

Acacia 'Nikki' Claibourn

Charleston, SC

www.linkedin.com/in/healthcaresystemsintegration

SUMMARY

Results-driven User Acceptance Tester (UAT) with extensive experience in testing methodologies and system configuration. Proficient in various testing phases, including User Acceptance, End-to-End, System Integrated, Negative, Regression, and Sandbox Testing. Skilled in managing incident tickets, troubleshooting system issues, and coordinating system upgrades. Possesses comprehensive knowledge of healthcare products, including Managed Medicaid, MMP, Dual Demonstration, Medicare, Medicaid, MCO, PPO, and HMO. Currently pursuing an Information Technology degree from Southern New Hampshire University.

TECHNICAL SKILLS

- Testing Tools: JIVA, Trizetto Facets 2.x to 6.0, ALM Client Quality Center, Rational Robot
- Reporting and Data Analysis: Tableau, Business Objects, Power BI Desktop (including BI Query module)
- Office Suites and Collaboration: Microsoft 365 Office Suite, SharePoint
- Incident Management: Ivanti Service Manager, Remedy, EXP Macess
- Other: Visual Cactus (sympplr Provider), BI Query (Business Intelligence Query)

EXPERIENCE

AmeriHealth Caritas – Clinical System Administrator (April 2015 to Present)

Systems/Applications: *Jiva, Client Letter, Facets, Tableau, Ivanti Service Manager, Quality Center, EXP, SharePoint*

- Actively participates in workgroups to effectively coordinate the development of business requirements and analyze them to determine the project scope.
- Engages in end-to-end testing processes to validate system requirements, ensuring compliance with established standards and delivering reliable outcomes.
- Proficiently executes and manages functional and regression testing plans for the enterprise, including developing test scenarios and test scripts and tracking and documenting defects.
- Collaborates effectively with cross-functional teams on multiple Jiva and Client Letter system upgrades, ensuring seamless transitions and enhanced functionality.
- Expertly configure the Client Letter and JIVA systems during system upgrades, individual business changes, and the implementation of enterprise changes while consistently meeting tight deadlines.
- Manage incident tickets, monitor the Jiva/Client Letter distribution list for submitted issues, and provide timely and efficient troubleshooting assistance for incident tickets submitted through the service desk, supporting Jiva and Client Letter users.
- Investigate, manage, and resolve issues for the Facets external report, Jiva internal report, member and provider report, and temporary provider report on the Tableau platform.
- Leads the SharePoint workgroup in configuring the team SharePoint site.

Select Health of South Carolina – Provider Network Account Executive (July 2014 to September 2015)

Systems/Applications: *Facets, Visual Cactus, Contract Manager*

- Monitored and managed the provider network, ensuring effective operations and service delivery.
- Proactively identified, contacted, and solicited qualified providers to participate in the Plan, expanding network coverage in new and existing service areas.
- Negotiated favorable service rates with participating and non-participating providers, optimizing cost-effectiveness while maintaining quality care.
- Conducted comprehensive orientations and training for assigned providers, ensuring their understanding of Plan policies, procedures, and quality standards.
- Investigated and resolved outstanding claims issues, utilizing strong analytical and problem-solving skills to achieve timely resolutions and minimize financial impact.

Coordinator Contract Management (April 2013 to July 2014)

Systems/Applications: *Facets, BI Query, Visual Cactus, MS Suite*

- Administered and managed provider contracts, overseeing capitation and fee-for-service agreements with high accuracy and attention to detail.

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- Tracked and facilitated provider contract rate conversions from capitation to fee-for-service, ensuring seamless transitions and accurate claims reimbursement.
- Utilized MS Access to efficiently process business work requests necessary to implement contract rates for agreements and ensure timely execution.
- Demonstrated data manipulation and analysis proficiency by uploading and converting SCDHHS monthly fee schedules, contracted rates, and carrier codes from text files into Excel files.
- Proactively identified and resolved reimbursement errors by submitting Facets agreement requests, ensuring accurate claims processing, and minimizing financial discrepancies.
- Leveraged BI Query to generate reports, retrieve data, and perform data manipulation, contributing to data-driven decision-making and process improvement initiatives.
- Submitted Facets agreement requests to correct errors in reimbursement structure, ensuring accurate claims processing.

Dell – Business Advisor System (September 2011 to September 2012)

Systems/Applications: *Diamond, MS Suite, SharePoint, BMC Remedy ITSM, Business Objects*

- Conducted comprehensive testing of HIPAA X12 5010 transaction 270/271, ensuring compliance with healthcare data standards and regulations.
- Proactively identified chronic problems and trends, documenting and filing defects appropriately within the Incident Management ticketing system.
- Created, validated, and executed detailed test cases for front-end provider contracts and benefits testing, ensuring proper system functionality and adherence to business requirements.
- Collaborated with the development team to assist in recreating defects, providing valuable insights and input for defect resolution and validation.
- Validated and verified the effectiveness of defect fixes based on documented defects, ensuring the successful resolution of identified issues.

Jacobson Group – Contractor (October 2002 to September 2010)

Project Manager/Team Lead

Systems/Applications: *Facets, BMC Remedy ITSM, MS Suite*

- Versatile project management and team leadership background, adept at managing groups ranging from 5 to 20 individuals on contract projects
- Conducted comprehensive testing of the Facets core application, adhering to standardized testing procedures while meeting SLAs
- Entered and validated data in the Facets application, ensuring accuracy and reliability
- Conducted comprehensive analysis of various components impacting claims payment, such as providers, agreements, and members, to develop extensive testing scenarios
- Created test approach documentation, including detailed scripts, to outline the steps and procedures for testing
- Successfully executed test cases and meticulously analyzed the results to ensure the accuracy and validity of system modifications.
- Collaborated with developers and stakeholders to analyze defects and develop effective solutions, ensuring the timely resolution of issues

EDUCATION

Bachelor of Science in Information Technology (In Progress)

Southern New Hampshire University, Manchester, New Hampshire

CERTIFICATIONS

- **Dale Carnegie Skills for Success**

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Skills for Success

- **SCMlearn**

High Performance

- **American Academy of Professional Coders**

Medical Coding Certificate

- **LinkedIn Learning**

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