

CAMILLE WILLIAMS, JM, GRCP, GRCA

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PROFILE

Highly successful Legal Compliance and Risk Management Professional with broad experience and leadership in areas including Claims Investigation, Case Management, Program Management, Regulatory Affairs/Compliance, Quality Assurance, Client Services, and Resource Utilization with highly visible organizations. Able to provide strategic insight and advisement to management which advances a company's strategic goals, protects company assets/interests and ensures compliance with relevant laws and regulations. Areas of strength encompass:

- ⬆ Workplace Investigations
- ⬆ Cybersecurity Policies and Procedures
- ⬆ Audit/Monitoring Tools
- ⬆ Client Relations/Customer Service
- ⬆ Enterprise Risk Management
- ⬆ Quality Assurance/Control
- ⬆ Resolution Management
- ⬆ Compliance/Trending Analysis
- ⬆ Program/Project Management
- ⬆ SOX & HIPAA Compliance
- ⬆ Federal/State Regulations
- ⬆ Reporting & Data Management

An analytical individual with sound judgment skills and exceptional attention to detail. Outstanding interpersonal skills, able to interact effectively with stakeholders and team members at all levels, from diverse backgrounds. Strong organizational, time management and project coordination skills. Recognized for consistent ability to meet strict deadlines in high-volume business environments and exceed performance expectations. Able to think critically, solve problems and embrace new challenges.

PROFESSIONAL EXPERIENCE

CONVEY HEALTH SOLUTION | MIRAMAR, FL

11/2014 - PRESENT

■ **Sr. Compliance Analyst / CTM / Regulatory Affairs (12/19-present)**

Promoted to manage compliance department procedures regarding the intake, analysis, review, and closure of all Medicare and Medicaid CTMs and Grievances. Accountable for data analysis, risk assessments/mitigation, reporting, compliance projects, audit support, and implementation of corrective action to ensure regulatory compliance.

Compliance Analyst/Regulatory Affairs

- Identify, analyze, and assess complex Medicare and Medicaid CTM issues and inquiries, and compliance program needs and report findings to the Executive Compliance Committee.
- Partner with and advise Quality and Operational business units to assess, resolve, and mitigate complaints to Medicare and serve as the Lead Trainer for Compliance Complaint Tracking Module (CTM) and Grievances.
- Lead the monthly Corporate Office Clean Desk Audit and conduct annual risk assessments at the direction of the Compliance Officer.
- Perform regulatory research to assist in the assessment of compliance related questions and matters.
- Manage compliance projects, provide regular reporting to business unit and assist in monthly, quarterly, and annual reporting for client and internal business/account reviews.

Enterprise Risk Management/Projects

- Key player in Compliance Risk and Regulatory Project Assessment Phase 1 and 2 final report that was presented to Chief Financial Advisor and Compliance Board. **Recipient of Compliance Team Champion, Q1/23.**
- Liaised with operations department during the First Tier Downstream Cigna Compliance Internal Audit to coordinate the collection, and trending analysis to identify compliance and areas of risk.
- Prepare objective, accurate and factual formal and informal reports summarizing compliance matters and determining effect and risk for HIPAA Risk Assessment and HIPAA Privacy Risk Assessment.
- Review data analysis and assist in the execution, monitoring, and implementation of corrective action to address risks issues to meet professional, ethical and audits standards.

■ **Senior Analyst (05/18-12/19)**

Promoted to ensure compliance and proper documentation and tracking of all OTC member grievances in Grievance Tracking Logs and OTC Systems. Research grievances and provide resolution according to requirements detailed in client contract. Maintained an active caseload of 65, managing multiple projects simultaneously under aggressive deadlines. Reported directly to the VP of OTC Department.

