**Jyoti Singh Bajwa**

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Summary

* Hands on experience gathering requirements, interviewing senior level company officials to gather requirements for documenting project functional specification.
* Extensive experience in using Requirement and test Management tools such as HP Quality Center (QC) / HP ALM for organizing and managing all phases of application testing process, including specifying testing requirements, planning tests, executing tests and tracking defects.
* Requirement gathering through interviews, workshops, JAD sessions with clients, developers and QA Analysts and referring to existing system documentation and procedures.
* Worked with the Project Manager on various Project Management activities like keeping track of Project Status, Deadlines, Environment Request, and Compliance Issues.
* Good knowledge on programming languages like Java, SOAP web services etc.
* Communication, Microsoft office suite, understand core COE technology, understand message formats (XML, X12, etc.), SQL skills to access and review data, Data Warehousing best practices
* Familiar with HIPAA EDI transactions such as 835, 837 (P, D, I) 276, 277, 278 etc.
* Excellent knowledge of HIPAA standards, EDI (Electronic data interchange) Transaction syntax like ANSI X12, Implementation and Knowledge of HIPAA code sets and HL7.
* Provide management from client SOW to gathering requirements, custom development, testing through closure of product signoff delivery on Employee benefit management which include up gradation of claim as well as billing which used HIPAA EDI X12 834, 837,835, 270/271, 276/277, 278 transaction and ICD9/10 codes.
* Worked on different EDI healthcare transactions like 837-Institutional, 837-Professional, 837-Dental, 835-Claim Payment/Remittance Advise, 270/271-Eligibility Benefit Inquiry/Response, 276/277-Claim Status Inquiry/Response Transactions.
* Detail understanding of ICD 9/ANSI/HL7 to ICD 10/ANSI/HL7 coding standards in Medicare and Medicaid domains of the healthcare industry.
* Experienced in HIPPA 4010/5010 EDI transaction. Experience with writing various test cases for FACETS interfaces and tracking/explaining bugs to development teams
* Experience with Medicare, Medicaid, commercial insurances in HIPAA ANSI X12 4010, 5010 formats including 270,271, 276, 277, 835, 837.
* Hands on working experience in creating and executing the SQL Queries
* Conducted a session with business, SME and other parties to gather the requirement for the integration of Facets with the providers and other third parties.
* Experienced with EDI Transactions in healthcare and familiarity with HIPPA 834, 835, 837
* Expertise in Analyzing Business Requirements, Functional and Technical Specification and documenting Test cases and Test Scripts.

**Technical Skills**

Methodologies: Waterfall, Agile, RUP

Project Management: MS Office, MS Project

Version Control System: Rational Clear Case, CVS, Visual Source Safe

Process/Modeling Tools: Rational Rose, MS Visio, Rational Requisite Pro, Clear Quest

Testing Tools: Rational Enterprise Suite, Test Director, Win Runner, Load Runner.

Languages: SQL, JAVA, XML, UML, .NET, HTML

Databases: MS Access, SQL Server, Oracle 9i/10g, Sybase Accelerator

**Professional Experience**

**Amerigroup Anthem, Inc., Norfolk, VA**

**Business Systems Analyst**

**Mar 2016- Present**

Amerigroup launched a new automation process (Automated DREW) in their Provider Data Exchange team. This is a PEGA application which was built to makes things easier, more reliable, and to minimize manpower.

**Responsibilities**

* Participated in defining scope of project, gathering and documenting technical requirements
* Assisted project manager in the creation of the project charter & vision document
* Creates Use Cases that define the role of users who receive claims, process claims, or adjudicate claims. Uses MS Visio to develop UML diagrams
* Managed change requests per business demands
* Creates detailed functional and technical specifications after analyzing various transaction and user profiles.
* Developed and executed SQL queries to verify test results.
* Analyzes and documents business requirements into functional and technical specification and prepares test cases and test scripts.
* Works closely on 837(Institutional), 837(Professional), and NCPDP(Pharmacy) transaction codes for Provider Data Exchange
* Creates complex SQL queries using SQL Server tools to produce Ad-Hoc reports for data quality validation.
* Developed and executed SQL queries to verify test results.
* Involved in functional system testing, integration testing, regression testing, and user acceptance testing before releasing the application.

