**Shamell**

Shreveport, LA 71109

Phone: **513 301 7192**

Email: **gouthami@stglobaltech.com**

**Career Overview:** GS-12 Government Contractor- “Health System Specialist”

15+ years of Health & Human Services Administration (Utilization Management & H.I.M.), specializing in Quality Management Audits- Clinical Data Analytics- Research with. Inclusive experience in “Clinical Documentation, Investigations, Auditing, MR HEDIS Reviews, Large SAS/SQL Projects-Patient Accounts, Database Systems- EHR, Billing Claims & Care Management- Patient Accounts Maintenances.

Currently certified BLS/CPR, Crisis Prevention Intervention, and Health Care Communications.

**Education:**

Southern University; Shreveport, LA

Degree:  *AS - Behavioral Science Graduated:  May 2002*

Major:    Health and Human Sciences

Northwestern State University; Shreveport, LA

Degree*:  BS in Behavioral Science   Dates Attended: 2009-2011*

Major*:*Social Work/Nursing

Colorado Technical University; Colorado Springs, Colorado

Degree: *Bachelor of Science Administration   Status: Graduation Dec.2021*

Major*:*Healthcare Administration/ Business Management

**Skills**

HEDIS | SAS/SQL SAP | MS Office Applications | Data Analysis | Government Agency Knowledge

Procurement methods | H.I.M. | Audits | Patient Accounts | Billing | Claims | Quality Management | Leadership | Training | healthcare management |

**Career History:**

**Oloop Technology Solutions**

**Defense Health Agency- GS-12 Government Contractor. July 27, 2020- April 2021**

**Position: “Health System Specialist, Clinical Measurement (CM) Transparency & Quality Network”**

* support clinical review procedures for the management of clinical measurements and evaluations, providing Healthcare Documentation guidance on participation in National Quality Database Registries addition to providing support for all Qualitative Data Analytics, Measures and Transparency Domains as defined by National Patient Safety Foundation.
* Familiar with using measures to assess the quality and safety of care delivered, clinical measurements used to identify trends, and focus quality improvement efforts on performance plans across the healthcare delivery system.
* Demonstrate professional skills in Healthcare Management with 15 + years combined clinical and administrative healthcare experience 7 years of experience in Quality Management- HEDIS Measures, Clinical Quality Measurements- Medical Data Analytics & Research Review Audits, Clinical Quality Measurement and Clinical Quality Improvement at a large healthcare system or corporate healthcare HQ Defense Health Agency and Department of Defense Military Health Systems.
* Demonstrate Proficiency skills in Windows 10, Microsoft Office tools, SAS/SQL Software/ Database Systems-Data Analytics, Research, Data Analysis & Over-Reads on SAS/SQL Large Data Projects systems such as: “Teams, Athens, CVR, MilSuite, CarePoint, ECRI, CISCO, Health.Mil, Clinical Measurement Systems (CMS, QSHR, Inovolan, Tableau, NITRO,Advant Med and other EHR Systems.

