

## SENIOR BUSINESS ANALYST

### Professional Summary

Senior Business Analyst offering twenty plus years of experience delivering HIPAA compliant software, high performance technology solutions to meet shifting organizational demands.

Provided DMLSS DT&E testing with detailed oriented analytical and communications skills. Developed technically adept and test scenarios and quality assurance. Only non military personnel on project. Quickly learned the software and updated documentation.

### Core Qualifications

- Results-oriented
- Client-focused
- Creative Problem Solving
- EDI Billing
- Detail-oriented
- Unsurpassed work ethic
- Relationship building

### Experience

August 2005

to

May 2015

Fidelity National Information Services Pasadena , CA Senior Business Analyst

Subject Matter Expert for Commercial Clearinghouses, Medicaid, Medicare, Home Health and Hospice billing formats. Assisted stakeholders in understanding regulatory requirements to implement mandated initiatives into detailed user stories for development team. Product owner for state Medicaid Electronic Data Interchange (EDI) billing changes. Participated in all regulatory sprints and presented Concept Reviews to Homecare team. Responsible for all Medicaid electronic billing formats and issues related to claims processing. Utilized HIPAA Billing Tool for the utilization of the 837 ANSI Transactions Set. Created informative concept reviews on complex billing regulations for team members and sales executives. Responsible in the completion of Payer validation requests. Created monthly vendor reports for Emdeon Clearinghouse. Ensured that the Home Health and Hospice software is compliant with Medicare and Medicaid guidelines. Coordinated claim and Issue Cases with the both Emdeon and Payerpath. Developed billing templates and created test scenarios. Monitored and tested business applications to verify that all client requirements are incorporated into the system design. Provided input into developing and modifying the application to meet client needs and regulatory requirement specifications to support these modifications. Coordinates and facilitates meetings with clients and payers to gather and document requirements and explore potential solutions. Provided leadership and guidance to less experienced personnel. Prioritized and resolved forty one percent of case backlog for Regulatory team of three. Resolved 63 SFDC cases within 10 month period.

November 2001

to

January 2002

Harris Computer Systems Glasgow , KY Medicare Applications Coordinator and SME Designated as Medicare Subject Matter Expert for the Health Insurance Portability and Accountability Act (HIPAA). Coordinated remediation package for the Medicare application and obtained all necessary signatures for project implementation, wrote the Medicare Scope and Assessment documents. Coordinated activities with the HIPAA testing. Provided the work plan for the Medicare application, assisted with HIPAA compliance of Medicare COB business. Analyzed workflow of existing operations, including policies, procedures and informal/formal practices. Trained in chain management as it relates to Medicare, interacted with and provided assistance to CareFirst, Inc.

December 1998

to

April 2000

Aaa Of Southern California La Quinta , CA Senior Staff Team Leader Team Lead for the testing claims adjudicating systems of the MCS, VMS Part B/D and GTEMS systems. Developed business requirements for Change Requests and Program Memorandums based on Medicare Part B claims processing. Developed Test Scenarios, Test Plans and Test Cases for testing software changes and system modifications based on the quarterly releases. Developed the Specifications for a Microsoft (MS) Access data base to develop test transactions systematically and a Data Base to compile all Change Requests in a comprehensive file to be accessed by multiple users. Assisted in the development of QA/CM plans for the specific requirements of independent release testing. Reported directly to the Program Manager on a regular basis and contributed regularly to periodic progress reports. Responsible for the validation and certification of the Health Care Financing Administration's (HCFA) External Systems Test Sites for Y2K test systems. Assisted in the development of multi-dimensional programs to automate all aspects of testing. Created a Reference Guide to assist Analysts in the adjudication and processing of claims. Composed a project management plan for all tests. Established and increased productivity standards for the entire department. Reviewed and analyzed test output. Identified and established procedures from the test plan to analyzing the final results. Represented the Systems Team during meetings and teleconferences. Advised management of potential problems and provided plausible solutions. Conducted firsthand comparative evaluation of Test Results. Established cooperative working relationships with external customers and internal staff. Interactive in the development, management and protection of key relationships. Reviewed independent test execution in detail and provided plausible recommendations. Audited, adjudicated and processed Medicare claims within the test environment. Trained International System Engineers on the history of Medicare and general claim processing information. Selected as Team Lead. Tested the production of claims through the use of Electronic Media Claims (EMC) and Electronic Funds Transfer (EFT). Reviewed and utilized the PROCLAIM software.

