

# Andrea Duncan

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**EDUCATION:** **BERNARD M. BARUCH COLLEGE, *School of Business Administration, New York***  
**Degree: B.B.A. in Business Management** **Graduated: May 1988**

**EXPERIENCE:** **MONMOUTH FAMILY HEALTH CENTER, *Long Branch, NJ***

**04/04-Present**

**Position: *Director of Patient Accounts***

- Responsible for the daily billing and coding practices of all departments; Internal Medicine, Pediatrics, Obstetrics, Gynecology, Podiatry, Dental
- Preparation and strict adherence to company policies and legislative compliance to satisfy FQHC and third party regulations/guidance regarding provider coding, billing and reimbursement
- Establish and maintain clinical coding and reimbursement/insurance claims processing procedures to ensure accuracy and to prevent fraud and/or abuse
- Develop, monitor and maintain a comprehensive financial reporting system which collects and organizes data for program reporting which supports management decision making
- Account receivable and reimbursement management, cash receipt/posting analysis, electronic data submission, consulting and training

**04/98-11/03**

**FROSC HEALTHCARE CONSULTANTS, *Ft Lauderdale, FL***

**Position: *Assistant Director of Billing***

- Responsible for the overall productivity and development of the following Departments: Billing, Customer Service, Collections, Correspondence, Aging and Medical Records
- Organized and implemented new techniques for more efficient computerized processing and appropriate professional patient/client relations and reconciliation's which improved the company's financial health with a 77% increase in billing volume and a 68% decrease in errors for faster payouts.
- Adapted all departments to changes and upgrades in compliance with Federal billing regulations regarding Medicaid, Medicare, HMO and PPO rules and procedures to maintain quality
- Account receivable and reimbursement management, cash receipt/posting analysis, electronic data submission, comprehensive financial reporting, consulting and training
- Selected candidates for employment, conducted personnel evaluations and motivational workshops

**06/94-04/98**

**Position: *Supervisor of Communications and Customer Service Departments***

- Extensive processing of correspondence, claim denials and follow-up
- Liaison between the patients, insurance carriers, client administration personnel and various in house departments
- Conducted quality control training to our client's staff for more efficient registration of patients, insurance coverage confirmation and appropriate superbill completion to reduce errors in claim submissions for faster payouts
- Prepared monthly reports for analysis
- Participated in the selection of candidates for employment, department personnel evaluations and training

**05/94-06/94**

**Position: *Billing Associate***

- Proficient in all aspects of medical and lab billing including accurate posting of ICD-9 and CPT codes for Medicare, Medicaid, HMO and Private Insurance HCFA 1500 claim forms using Computer Data Line Healthcare Systems Network (CDL)

**08/93-5/95**

**DR. LAURENCE WATKINS, M.D., P.A., *Cardiologist, Specialist, Florida***

**Position: *Insurance and Collection Specialist***

- Processed and billed all manual and electronic HCFA 1500 claims via CDL Healthcare Systems
- Extensive correspondence processing, claim denials and follow-up, with detailed collection and account reconciliation with insurance companies and patients
- Posted payments/adjustments, made daily deposits, responsible for distributing patient statements and updated journals for month-end balancing reports

**AFFILIATIONS:**

**NJPCA (New Jersey Primary Care Association), *Board of Directors Proxy***

**NACHC (National Association of Community Health Centers), *Member***

**Anthem Institute, *Advisory Board Member***

**Sanford Brown Institute, *Advisory Board member***

**P-CORE NJ (Pediatric Council on Research and Education), *Parent Champion***