**Fundamental Components include, but not are not limited to:**

* Conducting Clinical Quality Management (CQM) Data Analysis Reviews/ Audits/ Over-Reads of “Large SAS/SQL Data Analysis Projects”, with providing an organized structure for an integrated framework of programs to objectively define, measure, assure, and improve the quality of care received by MHS beneficiaries. The organized function of this framework consists of “Guided Outline Structures”, by Clinical Quality Management Department of strategy elements and supported measures of CQM functions and programs. The organized programs include Patient Safety, Healthcare Risk Management, Credentialing and Privileging, Accreditation and Compliance, Clinical Measurement, and Clinical Quality Improvement which work together as a high- performing team to provide accountability, transparency, standardization, prevention, and improvement throughout the MHS.
* **Perform Patient Safety (PS) Error/Correction Reviews on “DoD PS Program (PSP)”,** verification process for comprehensive programs providing products, services, and educational and training resources to promote safety and prevent harm to patients across all environments. Supporting the objective is the goal to achieve zero preventable harm and provide patient centered, evidence- based care to improve patient outcomes. With added verification of resources for the “DHA Infection Prevention and Control Program (DHA IPC)”, central to the PS program and its core responsibilities are to protect patients, personnel, and visitors in the healthcare environment with reducing the risk and occurrence of healthcare associated infections across the continuum of care in the MHS’ various healthcare settings. The primary functions of “ DoD PSP”, is to promote a strong culture of safety to eliminate preventable patient harm by engaging, educating, and equipping patient care teams to institutionalize evidence-based, safe practices.
* **Worked on assigned projects within “Healthcare Risk Management (HRM)”**, overarching goal of the HRM program is to protect patient safety, mitigate risks and harm within the MHS healthcare delivery system and improve the reliability of and MHS healthcare. Within the HRM program project, I worked on supporting measures of risk management with identifying ongoing assessments of development with prioritizing systematic risk reduction of strategic processes for improvement activities providing safe, high quality patient care. The overall goal with HRM is to focus on a collaborative effort within CQM, communicating with leadership and other process owners throughout the DOD-DHA-CQM organization.
* **Analyze Credentialing Privileges (CP),** within The DHA Network by maintaining CQM policies, processes, and procedures for serving as the foundation for quality and safe care by ensuring qualified and competent staff deliver care in a manner that is consistent with their education and training, and the scope of services approved by their organization. The CQM program encompasses the identification of required credentials and documentation providers that must maintain, the processes for validating credentials within the methods for assessing competency. Addition to providing quality patient care, healthcare services and the requirements for oversight of non-privileged providers. The CQM-CP program has significant collaborations with HRM.
* **Accreditation and Compliance (AC):** The DHA AC Program focuses on a comprehensive, systematic process of review across the MHS, which allows MTFs to demonstrate their ability to meet DoD policy mandates, regulatory requirements, and healthcare standards. This is accomplished through achieving and maintaining accreditation by a recognized external accrediting organization that provides benchmarks for measuring standards compliance and builds stakeholder confidence in the quality of healthcare delivered. These activities involve a rigorous review of policy, process, and procedures that allows organizations to identify areas with gaps in compliance and support the MHS high reliability organization journey.
* **Clinical Measurement (CM):** The CM program goal is to objectively define and measure the quality of care provided in the MHS. CM activities include assessment of quality of care delivered, identification of improvement opportunities, comparative analysis with benchmarks from professional organizations, and assessment of participation in clinical quality improvement activities by MHS healthcare personnel in becoming a learning organization guided by high reliability organization principles. CM is also used to identify trends, serve as the basis of studies when more information is needed, and focus quality improvement efforts on performance plans across the healthcare delivery system. CM provides multiple stakeholders with the data and information needed to assess clinical quality processes, outcomes, patient perceptions, and organizational structure and systems.
* **Clinical Quality Improvement (CQI):** CQI Program focuses on Quality Care & Compliance Improvement services delivered. The CQI program is responsible for policy development and guidelines for program execution and improvement initiative management, monitoring and reporting across the MHS. CQI establishes processes to share leading practices, supports the MHS clinical communities in identification of leading practices, and maintains an MHS project repository database. Additionally, CQI supports education and training activities for the development of CQM professionals and supports knowledge sharing through management of A CQM knowledge architecture based on existing infrastructure for knowledge management across all domains of CQM.

**ITB LLC**

**Position: Independent Contractor- Quality Management Specialist. May 2017- Curre**nt

Quality Management Clinical Data Analytic Reviews Audits- Coding, Clinical Research, Clinical Documentation Improvement, Clinical Education (Clinical Data Analytics-Clinical Documentation, HER Database-Billing and Data Entries of “Special Projects SAS/SQL Large Data Analytics”- Clinical Research and Over-Reads. Quantitative & Qualitative Reporting-HEDIS Measures, State, Federal and NCQA Regulatory Compliance Standards.

**Aetna Health Care**

**Position: Quality Management Nurse Associate   Contractor    Jan 2017-May 2017**

* Coordinated Remote and Onsite office assessments on implementations and educational consults for Healthcare Providers, Interim and Management leaders based on State, Federal and NCQA Compliance for Healthcare organizations Nationally.
* Developed “Performance Action Plans” based off of Quality Compliance & Implementations of Performance Management Tools, Tasks & Skills, in which I monitored my teams daily progress with timely Data Collections on Data Analytics Systems-for Data Entry Feeds, Billing Claims, HEDIS Audits on medical abstractions for HEDIS Performance Measures in the managed care industry.
* Conducted ‘Quality Over-Reads” on SAS//SQL Data Projects of Quality Compliance- Quantitative & Qualitative Analytics Audits of tracking year-to-year performances leading and collaborating with my team of Clinical Specialists on National Committee for Quality Assurance (NCQA) Accreditation and/or Healthcare Effectiveness Data and Information Sets (HEDIS) performance along with performing Data Analysis (SAS/SQL), on Provider Credentialing, Demographic Inquires, Member Verification, Mapping, and Inquiry Chases.
* Managed Data Analytics accounts specializing in Special Handling Projects of Project Management, Utilization Management, Health Information Management and Clinical Trails, Medical Treatments/Device Reviews, Managed Care (Medicaid, Medicare & Commercial Shareholders) accounts.
* Monitored Data entries and reviews of tracked year-to-year of current and previous year performances of encompassed medical charts collections for new theory implementation of compliance and accuracy of Clinical Documentation Improvements, ICD/DRG, HIPAA,HEDIS & NCQA Compliance.
* Performed outreach calls nationally (Vendor Round-up) with Non-Contracted Vendors and Providers (Out-of-Network) scheduling appointments of timeframes for future connections.
* Conducted 30 plus outbound calls daily to National Providers (In-Network) offices in efforts of verifying credentials, abstracting, and auditing HEDIS, collecting medical results and documentations for auditing and compliance of: QV Notes, A1c Levels, Blood Pressure Readings, Med. List, Medical Discharge Summaries and MR/Provider Signatures. In conducted Over-reads on all HEDIS Measures, Specialty Diagnoses and Medical Exams (Eye Exams, Breast Exams, Cervical Exams, Colon-Rectal Exams, Nephrology Exams, etc.).
* Performed strategic clinical audits on administrative and hybrid data collection for Compliance and Quality Assurance of State & Federal Laws plus NCQA Regulator.
* Conducted Educational Forms on “Healthcare & Clinical Compliance (CDI, Claims, Billing, HIPAA,HEDIS, State, Federal, NCQA, URAC, CMS, AHIMA)”, to Healthcare Providers/Vendors / Staff Members.

