Antione Martinez

Business Analyst - Salesforce

Analytical Problem Solver \* Resourceful Leader \* Responsible & Accurate

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**PROFESSIONAL SUMMARY**

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| * About 7+ years of experience as a Quality Specialist, Validation Analyst and Healthcare, Pharmaceutical and medical device * Experience in Process Development conducting Proof of Concept Studies, Design of Experiments (DOEs), Statistical studies and experience in Quality Assurance, CAPA, GAP analysis. * **Extensive experience in Salesforce CRM, Good Exposure to Sales cloud and Service cloud.** * Have performed testing in Salesforce Classic as well Lightning. * **Expertise in working with various salesforce standard objects like Accounts, Contacts, Opportunities, Cases, Leads.** * Experience in using of **custom Tabs, custom Objects, custom Fields, Page Layouts, Workflow Actions and Approvals, custom reports, Dashboards, Visual Force Pages, Apex Classes, Controllers & Triggers and various components as per the client and application requirement.** * Knowledge and Experience on Membership, Billing, Claims Payment Processing in relation to **HIPAA, EDI** 4010, 5010 X12, 834, 837,835, and 270, 271. * In dept. knowledge of Software Development Life Cycle **SDLC methodology** such as Agile and Waterfall * Experienced in providing Medicare Operations support, with a focus on leading configuration activities for Medicare Part D operations as well as in Requirements Traceability Matrix (**RTM**) and test plan. * Efficient in writing Business Requirements Document, user cases, **HIPAA**, Use Case Specifications, Functional Specifications and Workflows. * Implemented basic **SQL** queries for testing and report/data validation * Experienced in **client interaction**, deep understanding of business systems functionality and technicality. * Strong Knowledge and experience of **EDI** transactions, **HIPAA, ASC2** Transaction sets: 834 (Benefit Enrolment and Maintenance), 835 (Claim Payment/Advice, 837 (Claims and Encounters), 820 (Payroll Deducted and Other Group Premium Payment for Insurance Products) 270/271 (Explanation of Benefits (EOB) /Response to EOB), 276/277 (Claim Status/Claim Status Response). * Proficient in Developing and **executing Test Plans, Test Case, FRD, TriZetto Facets 4.x and Medical Billing, Test Scenarios, also performing functional, usability testing** and ensuring that the software meets the system Requirement. * Experience in developing **project plan** and **estimating project timeline**. * Excellent working knowledge in **Project Life Cycle** and clear understanding of **Project Management**. * Experienced in performing **Gap analysis** by identifying existing technologies, documenting the enhancements to meet the end-state requirements. * Conducted **“As-Is” and “To-Be” business analysis, Cost benefit analysis, GAP analysis, Impact, SWOT, Root cause, Interface Analysis, ROI Analysis and Risk Analysis.** * Organized, goal-oriented, self-starter, and ability to master new technologies manage multiple tasks while following through from start to completion. * Experienced in analyzing business requirement at all stages of Software development of life cycle **SDLC**. |

**TECHNICAL SKILLS**

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| Business Skills | Business Process Improvement, Business Process Analysis, Use Case Modeling, BPMN, Risk Analysis, Requirements Workshops, JAD Sessions, GAP Analysis, SWOT Analysis, Document Analysis, Impact Analysis. |
| SDLC Methodologies | Waterfall, Agile Scrum,SAFe, Kanban |
| Documentation Tool | Microsoft Word, Microsoft Excel |
| Collaboration Tool | Microsoft SharePoint, Confluence |
| Designing Tool | MS Visio, Azure, Mock- up screens |
| Requirement Management | JIRA, HP ALM, |
| Testing Tools | HP QC, HP ALM, Selenium |
| CRM Tools | Salesforce (SFDC) |
| Project Management tools | MS Project, Jira, HP Agile Manager |
| Databases | MySQL, Oracle, MS Access |
| Operating Systems | Windows, Mac OS, Linux |

