Nadia Cannon

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IT Support Analyst · **Data / BI Analyst** · **Healthcare IT Specialist**

PROFESSIONAL SUMMARY

Healthcare data analytics professional with 10+ years translating revenue cycle and billing operations into structured, insight-ready data. Combines hands-on EMR system proficiency and HIPAA compliance expertise with certifications in Microsoft Power BI (PL-300), NPower Data Analytics, CompTIA ITF+, and Google IT Support. Enables compliant, end-to-end data workflows from point-of-care documentation through financial reporting. Career anchored at Ascension Health, R1 RCM, and Medicentrix, where deep domain knowledge and a data-first approach have driven measurable improvements across clinical and financial operations.

CERTIFICATIONS

- **Google IT Support Professional Certificate** — *Google / Coursera · 2025*
- **CompTIA ITF+** — *CompTIA · 2025*
- **Microsoft Power BI Data Analyst (PL-300)** — *Microsoft · 2025*
- **NPower IT Fundamentals & Data Analytics** — *NPower · 2025*

TECHNICAL SKILLS

Data & Analytics

- Microsoft Power BI (PL-300), DAX, Data Modeling, KPI Dashboards, SQL (SELECT, JOINs, Aggregations, Filtering)

Core Tools

- Microsoft Office Suite, Excel, Word, PowerPoint

Healthcare Systems

- EMR/EHR Navigation, Revenue Cycle Management, Claims Processing, HIPAA Compliance

IT Support

- Hardware Fundamentals, Network Troubleshooting, IT Service Desk Concepts, Google IT Support

PROFESSIONAL EXPERIENCE

Service Desk Analyst (Healthcare IT Support) — *2026 –*

HTC Global Services · Detroit Metro Area, MI

- Received incoming calls, provided first-level support, and documented all interactions including customer information and troubleshooting steps
- Researched, resolved, and responded to clinical and technical inquiries via phone, email, and other channels
- Performed timely callbacks and escalate issues to appropriate teams when necessary
- Assisted in resolving user and support issues across company sites to enhance knowledge sharing and user satisfaction
- Contributed regularly to the Clinical Knowledge Base

- Provided accurate and creative solutions to moderately complex user problems
- Maintained up-to-date knowledge of clinical and technical product offerings and support policies
- Participated in team projects to improve resolution center quality and efficiency
- Supported clinicians throughout the patient lifecycle from admit to discharge
- Worked directly with physicians and nurses to troubleshoot technical issues impacting patient care
- Worked with clinical workflows in EMR systems such as Epic, Cerner, Meditech, and Allscripts

Healthcare Customer Service / Billing Representative
2023 – 2024

Ascension Health · Detroit Metro Area, MI

- Managed and resolved billing inquiries for 30+ accounts daily, analyzing claim status, coverage data, and payment history across multiple EMR and billing platforms to identify discrepancies and drive resolution.
- Reduced average call handle time by 5+ minutes by developing standardized reference guides translating complex insurance terminology into plain-language workflows, improving process documentation and team efficiency.
- Maintained 100% HIPAA compliance across hundreds of daily data interactions involving sensitive patient records, financial data, and insurance information, with zero compliance incidents recorded across full tenure.
- Queried and updated patient account data across multiple EMR systems, ensuring data accuracy and integrity across claims status, coverage verification, and payment arrangement records.
- Tracked and maintained 90%+ client satisfaction rates across 30+ daily interactions by monitoring resolution outcomes and refining communication approaches based on pattern recognition across common claim disputes.
- Served as a data intermediary between patients and insurance representatives, synthesizing billing, coverage, and claims data from multiple sources to communicate accurate account status and resolution pathways.

Revenue Cycle / Billing Specialist
2021 – 2023

Medicentrix · Remote

- Processed and validated 40+ medical billing transactions daily across multiple payors, cross-referencing claim data against HIPAA compliance standards to ensure submission accuracy and reduce downstream denial rates.
- Analyzed and reconciled hundreds of weekly payment records and patient account updates using advanced billing and EMR platforms, maintaining high data accuracy across a high-volume transaction environment.
- Queried EMR systems to document, track, and audit claim lifecycles from submission through resolution, creating a reliable data trail for billing activity, status changes, and payor responses.
- Conducted structured account reviews and payor escalation analyses to identify reimbursement denial patterns, recover outstanding revenue, and flag recurring claim errors for process correction.
- Identified billing trends across payor types, denial categories, claim volumes, thereby translating pattern recognition into process improvement recommendations presented to management.
- Resolved billing discrepancies and payment inquiries for 50+ patients and providers daily by pulling and interpreting multi-system account data to pinpoint the root cause of errors and communicate accurate resolution timelines.
- Supported end-to-end claim data integrity by processing submissions, tracking status changes, and reconciling payor responses, reducing overall claim volume through accurate, timely payment processing.

Revenue Cycle Specialist
2019 – 2021

R1 RCM · Remote

- Managed end-to-end claims data pipelines for large health system accounts, tracking submission status, payor responses, and reimbursement timelines to ensure accurate and timely revenue recovery.
- Performed structured root cause analysis on denied claims by isolating denial patterns by payor type, coding error, and documentation gaps, and implemented corrective workflows that measurably reduced denial recurrence rates.

- Collaborated cross-functionally with clinical and billing teams to validate charge capture and coding accuracy, ensuring data integrity between point-of-care documentation and final claim submission.

- Developed and delivered training on EMR navigation, payor-specific billing requirements, and claims workflows standardizing data entry practices across new associates to reduce submission errors and improve team-wide data quality.

PROJECTS

Workforce Analytics Dashboard | Power BI

- Designed and deployed an end-to-end workforce analytics dashboard analyzing skill gaps across 172 employees by department and role. Surfaced an upskilling readiness score of 77.31 and projected 2028 skill demand of 8.85K to support strategic training and talent planning decisions.

Healthcare Revenue Cycle Analysis | SQL + Power BI

- Performed ETL and analyzed claims data to identify denial patterns and revenue leakage across a simulated health system environment. Translated findings into process improvement recommendations, mirroring real-world RCM analytical workflows.

Sales & HR Business Intelligence Capstones | Power BI

- Completed multiple end-to-end BI projects spanning sales performance and HR organizational analytics from raw data cleaning through stakeholder presentation. Simulated a full RFP process including client needs assessment, dashboard development, and strategic proposal delivery using AI-assisted analytics and data storytelling.

EDUCATION

B.S. Professional Studies *Graduated 2024*
Purdue University Global

Assoc. General Studies *Graduated 2018*
Macomb Community College

Assoc. Business Administration *Graduated 2018*
Macomb Community College