

Gracelyn Khan

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SUMMARY

Healthcare Advocate with five years of experience supporting provider engagement, **risk adjustment**, quality improvement, and clinical documentation across physician practices and managed care environments. Translates CMS HCC methodology, ICD 10, CPT II, Medicare Advantage, HEDIS and Stars requirements into practical education for physicians, coders, facility teams, and office staff. Uses provider performance, claims, encounter, and clinical data to shape focused action plans for RAF improvement, **coding specificity, documentation quality, and care gap closure**. CPC and CRC certified, with advanced Excel capability, hands on EMR experience, chart review expertise, prospective program coordination, and territory management experience. Builds trusted relationships through clear communication and useful follow through, helping practices resolve workflow barriers and represent member health status accurately across regulated healthcare programs.

EXPERIENCE

Senior Provider Performance Specialist

January 2024 - Present

Southern Care Analytics

Montgomery, Alabama

Leads a multi county provider portfolio for Medicare Advantage risk adjustment and quality initiatives. Converts **performance data** into practical strategies, coordinates **prospective programs**, and supports physicians, coders, and practice leaders through onsite consultation and follow up.

- Translated provider data into RAF improvement plans, coding actions, and care gap priorities.
- Used Excel **pivot tables** and lookup functions to prioritize practices for focused education.
- Delivered CMS HCC, **ICD 10**, and **CPT II** sessions using practical chart examples.
- Coordinated prospective assessments, **chart collection**, outreach, issue resolution, and milestone follow up.
- Resolved EMR workflow barriers with practice teams, improving documentation capture without disrupting care.
- Supported physicians and office leaders through recurring onsite consultations across a multi county territory.

Provider Quality Consultant

July 2021 - December 2023

Magnolia Managed Care Partners

Birmingham, Alabama

Supported physician groups, clinics, and hospital affiliated practices participating in **Medicare Advantage** quality and risk programs. Built consultative relationships, interpreted performance reports, and converted findings into education, chart readiness actions, and measurable follow up.

- Reviewed performance reports to identify **HEDIS** and **Stars** opportunities and unresolved care gaps.
- Facilitated CMS HCC education for physicians, coders, managers, and **office staff**.
- Prepared ICD 10 reference guides connecting documentation specificity with compliant reimbursement support.
- Reconciled chart retrieval needs, claims questions, and **EMR** issues with practice managers.
- Managed onsite visits, virtual follow ups, deliverables, and deadlines across a **travel** intensive territory.
- Created Excel analyses, Word guides, and PowerPoint presentations for provider improvement meetings.

Clinical Documentation Coordinator

October 2020 - June 2021

Riverbend Family Clinic

Tuscaloosa, Alabama

Supported documentation and coding workflows within a multispecialty **clinic**. Used medical terminology, EMR records, billing knowledge, and organized tracking tools to prepare charts, clarify missing information, and support consistent **quality** review.

- Reviewed records for completeness before claim submission and escalated clarification questions appropriately.
- Used EMR workflows to locate encounters, track corrections, and prepare records for review.
- Applied **medical terminology** and **ICD 10** concepts when checking documentation consistency.
- Coordinated nurses, providers, and **billing** staff around missing or conflicting chart information.
- Maintained Excel trackers that gave supervisors clear visibility into outstanding documentation priorities.
- Created staff job aids covering **chart collection** steps and recurring documentation issues.

PROJECTS

Prospective Care Gap Outreach Program 📅 2024

Built a practical outreach workflow connecting provider performance data, chart collection, EMR review, and follow up. Clear priorities helped practice teams focus on clinically supported documentation and unresolved quality opportunities.

Provider Coding Education Toolkit 📅 2023

Created reference materials for physicians, coders, and office staff covering CMS HCC, ICD 10, CPT II, documentation specificity, and compliant chart support. Simple examples made difficult conversations easier.

LEADERSHIP & AWARDS

- Recognized by provider teams for clear CMS HCC education and practical documentation guidance.
- Selected for trusted territory ownership across complex provider accounts and recurring field programs.
- Earned internal recognition for dependable follow up across chart collection and quality initiatives.

EDUCATION

Bachelor of Science in Health Services Administration2020

University of Alabama at Birmingham GPA: 0Birmingham, Alabama

Coursework: Healthcare administration, medical terminology, quality improvement, healthcare finance

CERTIFICATIONS

- Certified Professional Coder, AAPC 📅 2022
- Certified Risk Adjustment Coder, AAPC 📅 2023

TECHNICAL SKILLS

- **Risk Adjustment:** CMS HCC, RAF performance, Medicare Advantage
- **Quality Programs:** HEDIS, Stars, care gap closure
- **Coding Standards:** ICD 10, CPT II, medical terminology
- **Clinical Documentation:** Chart review, documentation specificity, chart collection
- **Provider Engagement:** Physician education, practice consultation, stakeholder meetings
- **EMR Systems:** EMR workflow review, EHR documentation, encounter records
- **Microsoft Excel:** Pivot tables, lookup functions, data manipulation
- **Microsoft Office:** Microsoft Word, Microsoft PowerPoint, presentation delivery
- **Claims Operations:** Claims review, billing workflows, claim submission
- **Program Management:** Prospective programs, project coordination, milestone tracking
- **Territory Operations:** Field visits, territory planning, travel scheduling
- **Compliance Education:** CMS documentation expectations, national standards, coding compliance

SKILLS

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|----------------------|--------------------------|----------------------|------------------------|
| • Risk Adjustment | • Gap Closure | • Provider Education | • Territory Management |
| • CMS HCC | • ICD 10 | • EMR Systems | • Project Management |
| • Medicare Advantage | • CPT II | • Chart Analysis | • Advanced Excel |
| • HEDIS and Stars | • Clinical Documentation | • Billing Claims | |

PROFESSIONAL AFFILIATIONS

- AAPC member, maintaining professional focus on coding accuracy and compliant documentation.
- Healthcare quality professional network participant, sharing practical approaches to provider education and care gap closure.

LANGUAGES

- English (Native)
- Spanish (Intermediate)

ADDITIONAL INFORMATION

Work Status : Authorized to work in United States. No sponsorship required.

REFERENCES

AVAILABLE ON REQUEST