

BUSINESS TEST ANALYST

Professional Profile

Over 15 years of excellent and proficient medical claims processing and benefits experience; highly developed analytical and critical-thinking skills. Proven track record in understanding all aspects of the software development life cycle. Committed and motivated Administrative Assistant with exceptional customer service and decision making skills. Strong work ethic, professional demeanor and great initiative. Proactively seeks opportunities to broaden and deepen knowledge base and proficiencies and assume additional responsibility without being asked. Excellent ability to actively listen and effectively communicate with all relevant parties from medical providers to the Prime contract holders. Knowledgeable and thoroughly understand the CPT and ICD-9/ICD10 guidelines and policies including HIPPA regulations. High-performing Administrative Assistant with extensive experience working with a diverse client base and delivering results.

Qualifications

- Time management ability
- Ability to prioritize
- Microsoft Office Packages
- Quality Center
- SQL
- Visual Basic
- Professional medical claims
- Lotus Notes Packages
- XPRESS
- AMMS
- Institutional medical claims
- DB2
- Avaya
- ACCESS ICD-9
- Motivational leadership style
- Service-minded
- Report writing

Relevant Experience

Calendar

- Planned project meetings.

Research

- Investigated any necessary information for proper billing for insurance claims, process updates and problem issues such as dealing with billing or payment.

Scheduling

- Facilitated onboarding of new benefits or changes to benefits and updates by researching issues to provide answers to questions and improve processing procedures.

Data Preparation

- Prepared medical data reports for claims review of procedures and fees for services paid to providers while analyzing this data to verify they are processing correctly.

Administration

- Performed administration tasks such as filing, developing spreadsheets, faxing reports, photocopying collateral and scanning documents for inter-departmental use.

Reporting

- Maintained status reports to provide management with updated information for client projects, claim inventory, pending, and errors to distribute to staff.

Experience

Business Test Analyst

February 2006 to Current Blue Cross Blue Shield Of South Carolina 1/4 City , STATE

- Fundamental knowledge of databases, web development, services, implementation and mobile data collection.
- Work with large amounts of data: facts, figures, and number crunching.
- Present findings, or translate data into an understandable document.
- Analyze numbers, trends, and data and come to new conclusions based on the findings.

- Understands programming at a high level.
- Familiar with objective orientated programming; software development lifecycles and database modeling A high level, advanced position applying a deep level of expertise to large complex issues to develop innovative technology solutions, through a consultative approach with clients and business users.
- Research, track, and record Corporate Audits while monitoring the corrective actions.
- Provide process improvements and procedure updates.
- Interpreting, reviewing, analyzing, coding/loading and/or testing processes within the system and/or RULEs databases to ensure timely and accurate claims processing.
- Receive phone calls and /or email correspondence from production and other areas requesting assistance in understanding system issues.
- Develop test plans and test matrices, conducts testing and reports test results for system changes.
- Coordinates the implementation and debugging of new software ensuring that the new or modified applications work in the production environment and meet the expectations of customers.
- Develop and maintain positive working relationships with managers, project leads, and other regions by attending meetings and through other established communications.
- Provide feedback to other lines of business about any testing or infrastructure and demand related issue that may occur during testing.
- Help implement new process improvements needed for transitional business or client needs within system support.
- Researches and defines system production issues and works with Information Systems on both short-term and long-term resolutions.
- Interoperate coding for HCPCS and ICD09/ ICD10 diagnosis for claims processing.
- Partners/communicates with other internal/external customers/plans.
- Test system changes to insure they work properly and do not change current processes implemented.
- Record changes for new lines of business by updating benefit grids, keeping logs of issues found during testing, creating and modifying queries with DB2.
- Review and analyze EDI, 270/271, DB2, calculate pricing to verify adequate payment.
- Develop solutions to system issue that may affect multiple lines of business.
- Check coding for rules and other updates as needed.

