

PATRICE CHANCE

HEALTHCARE OPERATIONS | AI-ENABLED SERVICE TRANSFORMATION | REGULATORY EXCELLENCE

832.691.3316 | prchance1947@yahoo.com | linkedin.com/in/prchance | [Executive Portfolio](#)

EXECUTIVE SUMMARY

Healthcare operations leader and former Director with 15+ years across Texas Medicaid, CHIP, Medicare Advantage, Commercial and TPA health plans. Led operations supporting more than 500,000 members and teams of up to 200, and managed a \$13M operating budget. Career-long record of implementing service technology (knowledge platforms, IVR self-service, CTI and AI agent assist) with the requirements, testing, training and post-launch ownership that make adoption last. Lean Six Sigma Black Belt; zero contact center deficiencies in every CMS, HHSC and URAC review led since 2018.

TARGETED LEADERSHIP HIGHLIGHTS

- **Operations Leadership & Scale:** Former Director of Customer Service Operations & Training with a \$13M budget; led operations supporting 500,000+ members and teams of up to 200 across onshore and offshore delivery.
- **AI & Service Technology:** Led a knowledge-platform RFP, BAA and contract negotiation; launched provider IVR self-service resolving ~25–35% of provider calls without an agent; built a Jotform AI agent-assist tool for frontline teams.
- **Regulatory Readiness:** Led contact center readiness for CMS, Texas HHSC and URAC reviews with zero contact center deficiencies (2018–2026).
- **Measurable Results:** Raised service quality from 82% to ~94%; improved provider satisfaction 30% with 100th-percentile results; cut average handle time from 13–15 to 7–9 minutes.

CORE COMPETENCIES

Healthcare Operations Leadership | AI & Automation Implementation | Vendor Selection & RFP | Contact Center Strategy | Medicaid/CHIP & Medicare Advantage | Regulatory Readiness (CMS, HHSC, URAC) | Budget Management | Workforce Planning | Quality & Knowledge Management | Lean Six Sigma | KPI & Performance Analytics | Change Management

PROFESSIONAL EXPERIENCE

Manager, Customer Service Operations | ASCENSION ABS-TPA / DELL CHILDREN'S HEALTH PLAN | 05/2022–Present

- Led the build-out of the remote Medicaid contact center during the Dell Children's Health Plan ramp-up, serving ~60,000 STAR, CHIP and CHIP Perinate members: hired and trained the agent team, created the knowledge management tool and partnered with QA on auditing guidelines.
- Run daily operations on Genesys Cloud for call handling, workforce management and quality auditing; manage workforce, quality, coaching, SLAs and escalations.
- Led call center preparation for Texas HHSC readiness review (2022), audits (2024, 2026) and URAC accreditation activities, with zero call center deficiencies.
- Improved provider satisfaction 30%, reaching 100th-percentile results in key Press Ganey categories, by identifying claims escalation as the root cause and partnering with Claims leadership on a clearer dispute process.
- Partnered with Quality, Care Management and Provider Relations on HEDIS/STAR outreach; contributed to a 10% increase in adult wellness visits.
- Designed and deployed a Jotform AI agent-assist tool with an unanswered-question feedback loop and a named content owner; team leaders estimate ~20% fewer agent questions, with remaining questions focused on complex topics.
- Created and deployed PurposeKin.com, a team learning portal built with generative AI-assisted development, featuring Medical Literacy, Understanding Providers and Understanding Claims training, team challenges and engagement games; designed with fictional scenarios and no member PHI.

- Built a Tableau leadership dashboard (Facets task status, call trends, FCR) and an automated communication workflow in Google Sheets, Slides and Apps Script with reviewer approval before distribution.
- Retained 70% of the original team since 2022 and developed staff into supervisor and team-lead roles.

Workforce Development Manager | SCOTT & WHITE HEALTH PLAN | 10/2018–05/2022

- Directed operational integration of FirstCare Health Plans, including the Lubbock site; supported Medicaid readiness (2019) and audit (2021) with zero call center deficiencies.
- Led the SupportPoint knowledge-management redesign, separating member and provider content; service quality rose from 82% to ~94% and internal compliance audits moved from monthly to quarterly.
- Monitored and reported provider IVR performance; self-service resolved ~35% of provider calls without agent contact (2020–2021).
- Created an agent documentation tool that reduced average handle time by three minutes; improved employee engagement from 74% to 86% within the first year.

Manager, Customer Service Operations | MEMORIAL HERMANN HEALTH PLAN | 09/2014–08/2018

Senior on-site contact center leader reporting to the Director of Operations (Enrollment, Claims, Call Center, Mailroom); owned contact center design, launch and operations.

- Built the contact center from the ground up, from floor plan, workstation layout and employee spaces to telephony, IVR, enrollment workflows and service infrastructure.
- Designed, wrote and delivered launch training for the initial agent team; trained and oversaw launch readiness for a backup BPO partner.
- Built the QA program, led six QA auditors and trained them on audit protocols; owned workforce planning from call patterns until hiring a dedicated WFM analyst.
- Led requirements, call flows, testing, training and launch of a Cisco provider IVR connected to Facets, resolving ~25% of provider calls in self-service; led the call center side of a Cisco Finesse screen-pop project.
- Partnered with Finance and the Director of Operations on an approximately \$20M operating budget.
- Led contact center readiness for the 2018 CMS onsite audit with zero contact center deficiencies.
- Established an escalation unit that reduced member grievances 10% and provider complaints 15% in its first quarter; redesigned provider workflows to cut provider call volume 20%.
- Delivered \$300K net improvement through Medicare Secondary Payer/Coordination of Benefits redesign; served as executive service liaison for self-funded employer clients.

Director, Customer Service Operations & Training | UNIVERSAL AMERICAN CORPORATION | 02/2008–09/2014

- Directed Medicare Advantage customer service operations and training, managing a \$13M operating budget across onshore and offshore teams.
- Led the Nanorep knowledge-platform selection: RFP, BAA, contract negotiation, pilot, training and ongoing ownership; adopted quickly at lower cost than the prior platform.
- Represented customer service operations as part of the audit team in three CMS onsite audits (2009, 2011, 2013), speaking with auditors in each; identified issues were addressed timely.
- Led training and performance initiatives for a global BPO partner, including a three-month Manila assignment.
- Developed Medicare training and workflow improvements that reduced average handle time from 13–15 to 7–9 minutes; partnered with sales on product training and community education.

EDUCATION & CERTIFICATIONS

Bachelor of Arts, Business Management — American Public University System

Lean Six Sigma Black Belt (IASSC) | Certified Lean Healthcare Professional (CLHP) | Certified Revenue Cycle Representative (CRCR, HFMA)

Generative AI for Business Leaders — University of Michigan (in progress; expected 12/2026)