



# MONTOYA L. ROGERS

## COMMUNITY MARKETING REPRESENTATIVE

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Montoya L. Rogers is a Community Marketing Representative for CareSource of Ohio. Montoya is a licensed Health & Life insurance agent. She has successfully sustained a 10+ year career in the health insurance industry. As an avid leader, Montoya has a passion for serving the community and helping others. She is a trailblazer and a dynamic advocate for the nonprofit industry.

### CONTACT

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@ Puzzlemom1

(614)499-8228

 [www.puzzlemom.org](http://www.puzzlemom.org)

Columbus, Ohio



### LICENSURES

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- **CERTIFIED COMMUNITY HEALTH WORKER**

Montoya was born in Columbus, Ohio. She graduated from Reynoldsburg high school. She obtained her Community Health Worker certification from The Ohio State University. Montoya is the proud mother of two children Amya and Tre. Tre was diagnosed with Autism at the age of six. While navigating the diagnosis and advocating accommodations for her son, Montoya founded the non-profit organization Puzzle Mom. The mission of Puzzle Mom is to empower minority mothers of children diagnosed with autism spectrum disorder, to become effective advocates for their children through education, support, and community resources. Montoya is committed to create autism awareness within under-served communities throughout Ohio.

Montoya actively participates in many committees and coalitions including Family and Children First Councils of Delaware and Marion County, The Community Health Worker Coalition, The Reeb Center Advisory Committee, Franklin County Public Health Community Health Action

Team, FCPH Health Equity Advisory Council and Celebrate One Southside Coalition.

Montoya continues to find opportunities to empower and equip the community through assisting faith based institutions, community leaders, and community members with strategies, plans, and advisement. She is a champion of organizations that are committed to innovation, change, and providing solutions.

# MONTOYA L ROGERS

[Toyarogers1@gmail.com](mailto:Toyarogers1@gmail.com)

Cell: 614.531.2584

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## HEALTHCARE PROFESSIONAL

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Multi-talented professional with a well-rounded work history in customer service and the healthcare profession, with over 10 years' experience of providing customer support in several environments. A detail oriented, focused individual, with the ability to complete various tasks simultaneously. Establishing and maintaining an accurate understanding and application of departmental policies and procedures regarding daily assignments. A skilled professional trained for working in a constantly changing environment with a focus on promoting quality and integrity.

### KEY COMPETENCIES

- Call Center Operations	- Account Management	- Excellent Communication
- Data Collection	- Writing/Advertisement Placement	- Customer Retention
- Developing Strategies	- Rapport Building	- Confidentiality
- Decision-making/Problem Solving	- Coordinating Task	- Microsoft Office

**EDUCATION/** Reynoldsburg High School- College Preparatory Diploma

**ACTIVITIES** Ohio State Board of Nursing- Community Health Worker Certification  
Ohio Health & Life Insurance License Agent

### CARESOURCE

**Community Marketing Representative**

**February 2022 to Present**

- Utilize a consultative sales approach to specified industries to promote CareSource Family of Products and differentiating factors to gain access to their employees for holistic education sessions for all products
- Serve as a subject matter expert on CareSource's Medicaid, Health Insurance Marketplace, MyCare and Medicare Advantage lines of business

- Contribute and support the development of educational and enrollment opportunities with community and government agencies, community housing, providers and health systems, community business associations, targeted industries, and faith-based organizations
- Effectively coordinate activities with Communications/Marketing, Inside Sales/Member Services, Health Partners, Life Services and Care Management counterparts to ensure achievement of desired results
- Develop and implement territory plan to achieve desired membership and retention goals
- Participate in the negotiation, development, and staff coordination of Community/Agency/Provider events

### **Grievance & Specialist II**

**July 2020 to February 2022**

- Review submitted appeals daily for validation of the appeal.
- Complete claim appeal through claim adjustments or letters of denial.
- Resolve assigned appeals within regulatory timeframes, achieve department quality expectations, and meet daily production.
- Complete External Review packets to submit to Ohio Department of Insurance for review.
- Maintain a working knowledge of all products offered under the health plan for multiple states including Ohio, Indiana, Kentucky, and West Virginia.
- Conduct detailed research and identify any processing inaccuracies in appeal processing and report findings to Leadership to ensure the accuracy of department processing.

### **BUCKEYE HEALTH PLAN**

#### **Grievance & Appeals Coordinator I**

**December 2018 to February 2020**

- Analyze and resolve verbal and written claims and authorization appeals from providers
- Pursue resolution of formal grievances from members.
- Prepare response letters for member and provider complaints, grievances and appeals
- Maintain files on individual appeals and grievances
- Assists with escalated issues (claims projects/ provider account updates/provider billing)
- Manage large volumes of documents including copying, faxing and scanning incoming mail
- Assist with HEDIS production functions including data entry, calls to provider's offices, and claims research.

- Conduct detailed research and identify any processing inaccuracies in claim payments and route to the appropriate site operations' team for claim adjustment.
- Maintain a working knowledge of all products offered under the health plan.

**AENTA BETTER HEALTH OF OHIO**  
**Care Management Associate**

**March 2015 to April 2018**

- Provide support services to team members by answering telephone calls, taking messages, researching information and assisting in solving problems.
- Assign new enrolled members to the appropriate care manager
- Complete outreach calls to members to complete initial comprehensive assessments
- Send educational material and care plans to members daily
- Develop and maintain a working knowledge of My Care Ohio program
- Assist with creating new policies and procedures for the department
- Maintain accurate and complete documentation of required information that meets disease management regulatory, accreditation, and TQM requirements.
- Process service authorizations for Long Term Care and Wavier members in QNXT system.
- Manage transfer of data between health plans using Microsoft Excel
- Maintain a working knowledge of all products offered under the health plan.
- Reviewed claim information in QNXT to determine accurate payment to providers.

**UNITED HEALTHCARE**

Customer Service Representative

September 2013 to March 2015

- Respond to complex customer calls (80-105 calls per day)
- Answered calls for four lines of business, including Ohio, New York, New Jersey, & Pennsylvania
- Answer and resolved calls from members relating to benefit eligibility information, billing and payment issues, customer material requests, appeals and grievance.
- Extensive knowledge and training on My Care Ohio demonstration
- Constantly meet established productivity schedule adherence and quality standards

**REFERENCES UPON REQUEST**