**Fundamental Components include, but are not limited to:**

* Facilitated provider/ member outreach verifying member receipt of clinical services for member health outcomes and improvement strategies. .
* Coordinated clinical extended services and support for Healthcare Effectiveness Data and Information Established set goals for (HEDIS) quality initiatives and regulatory/contractual requirements with including outreach educational services to members who are noncompliant in the designated outreach service areas.
* Conducted effective medical records audits (Over-Reads) on all HEDIS medical record reviews and abstraction of supplemental data.

**United Health Care**

**Position: Clinical Quality Manager, Contract Full-time   Nov 2015 - Mar 2016**

* Managed a team of 8-12 Healthcare Professionals conducting audits on healthcare professionals providing clinical services demonstrating quality, compassion, and integrity in efforts of improving initiatives of projects that focus on improving health care services for health plan members.
* Coordinated and monitored staff performance 9n “Over-Read’s”, HEDIS measures by conducting Clinical Data Analysis & Research, Documentation, Investigations, Audits and Over-reads for compliance with HIPAA, NCQA accreditation and State/ Federal Regulatory requirements.
* Conducted Performance Implementations of Corrective Action Plans-Clinical Errors” focusing on communications, notifications, proper document and education for rate improvements of Quality Compliance.
* Conducted Staff Education with developing a Corrective Action Plan for workshops (Data Analytics and seminars keeping staff abreast on Quality Compliance and Changes in Healthcare.
* Developed and initialized development deliveries of educational programs enforcing components in Quality Assurance process and Regulatory guidelines.
* Organized solution-based and user- friendly initiatives to support practices by evaluating the program effectiveness.
* Supervised my teams daily performance and progress with Special Handling Projects - Lg. Data Entry (SAS/SQL), Project Management, Billing, Claims, H.I.M, Utilization Management, Managed Care (Medicaid, Medicare & Commercial Shareholders), HEDIS Measure, projects, as well as for custom measures and state-specific reporting.
* Identified correct membership in the markets to be included in data collection
* Collaborated Regional Performance Management Teams to map out data collection strategies
* Identified alternative sources for administrative and medical record data.
* Implemented timely Data Feeds, Credentialing and Audits on Proper Medical Management.
* Worked with staff members on: HEDIS, Claims, Medical Treatment Plans and Appeal/Denials Process.
* Collaborated with Data Analytics teams: H.I.M, Utilization Management and Managed Care Process.
* Conducted individualized audits reporting needs for Performance Management Tools, Tasks & Skill for Success.
* Performed Individualized Audits on Data Analysis-Reporting tools and Database Systems targetin*g* Performance Management Tools on P&P’ (Performance & Productivity), workflows (Chases, Mapping, Special Handle Inquiries) and Quality Management.

