***Career Summary***

* *About Sevenyears’ experience in Healthcare Industry with strong operational knowledge of Health Insurance Portability and Accountability Act (HIPAA) with updated knowledge of recent code sets ICD -10.*
* *Experience in creating and maintaining the requirements definition documents that included 5010 business requirements and functional requirements.*
* *Excellent understanding of HIPAA standards (4010 and 5010), HIPAA code sets ICD-9, ICD 10*
* *Knowledge of the following HealthCare EDI Transactions for 4010/5010 like (278) Referral Certification and Authorization, (834) Benefit and Enrollment, (835) Payment & Remittance Advice, (837 I & P) Institutional and Professional HC Claim*
* *Experience in developing Use Case diagrams, Sequence diagrams, State Chart diagrams, and Class diagrams.*
* *Experience facilitating JAD (Joint Application Design) sessions and maintenance of Test Matrix and Requirements Traceability Matrix.*
* *Performed planning and development of test plans, test cases and test scenario to meet product’s business requirements.*
* *Excessive use of documentation to avoid any form of miscommunication or misinterpretation during the entire software development process. Prepared Systems Proposal Reports, Change Request Forms and Business Plans.*
* *Use of UML/RUP for modeling views in Microsoft Visio*
* *Involved in maintaining Traceability Matrix and performing GAP analysis.*
* *Experience in configuration of claims adjudication systems, i.e., FACETS & MMIS*
* *Conducted User Acceptance Testing (UAT).*
* *Good knowledge of SQL queries.*
* *Creative and aggressive self-starter with integrative thinking skills, capable of forming and maintaining positive and productive working relationships in internal, external, independent, and team environments*

***TECHNICAL SKILLS***

***Project Methodologies:*** *SDLC, Agile, Rational Unified Process (RUP), UML, JAD, JAR*

***Business Modeling Tools:*** *MS Visio, UML,*

***Operating Systems:*** *Windows NT/XP/2000/2007, UNIX*

***Database:*** *Oracle, SQL server*

***Quality Assurance:*** *Quality Center, Test Director*

***Business Applications:*** *Microsoft Office Suite, MS VISIO, MS Project, Outlook, Lotus Notes*

***PROFESSIONAL WORK EXPERIENCE***

***Amerigroup Corporation, Virginia Beach***

***Sr Business Analyst***

***July 2011 – Present***

*Amerigroup Corporation is a multi-state managed healthcare insurance company focused on serving people who receive healthcare benefits through publicly sponsored programs, including Medicaid, Medicare, State Children’s Health Insurance Program (SCHIP), Family Care and Special Needs Plans (SNP). There were multiple ongoing projects at Amerigroup where multitasking was a key to success. Primary role on this project was working on conversion of ICD-9 CM and PCS codes to ICD-10 (Clinical Modification and Procedure Coding System) codes and conversion of all EDI HIPAA X12N-4010 transactions to HIPAA X12N-5010 version and prepare necessary supporting mapping/crosswalk documents as part of project deliverables.*

***Responsibilities***

* *Studied existing business application and processes, collected end user requirements and suggested the improvised business process model.*
* *Reviewed new and modified program, including documentation, diagram, and flow chart, to determine if program performed according to user request and conform to guidelines.*
* *Involved in gathering, documenting and verifying business requirements*
* *Gathered requirements for impacted system and business areas for ICD-10 and their needs to embrace the changes*
* *Organized JAD Sessions to collect requirements from system users and prepared business requirement that provided appropriate scope of work for technical team to develop prototype and overall system.*
* *Design and review of various documents including the Software Requirement Specifications Worked on creating specifications for transitioning business from HIPAA 4010A to 5010 and from ICD-9 to ICD-10.*
* *(SRS), Business requirements document (BRD), Project Requirement Document (PRD), Use Case Specifications, Functional Specifications (FSD), Systems Design Specification (SDS), Requirement Traceability Matrix (RTM), Requirements Management Plan (RMP) and testing documents.*
* *Involved in requirement gathering for ICD9 to ICD10.*
* *Analyzed and worked with HIPAA specific EDI transactions for claims, member enrollment, billing transactions.*
* *Develop, design & implement department plan to operationalize new FACETS integrated processing system, to include but not limited to, workflow, management oversight and performance analysis.*
* *Written and executed test cases for ICD 9 codes and charges validation*
* *Worked closely with stakeholders and SME’s for requirements gathering.*
* *Worked on developing the business requirements and use cases for Facets batch processes; automating the billing entity and commission process.*
* *Extensively interacted with the QA Team in executing the Test Plans, Providing Test Data, Creating Test Cases, and Issuing MR upon detection of bugs and collecting the Test Metrics.*
* *Wrote Use cases and test cases for testing and the processing of member enrollment and benefits.*
* *Performed “UAT” for 5010 and ICD 10 codes.*
* *Worked with the QA (Quality Assurance) team for designing Test Plan and Test Cases for the User Acceptance testing - Defined test cases, creating test scripts, analyzing bugs, interacting with QA / development teams in fixing errors and User Acceptance Testing (UAT).*
* *Familiar in reviewing the legacy system and MMIS system documentation*
* *Developed requirements integrating Use Case diagrams and designed the testing process flows.*
* *Followed the RUP methodology for the entire SDLC.*

***State Dept. of Health, Indiana***

***Business Analyst***

***Nov 2009 – June 2011***

*As a Business Analyst and a part of the gap analysis and implementation team, the role is to understand the EDI Transactions, Pharmacy Transactions from an NCPDP perspective and current ICD9 codes being used by the State. The objective is to conduct a gap/impact analysis in order to adhere to HIPAA Compliances required by CMS. The duties performed for this role are as follow:*

