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ASSOCIATE 2 PRODUCT
IMPLEMENTATION-
CONFIGURATION ANALYST
PORTFOLIO



INTRODUCTION

I am a Product Implementation & Configuration Analyst specializing in enterprise platforms and rule-based configuration for healthcare payer systems.

This portfolio highlights my approach to solving configuration problems, how I work with rule engines, and how I ensure quality in benefit, pricing, workflow, and adjudication configurations.

This document is designed to complement my resume by offering deeper insight into the way I work, not repeating what's already written.



MY CONFIGURATION PHILOSOPHY

I follow three principles across all my implementation projects:

1. Accuracy First

- Every configuration must reflect the exact business logic with zero ambiguity.
- I validate assumptions early, map logic clearly, and document decisions to avoid defects.

2. Reusability & Scalability

- I design components and rule structures that can be reused across new Lines of Business (LOBs), renewal plans, and recurring benefit patterns.

3. Controlled, Tested, and Traceable Changes

- Every configuration change must be:
 - ✓ Traceable → documented with rationale
 - ✓ Testable → validated with clear test cases
 - ✓ Predictable → no side effects on other plans/benefits





IMPLEMENTATION PROCESS I FOLLOW



Below is my standard approach for any new configuration request:

Step 1 – Requirement Deep-Dive

- Identify business intent behind each rule
- Clarify missing logic, dependencies, or contradictory instructions
- Break complex rules into micro-components (deductible, OOP, exclusions, etc.)
- Confirm assumptions with BA/Product team

Step 2 – Configuration Mapping

- Translate the requirement into platform-specific components
- Define rule behavior (triggers, conditions, calculations)
- Identify existing reusable configurations
- Prepare mapping sheets for review

Step 3 – Rule/Plan Setup

- Create/modify components in the rule engine
- Configure workflow logic
- Ensure dependency alignment (benefits → pricing → accumulators → workflows → correspondences)

Step 4 – Validation & Testing

- Prepare test scenarios covering base + edge cases
- Execute unit tests
- Validate accumulator flow, pricing, cost-share logic, and adjudication results
- Perform regression checks on related plans

Step 5 – Deployment Support

- Prepare release notes
- Validate promotions across environments
- Ensure defect-free releases



CASE STUDIES

CASE STUDY 1 – Designing Reusable Benefit Components for New LOB

Background

A new Line of Business required 20+ benefit plans. The old approach had heavy duplication.

My Role

I redesigned the benefit structure using reusable configuration components instead of plan-level logic.

Approach

- Identified common benefit patterns
- Created reusable copay, coinsurance, limit, and exclusion components
- Reduced manual configuration effort and Implemented a dependency map for pricing + accumulators
- Conducted regression through guided workflow

Outcome / Impact

- 45% reduction in configuration time
- Higher accuracy due to consistent reusable components
- Scalable structure for future LOB expansions



CASE STUDY 2 – Rule Conflict Resolution for Deductible + OOP Maximum



Background

Claims were applying cost-share incorrectly for certain categories.

Root Cause

Two rule groups were triggering at the same time.

My Solution

- Evaluated rule firing order
- Modified trigger conditions
- Introduced rule hierarchy to avoid overlap
- Built targeted unit tests
- Documented rule behavior & exceptions

Outcome / Impact

- Eliminated miscalculated payments
- 22% reduction in UAT defects
- Ensured stable logic across similar benefits

CASE STUDY 3 – Clarifying a Complex BRD

Background

A BRD for a new plan came with vague definitions, missing values, and conflicting business rules, leading to delays in configuration kickoff.

My Approach

- Conducted a requirement deep-dive and identified 11 unclear or conflicting areas
- Created a requirement clarification matrix for the BA team
- Mapped unknowns to standardized HRP components
- Held a walkthrough with Product/BA teams to finalize interpretation
- Documented the finalized requirement mapping for reusability

Outcome

- Avoided rework during configuration
- Reduced requirement clarification cycles for future plans
- Improved communication between BA, configuration, and QA teams



ARTIFACTS & SAMPLE WORK

STEP 1- REQUIREMENT

SERVICES	CATEGORIES	BENEFITS
Maternity Service (copay waived if readmitted within 90 days)	Maternity Inpatient services	\$400 per admission, after deductible
PCP Office Visit	PCP Office Visit	\$30 copay for visits 1-3; visits 4+ no charge, after deductible



STEP 2- CONFIGURATION MAPPING

1. **Maternity Service** - This is an inpatient service, so it is mapped under the **Inpatient Benefit Component**. Since the copay is waived if the member is readmitted within 90 days, an **exception rule** is created within the same component to handle the readmission condition using **Episode of Care** (EOC) logic.
- **Episode of Care** ensures that multiple admissions related to the same medical event are treated as one episode, allowing the system to correctly apply waiver rules, suppress duplicate cost-share, and maintain accurate accumulators during the 90-day window.
2. **PCP Office Visit** - This is a consultation/office-based service and is therefore mapped under the **Professional Benefit Component**. Different cost-share (visits 1-3 vs 4+) are configured using tiered copay rules with visit-count conditions.

