Velvet Howell
Sicklerville, NJ 08081 | 267-586-8170 | velvetvhowell@gmail.com | Healthcare Operations | Provider Relations | Account Management

PROFESSIONAL SUMMARY

Healthcare operations and provider relations professional with 13+ years of experience across Medicare, Medicaid, Marketplace, and commercial insurance environments. provider network management, claims resolution, credentialing, contract administration, and clinical center operations, including leadership of teams of 40+ staff. PMP-certified with an active NJ insurance producer license. Combines hands-on escalation resolution with process redesign, having delivered measurable gains in response time, employee engagement, and provider satisfaction across health plan and clinical settings.

CORE SKILLS

Provider Relations | Healthcare Operations | Account Management | Medicare & Medicaid | Claims & Billing Resolution | Credentialing Support | Contract Administration | Network Management | Provider & Patient Experience | Escalation Management | Cross-Functional Collaboration | Process Improvement | Compliance | Team Leadership | Performance Metrics | Project Management

PROFESSIONAL EXPERIENCE

Provider Success Associate — Clover Health
Remote | Jersey City, NJ | September 2025 – August 2026

- Served as primary point of contact for a portfolio of provider offices, fielding and resolving claims, billing, credentialing, and demographic issues.
- Investigated and closed complex provider escalations by coordinating across claims, network, and credentialing teams.
- Trained provider offices on Medicare Advantage requirements, claims submission, EDI processes, and Clover Assistant self-service tools.
- Partnered with cross-functional dev teams during User Acceptance Testing (UAT) for system upgrades, delivering actionable feedback to improve platform functionality
- Identified recurring workflow breakdowns in provider and claims processes and recommended fixes to improve turnaround time
- Logged and closed several provider interactions in Salesforce, driving six completed provider activations to plan.
- Kept provider and demographic records accurate across internal systems to support health plan compliance requirements.
- Managed a high-value portfolio of B2B accounts, serving as the primary point of contact (POC) for complex claims, billing, and system escalations.
- EHR migration-Leading end-to-end implementation execution for new practices, from kickoff through go-live, following established timelines and guidelines

Provider Network Account Manager — Centene Corporation – WellCare
Newark, NJ |January 2024 – September 2025

- Owned relationships with a dedicated book of provider practices across Medicare, Medicaid, and Marketplace lines of business.
- Drove resolution of claims, credentialing, contracting, and referral issues by partnering directly with health plan operations teams.
- Brought performance data and financial analysis into provider contract discussions and rate review conversations.
- Delivered outreach and training on claims submission, EDI, portal use, referrals, and continuity-of-care requirements.
- Spotted service gaps by tracking provider performance trends and built follow-up plans that closed them.
- Reduced downstream claims problems by maintaining clean provider records and closing open issues before they escalated.
- Leading negotiations for hospital and health system agreements, including reimbursement, contract terms, amendments, renewals, and value based agreements.

Remote Provider Claims Service Representative — AmeriHealth Caritas
Philadelphia, PA | February 2023 – January 2024

- Handled complex and high-priority provider claims inquiries, keeping resolution accurate, timely, and compliant.
- Redesigned teamwork and coached staff, cutting average response time by 75%.
- Spotted claims trends and recurring service issues, surfacing process and quality improvement opportunities.
- Coached staff and ran performance assessments to hold the team to a consistent service standard.
- Contributed to user acceptance testing for claims system upgrades and documented feedback for the dev team.

Manager of Operations — Oak Street Health
Philadelphia, PA | January 2021 – February 2023

- Directed daily operations across multiple clinic locations and led a team of 43+ employees.
- Leading end-to-end implementation execution for new practices, from kickoff through go-live, following established timelines and guidelines
- Owned staffing, budgets, patient experience, and compliance in a fast-paced clinical environment.
- Built relationships with providers, insurers, and internal partners; helped launch new healthcare centers.
- Tracked operational KPIs and rolled out process improvements that strengthened efficiency and service delivery.
- Rolled out engagement and retention strategies that lifted staff engagement by 46%.

Supervisor of Operations — QTC, A Leidos Company
Philadelphia, PA | February 2019 – January 2021

- Ran daily operations and service delivery against client contracts, quality standards, and regulatory requirements.
- Leading end-to-end implementation execution for new practices, from kickoff through go-live, following established timelines and guidelines
- Championed workflow and process improvement initiatives that strengthened productivity and service quality.
- Oversaw recruitment, staff development, and performance evaluations for the team.
- Helped resolve operational and service issues involving veterans, clinical teams, and internal stakeholders.

Manager of Operations – Proton Radiation Therapy — Children's Hospital of Philadelphia
Philadelphia, PA | March 2013 – February 2019

- Ran operations for a specialized proton radiation therapy program in a complex clinical environment.
- Owned staffing, budgets, resource allocation, and regulatory compliance for the department.
- Partnered with clinical and administrative teams to improve access and operational efficiency.
- Built patient and staff satisfaction initiatives and drove process improvements for the department.

Supervisor, Insurance Specialist — Pennsylvania Hospital
Philadelphia, PA | July 2007 – March 2013

- Supervised insurance and claims operations spanning workers' compensation, Medicare, and Medicaid requirements.
- Acted as liaison among providers, insurers, legal representatives, and patients to resolve complex reimbursement issues.
- Built staff training and quality processes that improved claims accuracy and strengthened team efficiency.

EDUCATION

Bachelor of Science in Healthcare Management Peirce College
Associate of Liberal Arts — Community College of Philadelphia

CERTIFICATIONS & LICENSURE

- Project Management Professional (PMP) Project Management Institute
- Licensed Life, Health & Medicare Insurance Producer State of New Jersey

ADDITIONAL TRAINING

- Healthcare Compliance & Regulatory Training
- Leadership & Management Development
- Process Improvement & Lean Six Sigma Principles

TECHNICAL SKILLS

Microsoft Word, Excel, PowerPoint, Outlook | CRM Systems | Electronic Health Records (EHR) | Healthcare Claims Systems | Provider Portals | Clover Assistant | Data Analytics | KPI Reporting | Financial Modeling | Salesforce | HubSpot | PowerBI |