**Environment:** Windows, HP QC, HIPAA, EDI X12, Quality Center / HP ALM, Oracle, Microsoft Project, MS Visio, Microsoft SharePoint, Web Services.

**Amerigroup Anthem, Inc., Norfolk, VA**

**Aug 2015 – Jan 2016**

**Business Analyst**

Amerigroup implemented a new version of mobile application with updated technology which will help users to interact with modern interface and more functionality. New features such as Inbox, Request a call and estimating cost were added to application.

**Responsibilities**

* Worked with Product owners to gather and document all the requirements of project
* Worked with project manager for defining the scope of project
* Created user stories ,improvements as per business requirements under each epic of project
* Created change request to change management department if there is any requirement include or exclude.
* Worked with software engineers to ensure clear communication on requirements and defect reports.
* Created and assigned subtasks under user stories with proper estimates
* Followed Agile methodology in whole project that is attending Scrum calls , Sprint planning , Sprint review and Sprint Retrospective meetings
* Wrote SQL queries against Oracle tables to facilitate data design needs and evaluate testing results;
* Recommended performance benchmark strategies to eliminate redundant and ineffective current designs
* Hosted grooming sessions to give estimates to user stories and also worked with Project manager for maintaining Product backlog
* Validated the following: 837 (Health Care Claims or Encounters), 835 (Health Care Claims payment/Remittance), 270/271 (Eligibility request/Response), 834 (Enrollment/Dis-enrollment to a health plan)
* Created and maintained SQL Scripts to perform back-end testing on the oracle database
* Actively worked with UI/UX team to enhance the wireframes as per business needs
* Created test plan, test data and conducted manual testing to validate functionality and performed regression testing.

**Environment:** Windows, HP QC, HIPAA, EDI X12, Quality Center / HP ALM, Oracle, Microsoft Project, MS Visio, Microsoft SharePoint, Web Services.

**Affinity Health Plan, Bronx, NY**

**Business System Analyst**

**Nov 2013 – May 2015**

Affinity Health Plan implemented Facets Enterprise administrative system, a new core system built by TriZetto, with updated technology to allow for more efficient claims processing, membership enrollment and provider data maintenance & getting access to customer records. X12 EDI and HIPAA standards were followed thorough the project.

**Responsibilities**

* Gathered claims processing requirements from business users.
* Actively participated in defining scope of project, gathering business requirements, and documenting them.
* Created Use Cases that defined the role of users who receive claims, users who process claims, and users who adjudicate claims. Used MS Visio to develop UML diagrams
* Assisted the project manager in the creation of the project charter & vision document during the inception phase of the project.
* Created change request to change management department if there is any requirement include or exclude.
* Worked directly with software engineers to ensure clear communication on requirements and defect reports.
* Re-tested Defects and updated the Test Results and closed the Defect in Team foundation server. Hands on working experience in creating and executing the SQL Queries.
* Performed GAP analysis as pertains to membership management and claims processing to evaluate the adaptability of the new application with the existing process
* Understood EMEVS, the NY state's electronic Medicaid eligibility verification system & the Medicaid & Medicare welfare system intermediary along with their roles in claim processing.
* Produced Activity diagrams with defined swim lanes as part of claims process analysis
* Translated business requirements into functional specifications and documented the work processes and information flows of the organization.
* Used TriZetto HIPAA Gateway to comply with HIPAA standards (270/271, 276/277 & 837) for EDI transactions.
* Created 837 I & P X12 files Electronic and Paper claims for test data
* Viewed, edited and modified 837 transactions to fit testing scenarios.
* Contributed in the build and design of organizational Wiki that provided comprehensive knowledge of workflows, policies and procedures, patient care objectives, regulatory requirements, and industry best practices for membership management.
* Worked on Unix Platform and experienced in back end testing by executing SQL Queries.
* Checked the data flow through the frontend to backend and used SQL Queries to extract the data from the database.
* Took part in the meeting held for the analysis of migration of ICD9 codes to ICD10.
* Owner of the business rules document which documented the business rules across different systems.
* Participated in all phases of the Facets Extended Enterprise administrative system implementation to include the planning, designing, building, validation, testing, and Go-live support phases
* Involved with various aspects of the project's needs such as the logging, tracking, and resolution of issues, current state workflow assessments, assist with integration and script testing, downtime activities/testing
* Created detailed use cases, use case diagrams, and activity diagrams using MS Visio
* Led and managed the User Acceptance Testing (UAT) for the implementation of Facets Extended Enterprise administrative system with emphasis on ensuring that the HIPAA regulation are met across all the modules
* Conducted requirement feasibility analysis with the developers to ensure the project was in scope with the timeline defined in the project plan
* Created test plan, test data and conducted manual testing to validate functionality and performed regression testing
* Clarified to claims personnel the new Affinity payments and Explanation for payments (EOPs) for same claim processing cycle
* Designed and implemented complex SQL queries for QA testing and data validation
* Conducted user training pertaining to old and new Affinity Provider ID appearing on documents providers receive from Affinity (mainly occur with EOPs, capitation rosters, PCP membership rosters, provider directory listings and some system generated letters.

