Jennaemerson79@gmail.com
(541) 543-5567
Creswell, OR

Jenna Emerson

CPC-A-certified healthcare professional with five years of health insurance experience with a strong foundation in claims review, prior authorization, eligibility, and Medicare and Medicaid benefits. Experienced in Medicaid case management and healthcare payer systems, including FACETS, MMIS, and Atrezzo, with knowledge of ICD-10-CM, CPT, and HCPCS Level II coding. Brings payer-side expertise, attention to detail, and a strong understanding of healthcare processes to support accurate and compliant medical coding.

CERTIFICATIONS

Certified Professional Coder - Apprentice (CPC-A), AAPC — September 2026

SKILLS

- ICD-10-CM, CPT, HCPCS (Healthcare Common Procedure Coding System) Level II Coding & Medical Terminology/Anatomy
- Claims Review, Prior Authorization & Utilization Review
- Benefits, Eligibility & Medicare/Medicaid (Oregon Health Plan)
- Healthcare Documentation, Accuracy & Quality Assurance
- FACETS, MMIS & Atrezzo
- HIPAA (Health Insurance Portability and Accountability Act) Compliance & Healthcare Customer Service
- AI-Assisted Workflow & Tool Development
- Spanish (Proficient); Japanese (Basic)

EXPERIENCE

Astyra Corporation, Remote — *Care Coordinator (Contracted to Acentra Health)*

December 2025 - September 2026

- Conducted general assessments to identify enrollee needs and routed members to case managers or coordinated care organizations, effectively performing case-management-level work for Medicaid enrollees.
- Coordinated resources and care plans to support chronic condition management and healthy lifestyle changes.
- Adapted quickly to evolving program requirements, system updates, and regulatory standards within Medicaid environments.
- Documented enrollee needs and care-management activity in Atrezzo and FACETS while working in a fully remote environment.

Providence Health Plans, Remote — *Customer Support Team Lead*

October 2024 - November 2025

- Led weekly one-on-one coaching sessions for a team of under 10 customer service representatives, improving call quality scores and team morale through consistent, supportive feedback.
- Ensured compliance with HIPAA regulations and Medicaid/Oregon Health Authority (OHA) guidelines while meeting call center performance metrics.
- De-escalated frustrated members, providing clarity on coverage, claims, and policy details.

PacificSource Health Plans, Eugene, OR (Hybrid) — *Senior Customer Care Coordinator*

September 2021 - September 2024

- Reviewed claims, prior authorizations, benefits, and eligibility with provider offices in a high-volume call center, educating them on how benefits are processed.
- Responded to provider and member inquiries on Medicare and Medicaid benefit coverage and claim concerns while meeting HIPAA compliance and productivity metrics.
- Resolved cross-department issues such as pharmacy overrides and coordination-of-benefits updates.

EDUCATION

South Eugene High School, Eugene, OR — *High School Diploma*

September 2017 - June 2020