

JESSICA CLAIRE

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PROFESSIONAL SUMMARY

Quick-learning, hardworking, passionate, integrity-driven problem solver with strong organizational and interpersonal skills eager to secure a Systems Analyst position, striving to achieve goals and have a greater impact at Premera.

SKILLS

- Willingness to Learn
- Learns quickly
- Excellent Memory
- Active Listening
- Critical Thinking
- Highly Analytical
- Strong Focus
- Problem Solving
- Collaboration
- Clear, Concise Writing
- Flexible & Adaptable
- Fresh Ideas
- MS Office

WORK HISTORY

- 12/2019 to Current

Care Management Analyst

Dignity Health – Folsom, CA

 - Triage Clinical Appeals receipts; analyze, validate, and track data and documentation received from providers and members, identifying trends and opportunities to improve process efficiencies while meeting compliance and regulatory standards requirements.
 - Manage the Clinical complaints and appeals process, compiling data and preparing documents using LeanKit, various applications within the Facets claims payment systems, Express Scripts, Jiva, Client Letter, Identifi, Aldera, AIM, Microsoft Office, and Adobe Acrobat DC.
 - Evaluate member eligibility information, contracts, benefits, products, authorization, and medical necessity determination rationale from internal and external reviewers for thorough resolution of complex account needs.
 - Collaborate with, mentor, and support team members in prioritizing and handling specialized appeals; research and analyze cases to provide recommendations for solutions; and engage coworkers and leaders in achieving greater understanding and development of expertise.

12/2009 to 11/2019

Appeals Specialist (FEP)

Premera Blue Cross – City, STATE

- Acted as a departmental resource using dynamic analysis and exceptional problem-solving skills for efficient resolution of member appeals, provider appeals, and congressional inquiries; conducted careful interpretation of data and objectives to ensure complete understanding of complex member and provider needs before executing thoughtful determinations.
- Extensively communicated verbally and in writing with members, providers, the Federal Office of Personnel Management, other health insurance organizations, and various internal departments, including IHM, PS&S, Payment Policy, HCE, Finance, SIU, and QRR to research and resolve issues.
- Trained, mentored, evaluated, and provided continued support by engaging team members; facilitating in their success by offering methodical, concise approaches to accurate and complete analysis and documentation.
- Performed in-team audits, managed quality review of determination responses and rationale, and provided audit feedback.
- Developed and maintained text blocks, guidelines, and other resources for lean handling of casework through implementation of various in-team procedures and standards.
- Identified root causes of system issues and anomalies in claims and enrollment processing in the Bridge, Facets, and FEPDirect systems; initiated improvements and provided recommendations affecting processes implemented both company-wide and nationally by the FEP Director's Office.
- Collaborated with business partners and IT partners to identify, document, and refine business requirements and functional requirements for new system implementations. Used system tools to extract data for validation of system requirements. Supported and collaborated with UAT to assist with testing, identifying issues, and developing solutions.
- Maintained a 99% (or higher) in-team audit accuracy and 100% corporate audit accuracy.

10/2008 to 11/2009

Customer Service Representative (FEP)

Premera Blue Cross – City, STATE

- Delivered primary customer support to members and providers, identifying and accurately resolving benefits and claims issues with excellent interpersonal skills, a positive attitude, and exemplary attention to detail.
- Performed extensive research using multiple systems, resources, quick thinking, and problem-solving skills to provide optimal service to callers; thoughtfully composed questions to creatively work to anticipate future issues in striving to ensure one-call resolution.
- Adhered to personal goals and met Premera's highest quality standards.

EDUCATION

- (Coursework Toward) Court Reporting (2006-2008)

Green River Community College - Auburn, WA
- (Coursework Toward) Court Reporting (2005-2006)

Court Reporting Institute - Seattle - Seattle, WA
- (Coursework Toward) B.A. Business (1997-1998)

Boise State University - Boise, ID
- (Coursework Toward) B.A. Psychology (1994-1997)

University of Idaho - Moscow, ID