STEP 3- RULE SETUP IN HRP

1. Maternity Service – INPATIENT BPC

BCP NAME- INPATIENT SERVICES_PPO_CUSTOM

HRL:

- benefit for service category "Maternity Inpatient Services" within episode of care "Inpatient Benefit Period" is 100% of service cost with a copay of "Maternity Inpatient Copay" per confinement for the same supplier where up to 1 confinement per episode of care can be paid against a "Inpatient Facility Service Copay Per Admission" benefit label "INN Maternity Inpatient Services"
- benefit for service category "Maternity Inpatient Services" is 100% of service cost benefit label "INN Maternity Inpatient Services waived"

IN Episode of Care- "Inpatient Benefit Period"

Triggering Services- service category "Maternity Inpatient Services"

Included Services- included (service category "Maternity Inpatient Services") that is delivered within 90 day after discharge date for confinement with (room and board and (service category "Maternity Inpatient Services")) in the episode of care

IN VALUE LIST- VALUE LIST PPO_CUSTOM

Variable Value Definition- variable "Maternity Inpatient Copay" has value \$400.00

EXPLANATION: The configuration shown defines how Maternity Inpatient Services are handled within the Inpatient Benefit Component in HRP. The rule logic specifies that the service is covered at 100% with a fixed copay applied per confinement, and it also includes a condition where the copay can be waived for certain eligible scenarios. An Episode of Care called the *Inpatient Benefit Period* is used to group all maternity-related inpatient services so that any related treatment or readmission within 90 days of discharge is treated as part of the same confinement. This prevents multiple copays for the same clinical event and ensures consistent benefit application. Finally, the copay amount is stored in a value list, allowing the system to reference and apply it uniformly during claim processing.

2. PCP Office Visit - PROFESSIONAL BPC

BPC NAME- PROFESSIONAL SERVICES_PPO_CUSTOM

HRL:

- benefit for service category "PCP Office Visit" is 100% of service cost with a copay of "PCP Copay" where up to 3 day per calendar year can be paid against a "Office Visit Services 1-3" benefit note "APPLY ONLY 1 COPAYMENT, PER DATE OF SERVICE, PER PROVIDER" benefit label "INN PCP Office Visit Services 1-3 visits"
- benefit for service category "PCP Office Visit" is 100% of service cost benefit label "INN PCP Office Visit Services 4+ visits"

IN VALUE LIST- VALUE LIST PPO_CUSTOM

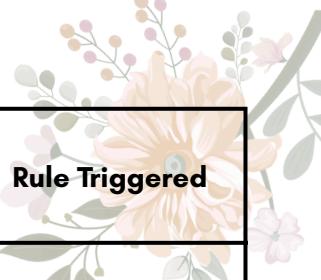
Variable Value Definition- variable "PCP Copay" has value \$30.00

EXPLANATION: This configuration defines how PCP Office Visit benefits are applied under the Professional Benefit Component in HRP. It specifies that the service is covered at 100% with a fixed copay for the first three visits in a calendar year, ensuring members pay only one copay per provider, per date of service. After the first three visits, the system applies a different benefit label for visits 4 and above, indicating a separate cost-share tier. This tiered setup helps HRP distinguish early-visit copays from later-visit benefits during adjudication. The copay amount itself is stored in a value list, allowing the rule engine to consistently pull the \$30 copay amount wherever needed in the configuration.