- Thoroughly documented all action taken to appropriately resolve grievance. Maintained current up-to-date status on active files. Handled escalated issues that arose through the scope of the grievance process.
- Accountable for ensuring accuracy of all materials utilized by department regarding determinations made by the team.
- Shared grievances received and grievance log with client(s) according to timeframe defined in client contract.
- Maintained integrity and a professional rapport with the clients including Cigna, Florida Blue, Care First, and Florid Blue Alignment.
- Coordinated investigations, mitigation, and other corrective action with appropriate workforce members.
- Identified trends leading to grievances and suggested program or process improvements to improve the member experience.
- Understood Centers for Medicare & Medicaid Services (CMS) guidance as it related to the OTC Supplemental Benefit.
- Consistently handled high volume caseload and met demanding turnaround timeframes. **Awarded Certificate of Achievement for closing 100% cases every month.** (Cont. P2)

PROFESSIONAL EXPERIENCE - (CONTINUED)

CONVEY HEALTH SOLUTION - (CONTINUED)

Compliance Initiatives

- Coordinated with operations manager and business partners to ensure compliance of new and revised Federal and State regulatory requirements, State Medicaid contractual commitments and HIPAA regulations.
- Supported and coordinated day-to-day compliance activities and projects as assigned by the VP of OTC Department.
- Educated staff on compliance issues and company guidelines and referred underperforming representatives to training.
- Assisted in the development and implementation of audit/monitoring programs to measure performance against regulatory compliance and contractual obligations.

■ Grievance Research Analyst (10/15-05/18)

Promoted to the Resolution Team to perform in-depth grievance case review for Cigna members in the Medicare Part D program. Reviewed case records/reports, collected and analyzed/interpreted data, and made a determination to resolve all grievances within the appropriate guidelines. Answered customer inquiries regarding plan provisions. Managed caseload in excess of 100 claims per week.

- Assisted with special projects for Complaints Tracking Module (CTM) Resolution Team with Department of Insurance (DOI), Congressional Complaints, Executive Office Case (EOC), Quality Improvement Organization (QIO) and Quality of Care (QOC).
- Determined root cause and utilized independent judgment and regulatory guidance in order to provide resolutions to grievance cases. Prepared reports for management.
- Maintained HIPAA documentation in compliance with regulatory requirements for reported Privacy complaints or concerns.
- Researched, analyzed and resolved grievances within Centers for Medicare & Medicaid Services (CMS) and Client guidelines.
- Recognized for attention to detail and consistent ability to meet/exceed performance criteria.
- **Awarded Certificate of Achievement for closing 100% cases, 02/2018.**

■ Escalations Supervisor (05/15-10/15)

Promoted to supervise escalations in a call center receiving up to 5,000 inbound phone calls per day for Medicare and Medicaid Services. Areas of accountability encompassed quality assurance, customer service, reporting and call management performance improvement. Supported a staff of 300+ employees.

- Maintained a high quality of employee performance through consistent monitoring, feedback, and coaching.
- Responsible for the Centers for Medicare and Medicaid Services (CMS) tracking module report to identify any missed opportunities by representatives and reported to upper management.
- **Recipient of Quality Assurance Award for perfect score every month.**

■ Customer Service Representative (11/14-05/15)

Hired to receive inbound calls from Cigna Members enrolled into the Part D program accountable for account management, quality assurance, enrollment, billing, documentation, resolving issues and delivering exceptional customer service.

- **Continuously received outstanding Quality Assurance performance appraisal ratings.**

BROWARD GENERAL MEDICAL CENTER | FORT LAUDERDALE, FL

03/2011 - 11/2014

■ Support Service Associate

Hired to assist the clinical staff by performing tasks related to the transport of patients, and indirect patient care in the mother baby unit with 36 beds. Provided an effective method for the delivery of necessary labs, supplies and items for continuous patient care.

- **Recipient of several commendations for meritorious service.**

EDUCATION + LICENSES + CERTIFICATION

Juris Master's Degree (J.M.) in Legal Risk Management Compliance and Contracting, Florida State University College of Law

Bachelor of Arts Degree in Criminal Justice, Florida Atlantic University, Davie, FL

Associate of Arts Degree (Honors), Broward College, Davie, FL

GRC Professional Certification (GRCP)

GRC Audit Certification (GRCA)

COMPUTER SKILLS

Microsoft Office (Advanced Excel, Word, PowerPoint, and Outlook)