

Print

Application For Appointment/Reappointment - Submission #23426

Date Submitted: 1/3/2025

Name of Board or Boards for which you are applying:*

Affordable Housing Committee

Name:*

Tracy Thornton-Wesley

Home Address:*

1615 Avenue O

City:*

Fort Pierce

State:*

FL

Zip:*

34950

How long at this address?*

18 months

Telephone Number*

305-610-0941

If less than two years, provide prior address:

Are you a citizen of the United States? *



Yes



No

Occupation: *

Registered Nurse

Employer:*

Jackson Memorial Hospital

Do you own a business that operates within the City of Fort Pierce?*



Yes



No

If yes, list the address and nature of said business:

1615 Avenue O

Do you now or in the future plan to do business with the City of Fort Pierce or the Fort Pierce Utilities Authority(FPUA)?*



Yes



No

If yes, in which organization and in what capacity?

Opening an Assisted Living Facility for the Elderly

Are you employed by a business that is located within the City of Fort Pierce?*



Yes



No

If yes, state the business and location:

Do you have special training or knowledge in the area of:

Engineering:*

Yes

No

Architecture:*

Yes

No

Real Estate Brokering:*

Yes

No

Finanace/Accounting:

Yes

No

Contracting:*

Yes

No

Land Development:*

Yes

No

Utilities:

Yes

No

Management:*

Yes

No

Describe your professional background and what expertise you will bring to this Board. (Attach your resume or other applicable information below if desired) *

I am a Registered Nurse and real estate investor. I am opening an Assisted Living Facility for the elderly. I am passionate about helping the elderly and those who can not afford to pay the high rent prices. I currently own a home in Fort Pierce that's fully furnished it is a shared living space for those who are on limited income and do not qualify for section 8 . This home is very nice... I provide toiletries and anything that is needed for my tenants to the best of my abilities. I would love to have a seat at your table .

Are you currently a member of a Commission-appointed board/committee?*

Yes

No

If yes, please specify:

Have you ever been convicted of a felony?*

Yes

No

If yes, what was the nature of the crime(s) you were convicted of:

If appointed, are you willing to attend a training session which could last several hours?*

Yes

No

Referred by:*

Applicant Email Address:*

Date:*

Applicant's Signature:*

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.

For additional information, please contact the City Clerk's Office at 772.467.3065 or email lcox@cityoffortpierce.com.

Upload Resume (Optional)

Resume Tracy Wesley New additional information Updated 2022.pdf

Cellular (305) 610-0941 (personal)

Office: 813-683-3124- 33124 ext.

Tracy. Wesley @Anthem.com Trai64@comcast.net (personal)

Summary:

I am passionate regarding making an impact on our members and the communities we serve. Independently use discretion and judgment to evaluate objective and subjective clinical documentation. Assess the proficiency of nursing skills of other allied health professionals, based on business unit's expectation for performance. Collaborate with team lead to improve best practice. Ability to utilize peer review articles for research. Consult with Medical Directors on subjective assessments to ensure consistency of feedback related to complex, high risk cases. Possess excellent organizational, interpersonal, written, verbal and communication skills. Detailed and very analytical able to collect and analyze information, problem- solve and make concrete decisions.

Passionate for **Quality and Performance Improvement**.

I am currently working with hedis on data abstraction for **CBP, BPD, BCS, KED, FMC, SPC, OMW, OSW, EED, COL, COA, TRC, MRP**. Self-motivated, dedicated, ability to work and learn new material under pressure. Thrive in a complex environment that challenges me. Most importantly, I work very well with others.

Educational Credentials:

Master of Science (Major: Nursing).

Master's in Business Administration (Major: Business).

Baccalaureate in Arts (Major: Healthcare Administration).

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Associates in Science from Jackson Memorial School of Nursing Miami, Florida

Major: Nursing.

Experience:

InterQual (6 Years)

MCG (4 Years)

Knowledgeable with Reveleer platform.

Proficient in Microsoft Excel and Microsoft Outlook, OneNote

Licenses:

Registered Professional Nurse, 2019 (Active) Florida Compact State.