***Responsibilities:***

* *Participated and organized requirement gathering sessions with the stakeholders to elicit and analyze requirements.*
* *Assisted in preparing Scope Document by analyzing - various business domains interdependencies, end to end business processes of claims adjudication, various business domains scope statement, current business process flows and current system documentations.*
* *Understanding and assessment of the current EDI Transactions used*
* *Understanding and assessment of the current Pharmacy Transactions from an NCPDP 5.1 perspective*
* *Understanding and assessment of the current ICD 9 codes used by the State*
* *Creation of a Gap/Impact Analysis Document for changes of the EDI Transactions (837, 835, 276/277, 270/271)*
* *Creation of a Gap/Impact Analysis Document for changes to Pharmacy Transactions (real time and batch) based on NCPDP 5.1 to NCPDP D.0 , specifically concerning the data elements*
* *Creation of a Mapping Document for ICD9 Codes to ICD 10 Clinical Modifications and Procedural Codes.*
* *Creation of Gap/Impact Analysis Document for the Prescription Drug Point of Sale System*
* *Creation of Gap/Impact Analysis Document Operational Analysis Document for the Drug Utilization Review System*
* *Creation of Gap/Impact Analysis and Operational Analysis Document for Medicaid Subrogation*
* *Creation of Gap/Impact Analysis Document and Operational Analysis Document for the Drug Rebate Analysis and Management System*
* *Analyzed and worked with HIPAA specific EDI transactions for claims, member enrollment, billing transactions. Worked specifically with 837, 835, 834, 270/271*
* *Created and performed automated (SQL-based) report scrubbing to improve operational efficiency to define requirements and executing to delivery.*
* *Facilitated JAD sessions for Requirement Validation with Dept. of Health & Human Services (DHHS) to gather requirements for the new MMIS.*
* *Created and managed project templates, Use Case project templates, requirement types and trace-ability relationships in Requisite Pro.*

***TCF Bank, Minneapolis, MN***

***Business Systems Analyst***

***May 2008 – Oct 2009***

*TCF Bank is a Minnesota based national bank, providing retail and commercial banking services. The P&I engine, developed on TCF Bank’s core mortgage system, is a stand-alone system and is capable of performing the principal and interest calculation based on company business rules. The engine, besides providing the basic functionality of Principal and Interest calculation facilitates Amortization Schedule.*

***Responsibilities***

* *Conducted one to one interviews with Portfolio Manager to gather Business Requirements and was involved in the documentation of Business Requirement Documents (BRD).*
* *Assisted the Project Manager in setting realistic Project expectations and in evaluating the impact of changes on the organization and plans accordingly and conducted Project related presentations.*
* *Identified internal and external system Requirements, design and configuration set-up.*
* *Developed strategic partnerships with the Business units to develop a solid knowledge base of the Business line, including the Business Plan, Products, and Process.*
* *Translated the Business needs into system Requirements, communicating with the Business on a broader scale and with an in-depth view.*
* *Using Agile Methodology, the entire project was broken into sub tasks which were performed in parallel.*
* *Used Agile Test Methods to provide rapid feedback to the developers significantly helping them uncover important risks.*
* *Reviewed extensive SQL Queries with complex multi-table joins and nested queries.*
* *Studied the retirement products of the company and created and Annuities Product manual.*
* *Designed and developed Project document templates based on SDLC methodology.*
* *Developed Functional Requirement Document (FRD), Technical Design Document (TDD) as well as High-Level Project Plan.*
* *Functioned as the primary liaison between the Business line, operations, and the technical areas throughout the Project Cycle.*
* *Developed Functional Specification Document and Supplementary Specification (non-functional) Document.*
* *Participated in the Logical and Physical Design sessions and developed Design Documents.*
* *Worked with developers to make sure that they understood the Use Cases.*
* *Designed and implemented basic SQL queries for QA Testing and Report / Data Validation.*
* *Partnered with the Technical Areas in the research and resolution of System and User Acceptance Testing (UAT).*
* *Worked with Quality Assurance Teams to develop Test plan and Test Cases.*
* *Develop User Manuals, and Training Manuals as per Project Specifications and timelines.*

***HCA Health Care, Nashville, TN***

***Business Analyst***

***Feb 2007 –Mar 2008***

*Claims Management and Reconciliation (CMR) Business Analyst*

*HCA Inc. has developed an application for managing and processing Insurance Claims - Claims Management and Reconciliation (CMR). Patient's information, history about disease and medication is collected and stored in the CMR Health Information Management/Enterprise Document Management System. I worked for enhancements to this application with the various Business Owners.*

***Responsibilities***

* *Prepared the Business requirement Document (BRD) and system requirement document (SRD) for the enhancement of the existing services.*
* *Created workflow diagrams, UML diagrams, process models, activity diagrams, use cases, for incorporating design changes in the system.*
* *Developed an automated approach for capturing all 837 data received that supports claim utilization and reporting.*
* *Developed business requirement for online web form for capturing application information*
* *Requirements Gathering & Analysis always ensured HIPAA Compliance Auditing.*
* *Analysis and Design of existing transaction sets, and modification of these transaction sets to ensure HIPAA compliance.*
* *Created, executed and translated manual test cases and scenarios into automated test scripts in order to validate functional requirements using HP Quality stage.*
* *Extensively worked Claims, Enrollment, Eligibility verification for Members and Providers, benefits setup, and backend payment cycle.*
* *Conduct Proof Of Concepts as and when required*
* *Conducted Risk Analysis to identify the risks associated with developing the patches, and formulated a Mitigation Plan to eliminate or reduce risks of high severity and any major effects.*
* *Conducted JAD sessions with business SMEs and developer.*
* *Collaborated with Quality Assurance Analyst in testing.*
* *Developed test cases and performed UAT testing for all the files and reports*

***EDUCATION***

*Bachelors in Business Administration*