**MEETHA**

**Contact: 408-757-0080**

Results-oriented and seasoned Business Systems Analyst/Claims Data Analyst with over 12 years of extensive experience in the healthcare domain. Currently excelling as a Claims Operations Analyst at Wellsense Health Plan, showcasing a strong background in healthcare insurance, with a focus on supporting various Blue Cross Blue Shield (BCBS) clients through the NASCO platform.

**KEY COMPETENCIES:**

**Claims Processing Expertise:**

Proven track record in handling diverse claims types, including Professional, Institutional, Dental, Vision, and Hearing Claims. Proficient in managing Electronic Data Interchange (EDI) Business Processes to streamline claims operations.

**Analysis and Development:**

Adept at conducting in-depth analysis, development, and resolution for both new accounts and the maintenance of existing national accounts for BCBS clients. Well-versed in implementing solutions that align with organizational goals.

**Fit Gap Analysis:**

Demonstrated expertise in conducting valuable Fit Gap analysis, contributing to process evolution, and providing actionable recommendations based on thorough analysis.

**Healthcare Payer Area Expertise:**

Strong functional expertise in the Healthcare Payer Area, covering membership claims, benefits, eligibility checks, ICD-10, HIPAA, CPT, HCPCS, and DRG.

**Plan Management:**

Proven experience in working on diverse plans, including PPO, HMO, EPO, and POS groups, showcasing versatility in managing various healthcare plan structures.

**Collaborative Communication:**

Exhibits excellent interaction skills with clients, developers, managers, and team members, effectively coordinating job tasks and ensuring seamless communication across teams.

**Report Creation and Maintenance:**

Involved in the creation and maintenance of Crystal Reports and CAAMS reports, contributing to data-driven decision-making processes. Cognos,Tableau dashboards.

**Problem Solving and Team Collaboration:**

Demonstrates strong problem-solving capabilities and excels both as a team player and an individual contributor. Proven track record of success in achieving project objectives.

**CAREER PROFILE:**

**Well Sense Health Plan Feb 2020 - Nov 2023**

**Position:** Claims Operations Analyst

**Responsibilities:**

* Responsible for weekly/monthly reporting of operational key performance metrics, including claims volume, denial rates, pending claims, adjustments, and productivity reporting for Claims and provider appeals.
* Worked as a liaison between the claims and business intelligence teams to build reporting requirements.
* Ensured seamless communication and collaboration between the two groups using Cognos and Tableau dashboards.
* Collaborated with the Appeals team to create a report for tracking and monitoring open appeals based on current decisions.
* Developed a dashboard for monthly tracking of appeals, displaying data based on denial reasons and average turnaround time (TAT) of appeals processing.
* Provided support to the Claims Resolution Team projects through data analysis, contributing to better provider relations.
* Analyzed claims data to identify anomalies, such as increased claims denied volume or low pending claims data.
* Responsible for pulling data from Cognos reports and creating new requirements for any reporting needs.
* Conducted SQL data querying for specific denials analysis, supporting adjudicators on a daily basis.
* Involved in the implementation of Tableau dashboards for claims operational metrics and the NH Medicare Advantage project.
* Created reporting in Excel using pivots, data charts, formulas, slicing and dicing of data etc., to fulfill ad hoc reporting requirements.
* Provided several reporting needs for senior leadership across departments to support informed business decision-making.

