

# Abigail



## Senior Utilization Nurse/ Clinical Denials and Appeal Nurse

Compassionate and dedicated Registered Nurse with five years of experience in healthcare insurance industry. A recent utilization nurse seeking to use superior skills and knowledge to assist the insurance company. Seeking also for managerial and free lancing position that will benefit her career. Single and flexible at schedule dayshift/midshift/nightshift.

### Employment History

#### Clinical Abstractor

APRIL 2019 – JANUARY 2020

- summarize vital information in a patient's medical record.
- abstracting the complete blood pressure, HA1C, and BMI.
- Knowledgeable at electronic medical records of AETNA and Veterans.
- abstracting and auditing the particular charts.

#### Clinical Appeal Nurse (non-certified coder)

JANUARY 2020 – JANUARY 2021

- *Fraud Waste & Error account*
- Reviewing rejected claims and medical evidence to understand if the denial was appropriate.
- Approving and denied particular code and claims by using Evaluation and Management tools and proper guidelines

#### Clinical Appeals Nurse

JANUARY 2021 – DECEMBER 2022

- Knowledgeable at prior authorization and authorization that has been denied or approved
- Collaborate with peers in Medical Management, Quality Management, Grievance and Appeals.
- As a clinical appeals reviewer, I am able to handle the coding by review claim forms, demographic insurance informations,policies, utilizes various to determine patient's eligibility and benefits.Knowledgeable at CPT Code,HCPCS Code,ICD-10 and Modifier as well. Also, I am able to route the queues to appropriate system.

### Details

### Skills

Ability to Work in a Team

Microsoft PowerPoint

Microsoft Office

Strategic Planning

Interpersonal Communication

Complex Problem Solving

### Languages

English

- Also, focused on clinical denials of grievances and appeals of the client particularly recovering revenue associate with disputed/denied clinical claims, medical necessity and investigational/experimental. Preparing and documenting appeal based on industry accepted criteria therefore, I was able to construct and documents the fact based clinical case to support the Appeal. Also, I am able to demonstrate my ability to critically think, problem solve and make independent decisions supporting the clinical appellate process.
- As a Claims processor as triager [REDACTED], I am able to route the appropriate claims into the corresponding routing queues. I am able to determine who is the appellant: Provider, Subscriber, Representative of the member, not a subscriber or Legal/Lawyer. Able to determine also the different method code or electronic charts by (Web, Phone, Email, Mail, Fax). The main focused is Admin or Clinical or the care does not meet the guidelines for medical necessity. Knowledgeable at Pre-authorization, Pre-certification, post-service, pre-service, external reviews, pre-approval, bundling issues, expedited or urgent request, ERISA, correspondence, LEVEL 1 & 2 Appeal. As a claims processor of timely filing project, I am able to know if it is expired or within the required timeframe. Knowledgeable at Explanation of Benefits, clearing house report, billing history of the claims, sending letter to the third party payer of the claims, following up on onshore about the current difficult cases/scenarios.
- Proficient using Nextgen Review Tools and Milliman Care Guidelines.

## Medical Abstractor [REDACTED]

DECEMBER 2022 – JANUARY 2024

- Data abstraction for Surgical Site infections.
- Data abstraction for UTI/kidney disease.
- Data abstraction for Surgical Reconciliation of Operative Surgery at Colonoscopy and hysterectomy.
- Proficient using Meditech and Mckesson tools (EMR).

## Senior Utilization Review Nurse [REDACTED]

JANUARY 2024 – MAY 2024

- Utilize EPIC tools and proper guidelines like INTERQUAL and MCG.
- Manage pre-authorization, concurrent review, and retrospective review processes for all inpatient, outpatient and services.
- Assesses inpatient services for members to ensure optimum outcomes, cost effectiveness and compliance with all state and federal regulations and guidelines.
- Analyzes clinical service requests from members or providers against evidence based clinical guidelines.
- Identifies appropriate benefits, eligibility and expected length of stay for requested treatments and/or procedures.
- Requests additional information from members or providers in consistent and efficient manner.
- Adheres to UM policies and procedures.

## Education

### Nursing [REDACTED]

JUNE 2015 – APRIL 2019

- Registered Nurse of the Philippines (June 10, 2023)