**Environment**: Windows2000, Adobe, Requisite Pro, Rational Unified Process, XML, Quality Center / HP ALM, Oracle, Microsoft Project, MS Visio, Microsoft SharePoint, SOAP UI.

**Priority Health, Grand Rapids, MI**

**Business System Analyst**

**Jan 2012– Oct 2013**

The project focused on up-gradation of FACETS 4.71 to FACETS 5.01 and also ICD-9-CM/PCS (Clinical Modification and Procedure coding system) to ICD-10- CM/PCS (Clinical Modification and Procedure coding system). The project was implementing new release (release 1 to release 11) every quarterly month released from Trizetto. I was involved in testing both the Facets Application and EDI transactions received.

**Responsibilities:**

* Prepared the Business Workflow using MS-Visio with input, output, and Pre and Post conditions.
* Conducted numerous JAD sessions with business users, developer and SMEs.
* Involved in FACETS Configuration planning for ICD-10 with SMEs, Trizetto Team and Third party vendor.
* Analysis of inbound and outbound interfaces and extensions to FACETS claim processing system.
* I was involved in various kinds of testing with EDI 834, 837 & 820 files within FACETS application modules like Membership, Providers, Finance/billing and Claims.
* Research and resolve technical and functional issues according to defined prioritization/severity scheme.
* Prepared ICD-10 Technical Scope Document using inventory as a basis.
* Identified and documented requirements for the ICD-10 Enhancement.
* Performed Gap Analysis and Impact Analysis for conversion of ICD-10.
* Heavily involved in ICD-10 data migration.
* Worked with Claims, provider, enrollment, finance, benefits and Vendor Management Business Areas.
* Responsible for forward Mapping from ICD-9 to ICD-10 and backward mapping from ICD-10 to ICD-9 also involved in Custom Mapping.
* Create business flows and high level diagrams, use cases, preliminary design, functional requirements and specifications, and utilize Lean Six Sigma tools.
* Identified, developed and implemented project plans to support and drive ICD-10 key project activities.
* Extensively used complex SQL statements for Data Validation and Data Integrity.
* Worked with the ICD-10 technical lead to develop and validate a complete inventory of all technical remediation required.
* Worked with program manager and Stakeholders to prioritize the remediation inventory to coincide with the four planned business work streams (Foundations, Compliance, Financial Neutrality, and Usage).
* Developed and executed SQL queries to verify test results.
* Worked with developers to complete Priority Health Code Base Analysis.
* Participated in meetings to have better understanding of connecting the different departments of the organization especially with finance and accounts department in accordance with accounts payable/accounts receivable and expense principle.
* Provided daily status to the project and program managers as required.
* Generated Weekly Status Reports to the Program managers.
* Proactively notified the project and program managers of any issues that could impact the scope, quality, cost or schedule for ICD-10 project.
* Extensively involved to plan, implement and test all Third Party Applications that have an impact on Priority Health's ICD-10 readiness.
* Excellent knowledge of Facets claims systems and excellent working knowledge in Claims, Benefits, and Membership and Financial/ billing systems.
* Tested the ANSI X12 Version EDI transactions (HIPAA) for Claims Status and Eligibility (270, 271, 276, 277, 837P, 837I, 835)
* Worked with business people to complete sufficient number of recoded medical policies to reflect the ICD-10 based benefits/coverage.
* Collaborated with QA Lead and business SMEs to develop and review test scenarios, test cases as required.
* Ability to manage requirements and excellent and verbal communication skills.

