

ANNE E. FRUNK

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Professional Summary

High performing professional offering 20+ years experience in revenue cycle management, health care operations, compliance and auditing. Specializing in Revenue Cycle Operations and Clinical Documentation Improvement with a proven track record of cultivating processes that improve organizational financial health. Working knowledge various systems including (NextGen) practice management systems, electronic health records, and various payer programs. Ability to communicate in a professional and confident manner with board members, clinicians, executive leadership, business audiences and direct reports. Competent in areas of leadership, training and education, innovation, and workflow improvement across diverse teams.

Certifications & Memberships

- 2010 Certified Professional Coder (CPC License: 01102335) ICD-10 Proficient
- 2016 Certified Healthcare Financial Professional
- 2017-2018 Executive Board Member of HFMA Southern CA Chapter
- 2016-2018 UCSF Healthforce CLI Graduate
- 2020 - Current NACHC (National Association of Community Health Centers) Steering Committee Member
- 2020 CPCA Co-Chair of Billing Managers Peer Network
- 2021 CPCA Chair of Billing Managers Peer Network

Skills & Accomplishments

- Reduce days in A/R by 20 Days
- Increase revenue per visit by 90%
- Increase front office collection rates
- 7 yrs NextGen EPM & File Maintenance (NCP)
- Facilitate & develop revenue cycle training
- MS Word, Excel, PowerPoint, Outlook proficient
- Develop and maintain policies and procedures consistent with state and federal regulations
- Improve clinical documentation and coding to support quality measures and initiatives
- Network with community partners to stay current with workflows and best practices

Work History

Director of EDI Compliance and Internal Auditing, 08/2018 to Current

Shasta Community Health Center – Redding, CA

- Created Internal Auditing Department and hired team. Responsible for clinical documentation improvement and data integrity to support services rendered.
- Contributes to the financial strength, compliance, and overall EDI performance of the revenue cycle and quality initiative by coordination, implementation, and management of all EDI-related developments for the organization
- Responsible for implementing and reviewing EDI requirements specific to revenue cycle, quality improvement and data integrity. Troubleshoot issues with practice management system, file maintenance, and payer and vendor EDI requirements
- Works closely with the billing, finance, quality and informatics teams to ensure data integrity and assist with annual UDS, OSHPD, Medi-Cal Reconciliation, financial audits and other organizational reporting requirements. Facilitate directives to optimize RCM reimbursement and other quality incentive programs

Director of Revenue Cycle Operations, 03/2016 to 05/2019

Parktree Community Health Center – Pomona, CA

- Bring billing in-house, build and train billing department to adhere to FQHC billing standards, and create all EDI functionality (4 locations) Family Practice, Behavioral Health, Dental, Podiatry, Optometry
- Create 3 separate Sliding Fee Scales (Medical, Behavioral Health, and Dental) and collection processes for each to maximize collection efforts based on patient population
- Create billing policies and procedures as well as strategic planning for current and future processes which support HRSA compliance and annual financial audits

- Partner with multiple MCO/IPAs to verify encounter data to support quality improvement efforts and track capitation
- Partner with Call Center, Outreach, and Referrals departments to educate payer guidelines and MCO reporting
- Create RCM Dashboards and present to board and executive leadership
- Improve workflow operations to strengthen clinical processes working closely with various departments
- Lead UDS/OSHPD annual submission
- Work closely with Finance to prepare and gather data for annual Medi-Cal Reconciliation & Medicare Cost Reports
- Facilitate monthly training at all staff meetings, presenting to clinicians, MAs, and/or front office teams

Director of Legal Support Services, 08/2015 to 02/2016

Helton Law Group, APC – Huntington Beach, CA

- Support hospital and health centers in their goals to achieve optimal revenue cycle solutions by strengthening provider and payer relationships, reducing bad debt, contract negotiation, and regulatory guidance.
- Strategic planning for current and future business development
- Oversee pre-litigation activities and workflows, including claim dispute analysis, reviewing medical records, managed care contracts, internal correspondence with attorneys, and monitor daily progress of revenue cycle outcomes.

Senior Healthcare Consultant, 12/2014 to 08/2015

Priority Management Group – Pawtucket, RI

- Partner with community health centers across the nation to achieve their mission by optimizing various aspects of the revenue cycle, furnishing analytics, revenue cycle/billing operational assessments, medical record reviews, coding training, ICD-10 onsite boot camps and WebExs, fee schedule analysis, and other diversified principals to support community health centers and improve their financial position. Provide training to executive leadership, clinicians, front office, coders, and billing staff.
- Speak at conferences and host national WebExs.

Revenue Cycle Manager, 11/2011 to 12/2014

Shasta Community Health Center, FQHC – Redding, CA

- Specializing in revenue cycle operations, education, development and quality management supporting 4 medical clinics and 3 dental clinics.
- Responsible for EDI submission (837i & 837p) claims and payment processing
- File Maintenance - Maintain current ICD, CPT, HCPCS, RVU, NDC
- Facilitate department meetings to Billing Department as well as executive leadership presenting financial analytics.

Claims Auditor, 11/2008 to 10/2011

American Medical Bill Review/ExamWorks – Redding, CA

- Provide bill review and support services for physician, hospital, surgery center, peer review and legal claims to facilitate the adjudication, settlement or resolution.
- Utilize various methodologies/programs to provide accurate payment decisions based on national billing practices, coding guidelines, LCD, NCD and CCI edits
- Deliver education and training to in-house staff and sister companies on software, coding, and company policies.
- Responsible for processing and updating department policy and procedures as necessary.

Education

Clinic Leadership Institute

University of California, San Francisco

Bachelor of Arts: Business and Human Resource Management, 2013

Simpson University - Redding, CA

Master of Science: Health Care Informatics, 2021

University of San Diego - San Diego, CA