April 1998

to

December 1998

Kaiser Permanente Regional Office City , STATE Senior AMISYS Configuration Analyst Analyzed and interpreted Provider Contractual agreements. Managed the AMISYS pricing configuration. Loaded multiple fee schedules and configured the pricing arrangements for the Kaiser HMO Signature, Point of Service, Medicare Risk and Medicare Cost lines of business. Provided strategic and technical support for the maintenance of the AMISYS software. Advised and provided analytical recommendation to productivity issues. Provided analysis for internal staff. Developed proprietary processes and maintained configuration changes. Served as primary analyst responsible for the support of the Provider Data Unit. Participated in network development, system design, integration and administration. Coordinated and maintained working relations with contractors and outside organizations for effective interchange of information and resolution of problems.

August 1996

to

April 1998

HBO And Company City , STATE Project Manager Demonstrated product knowledge and certified in Provider Network Development, Membership Analysis, Claims Processing, and Medical Management sub-systems. Met and exceeded productivity measurements continually. Certified in four subsystems of the AMISYS software within a nine month period, when only one certification was required. Obtained general product knowledge in non certified subsystems. Supported Sales and Marketing representations. Recognized as a company resource. Established and maintained sound working relationships with over 100 Managed Care Organizations (MCO) throughout the country. Trained MCO's on various aspects of the AMISYS software. Served as the primary contact and trainer for new product team members. Utilized Microsoft Power Point software for training seminars. Maintained product documentation. Recognized as primary Product Specialist for Electronic Data Interchange (EDI), MACCES interfaces and the Health Insurance Portability Act (HIPPA) requirements. Participated in strategic planning and issue resolution. Coordinated project management initiatives as well as develop test plans. Interacted and coordinated with the MIS staff. Responsible for the coordination and completion of corporate projects designed to enhance data processing and reporting systems. Defined client business requirements, system specifications, testing and trouble shooting. Proficient in creating memoranda, fact sheets, and other written products.

October 1995

to

August 1996

Norrell Temporary Agency City , STATE Administrative Assistant Assisted Manager in the creation of memos and contacting clients. Coordinated and scheduled meetings for Manager. Recruited volunteer staff to serve within natural disaster areas. Supervised the temporary staff in the shipment of packages. Scheduled appointments and conferences and received and met with visitors and callers. Worked at MCI, American Red Cross and UPS.

December 1992

to

September 1995

Pennsylvania Blue Shield City , STATE Staff Analyst/Project Manager Duties and Accomplishments: Managed the implementation of the American National Standard Institute (ANSI) 835 and 837 transaction sets and Reason Code project. Served as lead analyst for Electronic Data interchange (EDI) related projects. Reviewed policies, procedures, regulations, work flow and mandates that affect claims processing. Implemented mandated initiatives. Established relationships with the Health Care Financing Administration (HCFA) representatives and the provider community. Provided technical presentations, consultations, and guidance to the providers and executive management. Conducted quantitative analyses of health care issues. Developed EDI objectives and policy options regarding eligibility. Completed project management course. Developed a comprehensive training manual and a mapping data base for the ANSI Reason Codes project. Member of the Electronic Data Interchange committee. Completed Medicare HMO courses.

Education

Kutztown University City , State , US M.P.A. : National Political Science

- 12/1990 Kutztown University Kutztown, PA
- Master's Degree M.P.A. (National Political Science Honor Society: Member Pi Sigma Alpha)

Hampton University City , State , US B.A. : Political Science

- 5/1988 Hampton University Hampton, VA
- B.A. Degree Major: Political Science

Presentations

Represented the Systems Team during meetings and teleconferences Demonstrated product knowledge and certified in Provider Network Development, Membership Analysis, Claims Processing, and Medical Management sub-systems. Met and exceeded productivity measurements continually. Certified in four subsystems of the AMISYS software within a nine month period, when only one certification was required. Obtained general product knowledge in non certified subsystems. Supported Sales and Marketing representations

Skills

Claims Processing, Medicare, Electronic Data Interchange (EDI), Testing, ANSI, Sales Validation, Issue Case Resolution, Client Focused, HIPAA, Subject Matter Expert, Billing, Medicaid, Regulatory Compliance, Test Case, User Stories, Project Management, Project Manager, Training, CMS, Health Maintenance Organization (HMO), Business Requirements, Test Plans, Mapping, Quantitative, Work Flow, Amisys Configuration, Documentation, Medicare Part B, Team Lead, Administrative Assistant with American Red Cross and UPS.