

# Cherry Saunders

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## SUMMARY

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Seasoned Healthcare Analyst with 21 years of experience, adept in claims analysis, data migration, and compliance. Thorough knowledge of all lines of LOB's. Skilled in SQL, system upgrades, and audit preparations; seeking a Healthcare Analyst role. Proven track record in improving process efficiency and data integrity within healthcare settings.

## WORK EXPERIENCE

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### Texas Children's Hospital's Health Plan

Houston, TX

Epic Tapestry Claims Analyst

Apr 2022 - May 2024

- Developed and executed integration and data migration plans for a HealthRules system, preserving data integrity and system performance.
- Administered and manage Medicare Advantage (MA) plans, ensuring compliance with Medicare regulations and guidelines. Oversee the provision of Part A, Part B, and Part D benefits, as well as any additional benefits offered. Collaborate with private insurance companies to facilitate the capitation payment model, ensuring accurate and timely payments. Provided support and guidance to enrollees regarding their benefits and coverage options under the MA plan."
- CMS claims submission and HCC coding experience. They need to understand the 837 process with MOR, MAO and MMR files and condition capture. and refined edit policies and procedures to ensure regulatory compliance and identified opportunities for process improvements.
- Analyzed Healthcare Common Procedure Coding System (HCCI) edit policies to enhance claims processing and billing accuracy.
- Oversaw the update and maintenance of the Provider Directory Portal, leveraging SQL and healthcare software to streamline credentialings
- Experience in Quality Measures Reporting.
- Strong Epic build experience in a live environment.
- Specific Epic implementation experience with clinical workflows and order management.
- CMS claims submission and HCC coding experience.
- Understanding of the 837 process with MOR, MAO, and MMR files and condition capture

### Integrated Resources

Care Review Processor Analyst

Oct 2020 - Apr 2022

- Conducted detailed assessments to support the distribution of medical decision-making across diverse patient populations.
- Developed and implemented business requirements for the creation and alteration of provider networks.
- Managed the preparation for CMS audits, ensuring compliance with enrollment and eligibility regulations.

### Sedgwick Corporation

Pittsburgh, PA

Clinical Data Analyst II

Jul 2020 - Oct 2020

- Utilized SQL to analyze and improve business applications, enhancing computer-based efficiencies.
- Managed project implementation of HealthEdge HealthRules Payor system, ensuring successful deployment.
- Executed comprehensive test plans for system upgrades, maintaining integrity of the claims payment system.

### Health Fidelity Clinical Services

Pittsburgh, PA

Medical Records Analyst

May 2015 - Jul 2020

- Standardized consent and authorization forms, ensuring compliance and uniformity across international teams.

- Overhauled workflow processes to enhance the efficiency of electronic health record systems.
- Improved data management procedures, achieving greater accuracy and accessibility of patient records.

**CMS Centers for Medicare/Medicaid Services Novitas Solutions Inc.**

Pittsburgh, PA

P.A.R.D (Provider Auditor & Reimbursement) Associate II

May 2009 - May 2015

- Audited provider billing practices and reimbursement requests to ensure adherence to federal regulations, maintaining the integrity of healthcare programs.
- Identified and resolved discrepancies in billing and reimbursement, enhancing the accuracy of financial reporting.
- Upheld Medicare/Medicaid program compliance through meticulous review processes, contributing to the reduction of improper payment rates.

**Highmark Blue Cross Blue Shield**

Pittsburgh, PA

Claims Analyst

Sep 2002 - May 2009

- Analyzed insurance claims to guarantee precision and confirm coverage eligibility, expediting the processing timeline.
- Maintained rigorous compliance with company policies and regulatory requirements during claim evaluation procedures.
- Enhanced operational efficiency through meticulous claim analysis, supporting accurate and swift claim settlements.

**EDUCATION**

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Master of Science in Health Administration

2006

Health Administration, Health Administration

Bachelor of Science in Business Administration

2004

Business Administration, Business Administration

**SKILLS**

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Epic Tapestry & EMR Systems Support • Data Analysis & Reporting • Claims Processing & Coding • Policy Analysis & Compliance • Facets, QNXT, HealthRules • Project Management • CMS Audit Readiness • Provider Network Management • Strategic Planning • Problem Solving • Communication • Business Development • Data Analysis