

JOYCE BRAUER

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📍 Hertford, NC 27944

🔗 [Bold Profile](#)

PROFESSIONAL SUMMARY

Highly accomplished professional with a proven track record of academic excellence and a diverse background in cross-functional customer service. Demonstrates exceptional value through strong academic achievements and practical experience. Over 10 years of pharmacy expertise, handling confidential information with utmost care and professionalism. Adheres to policies, procedures, and guidelines to ensure consistent delivery of quality.

SKILLS

- Medical Practice Management Systems
- Medical Terminology
- Medical Records
- HIPAA Compliance
- Insurance Verification
- Insurance Claim Processing
- Reimbursement specialist
- Medicare / Medicaid Government Payers
- Third Party Payers
- CPT & ICD-10 Coding
- Medical Billing
- Medical Office
- Medical Administrative
- Patient Registration
- Data Entry
- Medicare Supplement and Supplemental Health and Life contracts
- Accuracy and precision
- Benefits verification
- Error resolution

WORK HISTORY

Spectraforce/Cencora - Benefits Verification Representative - WFH Agent - Contracted

Hertford, NC • 10/2024 - 01/2025

- Handling data entry for Medicare Supplement, Supplemental Health, and Life Insurance contracts of diverse complexities.
- Handled outbound telephone calls.
- Adhered to HIPAA law and Cencora procedures.
- Provided outstanding customer service to Medicare (Part B), Medicaid and Commercial insurance holders.
- Exhibited emotional intelligence, compassion, empathy and patience.
- Utilized Fusion Medical Software and MS Applications.
- Verified the patients' demographics and healthcare plans.
- Insurance verification: confirmed coverage and eligibility.
- Processed prior authorizations concerning medication claims.
- Microsoft office: Word, OneNote, Excel, Outlook and Teams; review/draft letters, document, reports/spreadsheets, send/receive emails, chat and attend virtual meetings.

Software Galaxy Systems LLC (SGS)/Maximus - Medicaid Application Representative

Hertford, NC • 09/2023 - 05/2024

- Processed incoming applications for Medicare recipients to obtain Medicaid and food stamps.
- Handled inbound calls from staff members about upgrading information into company the system.
- Adhered to HIPAA law and Department of Human Services procedures and policies.
- Managed the recipient applications for the Medicaid Programs regarding the state of Arkansas.
- Process data regarding the SNAP, TA, and Disability programs, utilizing ARIES Systems.
- Provided outstanding customer service to management and colleagues.
- Performed case management responsibilities to review the

- Salesforce experience

- Medical terminology

applications, determine the allowances and to assist in the eligibility procedures. Using ARIES and MS Applications to update and process the data.

EDUCATION

Ultimate Medical Academy

Tampa, FL • 01/2021

Associate of Science Degree:

Health Sciences - Medical Office and Billing Specialist

Ultimate Medical Academy

Tampa, FL

HIPAA Essentials for Healthcare Professionals Certificate

Ultimate Medical Academy

Tampa, FL • 01/2021

Diploma: Medical Office and Billing Specialist

Sitel/United Healthcare Group - Healthcare CSR M&R/ Member Advocacy - Contracted

Spartanburg, GA • 11/2021 - 02/2023

- Handled in incoming and outgoing calls to the providers, answer questions and deescalate callers.
- Adhered HIPAA regulations and United Healthcare Group procedures and policies.
- Accepted temporary contracted assignment to maintain knowledge and skills.
- Verify the patients' demographics and confirm the healthcare plan data.
- Handling data entry for Medicare Supplement, Supplemental Health, and Life Insurance contracts of diverse complexities.
- Insurance verification: confirmed the patients' coverage and eligibility.
- EOB (Explanation of Benefits): review and explained the premiums, deductible and co-payment.
- Outreaches to medical providers and pharmacist concerning the patients medical claim or medication.
- Assist with disputes regarding errors concerning a claim or a patient prescription for resolution.
- Utilized electronic medical records, patient portal, and database software's.
- Inquiries converted to M &R/Member Advocacy departments concerning sales was transferred to the appropriate area for proper handling.

Publix - Customer Service

St. Petersburg, FL • 10/2017 - 10/2022

- Answered customer questions, trained new employees, and maintained an awareness of promotions and ads.
- Provided a positive customer experience through customer care and attention to detail.
- Received payment by cash, check, credit cards, or automatic debits, maintained all cash and receipts.

CVS Pharmacy - Ingenio RX Specialty Pharmacy Technician

Seminole, FL • 08/2021 - 09/2021

- Provided excellent customer service answering questions and routing calls appropriately.
- Entered, shipped and expedited medication orders when necessary.
- Handled inbound and outbound calls.

REASON FOR EMPLOYMENT

Seeking employment

HIGH ACADEMIC HONORS

KEY QUALIFICATIONS

- Medical Practice Management Systems
- Medical Terminology
- Medical Records
- HIPAA Compliance
- Insurance Verification
- Insurance Claim Processing
- Reimbursement Processing
- Revenue Cycle Management
- Medicare / Medicaid Government Payers
- Third Party Payers
- CPT & ICD-10 Coding
- Medical Billing
- Medical Office
- Medical Administrative
- Patient Registration
- Data Entry
- Medicare Supplement and Supplemental Health and Life contracts