Quality-driven **Healthcare Associate** with solid knowledge of analytics, financial operations, software applications, business development and program planning and evaluation. Has a proven success record of creating and improving business opportunities for customers by using knowledge of statistical modeling, financial methods and policies. Known for formulating sound conclusions based on trends in healthcare and analysis of risk factors to help clients realize potential savings. Contributed to meeting internal financial goals through extensive experience in the business application of data analytics. Aided community in the development of public health interventions through program evaluation involving stakeholder interactions, policy review and data collection methods. Experienced in transformational leadership based on workgroup collaborations and evidence-based research.

**WORK EXPERIENCE  
  
MEDEANALYTICS**  Nationwide

*A pioneer in healthcare analytics whose goal is to strengthen the business of healthcare in order to improve care.*

***Associate*** June 2014 – Present

Intermediary for clients and MedeAnalytics software engineering teams in the implementation and management of health-related software applications. Responsibilities include developing client-specific software site build requirements in the implementation of software applications and managing post-implementation client needs through new and revised site build requirements and quality assurance.

* Contributed to the implementation of an analytics software application for a new client that successfully met tight deadlines.
* Routinely uses communication software applications in the implementation and management of live software applications including Salesforce, JIRA and Confluence.
* Conducts data analysis and data integrity through business analysis responsibilities in the implementation of new, data-driven software requirements.

**UNITEDHEALTHCARE**  Chicago, IL

*UnitedHealthcare is an operating division of UnitedHealth Group, the largest single health carrier in the United States.*

***Recovery/Resolution Consultant*** January 2013 – June 2014

Responsibilities include analyzing claims data for patterns of fraud, waste and abuse, developing allegation leads for different business segments, vetting outliers through statistical models and running/writing programs through SAS and SQL for detailed claims analysis, global detection and provider profiles of claims data.

* Contributed expertise on fraud, waste, and abuse detection for the successful implementation of a pilot project having met financial goals.
* Aided in post-pilot business development and setting new financial goals through coordination with internal business segments.
* Routinely ran and wrote SAS and SQL programs and updated existing programs for changes in a Unified Data Warehouse including Ugap, a user interface for Galaxy, Datalab and Customer Reporting Mart (CRM) with Teradata base and Oracle base.

**OPTUM** Eden Prairie, MN

*A recognized global leader in health information technology and services*

***Healthcare Analyst*** March 2011 – January 2013

Responsibilities include analyzing claims data for patterns of fraud, waste and abuse, constructing reports of suspicious provider activity, and presenting the findings to clients.

* Selected by management for the application and effective utilization of statistical analysis techniques based on client recommendations to help them meet their specific needs.
* Frequently asked to provide recommendations on business development and standardization techniques.
* Worked closely with internal clinical teams for claims investigations based on detailed analysis of medical billing patterns and procedures.

**HAWAII MEDICAL SERVICE ASSOCIATION** Honolulu, HI

*Hawaii’s largest health provider, offering health plans, benefit services and wellness programs.*

***Group Underwriter*** August 2006 – March 2011

Responsibilities include underwriting assessments of small, medium and large businesses including financial operations, risk analysis and policy and compliance for both insurance and reinsurance.

* Created a community rating system that has sustained a 92% increase in members, while maintaining a balanced claims ratio.
* Developed and now possess extensive experience with actuarial factors such as retention and trending.
* Researched and evaluated changes resulting from the healthcare reform law and adapted underwriting processes appropriately.

**EDUCATION and PROFESSIONAL DEVELOPMENT**

***Transformational Leaders Collaboratory*** Current

Heartland Circle

***Doctorate in Business Administration*** Current

Capella University

***MSc in International Management*** (**Management of Health Systems**) Current

University of Liverpool

***Master of Public Health*** 2014

Medical College of Wisconsin  ***Bachelor of Arts, English Literature*** 2006

University of Hawaii at Manoa

**Wisconsin Office of Rural Health,**Field Experience, Rural Community Grant Program 2012 – 2013

**Medical Society of Milwaukee County,** Infant Mortality Workgroup 2011 – 2012

**Governor’s Policy Office of the State of Hawaii,** Policy Analyst Intern 2005 – 2006