**United Health Care**

**Position: Clinical Quality Data Specialist- HEDIS** La/TX **Jan 2015-May 2015**

* Conducted audits on the required documentation for QI Compliance.
* Performed HEDIS measures reviews and investigation of potential quality of care issues in collaboration with dedicated clinical and non-clinical health plan staff in the Quality and other departments.
* Conducted Provider Credentialing, Collected medical records for HEDIS Audits/ Compliance reviews.
* Abstracted all medical records from providers/ facilities of healthcare measures to complete related audits and over-reads according to quality of care issues, HEDIS and other quality improvement initiatives as applicable. Reviewed medical records to determining compliance and accuracy of potential quality of care issues for further actions and investigations according to specific process.
* Develop P&Ps, workflows and required documents to meet federal and state regulatory requirements and NCQA accreditation, as needed in focus areas.
* Participated in NCOA accreditation and regulatory audits preparedness.
* Possess strengths and strong experience in working on/apart of a team of Healthcare/ Medical professionals such as Physicians, Clinical Nurses, Nurse Practitioner, along with other Healthcare/Medical professionals on Managed Care and Client Referrals for extended services.
* My talents and strengths stems stronger with Clinical Nurses, Nurse Practitioners and Management with conducting daily reports, activities, financial audits, and abstractions of medical charts, etc. (Chases, Road Mapping, Over-Reads, MRS Audits and Pend Work Group).
* Performed qualitative and quantitative analysis to identify significant and problematic clinical issues and concerns, development of improvement plans and measurements to assess impact of actions.
* Conifer with Managers, Counter partner, and staff members on any gaps in processes and reviews of potential quality of care issues or other activities related to medical record review that may require remediation and action. Facilitates conversations with and between other departments within the Health Plan.

**Medical Management Options** Shreveport ,La **May 2011 - Nov 2012**

**Position: Clinical Educator/ Administrative Coordinator**

* Conducted daily educational group counseling sessions for chemical, mental and substance abuse patients. Facilitated group processes by educating, observing, and documenting client progress into computerized systems.
* Performed Data entries on all patient accounts documenting patient medical history, daily activities, moods, diagnosis, forms of treatment and all other medical documentation needed for insurance purposes. Initiated primary contact for insurance verification, eligibility, claims and adjustments (Medicare, Medicaid, Blue Cross Blue Shield, Humana, Arcadia, etc.) for insurance purposes.
* Conducted Data entries on all Completed 30-60-90 day follow-ups and evaluations according to HIPAA Laws & Regulations.
* Conducted CDI audits on all Clinical staff documentations of client notes, referrals, and recommendations before entering all information into EHR Systems.
* Performed Medical Chart Audits on (current and discharged patients) for State, Federal, HEDIS and NCQA Audits for compliance.
* As associated with my assigned job duties (Clinical Educator/Administrative Coordinator), I conducted Community Networking, Provider Networking, Member Verifications, Insurance Verification, Billing, Audits, Appeals, Medical Records Audits, Clinical Education (Mental & Substance Abuse), Patient Vitals, Medication Management, Pt. Outpatient/ Inpatient/ Acute Care Referrals, Medical Discharge Summaries.
* Managed a wide range of duties in my Educator/Administrative role, trained all new hires on required duties and task, plus networked with Providers, New Members and Community Health Practices within an 80 mile radius of Louisiana for new Clients.
* Complied with all Administrative, Clerical & educator duties associated/requested.

**Northwestern College of Nursing** Shreveport, **Aug 2008 - May 2010**

**Position:  Student Worker**

* Maintained and performed all requested administrative/ clerical duties.
* Provided customer service to consumer and commercial, employees and students.
* Answered multi-line phone with message taking callbacks or redirection to the correct personnel/ departments.
* Assisted in Student Support Services with registration, data entry, filing, mail sorting and deliveries.
* Conducted research and administration inquiries as requested and needed.
* Processed all Financial Aid Assistance forms, student loan requests, financial inquires and all other funding documentations needed.
* Research coordinator in the University Library, providing a variety of services and assistance to employees, students, and customers.
* Trained all new hires on required duties and tasks.
* Complied with all Student Worker and Administrative duties as requested.

**Northwest Center for Mental Health (CMHC)** Shreveport, LA  **Jun 2009 – Oct 2009**

**Position: Administrative Coordinator/ MHT**

* Responsible for processing patient accounts.
* Provided customer service to all patients and potential clients.
* Completed all intake process according to HIPPA Laws & Regulations.
* Managed multiple financial transactions related to all patients' accounts.
* Organized group educational counseling sessions with chemical, mental and substance abuse patients.
* Implemented documentation on all clients regarding their affects, body language and participation during each group session.
* Portrayed numerous roles EHR Specialist, Insurance verification clerk, ICD-9 Coding for each client services provided.
* Trained all new hires on HIPAA Laws & Regulations.
* Completed all HEDIS reviews, 30-60-90 day evaluations and legal forms.
* Complied with Administrative / Clerical duties as requested.
* Trained all new hires on required duties and tasks as a Mental Health Tech, Receptionist or Front Desk Clerk.

**US Support Company** Shreveport, LA **Nov 2005 - Jun 2007**

**Position:  Customer Service Specialist/PBX Operator**

**Position: Food & Beverage Server**

**Employment Gaps:** “For Educational/ Professional Development purposes”.

Jul 2007- May 2009 - BS in Social Work

Jun 2010- Apr 2011 – Achieving Nursing credits

2010 - 2012 – Volunteers of America with teen mothers

Jun 2015-Oct 2015 – Family care

May2017-May2021– Education BS Healthcare Management