**PROFESSIONAL SUMMARY**

* IT professional with experience in the areas of Business Analysis and data analyst.
* Hands on experience gathering requirements, interviewing senior level company officials to gather requirements for documenting project functional specification.
* Over 6 years of experience and advance knowledge of the Systems Development Life Cycle (SDLC), Waterfall, Spiral, Rapid Application Development (RAD), Extreme Programming (XP),Rational Unified Process (RUP)
* Functional experience in health Care Industry with vast knowledge on (MMIS) Medicare and Medicaid & Payers, including Medicare Advantage, Medicaid and childcare Insurance, Health Information Exchange (HIX) programs.
* Functional experience in health Care Industry with vast knowledge on Medicare and Medicaid & Payers, including Home Health.
* Good experience working with Utilization Management and Care Management business.
* Excellent Working Knowledge of HIPPA, Claims Processing

**EXPERTISE**

ACA, HL7, HIPAA 4010/5010, ICD 9/10, EDI Transaction (834, 835, 837 (D,I,P), Medicare, Medicaid, MMIS, Insurance, Claim, Patient, FACETS, Trizetto, CMS, RMS system, Clinical , Business Intelligence, Data warehouse, Business analysis, SDLC, Planning, Agile, Documentation, Meeting, JAD, JAR , RUP , SRS, BRD, FRD, Use Cases, User Stories , Sprints, Product Owner, Daily scrum meeting, FIT-GAP analysis, AS-IS, TO\_BE, UML, Wireframes, Project Management, Backlog, Project Management, RTM, Stakeholders, Flow Chart, Activity Diagram, Test Cases, UAT, Test Script, Data analysis, Data mapping, Data Modelling, Data analysis, Pivot Table, Excel, Servers, Data cleansing, Data profiling, SQL,R, SAS, Mathematical, Analytical Skills., Informatica, Power center, MDM, Teradata, ETL, BI, Data warehouse, Data mart, OLAP , OLTP, JIRA.

**PROFESSIONAL EXPERIENCE**

Cigna, Hartford, CT

Jun 2015 – Present

Sr. Business Analyst

CIGNA is a global health service company, dedicated to helping people by providing Short Term Disability Insurance (STD), Long Term Disability Insurance (LTD), Life, General Accident (GA) and Business Travel & Accident Insurance(BTA) coverage in the United States. As a Business Analyst and a part of the implementation team in Confidential, the role is to understand the existing business process for the Contracts Management System, gather requirements and create documentation for an improved Contract Management Process in a system-agnostic manner for the following products; Short Term Disability Insurance (STD), Long Term Disability Insurance (LTD), Life, General Accident (GA) and Business Travel & Accident Insurance (BTA). As a Business Analyst, the objective was to elicit requirements for an improved and effective group insurance Contract Management business process for a potential Contract Management tool implementation.

Responsibilities:

* Worked closely with Business teams/project stake holders/SME to map the expectations to the delivery capabilities.
* Understand current Contract Management business process for all group insurance products by interviewing SME’s and team members
* Assisting the Requirements Lead in formulating Workshop Session agendas and facilitating Workshop/JAD (Joint Application) Session agendas thoroughly studied the inherent systems to have a clear understanding of the business processes and associated system workflows.
* Work responsibilities primarily involved understanding the business logic, designing requirements, communicating them to the developers, generating documentation, designing use cases, creating various diagrams like State Diagrams, Sequence Diagrams as part of project.
* Involved in HIPAA implementation and EDI transactions like 837, 835, 276/277, 278, 270/271.
* Involved in gathering requirements and documentation of 276/277 claim status Request and Response.
* Worked on different modules of Trizetto Facets.
* Conducted Gap analysis to understand the new business model and the additional functionalities to be incorporated into the new application.
* Conducted JAD sessions for better understanding and refining of the requirements in coordination with the multiple teams involved in the projects.
* Experience in designing and documenting test cases for Facets upgrade.
* Creating Business Rules and User Interface Rules for data elements/fields
* Utilizing the Waterfall Methodology in creating the requirements for eventual Contract Management tool implementation in a system-agnostic manner
* Creating artifacts for weekly distributions to the business and maintaining the Requirements Traceability Matrix