Registered Professional Nurse, 2021, (Active) Multistate Licensure.

More than 27 years of experience in nursing.

Professional and Clinical Experience:

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Additional Clinical Experience: Clinical Quality Auditing experience: Projects includes Abstraction, collecting data from member's chart and other medical records to improve quality.

Experience in managed care including clinical staff development.

Utilized as a Resource Nurse/ Preceptor.

Anthem Nurse Medical Management II Florida, Tampa Apr 2016-Present

Anthem Nurse Medical Management II Florida, Tampa Apr 2016 - Present

- As a Nurse Medical Manager II, working strictly with Medicare Members across the United States.
- Perform utilization Reviews on Initial reviews, Pre-op, DME, Acute Inpatient members.
- Nurse Medical Review Registered Nurse- Telecommute
- Assist with Coordinating care with Case management for our members.

Anthem Nurse Medical Management II Atlanta, GA Apr 2016 - Present

Georgia Medicaid Clinical Leadership- GBD

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Nurse Medical Review Registered Nurse- Telecommute

- As a Nurse Medical Manager II, worked strictly with Georgia Medicaid clients.
- Perform **utilization review, or concurrent review, Initial reviews.** (Telecommute and telephonic inpatient care management) for: NICU, OB/GYN, ACUTE INPATIENT, ACUTE REHAB, SNF, LTACH. Using FACETS.
- Worked Saturdays to remain compliant with URAC Timeframes. Successful in saving the company millions due to Saturday process.
- Shared ideas on best practice for Saturday process to fulfill tasks. **Post Discharge Counseling/ Discharge planning.**
- Consult with Medical Director's as needed to trouble shoot difficult or complex cases.
- Processed all Medical Director Case Denials (Lack of Clinical Information, Clinical not meeting Medical Necessity and Reconsiderations). Conduct **Clinical Chart Assessment.**
- **Performed utilization and pre-service reviews using InterQual 2018.2 Care Guidelines and Anthem/BCBS Guidelines/Policy.**
- Demonstrated knowledge of all unit measures and levels for URAC/ AUMSI timeframes and Documentation Compliance. Demonstrated knowledge of client specific requirements for pre and post discharge counseling,
- Made appropriate referrals to internal and external resources. Knowledge of Milliman Case Guidelines or **InterQual**
- Determine medical appropriateness of inpatient and outpatient services following evaluation of medical guidelines and benefit determination.
- Assess and interpret customer needs and requirements Identify solutions to non-standard requests and issues.
- Work with minimal guidance. Provide explanations and information to others on difficult issues.
- Excellent customer service skills. Self-motivated, self-directed, positive attitude.
- A great resource for others with less experience. Intermediate typing and computer skills
- Ability to process word and excel documents

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- Evaluates patient records to determine the medical necessity of treatment as a basis to approve and route possible denials to Medical Directors. Evaluates patient needs, treatment options and alternatives, and overall costs.
- Ensuring members have appropriate coverage for their treatment. Requiring that physicians obtain surgical approval before elective procedures are done.
- Collaborate with Medical Director about high dollar cases.
- Help administrators decide on the different treatments to provide the most appropriate circumstances for potentially experimental procedures. The ability to multitask with focus. Complies with HIPAA requirements.

UnitedHealth Care Clinical Services/Inpatient Care Management, Atlanta, GA Jan 2015 – Apr 2016

Utilization Review Nurse for the SE Georgia Region-Telecommute

- As a Nurse Medical Manager, work strictly with Georgia Medicare and Commercial contracts.
- Perform **utilization review, or concurrent review, Initial reviews.** (Telecommute and telephonic inpatient care management) for: ACUTE INPATIENT, ACUTE REHAB, SNF, and LTACH. ACUTE, ACUTE REHAB, SNF, LTACH, PRESERVICE ELECTIVES
- Review commercial and **Medicare cases, Discharge planning** for all members.
- Determine medical appropriateness of inpatient services. Follow evaluation of medical guidelines and benefit determination. Work with minimal guidance. Provide explanation and information to others on difficult issues. Coach provides feedback and guide others. Act as a resource for others with less experience.
- Intermediate typing and computer skills. Utilize word document. Knowledge of Milliman Care Guidelines.
- Proficient in Microsoft Excel and Microsoft Outlook. Evaluates patient records to determine the medical necessity of treatment.

