**DEBORAH JEFFERSON**

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|  | **Healthcare Analyst Profile** |  |
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A detail-oriented, driven, and analytical Analyst with a meticulous eye for detail, a diversified skill set, and an aptitude for project management, analytical thinking, creative problem solving, and data claims analysis, investigations, administration, and implementation. Adept in customer service, six sigma concepts, business intelligence, and creating mutually beneficial relationships with clients and stakeholders. Well-versed in healthcare services, Medicare fraud, and fraud waste; capable of completing all industry related tasks through effective time management, judgement, confidentiality, and prioritization skills. Communicative and attentive, able to work in alone or in teams, learn new practices and procedures, and adapt to new environments easily and quickly with absolute professionalism

Database Management • Business Finance • Regulatory Compliance • Project Management• Performance Optimization • Time Management • Data Review (AHIMA) & Statistical Analysis • Business Requirement Documentation • Complex Problem Solving • Interpersonal Skills • Verbal & Written Communication • Cross-functional Team Leadership• End-to-End Training • Presentation Skills • Managed Care • Fraud Waste & Abuse • Data Claims Analysis (AHIMA) •

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|  | **CAREER EXPERIENCE** |  |
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**BUSINESS ANALYST IV,** PA Health and Wellness, Pittsburgh, PA 6/2017 to 11/2019

Executed various duties including, but not limited to, gathering internal business requirements, extracting and translating data into practical formats, conducting UAT, and managing reconciliation tasks and/or analytical projects from front to back end. Reviewed all routine state reports, prepared Business Requirement Specifications, and ensured timely delivery and compliance of all reports, requirements, and conditions with state and contractual regulations. Collaborated with functional internal coordinates and data analysts to develop SOPs, resolve all identified issues, and implement associated projects.

* **Acted as a Subject Matter Expert**; responsible for facilitating the initiation, realization, and completion of various company projects (in collaboration with the Director and departmental Vice President).
* **Developed and implemented a validation process** that ensured the smooth execution of reconciliation processes, management of BH/PH files, and extraction of data as per state regulations.
* **Guaranteed timely deployment of data** by partnering with data professionals to research and formulate criteria for Omni configuration requests.
* **Successfully finalized acceptable extracted data** after administering the configuration of the disenrollment/enrollment file.
* **Improved organizational workflow** by redesigning business requirement specification forms and designing data change request forms.

**BUSINESS ANALYST CONSULTANT (REMOTE)**, Optuminsight, Eden Prairie, MN 4/2015 to 2/2016

Employed health plan data knowledge, proficiency in medical terminology, and effective communication skills to enroll members, formulate data driven metrics, and support management teams, clients, and the EDIS Data Exchange by translating, integrating, and evaluating data acquired from several SQL dba resources. Partnered with internal project managers to guarantee adherence to timeline stipulations. Executed contract population mapping, Input Specifications and NCQA measure summary analyses HEDIS/STARS data validations, and other systemic assessment to identify software errors related to data output.

* **Acted as a SME**; examined client questions with the aim of resolving data issues, meeting allotted timelines, and adhering to NCQA measures.
* **Participated in daily and routine meetings with external clients, internal departments, and members of the medical coding team**; to discuss and guarantee delivery of results that are consistent to client’s needs.
* **Boosted key performance measurement results pertaining to** after identifying gaps and implementing interventions.
* **Increased understanding of supplemental HEDIS data concepts** by formulating working knowledge of STARS contracts.

**FRAUD WASTE AND ABUSE PROJECT MANAGER,** McKesson Health Solutions, San Francisco, CA 5/2012 to 2/2015

Oversaw several different tasks that pertained to the development of a standard gathering requirement template for the Service Center of Excellence. Cooperated with developers to assess FWA predictive analytic results and improve processes by determining false-positive data outcomes. Interfaced remotely with executives, business and financial risk analyst, managers, offshore medical coding teams, and instructional designers to conduct daily and weekly meetings with internal teams. Collated and analyzed data to develop Advisory Change Memos (ACM) for the offshore claims triage team; which resulted in the implementation of policy changes.

* After one year of employment, **promoted from a Contracted Business Analyst to a Project Manager**.
* **Provided subject matter expertise** during data mapping workshop and configuration workshops, developed implementation best practices, tools and documentations and critically evaluated information from multiple sources.
* **Acted as a Liaison between internal and external customers and the product software delivery team**; supported sales product and data analysis presentations.
* **Functioned as a Trainer**; created program materials, job aides, syllabus, and webinars to provide detailed instruction to clients on appropriate software use, ensure validity of analytic data, observe triage medical coders workflow process, and provided best practices feedback to FWA management team.
* **Decreased the rate of false positive referrals by 89%** after identifying gaps in analyses and reconfigured job aide.

**DATA ANALYST**, Select Health of South Carolina, Charleston, SC 4/2010 to 4/2012

Executed a collection of tasks, associated with collation of data, development of customized reports, and preparation of analytical needs for corporate audits, HEDIS and the performance of qualitative and quantitative studies. Regulated queries following the creation of maps and measurement flowcharts, assessment of data, and the identification of data trends. Partnered with inter-departmental personnel to investigate, examine, and validate the accuracy of all data results.

* **Trained outsourced LPNs and RNs on the fundamentals of data entry**, scanning, and document transfers of a HEDIS project.
* Effectively re-**tooled provider credentialing and delegated efforts** to comply with NCQA standards.
* Contacting +71K members, via sound bite reminders and incentive letter, to accurately **identify non-compliant members for HEDIS outreach campaign program.**
* **Successfully tracked 12-month rolling HEDIS measures YTD** from AIG software for Managed Care Medicaid programs.

*Other experiences as a* ***Medicare Fraud/Data Analyst*** *for Palmetto GBA/BCBS of SC, Columbia, SC*

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|  | **CREDENTIALS** |  |
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**Bachelor of Arts, Fine Arts,** Emmanuel College, Boston, MA

**Associate of Arts, Computer Science,** Limestone College, Gaffney, SC

**Professional Memberships**

American Health Information Management Association (AHIMA)

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|  | **TECHNICAL PROFICIENCIES** |  |
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| Software/Tools: | MS Office Suite (Word, Excel, Access, PowerPoint, Outlook); MS Project; Clarity PM; SharePoint; Crystal Reports; Oracle; Tableau; Lotus Notes; JIRA; Teradata; MicroStrategy; Navigator Citrix; SQL; RAT-STATS; Base SAS; IDX; MMIS; MSSQL; Novell Windows NT EDI; EFT; Various Software Applications required by Employers |
| Systems: | MS OLAP; CICS HIMR; |
| Medical Codes: | Healthcare Fraud (ACFE) Medical Terminology (Midlands Technical College, SC) |