Mark Rendez Maranan

Revenue Cycle Management / Medical Billing - Manager

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Website Work Portfolio: https://markrendezmaranan.com

PROFESSIONAL SUMMARY

Revenue Cycle Management (RCM) and Medical Billing Specialist with 3+ years of dedicated healthcare billing experience (6 years combined professional experience including retail and customer service) and a track record as a Team Lead. Skilled across the full RCM cycle: insurance eligibility verification, claim submission (paper and electronic/EDI), denial management and appeals, payment posting and reconciliation, and client reporting. Specializes in behavioral health billing (IOP, PHP, TMS), with additional experience in Medical Nutritional Counseling, cosmetics, and podiatry billing. HIPAA Compliance and Cybersecurity Training certified (MedVirtual Academy). Currently freelancing as a Revenue Cycle Management Specialist / Payer Implementation Specialist, supporting multiple U.S.-based behavioral health clients.

CORE SKILLS & TECHNICAL PROFICIENCIES

- **Revenue Cycle Management (RCM):** insurance eligibility & benefits verification, claim submission (837), denial management, appeals, AR follow-up, payment posting & reconciliation, ERA/EFT (835) processing
- **Billing specialties:** behavioral health (IOP, PHP, TMS), Medical Nutritional Counseling, cosmetics, podiatry
- **EHR/EMR systems:** CollaborateMD, Kareo/Tebra, AthenaOne (AthenaHealth), InSync Qualifacts, Prompt EMR, Elation, EHR Your Way, Zentake
- **Payer & clearinghouse portals:** Availity, UnitedHealthcare (UHC/UMR) Provider Portal, Trizetto, Office Ally, Waystar EDI Insight, Noridian Medicare, Nevada Medicaid, Silver Summit, HPN, Cigna
- **Payment platforms:** Payspan, Zelis, OptumPay, Echo, Stripe, Authorize.net
- **Denial & claims expertise:** CO-16, N382, N704 (Medicare Part B), CO-24 (Medicare Advantage), Anthem diagnosis-placement denials, timely filing appeals
- **Productivity & communication tools:** HubSpot, Asana, Slack, Microsoft Teams, RingCentral, 3CX, Google Voice, Dialpad
- **Other:** CPT coding & modifiers, EOB review, spreadsheet-based claims/payment tracking, client and payer reporting

PROFESSIONAL EXPERIENCE

Revenue Cycle Management Specialist / Payer Implementation Specialist | *Freelance — U.S. Behavioral Health Clients*
September 2024 – Present

- Manage claims follow-up and appeals across multiple U.S. behavioral health clients
- Verify insurance eligibility and benefits and confirm copays, coinsurance, and deductibles ahead of patient visits
- Post patient and insurance payments accurately to keep claims current and ready for AR team follow-up
- Send patient consent form notifications via email and SMS
- Monitor and evaluate payer processing alert emails, escalating critical updates to support managers for timely client communication
- Perform manual claims transmission for payers requiring non-automated submission methods
- Reconcile rebate invoices between trading partners and internal systems to maintain fee accuracy and budget integrity
- Review and update payer enrollment forms to support a smooth workflow for the enrollment team
- Generate proof-of-timely-filing reports using Waystar EDI Insight
- Update payer records to keep trading partner information current for claims (837) and ERA/EFT (835) processing
- Work across EHR/EMR systems including CollaborateMD, Kareo/Tebra, InSync, AthenaOne/AthenaHealth, Elation, and Zentake, and payment portals including Payspan, Zelis, Echo, OptumPay, Authorize.net, and Stripe

Revenue Cycle Management Team Lead | *Microsourcing Philippines*
March 2023 – August 2024

- Verified insurance eligibility and benefits for patient accounts
- Billed out services using basic CPT coding and modifiers
- Handled rejected and denied claims (AR follow-up)
- Performed payment posting, including pulling EOBs from Availity and other insurance portals, and reconciliation

- Analyzed monthly collections reports
- Worked across EHR Your Way, Kareo/Tebra, and CollaborateMD
- Reached out to patients and providers regarding outstanding balances
- Handled inbound provider calls regarding claim disputes

Senior Representative, Customer Service Operations – Voice | *Cardinal Health International Philippines*
February 2021 – December 2022

- Provided phone-based customer service, including order handling, delivery tracking, and payment processing
- Supported healthcare accounts focused on medical supplies and insurance verification/benefits, communicating directly with doctors, nurses, and home healthcare staff
- Assisted customers with medical supply and prescription orders, resolving order and billing issues
- Ensured accurate billing and payment processing and maintained detailed records of customer interactions

Customer Service Operations – Voice | *24/7 AI Philippines*
October 2018 – December 2020

- Assisted customers with online ordering, product availability, pricing, and shipping questions
- Provided order status updates, tracking, and estimated delivery times
- Processed online payments, including credit card transactions, ensuring accurate billing and transaction records
- Supported e-commerce platforms such as Lazada and Amazon
- Troubleshot technical issues related to online ordering, coordinating with technical support teams

CERTIFICATIONS

- HIPAA Compliance Training — MedVirtual Academy
- Cybersecurity Training — MedVirtual Academy