**Arthur Pettiford**

**6434 Hedgewood Lane ~ High Point, NC 27265 ~ (336) 899-9095 ~ alpj52@yahoo.com**

**PROFILE:**

Self-starter with more than 11 years of progressive experience performing Health Care/Health Insurance functions such as claims processing, customer service, membership and enrollment as well as training and providing support for team members who are performing these functions. I have demonstrated proficiency in product management, analyzing and presenting quantitative data, and the ability to work in teams or individually with results that often exceed expectations.

**SUMMARY OF QUALIFICATIONS:**

* Advanced knowledge of the Blue Cross Blue Shield of North Carolina’s products, operational processes and programs.
* Proactive in identifying areas of opportunity, researching root causes, analyzing collected data and submitting through appropriate channels suggestions for improvement.
* A forward-looking work ethic and an uncompromising commitment to providing the highest level of support to all members of an organization.
* Flexibility, adaptability and sense of urgency critical to an organization’s commitment to providing customers with access to quality health care, products and services to improve their health.

**RELEVANT EXPERIENCE:**

Blue Cross Blue Shield of North Carolina, Durham, NC 2003-Present

**Senior Team Leader, Inter-Plan Programs Administration**

As a Senior Team Leader, responsible for a team of Inter-Plan Service Specialists that act as the primary contact for Blue Cross and Blue Shield plans and internal customers across the organization. The team is accountable for servicing Partner Plans on the telephone, answering inquiries through BlueSquared, processing claims and adjustments, creating procedures and job aids, and assisting with internal Plan to Plan escalated inquiries.

* Developed a cross-functional team to improve effectiveness in delivering support to our Partner Plans.
* Encouraged the team to take ownership of their work processes and understand their role in the company at large.
* Lead the team to meet a goal of a 45 second Average Speed of Answer by scheduling and monitoring the AVAYA phone system.
* Helped the team to understand high-level business objectives and how their work is essential to the achievement of these objectives.
* Provided coaching and development to team, including formal corrective action.
* Acted as a technical resource for my team members.
* Worked with the team to set SMART performance goals and tracked their performance against the goals.
* Modeled superior customer service to all staff by focusing on proactive service and resolution of issues upon initial contact whenever possible.
* Identify gaps within the Plan to Plan team and facilitate process workgroups to identify, and implement process improvements.
* Developed a SharePoint site to manage the daily inventory, attendance calendar, and daily work assignment.
* Developed an intake process in SharePoint for the Inter-Plan Resolution Coordinators.
* Lead a team that completed 93% of all inquiries, claim adjustments, and claim processing within 5 days of the receipt date and 99.6% of all inquiries, claim adjustment, and claim processing within 10 days of receipt date.
* Decreased the number of claims filed incorrectly by 17% for the Member Submitted Claims process.
* Implemented two Technical Support teams and created a Standard Operating Procedure for each Technical Support team.
* Created the Technical Support Intake process through a SharePoint Issue Log and provided support to the Technical Support team on how to analyze the data.
* Participated and led small workgroups in the semi-annual system release for Inter Plan Programs in April and October of each year.
* Acted as the Business Coordinator for 6 Lines of Business in the ICD10 Project team responsible for implementing Business Impact Testing.

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**Senior Team Leader, Claims Review and Payment Integrity**

As a Senior Team Leader, responsible for a team of Business Analysts, Quality Analysts, and Departmental Trainers that acted as support for internal customers across the organization. The team was accountable for developing policies, procedures, and facilitating training for the claims department.