STEP 4- VALIDATION & TESTING

TEST CASES FOR MATERNITY SERVICE

Test Case	Scenario	Input	Expected Output	Rule Triggered
TC-M1	Standard maternity inpatient admission	<ul style="list-style-type: none"> • Service Category: Maternity Inpatient Services <ul style="list-style-type: none"> • Provider: INN • Episode: New • Copay: \$400 	\$400 copay applied; remaining covered at 100%	Per Confinement Copay Rule
TC-M2	Readmission within 90 days (copay waived)	<ul style="list-style-type: none"> • Maternity inpatient service • Episode: Existing (within 90 days) <ul style="list-style-type: none"> • Same maternity confinement 	Copay waived → coverage at 100%	Episode of Care - Copay Waiver Rule
TC-M3	Readmission after 90 days	<ul style="list-style-type: none"> • Maternity inpatient service <ul style="list-style-type: none"> • Episode: New (after 90 days) 	\$400 copay applied again; 100% coverage afterward	Per Confinement Copay Rule



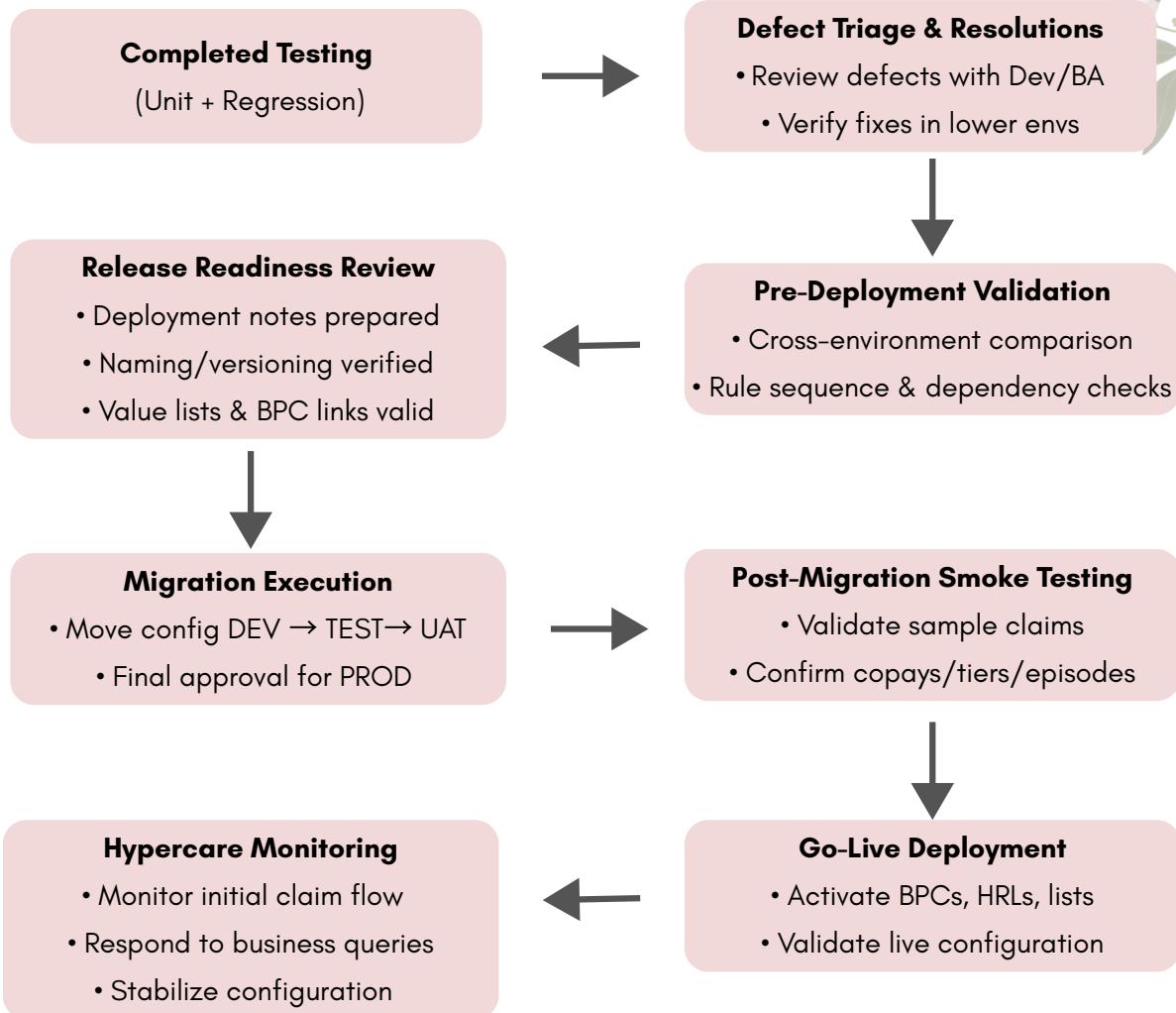
Test Case	Scenario	Input	Expected Output	Rule Triggered
TC-M4	Included service delivered within 90 days	<ul style="list-style-type: none"> Triggering Service: Maternity Inpatient Included service within 90-day window 	Covered under same Episode of Care; no extra copay	Episode of Care - Included Services Rule
TC-M5	Post-discharge follow-up linked to maternity episode	<ul style="list-style-type: none"> Follow-up service within 90 days Related maternity category 	Treated as part of same confinement episode	Episode of Care - Continuity Rule

