**Clerk III**

Cochise Health Systems, Cochise County (520) 432-9400

- Assists with human resource functions to include recruiting, advertising and interviewing for open positions, screening, criminal background checks, drug test, and reference checks. Conducts new hire orientation. Assist with personnel actions to include reviewing and updating job descriptions, pay increases, promotions, terminations, and maintained employee records. Responsible for department timekeeping, assists with leave requests and work place accommodations (ADA, special needs)
- Reviewed daily report for eligibility, downloads new client files from AHCCCS state system, and verifying accuracy on information.
- Assists Grievance Coordinator with data collection & grievance process.
- Clerical support functions includes answering phones, administrative routine correspondence & mass mailings.

**1994 to 2004**

**Assistant Store Manager**

Burger King Corporation (520) 432-3007

- Shift supervisor of restaurant operations & employees, processed payroll, conducted use/waste costs analysis, responsible for accounts receivable and accounts payable, responsible for store inventories; store earning deposits; supply orders, responsible for employee work schedules, employee recruiting, interviewing, hiring, training, and terminations. Assisted store manager with all financial operations and served as back up to all of their job functions. Resolved customer complaints.