

Madeline Smith

Clinical Practice Data Analyst

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SUMMARY

Dedicated Clinical Practice Data Analyst with over four years of experience focused on research billing and financial compliance in healthcare environments. Skilled in managing complex datasets and ensuring accurate billing practices, my role prominently features collaboration to enhance operational efficiency. Proficiency in electronic health records (EHR) and clinical trial management systems (CTMS) enables extraction and analysis of data that generates actionable insights. Acknowledged for streamlining billing processes and minimizing claim denials through thorough analyses and strategic recommendations, I look forward to contributing effectively to future projects and organizational success.

EXPERIENCE

Clinical Practice Data Analyst

Bright Future Health 📅 January 2021 - Present 📍 Chicago, IL

In this role, responsibilities involve analyzing accounts related to clinical trials, focusing on compliance with billing practices and regulations. Collaborating closely with the revenue cycle team facilitates efficient resolution of denied claims and improved reimbursement outcomes.

- Analyzed and managed accounts associated with clinical trials, ensuring compliance with billing practices and regulations.
- Collaborated with the revenue cycle team to investigate and resolve denied claims, improving overall reimbursement efficiency.
- Developed comprehensive reports using EHR and CTMS to track billing accuracy and identify opportunities for process enhancement.
- Served as a central point of contact for research billing inquiries, providing guidance and support to clinical teams.

Billing Specialist

Healthy Innovations 📅 June 2019 - December 2020 📍 Chicago, IL

Managed critical billing procedures and compliance standards across various healthcare operations, ensuring accurate submission of claims to payers.

- Reviewed medical records and identified research-related charges to ensure accurate billing to appropriate payers.
- Utilized reporting tools to support data extraction and analysis, enhancing billing accuracy and efficiency.
- Assisted in the development of process improvement initiatives that streamlined billing workflows and increased compliance.
- Engaged cross-functionally with various departments to harmonize communication and elevate operational effectiveness.

Data Management Intern

Health Systems Innovations 📅 May 2018 - August 2018 📍 Chicago, IL

Supported data collection and management efforts by collaborating with analysts and stakeholders to improve research processes.

- Organized and maintained clinical data sets ensuring high data granularity and reliability.
- Facilitated ongoing audits to verify data integrity and aligned findings with presentable summaries.
- Participated in daily stand-ups, sharing ideas to innovate project methodologies with team members.
- Documented workflow changes and collaborated with peers to refine data management protocols.

LEADERSHIP & AWARDS

- Excellence in Healthcare Analysis Award, 2025
- Outstanding Contributor Recognition at Bright Future Health, 2023

EDUCATION

B.S. Health Information Management

University of Illinois at Chicago 🎓 GPA: 3.8 📅 2019 📍 Chicago, IL

Coursework: Health Law, Medical Coding, Health Informatics, Database Management

CERTIFICATIONS

- Certified Professional Coder 📅 2023
- Certified Health Data Analyst 📅 2024

TECHNICAL SKILLS

- **Data Analysis Tools:** SPSS, Excel, R
- **EHR Software:** Epic, Cerner, Meditech
- **Billing Software:** AdvancedMD, McKesson, Zirmed

- **Database Management:** SQL, Oracle, MongoDB
- **Communication Platforms:** Microsoft Teams, Slack, Zoom
- **Report Generation Tools:** Tableau, Power BI, Crystal Reports
- **Workflow Automation:** Trello, Asana, Monday.com
- **Project Management Tools:** JIRA, Basecamp, Smartsheet
- **Statistical Applications:** SAS, MATLAB, Python
- **Insurance Verification Tools:** Verity, ClaimMD, Availity

SKILLS

- Clinical Trial Management Systems (CTMS)
- Electronic Health Records (EHR)
- Data Analysis and Reporting
- Billing Compliance
- Cost Control Measures
- Financial Distribution Services
- Healthcare Compliance Standards
- Regulatory Standards Practices
- Impact Analysis Techniques
- Revenue Cycle Management
- Fraud Detection Methods
- Variance Reporting
- Stakeholder Engagement
- Risk Mitigation Strategies
- Payment Processing Systems
- Quality Assurance Processes

PROFESSIONAL AFFILIATIONS

- Member, American Health Information Management Association
- Volunteer, Local Community Health Fairs

LANGUAGES

- English (Native) • Spanish (Intermediate)

ADDITIONAL INFORMATION

Work Status : Authorized to work in United States. No sponsorship required.

REFERENCES

AVAILABLE ON REQUEST