

RAYMOND FLORES
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HEALTH INSURANCE MANAGEMENT

Proficient, Results-Oriented Business Senior Project Specialist for the Health Insurance Industry with 20+ Years of Solid Experience.

FOCUS & SPECIALIZATIONS

| | | |
|----------------------------------|-------------------------------|------------------------|
| Project Manager | Strategic & Business Planning | Manager/Supervisor |
| Network Conversions & Expansions | Provider Contracting | Customer Satisfaction |
| Systems Development & Structure | Business Development | Employee Retention |
| Process Redesign | Information Technology | Provider Credentialing |
| Negotiations | Accreditations | Innovation |

PROFESSIONAL EXPERIENCE

KAISER PERMANENTE, *Mountain View, CA* 1992 – present

Business Senior Project Manager, Service Operations Process Dept. 7/04 – present

Manage the Late Payment Interest team mitigating the penalties the company has to pay. Work with all Field Claim Offices (FCO) nationally to educate and develop workflows for claims subject to Late Payment Interest (LPI). Retain, develop, and recruit talented personnel. Maintain and build KAISER growth. Maintain and improve service quality. Lead new projects and training and meet all deadlines. Reporting to Business Project Director.

- Met and exceeded department performance objectives and targets.
- Exceed Budget Expectations Nationally for LPI by 4MM.
- Lead Vacation Planner project for all field claim Offices (FCO) implementing a software change and training for 3,000 people, including upper management, to a product that manages vacations and time off.
- Lead project for misdirected claims that will achieve a 4 million dollar ROI.
- Enhanced business tools by bringing technology into claims office to enhance employee desktops' efficiency.
- Developed & clarified work flows.
- Created and maintained a positive environment with growth opportunities for employees.
- Assisted in the development of a company wide Intranet to facilitate & enhance operations.

Senior Project Consultant National Contracting, National Contracting Dept. 8/02 – 6/04

Developed and implemented priority action plans to improve PPO and product network comparisons. Reported to National Contracting Director for Operations.

- Assisted in development of all PPO network changes and network expansions for the California and West Coast markets, including policy & procedures, all within established timeframes.

- Assisted in the contract language interpretation and system structure for both PPO and HMO networks.
- Facilitated the development of processes and best practices to track and trend key claim payment issues for the PPO/HMO networks.
- Established best practices for PPO network accessibility/availability for National Rollout.

Project Management Architect, Project Management Org.

8/01 – 8/02

Assured that all project plans and actions drove the best results for KAISER HealthCare and its customers.

Reported to Director of Provider & Member Architect.

- Developed customer service requirements that communicated the needs of the national organization and transformation.
- Assisted in definition of project release scope and impact.
- Maintained a working knowledge of matrix partner requirements and organizational issues using regular communication and architecture reviews.
- Ensured KAISER's compliance with HIPAA and ERISA regulations.

Regional Project Manager/Transformation, Transformation Dept.

5/00 – 8/01

Evaluated the day to day operations of Provider Administration in Northern California, Southern California, and Arizona. Reported to Regional VP of Transformation of West Coast.

- Examined and clarified opportunities for improvement, adding efficiency by centralizing the regional provider set-up functions, and making recommendations to executive team.
- Lead project for the recommendation & implementation of proposed structure—received Circle of Excellence Award.
- Facilitated Central Provider File (CPF) transformation efforts for all West Coast Network Operations.

Network Development Team Leader, Network Operations Dept.

7/98 – 4/00

Supervised system implementation of newly negotiated and renegotiated contracts. Lead projects for system conversion. Managed 16 employees at California sites. Reported to Director of Provider Confirmation.

- Lead Project Manager for system conversion of a transactional platform consisting of 10,000 providers and 200,000 members, and 10 years of claims history.
- Recognized as the key individual responsible for the successful conversion.
- Analyzed and renegotiated hospital contracts.
- Lead the day to day management of contract operations and ensured all deadlines were met.
- Administered manual conversion of provider/hospital/ ancillary system set-up and data conversion.
- Developed major system enhancements, identified problems through testing and coordinated solutions
- Addressed and resolved contract reimbursement and claim payment issues.
- Received Platinum Award from corporate president, in recognition of outstanding performance and commitment to improve quality.

HEALTHSOURCE, *San Francisco*

6/92 -7/98

Manager, Provider Administration and Credentialing, Provider Admin. & Credentialing Dept.

5/97 – 7/98

Managed a staff of 15 with responsibility for implementation of the National Committee for Quality Assurance (NCQA) requirements. Ensured that all new contracts were implemented within specified time frames. Responsible for NCQA site visits and formal reviews, training of staff for all levels of provider credentialing, and administration. Reported to Director of Provider Services.

- Managed the successful implementation of the Medicare Risk Product onto a new system, ensuring proper payment.
- Contributed to and provided management guidance to the 1996 NCQA review, resulting in the company's receiving a full 3-year accreditation.
- Developed credentialing and systems administration policy and procedures for all providers.
- Developed Provider Quality Tracking System (PQTS) which received high praise from NCQA for its capabilities.
- Awarded Healthsource Founding Physicians' Fathers Award in 1997 in recognition of outstanding achievement in continuing quality improvement.
- Responsible for systems redesign for the new product lines: Medicaid, HMO Select, Shared Point of Service, and Fully Insured Point of Service.

Supervisor, Provider Administration and Credentialing, Provider Admin. & Credentialing Dept. 6/92 – 4/97
 Developed and maintained data for all provider directories. Set up system administration of the provider reimbursement programs. Develop credentialing policies and procedures and re-credentialing of physicians & ancillary providers.

- Headed project for the California network of 1900 providers, which involved developing new policies and procedures for credentialing, managing temporary staff, and incorporating data into provider directories within a one-month time frame.
- Created provider administration policies and procedures for two affiliated health plans.

CHUBB LIFE AMERICA, *San Francisco, Ca*

1986 -1992

Team Leader

Successfully supervised 12 employees, including training new employees, overseeing state regulation compliance, and maintaining quality service delivery to internal and external customers.

SOFTWARE APPLICATIONS

Word Perfect, Microsoft Word, Microsoft Access, Windows XP, Excel, Lotus, Maccess, AS400, IDX, Sequoia Application, Six Sigma Yellow & Green Belt

EDUCATION

Stanford University, *California*, B. S. in Business Administration, 1989

ADDITIONAL TRAINING

Project Management Training, Leadership Development Training, Customer Service Training, NCQA Compliance Training, Six Sigma Yellow Belt and Six Sigma Green Belt Training

AFFILIATIONS

CasaNH, Court Applied Special Advocate for Children, Mountain View Mentoring

References upon request