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**UMMARY:**

* Over 6 + years of Business Analyst /EDI Analyst experience of web-based, client server and Healthcare development, testing and implementation of business process through software development life cycle (SDLC).
* Experienced with various Business Analysis SDLC Methodologies, such as RAD, RUP, JAD, and Spiral Methodologies.
* Designed Use Cases, Activity Diagrams, Sequence Diagrams, and Class Diagrams, Data flow Diagrams by using MS Visio.
* Extensive use of UML/RUP for modeling views in Microsoft Visio, Excellent analytical skills.
* Strong domain knowledge in Healthcare industry related to HIPPA, EDI, Claims Processing, ICD\_9 and ICD-10
* Strong knowledge in Software Development Life Cycle (SDLC) with specialization in test planning, preparation, execution and defect management
* To obtain a challenging position in fast paced environment in the field of Software Quality Assurance and EDI Analysis that would best utilize my technical and interpersonal skills
* Having good experience working with HIPAA EDI (837I/P/D, 270/ 271, 276/ 277, 278, 820,834,835) X12 Transactions for both versions (4010A1 and 5010)
* Experience in HIPAA EDI transactions 820/834/837, 270/271, 276/277, 277CA, 277P, 999, 835, 277U
* Possess In depth Knowledge of HIPAA 4010/5010 and ICD-9/10.
* Familiar with new HIPAA 5010 and ICD-10 code sets. Experience in all phases of SDLC process.
* Analyzed CMS comparison documentation highlighting changes of 5010 format and ICD10 diagnosis and procedure codes.
* Experience in conducting Joint Application Development (JAD) and Rapid Application Development (RAD) sessions, Requirement Gathering Sessions (RGS).
* Interviewed Subject Matter Experts (SME’s) for understanding detailed functionality aspects of the business process and carefully transforming information into requirements in an easily comprehensible format.
* Comprehensive knowledge on Waterfall, Rational Unified Process (RUP) and Agile methodologies.
* Hands on experience in analyzing and documenting Business Requirements Document(BRD) and System Functional Specifications (SFS) including Use Cases.
* Extensive experience in using Unified Modeling Language (UML) tools to create Activity, Sequence, Use Case, Class, and Collaboration diagrams.
* Experience in working with windows and UNIX, environments.
* Experience in working with Different databases like SQL, Oracle, and DB2 using SQL.
* Experience in all aspects of testing such as Use Case analysis, Test Plan creation, Test Case preparation, Test Reports and Defect Tracking.
* testing, User Acceptance Testing (UAT) and Regression Testing
* Solid Back End Testing experience by writing and executing SQL Queries using My SQL, MS Access, MS SQL Server, and DB2 & Oracle Database  
  **TECHNICAL SKILLS:**

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| --- | --- |
| Test Management / Defect Tracking Tools | Enterprise Tester, Unified Functional Testing(UFT), Test Manager, Remedy |
| Test Automation Tools | Unified Functional Testing(UFT) |
| Programming Languages | C, C++, VB, HTML, XML, SQL,TOAD, TIBCO |
| EDI Tools | ANSI X12, EDI 820,837, 834, 835, 276, 277 transactions |
| Operating Systems | Windows (NT, 2000, 2003, XP, 7) |
| Database | MDM, MS Access, MySQL, MS SQL, DB2, Oracle, UNIX /LINUX |
| Domains | API Testing, EDI, HIPPA ANSI X12 4010/5010, ICD 9/10, FACETS, Ensemble, Enabler |

**WORK EXPERIENCE:**

**Health Insurance Plan (HIP), NY Role: Business Analyst /EDI Analyst Oct-2013-Feb-2015**

**Description:**  Developed the Business Crosswalks for 837(P, I, D), 835 and 276/277 according to HIPAA implementation rules. This project also involved creating the medical claims processing system.provider and payee to translate application files to X12/EDIFACT and HIPAA standards, and to support file conversion from 4010 to 5010 and vice versa.

