

## BUSINESS ANALYST, SR

### Summary

Results-driven and highly skilled management professional with diverse experience spanning various fields. Proven ability to provide guidelines to shape solution and approaches. Broad scope of experience encompassing problem solution, claims processing, creating and implementing process improvements, and streamlining overall operations for optimal business efficiency.

### Highlights

- Business process improvement
- Forecasting and planning
- Functional requirements
- Advanced problem solving abilities
- Claims processing expertise
- Program implementation
- Training and development
- Client relations
- Report analysis
- Microsoft Office
- Spreadsheet development

### Accomplishments

- Created training material and conducted on-line training to transition processing of Life Insurance claims, Long Term Disability, and AD&D benefits to a Financial Analyst.
- Standardized reporting of off inventory Pay and Recover estimates for reserves for new, rework, and reconciliation files.
- Strategically formatted a workbook to manually process claims to utilize in the generation of an 837 format.
- Successfully created National Policies for Claims processing.
- Created claims inventory reduction plan (estimates vs actual) to monitor inventory fluctuation.

### Professional Experience

Insight Enterprises, Inc. January 2008 to Current Business Analyst, Sr  
Dallas, TX

- Manage escalated claims inquiry and appeals.
- Work closely with Pay and Recover files for assigned Contracted Groups, and work directly with the groups to resolve any outstanding accounts.
- Create summary reports to manage and monitor claims daily inventory.
- Create Spreadsheets to trend production, and aged claims.
- Proactively work with claims examiners and management researching and resolving claims issues.
- Manage daily vendor files for claims with established edits criteria
- Coordinate Claims projects, and provide guidelines to ensure projects are completed successfully, and as expected.
- Write and update Claims National Policies.
- Conduct research and resolution for errors received during claims/encounter submissions.

Health Net Of California November 2005 to December 2007 POS Claims- Supervisor  
City, STATE

- Supervised staff of 20 claims examiner for Universal Care/Health Net transition.
- Managed the process of inquiries, appeals and new day claims with transition dates for various lines of business (Cal Optima, Medicare, Healthy Families and Commercial).
- Rerouted claims for Medi-Cal line of business to Health Net.
- Monitored claims aging reports for both Universal Care (transitional dates of service) and Health Net's system (ABS).
- Proactively worked with Claims staff interpreting Policies and Procedures for POS and PPO.
- Prepared monthly report cards, performance improvement documents as needed (production and attendance issues) and review payroll on a weekly basis.
- Troubleshooted computer systems (Citrix), computer applications (ABS, MACESS.EX, Lotus Notes, MHC and Microsoft office applications).

Universal Care December 2003 to December 2005 Oversight Claims Supervisor/CMG Lead Coordinator  
City, STATE

- Worked directly with the Claims Director and Claims Vice President in coordinating and completing top priority projects, making business decisions and resolving outstanding accounts.
- Maximized operational efficiency by coaching staff on various claims initiatives.
- Interpreted contracts, Division of Financial Responsibility and processing of insured services.

- Prepared training material with extensive lists of diagnosis, procedure codes, revenue codes, and detail work instructions on various pricing methodologies.
- Coordinated and oversaw the implementation of automating claims mailing process for Contracted Medical Groups, Hospital responsibility, and capitated services.

Universal Care - CMG December 2000 to December 2003 Lead Coordinator /Claims Auditor  
City , STATE

- Audited paid and denied claims.
- Coordinated special projects submitted by Contracted Medical Groups' representatives.
- Prepared claims aging reports for Executive Management.
- Reviewed and Maintained cheat sheet matrix with updated. information related to Contracted Medical Groups and Hospitals.
- Mentored new employees.
- Troubleshooted computer hardware / software.
- Managed and tracked correct and incorrect Division of Financial Responsibility documents (DOFRs) in the system.
- Developed a tracking system for returned claims by Contracted Medical Groups and Hospitals.
- Handled claims inquiries, cap deduction requests, project log, and daily Contracted Medical Groups, and Hospitals mail outs.
- Strategically increased productivity and decreased error ratio through the implementation of various process improvements.

#### Education

Keller Graduate School of Management 2010 MBA : General Management City , State , USA

DeVry University 2007 Bachelor of Science : Technical Management City , State , USA

Graduated Cum Laude

Long Beach City College Associate of Arts : General Education City , State , USA

Focus on Computer Programming/ Business Information Systems