# **SOPHIA BROWN**

**Billing Claims Analyst** 

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### **PROFESSIONAL SUMMARY**

Seasoned Billing Claims Analyst with 5 years of experience in healthcare claims processing and dispute resolution. Expertise in evaluating claims data for compliance, enhancing operational efficiency, and optimizing customer service. Passionate about leveraging analytical skills to improve claim accuracy and drive organizational success.

#### WORK EXPERIENCE

# **Billing Claims Analyst**

may / 2021-Ongoing

WidgetWorks Inc.

**耳** Denver, CO

- 1. Review and analyze claims for accuracy and compliance with Long Term Care insurance policies.
- 2. Draft approval and denial correspondence in accordance with regulatory standards.
- 3. Train new employees on claims processing policies and procedures, improving team performance.
- 4. Ensure timely and accurate claims payments, adhering to state regulations and company standards.
- 5. Identify potential exposures and report findings to senior management for strategic decision-making.
- 6. Communicate effectively with policyholders and providers to resolve inquiries and disputes.
- 7. Oversaw the implementation of IBM DataCap for efficient indexing of incoming claims documentation.

## Claims Analyst

may / 2020-May / 2021

**₮** Portland, OR

**Crescent Moon Design** 

- 1. Serve as the expert on debit card regulations, managing chargeback processes for clients.
- 2. Make informed decisions based on Visa and MasterCard regulations to resolve chargeback disputes.
- 3. Maintain comprehensive case files and assess documentation from cardholders to support dispute resolution.
- 4. Deliver exceptional customer service through effective communication with internal and external stakeholders.
- 5. Manage a daily queue of disputes, ensuring timely resolution and compliance with industry standards.
- 6. Update financial institutions on dispute statuses, providing recommendations based on regulatory guidelines.

#### **EDUCATION**

## Bachelor of Science in Health Administration

may / 2019-May / 2020

**University of Phoenix** 

Thicago, IL

Focused on healthcare management and policy, equipping students with the knowledge to navigate the healthcare system effectively.

#### **SKILLS**

Proficient In Ms Office Suite And Project Management Software

Claims Project Management ------ Cross-functional Team Coordination

**Regulatory Compliance** 

# **ACHIEVEMENTS**

Achieved a 98% accuracy rate in claims processing, reducing discrepancies and enhancing efficiency.

Implemented a new tracking system that decreased claim resolution time by 30%.

Developed training materials for new hires, improving onboarding efficiency by 25%.