* Developed a cross-functional team to improve effectiveness in delivering support to the claims organization.
* Encouraged the team to take ownership of their work processes and understand their role in the company at large.
* Helped the team to understand high-level business objectives and how their work is essential to the achievement of these objectives.
* Acted as a technical resource for my team members.
* Worked with the team to set SMART performance goals and tracked their performance against the goals.
* Modeled superior customer service to all staff by focusing on proactive service and resolution of issues upon initial contact whenever possible.
* Developed templates for the curriculum, syllabus and lesson plans for all training offerings in the claims area.
* Published 38 training modules and lead the team in revising the documents to ensure consistency.
* Reduced the preparation time for a classroom by 60% in creating and publishing the training modules and storing them on a shared site (SharePoint).
* Lead a team that handled 866 policy and procedure items with an average of 30.08 days to completion.
* Facilitated procedure workgroups with the internal customer.
* Created the material for a Security and Privacy training to the claims leadership team and also facilitated the training.
* Developed a partnership with the customer service area to develop training curriculum, syllabus, and lesson plans for the Provider Stakeholder Claims Training class.
* Developed a SharePoint site to receive all training request from the claims area.
* Lead a team that trained 241 training classes with 2,011 attendees.
* Partnered with Blue University to utilize the LMS enrollment tool to eliminate the manual enrollment process. The final project implementation date was January 1, 2011.
* Managed the calendar on the SharePoint site of all the upcoming training offerings on a quarterly basis.
* Developed an intake process for training requests to eliminate training requests via email.
* ***Received Spot Award for the creation of more efficient online tools to manage the training and procedure development.***

**Quality Analyst - Auditor**

Analyzed and improved performance, both on an individual and group level with several tools, including reporting, coaching, and training, for the purpose of professional development within the department.

* Trained and mentored new employees and peers, regularly collaborating with Management to implement, improve or review processes and procedures in order to improve the overall effectiveness of the Quality Audit Team.
* Conducted coaching clinic specific to a Performance Guarantee group. As a result, the Performance Guarantee goals were met for 2009, and BCBSNC did not have to pay a penalty of $126,000.00.
* Proposed and developed a macro that reduced the auditor’s administrative time by 75%. The macro has also been adopted by the other audit areas.
* Collaborated with Operations to create Business Critical based on information from the audit findings.
* Collected data and analyzed the results of 100 focus audits for SIU (Specials Investigation Unit) investigation. Received a Blue All Star for the contribution on the project.
* Partnered with Blue University to develop the structure of the IPP Quality Coaching Clinic.
* Facilitated the training for five coaching clinics and created the Syllabus and Lesson Plans for each one.
* Handled complex issues regarding multiple peer audit findings while recommending the trainees for the coaching clinics.
* Conducted random peer to peer audits of the quality team in order to organize bi-weekly calibration meetings to apply lessons learned to reduce auditor variance.

**Operations Specialist**

Acted as a single point of contact for internal and external customer inquiries and provided cross-functional support for all operational functions, to include one-on-one training, auditing and root cause analysis.

* Handled the MSP Demands for IPP Home Claims and trained another team member on the process.
* Researched, analyzed and proposed changes implemented in the Coordination of Benefits.
* Maintained accountability for all State PPO functions such as EDI and SF no DF and supported point of contact team for State PPO within IPP.
* Served on the Processing Team responsible for updating and correcting job aides for IPP.
* Worked as team member on the State PPO Negative Accumulator Project.
* Added all of the authorizations to the system for Worldwide claims, adjusted and followed the claims to ensure they were processed and paid in a timely manner.
* Acted as a point of contact for Local Business to have State PPO escalated issues resolved. ***Received Blue Star Award for role in the success of State PPO project and implementation into IPP.***

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**Claims Specialist – Inter-Plan Programs**

Processed a variety of customer transactions that involved suspended claims, adjustments, and other customer inquiries due to missing information, other party liability, nonstandard pricing, and other special circumstances.