**Environment:** SQL, Unified Modeling language, MS SQL Server, Business Objects, Microsoft Project, Word, Visio, Excel, Power Point, Microsoft Share point, Microsoft Outlook, XML, Lotus Note, Java.

## Info Crossing Healthcare Services, Inc., St. Louis, MO

## Dec 2010– Nov 2011

**Business Analyst Associate**

The project was based on receiving, documenting, processing the claims including eligibility verification. Changes to the system were made based on the current policies, rules & regulations based on the business necessities. Upgraded Facets to integrate with company’s landscape and making sure that claims get processed as per the business needs.

**Responsibilities:**

* Worked as the communication line in between the technical groups and the business group
* Strong visual modeling and business process modeling skills in Rational Unified Process (RUP) and Agile Modeling with tools like MS Visio.
* Worked with team leaders and supervisors to ensure project and organizational deadlines are met
* Coordinated updates with client's staff and implement efficiencies in documentation maintenance.
* Conducted JAD sessions to complete the prerequisite for the Business Requirement
* Created test scenarios for Functional Testing of Web Services.
* Possess reasonable understanding of different Relational databases, writing simple SQL queries, creating Tables and generating Reports
* Constructed the Business Requirement Document and the Functional Requirement Document for Inbound (837-I, P, D, 270, and 834) and Outbound (835, 271) transactions.
* Conducted gap analysis and impact analysis of transition from HIPAA 4010 to HIPAA 5010 on EDI transactions 837 (I, P & D), 270 / 271, 834, 820, 835.
* Fixing defects, maintained Defect Tracking trough Quality Center.
* Tested User Interface of the application using QTP.
* Inserted Checkpoints to check for broken links and standard properties of an object using QTP.
* Wrote test case in accordance with business requirement and functional specification documents.
* Understood the Mobile product deployment process with respect to handset certification and ongoing product life cycle management.
* Written and Executed complex SQL queries to validate data in the database
* Performed GUI, Functionality and Regression testing.
* Worked on Data mapping, logical data modeling used SQL queries to filter data within the Oracle database tables.
* Closely collaborated with the product owner and business analyst in order to plan testing strategy.
* Researched and designed test plan for the existing and new projects. Presented the plan to developers and Product Owners in order to have a coordinated effort.
* Tested HIPAA EDI X12 transactions & Code Sets Standards like (820-Premium Payment for enrolled health plan members, 834-Enrollment /Dis-enrollment to a health plan, 837- Health Care Claims and 278 Authorizations.)
* Coordinated with product owner in order to provider member the option to select PCP (Primary care provider) of his or her own choice.
* Tested the claims processing and Adjudication (EDI 837I, 837P, 837D& EDI 835).
* Test web application using methodologies like Usability testing, Error handling testing, Web Security testing, Backend API testing, Regression testing, Integration testing and User acceptance testing (UAT).
* Worked in Agile Scrum Environment.
* Attended daily stand ups, biweekly sprint planning/grooming meetings, & actively participated in release planning meetings.
* API testing of database and User Interface integration and database verification of user input
* Demo completed and accepted user stories to stakeholders, product owners and managers at the end of the sprint.
* Tested broken links and inter application links (page redirects to respective URL’s) in development, test and production environments.

**Environment:** Windows2000, Rational Requisite Pro, Rational Unified Process, Rational Clear Quest, Microsoft Project 2000, MS Access, PowerPoint, MS, SOAP UI.

**Education**

Bachelors in Computer Science