Claims Customer Service Analyst

- Received inbound phone calls for Medicare Advantage recipients, and providers for various inquiries to included enrollment into Medicare Advantage plans.
- Resolved customer concerns and inquires via phone, email, and written correspondence within a timely manner.
- Analyzed claims to completion for further processing using AMMS system.
- Researched and responded to priority or highly complex inquires and complaints, ensured that contract standards and objectives for correspondence cycle time, quality and productivity were met.
- Trained new and existing associates with new processing changes.
- Established an open wave of communication between host and home contracts to insure customers' needs were met.
- Applied knowledge of governmental medical record keeping requirements and company policies.
- Successfully handled grievances from home plan and made sure responses were sent in a timely manner.
- Managed HOST / HOME escalated issue from informs pulled from AMMS system.
- Pulled INFOPAC report to monitor claims productivity and inventory while tracking claims processing timeliness.
- Prepared training manuals and assisted with the implementation of new techniques.
- Wrote desk procedures that were utilized to help associates in resolving claims issue.
- Gave feedback on correct handling of inquiries according to desk procedures and initiated systems change requests as appropriate.
- Developed power point presentations and exceled spreadsheets to assist in the training process.
- Coordinated meetings to discuss processes needed to improve customer quality and accuracy of products and resources used, gathered materials to analyze, and reported multiple business volume demand metrics.
- Identified incorrectly processed claims while completing adjustments and reprocessing actions according to department guidelines.
- This included resolution of system problems and implementing "workarounds" to accurately process claims accurately and timely.
- Ensured timeliness were accurately met or exceeded in appeals turnaround time of 48hours after receipt.
- Handle member's confidential and sensitive information in accordance to HIPPA regulations.
- Structured and maintained a record of payments made and if errors occur, initiated the correction process.
- Evaluated findings, using knowledge of principles and techniques of work simplification.
- Reviewed complaints and inquired about referrals by claims associates to determine if desk procedures and guidelines were followed.
- Served as team leader which consisted of assisting other associates with inquires.
- Resolved claims in timely manner while maintaining no claim over 30 days old.
- Trained incoming claims associates with current claims processing procedures and guidelines.
- Reviewed manuals written by management before dispersed to understand requirements.
- Exceeded expectations on claims turn around by ensuring quota of 208 claims were met or exceeded daily.
- Utilized AMMS systems to review, reprocess, adjust or preform other claims maintenance.
- Updated and maintained medical records and tracked claims process status.
- Expedited aged claims to completion under direct supervision of director (special task force).
- Researched and responded to priority or highly complex inquires while maintaining 24hour turn around.
- Kept a record of calls placed and information received from Medicare beneficiaries.
- Provided answers to Medicare beneficiaries about their Medicare coverage.

BPS Customer Services Agent

September 2015 to February 2016 NA

- Communicates technical needed for technical and non-technical staff as well as clients
- Overseeing and coordinating the activities of technical resources on a project
- Coordinated team shift meetings Supervised call volume to insure prompt response
- Facilitated interactive chat groups for help with problem calls
- Support cross-functionalities and multi-discipline processes to help other agents
- Provide Customer and Client Support Identifies and understands project needs and identifies implements and supports the appropriate technology solution.

Pacesetter Sales Associate

November 2007 to November 2013 TeleTech@HOME

- Executed daily operations of customer service with a smile.
- Met or exceeded established personal and store sales goals while maximizing transaction sales of products and services to new and existing customers.
- Built a book of business through customer scorecards, referrals, and outbound/follow up calls.
- Proactively engaged and prospect customers as they enter the store.
- Trained new sales associates in merchandising and customer service.
- Consulted customer based upon their service needs while developing and managing positive business relationships with retail store management and employees.
- Actively assisted with loss prevention through awareness, attention to detail, and integrity.

Education

Associates Degree : Allied Health Science , February 2014 South University i¼ City , State Allied Health Science

High School Diploma : May 1997 Lake City High i¼ City , State

Skills

Client an OperationsÂ Support, Data Collection, Databases, Database Modeling, Debugging,Â EDI,Â DB2, ICD10, ICD-9, Information Systems Management, Inventory Tracking, Team leader, Loss prevention, Lotus Notes,Â Merchandising, ACCESS, Microsoft Office, Power PointÂ Presentations, Pricing, Process Improvements, Coding, Quality Management, XPRESS, Record keeping, Researching, Retail Sales, Software Development, Spreadsheets and Matrix creating, SQL,Â Â Phones Operator, Training Manual Updates, Visual Basic