State of North Dakota, Bismarck, ND

(Department of Health and Human Services)

Oct 2014 - May 2015

Business Analyst

Planned and designed MMIS business processes; assisted in formulating recommendations to improve and support business activities Assisted in analyzing and documenting client's MMIS business requirements and processes. Also worked on Medicaid policy, interpreting Medicaid policy to provider case management staff to determine accurate utilization review decisions

Responsibilities:

* Interactions with the end users in order to generate the report required and to understand the business requirements relating to Medicaid program and Pharma.
* Involved in all phases of Software Development Life Cycle (SDLC).
* Used Informatica power center for extraction, loading and transformation of data in the data warehouse.
* Worked on the ICD 9 CM and 10 CM codes for billing purposes in pharma division.
* Obtained Data requirements, identified data sources, determined the content of data fields and created Data Mapping Documents and performed Data Extraction and Data Compilation using SQL queries.
* Built and managed successful client relationships with representative, director, and deputy chief level contacts within the Centers for Medicare & Medicaid Services (CMS).
* Worked on hospital information systems and electronic medical records.
* Interacted with Informatica developers for designing and developing complex web intelligence, Business intelligence, Client and ad hoc reports for corporate data.
* Met with physicians, nurses, billing and administrative personnel. Documented the clinical, financial and administrative business practices, procedures and workflows.
* Defined the current clinical and financial business processes and practices.
* Designed, authored, reviewed and revised Clinical Data Management Plans and Drug Safety Technical Reports are FDA 21 CFR Part 11 compliant
* Developed reports based on the Clinical Trial protocol
* Developed and executed SQL queries on claim records to validate reporting data
* Created and executed SQL Queries
* Worked with X12 standard SME for 834 and 837 transaction sets requirements with HL7.
* Worked with DBA and data architects on implementation of database changes.
* Documented technical services with desktop and other technologies and worked on analyze business and process flows.
* Obtained Data requirements, identified data sources, determined the content of data fields and created Data Mapping Documents and performed Data Extraction and Data Compilation using SQL queries.
* Analyzed data flow requirements and developed a scalable architecture for staging and loading data and translated business rules and functionality requirements into ETL procedures.
* Interacted with DBA’s to understand the table’s schemas.
* Involved in the requirement gathering and analysis for implementing the data warehouse.

Emblem Health, New York, NY

Mar 2013 – Sept 2014

Business Analyst

Emblem Health is one of the nation's largest nonprofit health plans. Worked with product management, development. Ensured data integrity on all reporting from the Quality Assurance Team, and developed analysis cube to summarize all system and manual audit information for weekly Executive Summary reporting.

Responsibilities:

* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, OOD using UML.
* Analyzed a wide range of Trizetto FACETS configuration change requests for the purposes of determining the technical scope of the change, its impact on existing systems configuration.
* Checked each insurance payment for accuracy and compliance with contract discount.
* Implement new services and programs via MMIS for the Medicaid program by directly interfacing with the customer.
* Created Functional Requirements, Maintenance Requirements, and Impact Analysis and Root Cause Analysis documents for several critical enhancements of ACA.
* Responsible for planning, coordinating and directing a variety of studies related to healthcare Services delivery.
* Used Rational Rose to model the process using UML to create behavioral and structural diagrams.
* Coordinate with CMS for file transfers, acknowledgements and business requirements.
* Incorporated HIPAA standards, EDI (Electronic data interchange), transaction syntax like ANSI X12, Implementation and Knowledge of HIPAA code sets, ICD-9 ICD-10 coding and HL7.
* Worked closely with primary care physicians (PCP), clinical support staff like nurses, clinical assistants and with specialist physicians to gather requirements information for RMS.
* Performed Gap Analysis for Marketplace in regards with the Medicaid system in place MMIS.
* Responsible for data mapping of HL7 messages into relational database.
* Extensively worked on Data mapping of EDI Segments from 834 FFM (Federally Facilitated Marketplace) to Facets database and vice-versa.
* Spearhead efforts to standardize Healthcare IT documentation, including templates, Policies, Process Documents.
* Developed business process models in RUP to document existing and future business processes.
* Coordinated HL7 interface testing: creating plans, managing testing teams, documented issues and followed up on their resolution.

