Monique Harris

Claims Examiner

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SUMMARY

Claims examiner with 5 years in health insurance claims, now adjudicating complex facility, high-dollar and appeal claims for a Louisville health plan. Applies medical terminology, CPT and ICD-10 coding rules, provider contracts and coordination of benefits to reach accurate payment decisions. Keeps 98% audit accuracy while clearing 60 complex claims a day.

EXPERIENCE

Claims Examiner

04/2023 - Present

Bluegrass Health Alliance

Louisville, KY

Health plan with 900,000 commercial, Medicaid and Medicare members.

- Adjudicate **60** complex claims a day, including high-dollar inpatient stays, with 98% audit accuracy.
- Review CPT and ICD-10 coding against medical policy, sending 15 claims a week to nurse review.
- Apply coordination of benefits and subrogation rules, recovering $410,000 in overpayments in 2025.
- Resolve 40 provider appeals and adjustment requests a month within the 30-day state deadline.

Claims Processor

05/2021 - 03/2023

Ohio Valley Benefits Administrators

Jeffersonville, IN

Third-party administrator for 150 self-funded employer health plans.

- Processed 110 professional and dental claims a day, keeping a 99% procedural accuracy rate.
- Drafted overpayment and medical records request letters in Word, sending them through Outlook within 2 days.
- Answered 20 provider calls a day on claim status, explaining denials in plain language.
- Built an Excel log of recurring denial reasons that cut repeat provider calls by 15%.

SKILLS

- **Claims Adjudication**
- **Medical Terminology**
- **CPT**
- **ICD-10**
- **Coordination of Benefits**
- **Excel**
- **Word**
- **Outlook**
- **Analytical Skills**
- **Attention to Detail**

EDUCATION

Associate of Applied Science

Jefferson Community and Technical College

Health Information Technology

Louisville, KY

05/2021

CERTIFICATES

Certified Professional Coder (CPC)

AAPC

09/2022