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BlueCross Blue Shield of Georgia State Health Benefit Plan, Atlanta,
GA

Aug 2013 – 2015

Medical Manager/Utilization review RN-Telecommute,

- Served the state employees, teachers, school system employees and retirees who continued coverage (including annuitants and former employees on extended coverage), and covered dependents.
- Perform **utilization review, or Prior Authorization, concurrent review, Initial reviews.**
- (Telecommute and telephonic inpatient care management) for: OB/GYN, ACUTE INPATIENT, ACUTE REHAB, SNF, LTACH, OUTPATIENT, HOMEHEALTH, DME, and ELECTIVES CASES.
- Consulted with Medical Director's as needed to trouble shoot difficult or complex cases.
- Processed all Medical Director Case Denials (Lack of Clinical Information, Clinical not meeting Medical Necessity and Reconsiderations). Conduct Clinical Chart Assessment.
- Use Milliman Care Guidelines and Anthem/BCBS Guidelines/Policy.
- Demonstrated knowledge of all unit measures and levels for URAC/ AUMSI timeframes and Documentation Compliance.
- Demonstrated knowledge of client specific requirements for pre and post discharge counseling.
- Submit appropriate referrals to internal and external sources.
- **Demonstrated ongoing ability and knowledge of Utilization Review, Management, and Case Management Process.**
- Determine medical appropriateness of inpatient and outpatient services following evaluation of medical guidelines and benefit determination.
- Assess and interpret customer needs and requirements Identify solutions to non-standard requests and problems. Work with minimal guidance. Translate concepts into practice.

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- Provide explanations and information to others on difficult issues. Coach provides feedback and guide others. Act as a resource for others with less experience. Intermediate typing and computer skills.
- Knowledge of Milliman Case Guidelines or **InterQual**. Proficient in Microsoft Excel and Microsoft Outlook.
- Work with the company on setting standards and protocols start up on new project for State Health Benefit Plan.
- Evaluates patient needs, treatment options and alternatives, with overall costs.
- Ensuring patients receive appropriate coverage for treatment.
- Collaborate with Medical Director in reference to high dollar cases. Help administrators decide on the different treatments in order to provide the most appropriate circumstances for potentially experimental procedures.

Trinity HealthCare Staffing Florence, SC Aug 2012 – Jun 2013

Greenville Medical Center Hospital

Travel Case Management/ Utilization Management/Integrated Role

- Perform **utilization review** on concurrent review and Initial reviews cases.
- ACUTE INPATIENT, OBSTETRICS/GYNECOLOGY cases for Medicaid and Commercial insurance.
- **Discharge planning**
- Clinical appeals
- Issue IM letters
- Review and evaluate treatment plan for patients.
- Collaborate with physicians and health care staff to ensure Level of Care is appropriate.
- Efficient with InterQual
- Great customer service skills.
- HIPAA Compliant.

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DeKalb Medical Hospital, Decatur, GA Jun 2011 – May 2012

Registered Nurse Case Manager/ Utilization Review Management

- ACUTE INPATIENT cases for Medicaid, Commercial insurance, and nonpayers.
- Perform utilization review on concurrent review and Initial reviews cases.
- Discharge planning.
- Assist in problem solving with providers, claims or service issues. Assist with development of utilization/care management policies and procedures.
- Review a request for medical treatment, confirming that the plan provides coverage for the medical services.
- Ensure the level of care is appropriate.
- Monitor patient's level of care and length of hospital stay.
- Collaborate with health care staff, patients, and providers with a plan of care.
- Preauthorization for services, review for medical necessity.
- Review for appeals.

Thank you for your consideration!