Department of Social Services -Missouri-Jefferson City, MO

Jan 2012 - Feb 2013

Business Analyst

The Missouri Department of Social Services (DSS) provided consulting services related to its Medicaid program and systems. DSS is in the process of reassessing and refining strategies for the development of its Medicaid Management Information Systems (MMIS), and of ensuring the business functions and systems align with the Medicaid Information Technology Architecture (MITA) framework. We assisted with the completion of the MITA State Self-Assessment, identifying and analyzing MMIS procurement alternatives, and providing overall guidance on Missouri's MMIS strategy.

Responsibilities

* Supported the development of training curriculum, matrices, and materials to conduct the MITA Education and Training. This includes creating a MITA Training Schedule with dates, times, and participants as well as arranging the logistics for the meetings.
* Co facilitated workshop sessions for intermediate business and functional requirements and documents resulting decisions.
* Used MITA Tracer Tool to gather information for the SS-A during the Workshops.
* Worked with client to gather Business/Technical Requirements, Approval of CR (Change request), Design and Implementations for State MMIS.
* Gained extensive experience in designing/modifying the CICS screens for various areas such as Enrollment, Billing, Provider Record and Reimbursement Status in MMIS.
* Experience in implementation of ICD-9-CM codes and ICD-10-CM codes changes in the current claim processing modules in MMIS.
* Tested new HIPAA 5010 and ICD 10 functionality in MMIS.
* Worked with Accumulators, Deductibles, Coordination of Benefits, and Overrides of the Claim Line detail and used them for testing various claims scenarios in Facets.
* Proposed FACETS claims adjudication procedures, standards and editing guidelines.
* Participated in solving Billing issues from the FACETS Problem Log for Trizetto and Billing Entities.
* Analysis and Design of the Trizetto FACETS Data Model to ensure optimal system performance and tuning.
* Supported team in gathering and developing Visioning Workshop materials to include agenda, handouts, and documents relevant to topics for scheduled sessions
* Identified SMEs to be included in workshops according to their area of specialization.

Philips HealthCare - Cleveland, OH

Jun 2010- Dec 2011

Business Analyst

Philips Healthcare is a company providing customers with benefits, expertise and service that improves the health, well-being and productivity. The project was to develop a system that would allow efficient and timely management of all the relevant data which includes clinical, financial and administrative throughout the entire organization which would enable the sharing of the information among subsystems. Updating an existing quoting and enrolling program based on the business requirements and also integrated eligibility check application so application can check before offering plans.

Responsibilities

* Extensively involved in implementation of effective requirements practices, including gathering User Requirements, and analyzing User Requirement Document (URD), and functional specification document (FSD), use and continuous improvement of a requirement gathering processes.
* Applied agile methodology with its various workflows, artifacts and activities to manage life cycle from inspection to transition phase.
* Involved in development of Business and Technical Requirements in preparation of Design and Functional Specifications for Business Needs and Processes.
* Involved in GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims.
* Assisted team lead in developing Requirements Traceability Matrix (RTM) to trace the relationship between business and functional requirements to test cases.
* Prepare and execute different Test Cases and Test Scripts.
* Created project plans for information technology development.
* Worked with systems area to translate business needs into system requirements.
* Involved in the QA testing process and address any question that QA has for the development team on the requirements.
* Weekly team meetings the key stakeholders to provide project status updates.
* Involved in the testing phase right from the Unit testing to the User Acceptance testing.
* Responsible for creating business work flows and processes, creating management reports based on the analysis.

**EDUCATION**

Bachelors in computer Science