

Janet Whittle

6958 Tranquility Dr

Sacramento, CA 95823

573-353-4473

Bookworm6053@gmail.com

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To Whom it May Concern:

I was born and raised in Sacramento and after graduation moved to Missouri. All my jobs are in Missouri. My last supervisor was Melody Webb and can be reached at 800-526-0524.

After retiring I moved back to Sacramento.

I have experience in customer service in most of my positions and after working in banking and MO HealthNet I am capable of handling confidential matters.

While working for the state of Missouri I also worked part time on the 2016 Census and from 2008 thru 2017 I worked part time as an election judge.

Sincerely,

Janet Whittle

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6958 Tranquility Dr
Sacramento, CA 95823
Cell 573-353-4473

Graduated from Bishop Manogue High School, Sacramento, CA 1971

Missouri Department of Social Services
MO HealthNet Division

March 2017 through April 2018 I was a Medicaid Specialist. This included spot checking the invoices we sent to the clients for either the CHIP or Spenddown programs, telling them the premium amount and when the payment was due. This includes working with many units and divisions, providers and legislature members, answering questions regarding eligibility and coverage. Also answering questions from clients that the hot line staff could not answer. Retired May 2018.

October 2015-March 2017 Participant Services Unit. We handle referrals from WIPRO that are too complex for them to do. We also get some phone and mail referrals. I handle Out of State requests when the client needs to be seen by a provider other than one in Missouri. When we get Opt Out requests from clients that feel they need to be Fee for Service and not in Managed Care. These two programs also work with Dr. Kling. When FSD does retro eligibility or client has had a hearing then we work with the client and provider to see if we can get the bills paid. We also handle Legislative inquiries, and problems with Logisticare.

May 27, 2008 to October 2015 I have been working in the Premium Collection Unit answering the participant hot line to help solve billing problems for the participants. This includes working with Family Support Division about eligibility concerns and premium questions from Participants and accessing both FAMIS, MEDES and MMIS programs, and consulting with the Managed Care Unit.

I was the backup for the Participant Services Unit and then was doing the job exclusively when that person retired. I also backed up the Medicaid Specialist in Premium Collections handling phone calls, referrals from WIPRO, Legislative Inquiries, and any other questions received from Ask MHD and by mail or phone that are more complicated than can be handled just by a phone call through the Premium Collections Unit. This is an area where I need to know state rules, regulations and policies regarding the Participants and MO HealthNet. This includes using the MMIS, FAMIS, MEDES, FACES and SUPD screens updating Tribal Heritage information and the IIVE screen checking on SSI, also MOBIUS screen checking the invoices we sent to the clients.

April 16, 2007 to May 27, 2008. When Provider Relations Unit was out sourced I took a lateral transfer to the Program Operations Unit as C & I 1, working reports from Excel, updating the manuals for our programs and updating all the manuals with the new MO HealthNet Division name, working on STR's and updating the PDD file, also researching for responses to PEND letters and Policy Clarification Issues for the PDS's.

Feb. 2005 to April 2007, Correspondence and Information Specialist I,
Provider Relations Communications Unit

This position requires me to respond promptly and accurately to inquiries by providers both on the telephone and in correspondence received in the unit. It involves resolving complex questions, concerns, complaints and problems in a timely manner. I have to be able to interpret and explain in detail, rules, regulations, policies, and procedures to providers in all fee-for-service MO HealthNet programs. I have to be able to assist in problems involving eligibility for both the providers and participants and billing and coding errors in claims filing. Also determining if a claim paid correctly and providing instruction in procedures for correct claims filing. Some questions and problems require extensive research. I have to be organized and be able to analyze information received from MO HealthNet bulletins, and program manuals and communicate this and any new program information to the providers. If possible I correct and refile claims for the providers and follow these through the adjudication process for final disposition.

March 2002 to Feb. 2005 Medicaid Clerk – Adjustments - FSU

This required me to check the mail and decide if the provider was wanting an adjustment or a credit. The adjustments were then forwarded to WIPRO to be imaged then and returned them to us to be worked. I had to know the reason for the adjustment, unit changes, date correction, procedure code correction, Medicare or Third Party Liability adjustment, nursing home surplus etc. While entering the adjustments into the system I may have received an error message which would need to be researched. Some adjustments may have been past the timely filing limit for additional money or to old to be in the system. These would require a letter be sent to the provider explaining the situation. A log was kept daily to show how many adjustment forms were received and had to be updated to show how many forms were keyed.

May 2000 to March 2002 Clerk Typist III – Administration

In this position my main job was answering the phone. I answered calls from providers and participants who were usually having claim payment or service problems. I helped them if possible, or forwarded the calls to the proper unit. This unit also received calls from Senators and Representatives or their associates. These were usually about complaints they had received from their constituents, both participants and providers. I handled the daily mail, copying, filing and faxing, and setting up meetings. We had to do PENDS. These were written requests for information that had to be answered by the correct unit then returned to be sent out under the Director's name. I had to see that State Plan Amendments were signed out correctly and forwarded to the Center for Medicaid

and Medicare (CMS). I helped out the Financial Service's Unit by logging in checks for them. This included putting them in correctly by name, number and amount.

August 1998 to May 2000 Clerk Typist II – Provider Communication Unit

I handled the Technician's and Specialist's letters. They would type them and then E-mail to me and I would put on letter head and get them ready for their signature and then copy and mail out. I pulled Remittance Advices' (RAs), mailed bulletins and fee schedules when providers requested them. I handled all Policy Clarification Requests and SPARS that were sent out of the unit. This included copying and logging them out and forwarded to the correct unit then logging the response and forwarding it to the correct person when it came back. At that time I also handled requests from the Crime victims Unit when they would check on eligibility.

April 1998 to August 1998 Clerk II – Provider Communication Unit

The majority of this job was handling the mail. It was picked up from the mailroom twice daily, date stamped then distributed to the proper person in the unit, sent to WIPRO, or put in our batched correspondence to be worked by the Specialists. I had to look up RA's on the micro fiche, mail and fax any necessary paperwork and filed.

November 1995 to April 1998 Bank Teller - Mercantile Bank now US Bank, Eldon MO

As a teller my basic job was customer service. I handled deposits and withdrawals from checking and saving accounts. I also sold travelers checks and sold and redeemed U.S. Savings Bonds. When new traveler checks came in I had to make sure we received what we were invoiced for and log them in. And when new accounts were opened or if a customer needed more checks I had to order them. Nightly we had to count and balance our cash drawers.

April 1975 to April 1995 – Wal-Mart #0044, Eldon, MO

I started out as a cashier then within six months I was a Department Manager. First in the Candy and Food Departments then moved to Houseware and Chemical Departments. This included ordering merchandise and pricing it and stocking shelves when the freight came in. In 1977 I moved to the receiving/marketing crew. We had to unload the freight from the trucks when they came in, check off the invoice and price the merchandise. In June 1981 I was promoted to the Cash/Payroll Office. This involved doing morning deposits and cash reports and following up on any cash discrepancies in the registers. I had to do daily timecards, and monthly statements for business that charged goods. Once a month I had to send out charge statements. In September 1996 we started scanning and I became the Universal Product Code (UPC) clerk. This involved getting all merchandise ready to scan and adding new merchandise when it came in. It also involved getting sale and clearance items to scan at the correct price. In October 1993 to I was asked to be a part time Support Team Member. I did my UPC job and at times I helped other management associates. In February 1995 I was promoted to full time Support Team.

This included opening and closing the store, which meant that I carried keys and had an alarm code and supervising an average of 20 employees. In April 1995 I retired after 20 years.