

TERRIANNE MCBRIDE, RN, MBA

46 North 14th Street
Hawthorne, NJ 07506

(862)368-0089
terriamcbride@aol.com

SUMMARY

Nursing professional experienced in both clinical and managed care settings. Expertise in leading multiple lines of business and functional areas through external accreditation. Demonstrated problem solving, analytical, and organizational skills. Experienced in hiring, training, and supervising staff. Guided multiple teams through transition in leadership.

PROFESSIONAL EXPERIENCE

HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY, Newark, NJ 2003 – 2009 **Quality Manager, Accreditation**

Managed the processes related to external accreditation and provider credentialing. Supported enterprise goal of improving quality of healthcare for customers by ongoing monitoring of compliance with accreditation standards and regulatory requirements. Managed quality improvement, clinical issues, and credentialing committees. Responsible for quality management program description, workplan, and annual evaluation. Reported to Director, Quality Management.

- Managed the desktop and onsite review processes resulting in full URAC accreditation for Health Plan, Health Network, Utilization Management, Disease Management, and Case Management.
- Achieved URAC accreditation for the Weight Management Program, the first such program to receive that distinction.
- Managed the accreditation process resulting in Excellent Accreditation from the National Committee for Quality Assurance for the HMO book of business.
- Managed the process for early adopter status for the NCQA Physician and Hospital Quality Quality Plus distinction.
- Increased 90-day compliance rate for NJ commercial credentialing applications from 73.7% to 78.6%.
- Increased 60-day compliance rate for return of incomplete NJ commercial credentialing applications from 74.0% to 99.7%.
- Maintained credentialing departmental operations within budgetary requirements.
- Developed 2008 Quality Management budget in absence of director.
- Streamlined recredentialing application process by eliminating duplicate steps.
- Concentrated primary source functions allowing coordinators to focus on file review.
- Managed malpractice verification for more than 20,000 providers while maintaining essential credentialing operations.
- Facilitated cross-training of staff allowing for optimal resource allocation.
- Obtained White Belt in Project Management.

AETNA HEALTH INC., Fairfield, NJ 1999 – 2002 **Quality Management Consultant**

Identified areas for improvement and developed and implemented quality improvement activities. Oversaw provider credentialing and member appeal processes in compliance with regulatory standards. Coordinated and facilitated quality management meetings. Supervised three quality analysts.

- Prepared compliance statements and supporting documentation for National Committee for Quality Assurance review that maintained the highest level of accreditation.
- Identified the need for uniform provider termination process. Developed and implemented cross-functional process.
- Ensured quality of the provider network minimizing potential risk to members.

AETNA HEALTHCARE INC. (Continued)

Quality Management Consultant

- Instituted process improvement by bringing corrective action plans for committee review on an ongoing basis instead of holding until next credentialing cycle.
- Decreased company exposure and liability through oversight of credentialing and member grievance processes.
- Evaluated and redistributed analyst responsibilities to encourage cross-training and staff development.

METROPOLITAN PHYSICIANS

1997 - 1998

PRACTICE ASSOCIATION, IPA, INC., White Plains, NY

Health Services Director

Designed and implemented utilization management and quality management programs in compliance with regulatory standards. Oversaw credentialing and claims and coordinated committee meetings. Compiled compliance reports for managed care organizations on delegated activities.

- Revised claims workflow and eliminated six-week backlog in two weeks.
- Developed utilization reports to monitor practice patterns.
- Collaborated with Medical Director on improvement processes based on utilization patterns.

PRUDENTIAL HEALTHCARE, Suffern, NY

1993 – 1997

Risk Management Team Lead (1996-1997)

Led a team of clinical and non-clinical associates in the processes of complaints, appeals, and quality of care concerns.

- Developed and implemented operating procedures.

Training Coordinator (1995-1996)

Designed and implemented training programs for new and experienced associates.

- Created training manual with modules that can be used to reinforce skills.

Preauthorization Nurse (1993-1995)

Reviewed preauthorization requests from provider offices.

- Assisted new associates in their orientation.
- Served as back-up for Team Lead.

ADDITIONAL RELEVANT EXPERIENCE

Variety of clinical nursing positions in hospitals and school settings

EDUCATION

Long Island University, Orangeburg, New York
Master of Business Administration - Finance

William Paterson University, Wayne, New Jersey
Bachelor of Science – Nursing

The King's College, Briarcliff Manor, New York
Bachelor of Arts – Psychology

COMPUTER SKILLS

Microsoft Word, Excel, Access, Power Point, and Project