

# Marcia Dobbins

## **Manager Medicare Medical Management - Peach State Health Plan**

Atlanta, GA 30349

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Authorized to work in the US for any employer

## Work Experience

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### **Manager- Medicare Medical Management- Case Management**

Peach State Health Plan - Atlanta, GA

January 2016 to Present

- Define and implement best practices for standardizing and maintaining Medicare medical management processes to support the Model of Care including organization determinations and care coordination.
- Perform duties and functions to comply and support Medicare quality initiatives and medical management programs to promote performance improvement as dictated by CMS guidelines.
- Analyze and make recommendations for clinical care model to support Medicare enrollees
- Work independently and prioritize tasks to meet deadlines and manage time sensitive issues Act as a subject matter expert for Medical Management functions
- Develop, implement, and oversee care management policies and procedures and give specific guidance to staff and departments as appropriate.
- Develop, implement, and maintain care management programs to facilitate the use of appropriate services and resources in order to maintain the member in the least restrictive environment.
- Direct the daily activities of care management staff. Facilitate on-going communication between case management staff, members, contracted providers, and subsidiaries.
- Develop staff skills and competencies through training and experience.

### **Manager of Accreditation and Clinical Policy**

PeachState Health Plan - Atlanta, GA

October 2012 to December 2016

Establishes professional relationships with state, stakeholders and community agencies to facilitate quality process internally and externally.

- Develops and implements systems, policies, and procedures for the identification, collection, and analysis of performance measurement data.
- Analyzes, updates, and modifies standard operating procedures and processes to continually improve Medical Management Department services/operations.
- Assists in strategizing and facilitating various committee structures and functions to best address the Medical Management process and oversees Utilization Management Committee.
- Participates in site visit preparation and execution by regulatory and accreditation agencies (state agencies, NCQA and CMS)
- Lead and manage the Medicaid, Medicare Advantage and Exchange product annual audit process conducted by NCQA, CMS and other healthcare agencies. Educate the Medical Management Department on Medicaid, Medicare Advantage and NCQA standards/ requirements.

- Develop and maintain all products, policies and procedures to adhere to all regulatory requirements. Conduct accreditation readiness audits of the Medical Management Department on a routine basis.
- Develop and maintain the readiness assessment audit schedule.
- Ensure changes to the NCQA, CMS and State standards /requirements are incorporated into the assessment and audit tools.
- Facilitate compliance with the accreditation auditing process for the Medical Management Department. Maintain Work Plans and Program Descriptions to meet the latest NCQA, CMS and State standards/ requirements

### **Medical Management Sr. Trainer**

PeachState Health Plan - Atlanta, GA

2009 to 2011

Identify training needs to enhance performance, quality and motivation of the staff

- Develop, conduct, and evaluate the effectiveness of training programs
- Manage the activities related to various training and educational programs for the organization. Assess and identify individual or group training needs.
- Prepare a variety of training aids and materials to include monthly, quarterly and annual training to include McKesson InterQual and Inter Rater Reliability annual review and CCMS software
- Determine the appropriateness of outside vendors to accomplish organization's training goals and objectives.
- Analyze training program effectiveness and submits reports and recommendations to management

### **Internal Auditor**

Physiotherapy Associates

2006 to 2008

Provided direct audit supervision of 115 clinics in the Southern Region territory.

- Trained and educated all staff in the Southern Region in effective documentation, billing and coding guides for Medicare.
- Resolved compliance matters related to federal legislation, regulatory changes, updates, as well as issues related to the CPT process that effect reimbursement of rehabilitation services.
- Revamped the internal process relative to CPT coding as it relates to "values for services" and the associated payment methodology for CPT codes that were most frequently used in reporting physical therapist practice (intent and application).
- Educated and trained clinic staff with compliance transmittals from CMS to ensure all coding and billing documentation fell within the regulatory guidelines.
- Deciphered regulatory requirements that affected outpatient rehabilitation providers (i.e. certification requirements, referral requirements).
- Developed an effective strategy for clinical staff to assign applicable coding for the appropriate reimbursement in an outpatient environment.
- Implemented a training model that quickly minimized the liability in clinical coding and streamlined communication with payers. The training model allowed me to facilitate internal resources such as diagnoses codes, billing forms, and modifiers to expedite the reimbursement process and asses questionable codes.

### **Patient Care Coordinator**

Blue Cross Blue Shield of Georgia - Atlanta, GA

2003 to 2006

Atlanta, Georgia

- Case manager for members with complex and chronic care needs.
- Responsible for developing, coordinating, and administrating all activities relating to certifications and individual case management.
- Conducted audits to identify individual needs and appropriate care as well as modifying the case management plan as necessary to ensure appropriate care.
- Outlined patient care plan to address goals as identified during assessment.
- Implemented care plan by facilitating authorizations/referrals as appropriate within benefits structure or through extra-contractual arrangements.
- Partnered with internal and external resources to settle rates of reimbursement and meet patient's identified needs.
- This position interfaced/partnered with Medical Directors, Physician Advisors and business partners on the development of treatment plans to promote better health outcomes for the member.
- Appointed as Team Lead for the Atlanta office.
- Trained and educated all new staff upon hiring.

### **Patient Care Coordinator**

Blue Cross Blue Shield of Alabama - Birmingham, AL  
1999 to 2002

Birmingham, Alabama

- Proficient in prior authorization and concurrent review determination of medical necessity of services for various healthcare settings.
- Developed a workflow process to enhance the reviews of procedures and diagnosis for pre-certification
- Project manager for special projects and presentations which included supervising group data and reports for HEDIS and various hospital visits.
- Committee member for Septoplasty Medical Review Board.
- Member of Leadership Development Association
- Case Manager for a dedicated provider ensuring all case management and utilization management services
- Proficient in processing appeals and denials for healthcare services

### **RN Circulator**

Saint Vincent's Hospital - Birmingham, AL  
1993 to 1999

Effective and proficient in utilizing surgical equipment in a range of surgical suites and hospital units.

- Appointed as ENT coordinator responsible for managing budget and equipment resources.
- Trained in Plastic, Laparoscopic, GYN and general specialties.

### **Registered Nurse**

Baptist Montclair Hospital - Birmingham, AL  
1990 to 1993

Provided care for COPD, HIV and Asthma long and short term ventilator care patients.

- Coordinated training of new personnel.
- Managed staff schedules per patient ratio and intensity of care.
- Direct supervision of nursing staff to coordinate patient care.

## Education

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### **Master of Science in Nursing**

Benedictine University

2011

### **Bachelor of Science in Nursing**

Jacksonville State University

1990

## Skills

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- HEDIS
- NCQA Standards
- CPT Coding
- Utilization Management
- Root Cause Analysis
- Case Management
- Six Sigma
- Managed Care
- Nursing
- Medical Terminology
- Management
- Employee Orientation
- ICD-9
- EMR Systems
- Hospital Experience
- Triage
- Medical Records
- Epic
- Supervising Experience
- Program Management

## Certifications and Licenses

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### **RN License**

### **Certified Case Manager**

## Additional Information

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Registered Nurse, Master prepared with a solid background in leadership, direct supervision, and training of staff and team members.

Proficient in:

- CMS and NCQA Accreditation and guidelines for Utilization and Case Management
- Creating and training of policies ,procedures and Models of Care
- Expert utilizer of McKesson InterQual
- SME for new software technology
- Microsoft Office Suite
- Plan Study Do and Act -Root cause analysis

Certifications:

- Lean Six Sigma Green Belt
- Certified Case Manager