**PROFESSIONAL EXPERIENCE**

**Centene Corporation, St. louis, MO MAR 2017 to TILL DATE**

**Business Analyst -**

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| ***Project Summary:*** The existing information system was outdated, and the hospital staffs were facing issues in capturing the patient flow from the outpatient visit to discharge hence lots of waiting time and cost were involved while an individual patient care is done. The project was to analyse various clinical transformation systems available in the market and present a report for them to choose the best-suited clinical suite for its partners. Based on the studies the vendors were called for final presentation and we chose its best-suited vendor for its patient care implementation is done.  **Roles and Responsibilities:**   * Facilitated **requirement gathering and brainstorming** sessions with SME's User's in understanding the requirements pertaining to billing Origination to billing Processing. * Performed **PEGA PRPC** validations (Decision Tables, rules, roles) * Review test cases, prepare test plans and run defect triage calls * Responsible for providing **Medicare Operations support**, with a focus on leading configuration activities for Medicare Part D operations. * Participated in the designing of the Validation Master Plan(VMP) and Testing Criteria * Extensive knowledge of Medical Management Information Systems (**MMIS**) and **HL7**. * Preparation of test data based on access roles and rules * Actively involved in analyzing the business requirements to develop quality assurance test plans, test cases and test scripts. * Profound knowledge of **EDI X12** standards in healthcare insurance * Verified accuracy of **billing** information and codes before processing **Medicare** and **Medicaid** forms, as well as other third-party insurances. * Worked with SME's and business users to gain in-depth understanding of the business' mission, objectives, purpose and processes. * Collaborated with the BA testing team to develop the **test plan, test conditions** and **test cases** to be used in testing based on business requirements, technical specifications and/or product knowledge. * Conduct **project related Presentations** periodically to the management and end users during various phases of Software Development Life Cycle SDLC. * Involved in the **User Acceptance testing (UAT**) to check the reliability for end users.   **Environment** : SME,Pega , PRPC, MMIS , HL7, EDI, EDI X, Test |

**Conventy Health Care, Bethesda,MD SEP 2015 TO FEB 2017**

**Business Analyst -   
*Project Summary:***The project is to work with the different Business Areas across Claims, Enrollment, Provider Admin, Finance and Group Admin. This project was the analysis of ICD 9 - ICD 10 Code Set Conversion. I was involved in the analysis and documentation of ICD 9 - 10 Crosswalk using GEM (General Equivalence Mapping) and involved in the HIPAA 4010 - 5010 Requirements Gathering sessions for the EDI Transactions between providers, payers and employer groups. Gathered Business requirements and updated various screens of the Claim Engine as suggested by the Business.   
 **Roles &Responsibilities:**

* Gather Business Requirements from the Subject Matter Experts (SMEs) and document the requirements in the **BRD**. Utilized **data flow diagrams, use case diagrams** and **process flow diagrams** to represent information provided by the Business Owners.
* Performed Analysis of **ICD 9 Procedure** and **Diagnosis Codes** in accordance with **ICD 10 CM** and **ICD 10 PCS** Conversion Compliances.
* Organize meetings and led **JAD sessions** to ensure legal and compliance deadlines of **CMS** (Centers for Medicare and Medicaid Services) are met.
* **HIPAA 4010 - 5010 Conversion Analysis** Involved in the documentation of **HIPAA 5010** changes to EDI 837, 834, 835, 276, 277 Transactions.
* Formulate **system design, methods, procedures, policies** and **workflows** affecting **Medicare/Medicaid claims** processing in compliance with government compliant processes like HIPAA/ EDI formats and accredited standards like ANSI.
* Configured the **Claim Processing in FACETS 4.51**. Good knowledge about the **workflow** and **backend Tables** in Claim Processing.
* Worked in Claims processing system for **Pharmacy Benefit Management** along with review, design and reconfigure of the **FACETS** in functional areas like **Membership, Claims, provider, Enrollment and Service**.
* Effectively elaborated the Current process and gave a clear picture of the proposed process for the projects in the organization. Work aggressively towards timely completion of High Priority Tasks.
* Performed Salesforce.com configuration activities creating Users, Roles, Profiles, Organization Wide  
  Defaults, Permission, Sets, Public Groups and Queues.