**Responsibilities**:

* Conducted detailed and comprehensive Business Analyst by working with end users and other stake holders to identify the system, operational requirements, and proposed enhancements.
* Facilitated Joint Application Development (JAD) sessions with all IT group members for communicating & managing expectations.
* Analyzed CMS comparison documentation highlighting changes of ICD10 diagnosis and procedure codes.
* Participated in EDI X12 transactions including 834, 820 and 999s. Triage calls with vendors for the EDI X12 834 and 820 reconciliation and 999s issues.
* As a part of HIPAA 4010 - 5010 conversion analysis - involved in the documentation and execution of test cases related to HIPAA 5010 changes to EDI 837, 834, 835, 276, 277 transactions
* Performed analysis of ICD 9 Procedure and Diagnosis Codes in accordance with ICD 10 CM and ICD 10 PCS conversion complianc
* Documented Test Cases in Quality Center based on Use-Cases and Requirements, and executed test Cases to verify actual results against expected results
* Performed GUI, System, Integration, Regression, UAT, End-to-End Testing
* X12 – Claims (837), Remittance (835), Referral (278), Eligibility (270)
* Wrote complex SQL queries in TOAD (Relational DB) to perform Back-End testing. Participated in data analysis for verification purposes using SQL queries, views and procedures
* Identified all necessary Business and System Use Cases from requirements, created UML diagrams including Use Case Diagrams, Activity Diagrams, and Sequence Diagrams using Microsoft Visio.
* Worked on transfer of electronic healthcare information.
* Implemented X12 interfaces for billing, remittance, eligibility and referrals.
* Involved in testing of the loading 5010 HIPAA Inbound Transactions (837I/P/D, 276) in Mainframe database.
* Validated Business rule Edits for 5010 HIPAA transactions 820,834/837I/837P/837D, 276/277 and 835
* Executed the 5010 system test scenarios for 5010 HIPAA transactions 837I/837P/837D, 276/277 and 835 after loading and adjudication.
* Involved in preparation and execution of Test Scripts using QTP
* Involved in peer Reviews and team walkthroughs for the project as per test methodology
* Developed maps for the EDI X12 transaction sets like 810, 850, 856, 860, 997 and EDIFACT transaction sets like DELFOR and DELJIT.
* Worked on UNIX /LINUX environment to monitor the components on pipeline to check whether they are working as expected, bring and up and deploy them, if they are down

**Environment**: ANSI X12, EDI ,FACETS, SQL, TIBCO ,TOAD, QC (Quality Center), QTP, MS Word, Excel, Power Point, Java, Clear Case, UNIX /LINUX, PUTTY

**Medco Health Solutions, NJ Role: Business Analyst /EDI Analyst Nov-2011-Sep-2013**

**Description**. Medco Health compliant ANSI X12 837 formats for both professional claims and institutional claims. And Manipulated data in X12 files using EDIFECS Spec builder to add valid qualifiers and also check for HIPAA edits.

**Responsibilities**:

* Coordinated and conducted system requirements walkthroughs/sessions (JADs) with business Owner/stakeholders/SMEs as well as design/development teams.
* Worked with business area SMEs/analysts to develop and finalize test plans/scripts/use cases.
* Analysis of key business requirements and assisted in the development of Business Requirement Document (BRS), Functional Requirement Specification (FRS), and System Requirement Specification (SRS).
* Created UML diagrams including Use Case Diagrams, Activity Diagrams, and Sequence Diagrams using Microsoft Visio and Rational Rose.  
  Worked with HIPAA compliant ANSI X12 834 formats.
* Expertise with HIPAA compliant ANSI X12 820 formats.
* Coordinated with Business Owner, Application Vendor, Business Project Teams, Payers and Clearinghouses to bring all processes to a level of execution to mitigate any impact to current revenue flow under the 5010-compliancy requirements.
* Worked on different EDI healthcare transactions like 837 for submitting claims, 835 for payments, 270/271 for health care benefits and eligibility, 276/277 for claims.
* Reviewed the Business Requirement Documents (BRD) and the Functional Specifications.
* Used EDIFECS transaction management to process and track enrollment file, 834.
* Created Test Plans by going through the design and functional specifications. \
* Worked extensively on HIPAA 4010A1 all X12 transactions -837(P, D and I), 835-Remitance advice, 276/277-Claims status and response, 834-Member enrollment, 820- premium payment advice, 278- Prior authorization.
* Experience working on various HIPAA Standards like 834/ 270/271,835, and 837 transaction sets for testing the EDI Transactions.
* Performed gap analysis ‘Effect on CMS-1500 by 837P HIPAA 5010’and recommended theuser interface changes.
* Prepared use cases and data flow diagrams to analyze the impact of ICD 10 diagnosis codes embedded in different systems and applications.
* Involved in HIPAA/EDI Medical Claims Analysis, Design, Implementation and Documentation.
* Developed various test cases for testing HIPAA 837I/P (5010).
* Involved in forward mapping from ICD 9 to ICD10 and backward mapping from ICD10 to ICD9 using GEM. Also performed gap analysis between ICD 9 and ICD 10.
* Validated the reports and files according to HIPAA X12 enforced standards.
* Worked on the claim routing and claim processing Scenario in MAINFRAME legacy system.
* Worked extensively and navigated the claim routing on EDI, CIS, MHS through the GUI
* Involved in Change Request process and performed System and UAT as the project is in Production.
* Performed Manual Testing of the entire MAPPO application (E2E testing).
* Interacted with Business Analysts for UAT (User Acceptance Testing), and tested the possibilities of system failure with UAT.