* Processed claims from initiation of the SF through the end result of a valid DF.
* Assisted trainers with information from other areas, which allowed for smoother claims processing with Power MHS.
* Managed the Utilization Adjustment Project using audits of team members to identify issues, recommend solutions to the team lead and facilitate refresher training for team members. ***Resulted in 63% claims completion rate.***
* Initiated and submitted documentation to support the implementation of the Blue Card Home Prompt Pay Policy. ***Currently under Management review for implementation.***
* Worked with other departments to stay abreast of changes effecting daily work in Blue Card Home such as paid through date for Company 03 (Blue Advantage), the Mental Health benefits for standard groups, and the proper procedure for processing claims for Blue Advantage customers with deductible and coinsurance claims.
* Facilitated the transition of State PPO into IPP, trained staff charged with accessing State PPO claims, created a team to serve as the point of contact for State PPO in the IPP area, and conducted continuing education for State PPO claims within IPP.
* Served as point of contact for State PPO within IPP claims.

**Customer Service Specialist/Technical Support – Insured Group Operations**

Primarily responsible for answering calls from subscribers, providers, and others who have questions about insurance coverage, benefits, claims, etc.; followed up and researched unresolved inquiries; acted as initial service contact for BCBSNC customers and providers; accurately received, researched, and resolved customer/provider inquiries; tracked the inquiry to completion through the appropriate departments if an inquiry could not be resolved at point of contact.

* Handled escalated calls on a Supervisor level for call center representatives.
* Researched and completed difficult claims and benefits issues through correspondence.
* Handled technical calls, membership resolution calls, and VP customer callbacks.
* Interpreted claims to members and providers on benefits, claims and insurance coverage.
* Researched and completed any unanswered inquiries through phone and/or correspondence.
* Answered group related questions from group administrators and broker/producers regarding medical coverage and payments.
* Trained employees on correspondence received from members and providers.

Grecian Enterprises, Inc., Battleboro, NC 1995-2003

**Customer Service Manager**

Printing Manufacturer specializing in offset printing for Fast Food Industry clients such as Burger King, Taco Bell and Hardees. As Customer Service Manager, directly responsible for all customer service aspects of business to include, managing payroll, supervising support staff, interviewing job applicants and communicating directly with customers to ensure a positive relationship.

* Trained and implemented new policies for a 20-person customer service team.
* Supervised and trained 8-person administrative team.
* Coordinated Accounts Payable, Accounts Receivable, and Customer Service.
* Handled escalated telephone and written customer correspondence on customer service issues.
* Posted payments, invoiced customers, and handled all month-end and year-end accounting processes.
* Coached and developed team members.
* Interviewed applicants, participated in and advised interview panels.

**EDUCATION/TRAINING:**

B.A., Business Administration (Expected 2016) Strayer Univ Raleigh, North Carolina

Situational Leadership BCBSNC Durham, North Carolina

Effective Communication (Novant) BCBSNC Durham, North Carolina

Emotional Intelligence BCBSNC Durham, North Carolina

Datanet Training BCBSNC Durham, North Carolina

UPF Pricing & Coordination of Benefits (Associate Level) BCBSNC Durham, North Carolina

Introduction to LEAN BCBSNC Durham, North Carolina

Business Trainer Learning Series BCBSNC Durham, North Carolina

Envision Procedure Documentation: Analyst BCBSNC Durham, North Carolina

Precision Q & A BCBSNC Durham, North Carolina

Presenting for Impact BCBSNC Durham, North Carolina

Data Analysis 101 BCBSNC Durham, North Carolina

Coaching for Success and Improvement BCBSNC Durham, North Carolina

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**LEADERSHIP COURSES**

Emotional Intelligence

Situational Leadership

Effective Communication

Email and Organizational Communication

Assertiveness from the Inside Out

Avoiding Grammatical Errors in Business Writing

2011 Leadership Symposium

Setting and Reviewing Performance Expectations

Essentials of Leadership

Change Agent Training – Change Master Class

**SYSTEMS AND APPLICATIONS**

Blue Squared

Business Objects

Envision

Learning Management System (LMS)

MaxMC

Microsoft Office 2007

Excel

Power Point

Word

OneNote

Outlook

Visio

SharePoint

OneNote

Power MHS

Raven

Snag-It

**REFERENCES:**

Professional References Available Upon Request.