**BCBS NJ Healthcare Benefits (Consulting) Oct 2017 to Dec 2019**

**Company:** NASCO Healthcare Payer Solutions

**Position:** Healthcare Benefits Analyst/Coder

**Responsibilities:**

* Facilitated meetings with stakeholders to review blue plans benefits for various plan designs (PPO/EPO/HMO/CMM national accounts).
* Collaborated with the sales team to gather benefit documents for project intake and prioritization.
* Ensured benefits were coded in the NASCO system following a structured process.
* Involved in triaging daily receipts by reviewing specific changes in the benefit document.
* Assigned coding/testing scope for each receipt that came in JIRA.
* Updated coding/testing documents with 2018 mandates and coder checklist instructions.
* Successfully coded new plan designs for high-profile national groups.
* Addressed production defect tickets by analyzing issues, reviewing benefits, and updating coding.
* Submitted impact reports to have the claims adjusted for the error time period.
* Triaged incoming receipts by reviewing updates required and assigning work to the appropriate group coder, especially in the absence of the team lead.
* Coded several new plan designs for the 2018 plan year for PPO/EPO/CMM/HMO.
* Assisted with testing documentation and coded benefits for plan designs requiring renewal.
* Worked on projects related to well newborn, opioid mandate, 3D mammography, and hearing aids maximums.

**BCBS MA Healthcare Benefits ( Consulting) Feb 2015 to Aug 2016**

**Company:** Blue Cross Blue Shield MA

**Position:** Benefits Analyst (Health Insurance Claims

**Responsibilities:**

* Coded and analyzed healthcare benefits for companies acquiring insurance from Blue Cross Blue Shield of Massachusetts plan.
* Involved in coding benefits in NPS, a claims processing system on mainframes.
* Addressed production claim issues daily to resolve benefit defects, ensuring smooth claims processing.
* Managed the reuse of sub-particulars for the same benefits, especially for cost share.
* Created and maintained an Excel sheet with details for reference.
* Coded benefits for new plans acquiring BCBS MA insurance, incorporating unique benefits.
* Contributed to the renewal of existing plans, adding new benefits in HRBK.
* Conducted analysis and participated in resolving production issues to maintain the integrity of he
* Worked on Request for Proposals (RFRs) with a commitment to providing timely responses

**NASCO Healthcare Benefits (Consulting) Oct 2009 to Oct 2014**

**Company:** Anthem Blue Cross

**Position:** Benefits Analyst (Health Insurance Claims)

**Responsibilities:**

* Supported Horizon BCBS clients, maintaining national accounts.
* Engaged in weekly NAEG (National Account Executive Group) reviews and participated in new benefit discussions.
* Coded several Health Care Reform phases, involving updates to Emergency Room (ER), Women's Health Preventative Services, and visits benefits.
* Implemented chiropractor copay following minimum standard mandates for specific copay application across all groups handled by Horizon.
* Initiated weekly status calls and roadblock discussions for effective implementation.
* Played a critical role in implementing logic to handle Blue Distinction Centers and Blue Distinction Centers+ benefits for high-profile pharmaceutical companies.
* Implemented out-of-pocket coding to read the comments segment in membership.
* Calculated individual and family out-of-pocket (OOP) based on the comments segment with contract classification type.
* Involved in the maintenance and renewals of existing groups, ensuring adherence to benefit plans.
* Addressed production issues promptly to maintain the efficiency of benefits coding.
* Participated in Performance Guarantee Audits and External Audits as part of routine duties
* Involved in processing claims in NPS for national high-profile accounts.

**PeopleSoft Student Systems Aug 2008 to April 2009**

**Company:** University of Massachusetts Medical School

**Position:** Business Systems Analyst

**Responsibilities:**

* Documented system requirements and collaborated with business sponsors to determine the priority of enhancements to software applications.
* Worked with clients on enhancement requirements, updating the Business Process Model and Business Process document.
* Documented testing requirements for User Acceptance Testing (UAT), ensuring the quality of software applications.
* Conducted Fit Gap analysis, identifying gaps in functionality provided by 800ageinfo in clients' legacy systems.
* Monitored the ticket queue to work on new tickets, providing regular updates based on the progress of work.
* Managed project timelines to ensure the delivery of high-quality, on-time enhancements and modifications.
* Worked on the PeopleSoft Student Administration system, which encompassed components for the School of Medicine, Graduate School of Biomedical Sciences, Graduate School of Nursing, and Graduate Medical Education.