**Tamara Jones**

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**773-991-7451**

**Summary:**

         19+ years of Business Analyst, Product and Project Management, Healthcare, Workers’ Compensation, Medical,

Compliance IT, Insurance (Commercial and Personal Lines), Risk Management, and Property Damage related experience.

         CMS (Medicare/Medicaid)

         Adhere to Service Level Agreements (SLA), performed User Acceptance Testing (UAT)

         Strong experience in Product Management, Software Development, requirement gathering and Gap analysis.

         Experience in research, and finished business requirement specifications for programming to the production of the software environment.

         Transcribe statement of procedure (SOP) documents for business owners, internal customers and end-users.

         Strong experience in Insurance (Adjusting, Litigation, Personal Lines, Commercial Lines, and more).

         Experienced in State, Federal, and organization data requirement gathering.

**Education:**

         University of Illinois at Chicago - Chicago, IL (In progress)

* General Associates of Arts Degree - Orlando, FL

**Technical Skills:**

         Microsoft Office Productivity Suite (Outlook, Word, Excel, Access, PowerPoint, Visio)

         Microsoft Dynamics CRM

         Data Query, SQL, Source Control

         Visual Studio, SharePoint, CCMS, Visio, IRIS

**Professional Experience:**

**Cigna – Chicago, IL                                                                          November 2014 – February 2015**

**Business / Data Analyst**

         Worked closely with business owners, specialty departments and development departments to navigate and maintain business flow processes as they are implemented, revised or terminated.

         Analyzed and identified gaps in the businesses flow process to automate and/or incorporate accurate and efficient workflows.

         Monitored, received, interpreted and translated healthcare and state trends, guidelines and changes.

         Presented changes and processes through visual, verbal and written communication.

         Composed and maintained monthly, quarterly and annually reports pursuant to federal and state reporting requirements.

**StrataCare, LLC - Chicago, IL                                                        September 2006 – January 2014**

**Sr. Compliance Specialist**

         Researched, evaluated, gathered requirements, and developed technical specifications pursuant to State and government laws, rules, regulations, policies, fee schedules including but not limited to Medicare, Medicaid, Optum Insight, EDI, NCCI, Westlaw, Work Comp Central, IAIABC, and more.

         Maintained and published project details, training materials, updates or changes for business owners, internal and external clients.

         Frequently performed User Acceptance Testing (UAT).

         Consistently managed the inception, direction, and production of the software’s life cycle pertaining to efficiency, State or Federal regulation changes, etc.

         Subject Matter Expert (SME) at demonstrating and communicating software or industry changes,

         Wrote project specifications for pharmacy, durable medical equipment (DME), and medical bill repricing methodologies for software development or enhancements.

         Engaged in weekly/monthly meetings with developers, business owners, internal and external customers.

         Works well independently and with others.

**CNA - Maitland, FL                                                                                      April 2004 – August 2006**

**Sr. Commercial Lines Medical Claims Specialist**

         Sole personal injury protection specialist for the commercial line claims department.

         Obtained and shared new procedures, policies and statutes governed by specific states, clients or state notifications.

         Implemented guidelines.

         Documented all file activities and/or conversations.

         Maintained and kept a current diary system.

         Handled all aspects of claims processing.

**NARS - Orlando, FL                                                                                      July 2001 – October 2003**

**Medical Claims and Litigation Adjuster**

         Made 24-hour contacts to all persons potentially eligible for pip benefits.

         Issued medical bills payments, wage loss, mileage reimbursements, replacement services and attendant care services to insured’s, claimants and/or attorneys involved.

         Obtained recorded statements, IME’s, Peer Reviews, and SIU requests to help assess the need for continued treatment or mitigate excess exposure.

         Worked and managed an effective date diary system to avoid interest payments, department of insurance complaints, suits, arbitration and complaint calls.

         Settled arbitration, pip suits, judgments received timely.

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