**Environment :** HIPPA, JAD Session, ICD9, ICD 10-cm and pcs, EDI. Facets, workflow **Geisinger Health Plan, Danville, PA JUN 2014 to AUG 2015**

**Business Analyst**

***Project Summary*: The project was to develop a Group Management Application (GMA) for wellness programs offered by Geisinger Health Plan to the employer groups which will enable the users to manage the employer groups as well as keep a track on their metrics to determine the benefits on their Health Plan**

**Roles and Responsibilities*:***

* **Followed agile approach of development throughout the project**
* **Facilitated JAD session meetings with stakeholders (Medical Director, Laboratory Manager and Wellness specialists) and developers to perform Requirement Gathering & Analysis by actively soliciting, analyzing user requirements and prepared the requirements specification document for the solution.**
* Worked closely with **Business Directors**, **Project Managers** in various business areas to gather, analyze and document the requirements and supported the project manager throughout the development lifecycle.
* Interviewed the stakeholders from different departments to identify their current needs and understand their **Current Workflows** and **Ideal Workflows**, to created process diagrams documented **As-Is** and **To-Bebusiness processes**.
* Performed impact analysis during the project to manage requirements churn by checking the feasibility in maintaining triple constraints and discussing them in **Daily Scrum Stand-up Meeting**.
* **Ensured the compliance with HIPPA for electronic healthcare transactions.**
* **Developed activity diagrams and sequence diagrams to analyze the requirements and recommend solutions.**
* **Performed data analysis on Amysis database for membership related requirements**
* **Involved in creating User Stories with acceptance criteria and documented acceptance scenarios to facilitate test driven development.**
* Generated **UML Diagrams** mainly, **Use Cases**, **Activity Diagrams**, and **Sequence Diagrams** to define the interactions between the user and the system using Microsoft Visio
* **Documented specifications for calculating scorecards based on biometrics results for wellness programs.**
* **Assisted the technical team in translating application functionality into application architecture.**
* **Participate in the bug review meetings.**
* **Developed Test Plan, documented and executed test cases and reported the bugs in Quality Center.**

**Environment : Agile, HIPPA, UML, Use Cases, Bug, Director, Laboratory Manager and Wellness specialist,s user stories, As-Is, workflow,Microsoft, JAD.**

**Adventa, Malaysia Jan 2012 TO APR 2014  
Business Analyst  
*Project Summary*:** The objective of the project was to improve healthcare quality, coordination, and access by extensively customizing and configuring EHR and EDR to fit the provider’s needs. The customization was incorporated into the systems which resulted in increased communication, increased opportunity for further collaboration, and gave directions for the future projects.

**Roles and Responsibilities:**

* Organized and facilitated **JAD sessions** to elicit the requirements and document the client requirements for the customization of the **EHR** and**EDR**devices and converted the requirements into **Business Requirements Document** (BRD) and **Functional Requirements Documents** (FRD) as per the client’s requirements.
* Interviewed the stakeholders from different departments to identify their current needs and understand their **Current Workflows** and **Ideal Workflows**, to created process diagrams documented **As-Is** and **To-Bebusiness processes**.
* Worked closely with the PMO to develop the **Project Plan** and helped the SME’s in analyzing the reports for **Project Execution**. Was involved in requirements gathering with the clinicians and other healthcare practitioners
* **HIPAA 5010 and ICD 10 compliance** check were carried out by developing a checklist of compliances.
* Worked with the system architects in understanding and designing the **User Interface** as per the stakeholders needs by preparing a systems design document. Helped in **Developing Functional** and **Technical Design Specifications**
* Assisted the Project Manager and the development team in understanding the requirements for developing generic **(History of Previous Illness) HPI templates** used to document each of the **Chief Complaints**
* Actively documented the**HPI templates**whichwere used by the patients with the diagnoses of bronchitis, otitis media, sinusitis, pharyngitis, and upper respiratory tract infection
* Used**JIRA** for **Issue Tracking**, user story management and **Requirements Traceability** weekly progress reports relating to the progress of the process were submitted to the Project Manager

**Environement :** EHR, EDR, As-Is, workflow, PMO, HIPPA, ICD, HPI, JIRA