TEST CASES FOR PCP OFFICE VISIT



Test Case	Scenario	Input	Expected Output	Rule Triggered
TC-PCP1	First PCP visit of calendar year	<ul style="list-style-type: none"> Visit Count: 1 Service Category: PCP Office Visit Copay: \$30 	\$30 copay; remainder covered at 100%	Office Visit Tier 1 (Visits 1-3)
TC-PCP2	Third visit (last of tier-1 copay)	<ul style="list-style-type: none"> Visit Count: 3 Provider: INN 	\$30 copay applied	Office Visit Tier 1 Rule
TC-PCP3	Fourth visit (tier-2, no copay)	<ul style="list-style-type: none"> Visit Count: 4 Service Category: PCP Office Visit 	No copay after deductible	Office Visit Tier 2 (Visits 4+)
TC-PCP4	Multiple visits same day, same provider	<ul style="list-style-type: none"> Two visits on same date Same provider First visit of year 	Only one copay should apply	1 Copay Per DOS, Per Provider Rule
TC-PCP5	New calendar year reset	<ul style="list-style-type: none"> Date: Jan 1 Visit Count resets to 1 	\$30 copay applies again	Calendar Year Visit Reset Rule

STEP 5- DEPLOYMENT WORKFLOW



This deployment workflow ensures that every configuration—whether benefit rules, copay tiers, or episode-of-care logic—is thoroughly validated, migrated, and stabilized across all environments. By combining structured testing, dependency checks, controlled promotion, and post-deployment monitoring, the process minimizes production defects and ensures a smooth, reliable go-live experience. This approach not only maintains rule accuracy but also strengthens the overall quality and consistency of the payer system configuration.



KEY CONTRIBUTIONS

- ✓ Created reusable configuration building blocks
 - I designed benefit components & logic blocks that later became templates for multiple plans and LOBs.
- ✓ Improved requirement-to-configuration turnaround
 - By using structured mapping and pre-validation steps, I reduced iterations with BAs/clients.
- ✓ Strengthened pre-UAT validation
 - By ensuring configurations were logically aligned and defect-free before handoff.
- ✓ Contributed to configuration standards
 - By documenting repeatable practices and aligning them with team-wide quality guidelines.



WHAT I BRING TO ANY IMPLEMENTATION/ CONFIGURATION PROJECT



Beyond the technical skills listed in my resume, I add value through a strong, adaptable implementation mindset:

1. Ability to Configure Any Enterprise Platform

- While I specialize in HRP, my core strengths—rule logic thinking, requirement breakdown, workflow mapping, and validation—allow me to quickly learn and configure any SaaS or rule-based system, regardless of domain.

2. Strong Requirement Interpretation

- I focus on understanding the true business intent, not just the written requirement, enabling accurate and scalable configurations.

3. Cross-functional Collaboration

- I work seamlessly with:

- QA Teams
- Developers
- Product Owners
- Release/Environment Teams
- Business Analysts

4. Analytical Decision-Making

- I not only configure a rule but also explain why it should be designed in a particular way—considering dependencies, downstream impact, and system limitations.

5. Ownership & Accountability

- I take complete responsibility for the configuration lifecycle—from requirement review to deployment, stabilization, and post-release support.

6. Fast Learning & Adaptability

- Whether it's HR Tech, FinTech, InsurTech, or any rules/workflow-driven system, I adapt quickly and deliver consistent, high-quality configurations.



PROFESSIONAL VALUES



- Precision
- Accountability
- Structured thinking
- Proactive problem-solving
- Continuous improvement mindset
- Consistency in delivery
- Quality-first approach
- User-centric decision making
- Transparent communication



CONCLUSION



This portfolio showcases how I think, configure, validate, and deliver in real-world product implementation scenarios.

I look forward to roles where I can work on:

- SaaS configuration
- Enterprise rule engines
- HR Tech
- InsurTech
- FinTech
- Healthcare Payer platforms

I bring a blend of analytical clarity, configuration expertise, and end-to-end ownership to every implementation I work on. Thank you for reviewing my portfolio. I'm open to opportunities where I can contribute to scalable and impactful digital products.



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