

## Michael T. Vogel MCM

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717-732-2572  
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### OBJECTIVE

Utilize, build and expand upon 12 years of regulatory auditing and insurance industry knowledge. Seeking employment opportunities that **monitor**, **improve** and **enhance** corporate **compliance** practices, laws and regulations that will benefit participants of that industry.

### WORK EXPERIENCE

#### Verus Financial, LLC – Waterbury, CT

12/09– 5/2010

##### *Examiner*

- Audited for escheatment of annuity and life insurance policies and claims as unclaimed property that resulted from demutualization
- Analyzed life insurance policies for compliance with various states' statutes, laws and regulations
- Travel required to perform market conduct exams
- Worked on PC, generate reports, maintain good working knowledge of various applications
- Performed other duties as assigned or required

#### Commonwealth of Pennsylvania-Harrisburg, PA

12/04-12/09

##### 1. Department of Health – *Administrative Assistant 1*

- Provided administrative support to the Vaccine for Children program
- Reviewed enrollment of VFC providers
- Monitor providers' vaccine usage, distribution, and quality assurance
- Supervised clerical personnel

##### 2. Insurance Department - *Market Conduct Examiner*

Performed compliance examination procedures including:

- Produced over \$310,000 of revenue for the Commonwealth
- Adherence to Pennsylvania statutes, regulations and contract provisions pertaining to Health, Life and Credit Insurance
- Inspected policy, claim, complaint, and underwriting files
- Inspected form filings, rate structures, rate manuals and operating rules
- Responsibility for the completion of examinations
- Summarize and report review findings
- Travel required to perform market conduct exams
- Work on PC, generate reports, maintain good working knowledge of various applications
- Perform other duties as assigned or required

#### Highmark Blue Shield – Camp Hill, PA

12/97-12/04

### **1. *Medical Claims Adjuster***

- Analyzed and communicated medical policies, procedures and billing issues
- Work duties pertained to Blue Card
- Communicated with Pennsylvania medical providers by phone or written correspondence
- Interaction with other states' Blue Cross Blue Shield plans
- Adjusted medical billing services
- Ensured appropriate claim finalization

### **2. *Customer Service Representative***

- Analyzed and communicated medical services, benefits, and billing issues
- Work duties pertained to Point of Service and Health One
- Communicated with plan participants, employers, medical providers and attorneys
- Verified medical claim processing with appropriate adjustments when necessary
- Ensured appropriate finalization

### **3. *Medical Claims Examiner***

- Analyzed medical claims
- Ensured proper claim processing
- Reviewed billing statements from medical providers
- Entered and/or converted medical data from referrals and claim documentation

## **EDUCATION**

### **Shippensburg University of Pennsylvania**

Harrisburg, Pennsylvania

Education towards a Master's Degree

Major: Public Administration

***In Process***

### **Indiana University of Pennsylvania**

Indiana, Pennsylvania

Bachelor's Degree

Major: Political Science

Minor: Pre Law

***1996***

### **Boiling Springs**

Boiling Springs, Pennsylvania

High School Diploma

Major: Academics

***1991***

## **SKILLS AND ABILITIES**

Market Conduct Management (MCM) Certification

Microsoft Essentials

- Word
- Excel
- Access
- Teammate

Eagle Scout

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**Professional References**

Daniel A Stemcosky (AIE, FLMI)  
Contract Examiner

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**Personal Reference**

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