**Environment:** HIPAA, EDI, Clear Case, HTML, Oracle, DB2, SQL, SOAP, IBM Mainframe, UNIX, Share point, UML, Windows, MS Visio, MS Project,

**Memorial Hermann Healthcare System, TX Business Analyst /EDI Analyst Mar-2010-Oct-2011**  The scope of the project also involved testing the conversion of the 837 EDI format from 4010 X12 formats to the 5010 X12 format as per HIPAA Compliance. Project was Up-gradation of HIPAA X12 4010 transaction to HIPAA X12 5010 and ICD 9-CM (Clinical modification) to ICD-10-CM/PCS (Clinical modification/procedure coding system) simultaneously.

**Responsibilities:**

* Analyzed current business process flow by understanding preset business rules and conditions through requirement gathering.
* Addressed all aspects of the claim processing lifecycle, starting from identifying a claim right up to closure.
* Established a business Analysis methodology around the Rational Unified Process.
* Conducted formal interviews, Live Meetings and JAD sessions with business users Subject Matter Experts(SME’s)
* Gap Analysis: Analyzed the client’s applications programs to determine the impact of the HIPAA final rule on EDI Transaction Set and Code List implementation.
* Defined the changes to bring the affected systems into HIPAA compliance.
* Triage calls with vendors for the EDI X12 834 and 820 reconciliation and 999s issues.
* Designed and developed Use Cases, Activity Diagrams and Sequence Diagrams using UML.
* Understood and analyzed differences between 4010 and 5010 formats for each segment
* Verified crosswalk for understanding major changes from ICD-9 to ICD-10. Drafted the major changes that would appear in ICD-10 version
* Verified the EDI raw data as per 5010 formats
* Identified the field level changes on the application and the database for the impact of 5010 formats
* Worked with IT teams regarding EDI transaction X12 834/837/835/270/271 for Claims Processing
* Worked with TA1/999 (Acknowledgement) while testing for EDI transactions 837
* Involved in designing Test Plans, creating and running Manual Test Cases, and identifying the defects in Quality Center
* Prepared the Test plan and Test cases by review the HIPAA 5010 & 4010A1 documentation for 834/ 837I/837P/837D, 276/277, 835 HIPAA transactions.
* Experience in Conversion of HIPAA X12 4010 codes to X12 5010 codes and ICD 9 codes to ICD 10 codes
* Conducted review meetings with the Development team to set a hard-freeze date and gather input for creating the Test Plans and Test Specifications
* Conducted UAT with Business Users, and retested defects discovered via Regression Testing
* Used MS Visio to create process flowcharts and workflowDiagrams
* Managed Traceability Matrix to trace Business Requirements, Functional Requirements, and Use Cases
* Identified opportunities for business process improvement and initiated efforts to make improvements
* Assisted in designing test plans, test scenarios and test cases for integration, regression and User Acceptance Testing

**Environment:** EDI, X12, HIPAA, 5010, ICD 9 codes to ICD 10 HP Quality Center, Windows XP/Vista/ Mac, SQL, MS Access

**Franklin Square Hospital Centre Inc., MD Role: Business Analyst Jun-2008-Feb-2010**The HI-Exchange Project dealt with development of an online health information exchange (HIE) and a secure web portal to enable authorized Franklin Square Hospital providers to have fast and easy access to patient's electronic health record. The project dealt with development of a Health Care Cost Containment System and implementation of an automated inter-operable web application that tracks patient medical history and health care plans via Viewer application and Electronic health records.  
**Responsibilities:**

* Assist with creation and maintenance all necessary documentation and training materials for Epic Ambulatory application
* Performed analysis, design, development and maintenance of the Epic Ambulatory applications and other clinical information systems.
* Experience with EPIC user and provider record provisioning, including the development of role-based access, security classes, and user profiles.
* Conducted user interviews, gathered requirements, and analyzed the requirements.
* Worked with the business team to collect the business requirements, security and service level requirements and documented them.
* Analyzed set behavior and contribution to business performance, critical business metrics & tracking underlying business trends using Business Objects.
* Working with different IT & Business groups to understand and determine the Impacts to the Data Warehouse and/or Data Marts for different projects.
* Participated in the logical and physical design sessions and developed design documents.
* Designed new process flows for the existing system as well as for the enhanced system.
* Conducted and lead status report meetings with the business and the IT team on a weekly basis.
* Manage Scope and change throughout the life cycle of the product.
* Performed collection, coding, and assessment and reporting of adverse event data using ARISg.
* Worked in the ARISg Implementation of the EHR-Pharmacy Module.
* Captured all HIPAA-related EDI data in the repository using FACETS.
* Accepted inbound transactions from multiple sources using FACETS.
* Supported integrated EDI batch processing and real-time EDI using FACETS.
* Recommend tactic to implement HIPAA 4010 (EDI X12 820,837,834,278,270) in the new System.
* Worked on Electronic health record system as a CRM web based application.

**Environment:** MS Word, MS Excel, Rational Clear Quest, Rational Rose/MS Visio.