Deja Cofer

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Financial & Healthcare Operations | Claims, Billing & Account Support

PROFESSIONAL SUMMARY

Operations professional with nearly four years of experience supporting Medicaid and Medicare prior authorization, claims review, billing, payments, eligibility, and account inquiries. Manage about 200 authorization requests weekly while validating data, researching discrepancies, resolving exceptions, documenting outcomes, and coordinating with providers and internal teams. Brings strong Excel, Power BI, customer relationship management, process improvement, and regulated-workflow experience.

CORE QUALIFICATIONS

Financial Operations | Claims Administration & Denial Research | Billing & Payment Processing | Account Support | Reconciliation & Data Validation | Prior Authorization | Exception Resolution & Root-Cause Analysis | Queue & Service-Level Management | CRM & Case Documentation | Process Improvement & Training

PROFESSIONAL EXPERIENCE

Centene Corporation | Authorization Specialist II | August 2024-Present

- Manage about 200 Medicaid authorization requests weekly across urgent, retroactive, inpatient, outpatient, ambulance, and durable medical equipment workflows, prioritizing work by urgency and service-level dates.
- Validate member eligibility and coverage requirements in GAMMIS, provider participation in AMISYS, authorization data in TruCare Cloud and Classic, policy resources through Alliant, and supporting records in IBM FileNet.
- Investigate daily report and special-queue exceptions involving missing identifiers, incorrect member or provider assignment, duplicate logic, invalid procedure or diagnosis codes, modifiers, and failed transactions; reconcile records across systems and confirm request receipt.
- Correct authorized codes, dates, units, documentation, and status fields; determine whether cases should be pended, reworked, voided, returned for information, reapproved within role authority, or escalated, and follow exceptions through resolution.
- Use Microsoft Excel and Power BI to organize queues, compare records, review service-level and productivity data, and report trends; create job aids and train coworkers, including a Microsoft Copilot-assisted resource independently validated against procedures.

Centene Corporation | Medicare Customer Service Advocate | October 2022-August 2024

- Supported Medicare members and provider billing offices with claims, Explanations of Benefits, enrollment, pharmacy coverage, premiums, copayments, deductibles, coinsurance, reimbursements, and member responsibility.
- Reviewed claim denials and payments to identify root cause and next steps; resolved or escalated coordination-of-benefits issues, duplicate payments, overpayments, retroactive coverage, premium discrepancies, and claims requiring reprocessing.
- Processed premium payments, established payment methods, entered payment information, requested refunds and billing adjustments, and corrected payment statuses while maintaining accurate account documentation.
- Used CMS MARx, CareConnect CRM, CVS Caremark tools, and internal applications to research discrepancies, document actions, track escalations, and coordinate with Claims, Appeals and Grievances, and provider billing offices.
- Supported annual enrollment and plan-year readiness, benefit and formulary changes, member-ID transitions, and plan migrations; created operational job aids, led shadowing sessions, and presented escalation procedures.

Walmart Pharmacy | Pharmacy Technician | April 2022-October 2022

- Processed prescriptions and third-party insurance claims; updated coverage, resolved rejection codes, rebilled rejected claims, compared cash and insurance prices, collected copayments, and processed refunds.
- Balanced registers, reconciled payments and inventory, completed end-of-day financial procedures, and maintained accurate confidential records under pharmacy and privacy standards.

House of Hope Community Development Center | Lead Program Coordinator & Tutor | May 2019-August 2021

- Coordinated tutoring operations, schedules, participant records, learning materials, family communications, and daily program activities while tracking needs and follow-up for consistent service delivery.

EDUCATION

Bachelor of Arts in Business Administration | University of Maine at Presque Isle | August 2025 | GPA: 3.49

Relevant coursework: Financial Accounting, Managerial Accounting, Financial Management, Statistics, Business Analytics, Management Information Systems, Project Management, and Organizational Communication.

PROFESSIONAL DEVELOPMENT

Lean Six Sigma Green Belt, Council for Six Sigma Certification, May 2026 | Training in Excel VLOOKUP/XLOOKUP, PivotTables, Excel for Financial Planning & Analysis, Microsoft Power BI Data Analyst preparation, claims lifecycle, Medicare root-cause and billing-cycle inquiry, and Agile fundamentals.

TECHNOLOGY

Microsoft Excel, Power BI, Word, Outlook, Teams, Microsoft Copilot, CareConnect CRM, TruCare Cloud and Classic, GAMMIS, AMISYS, Alliant, IBM FileNet, CMS MARx, CVS Caremark tools