**PROFESSIONAL SUMMARY**

* **6+ years of extensive experience as a business/systems analyst** with strong experience in Healthcare domain with **FACETS** and extensive interaction with client.
* Insightful knowledge of business process analysis and design, domain & technology expertise with strong integration skills.
* Experienced as a **Facets Business** **Analyst** in gathering the business requirements from the existing stored procedures, supporting the Interfaces and reports development in explaining the functional requirements, proposing technical solutions, supporting the unit testing and system integration testing with the functional flow.
* Commanding knowledge of various development methodologies like Waterfall, SDLC, Rational Unified Process, Agile and Scrum.
* Extensive experience in gathering Business and System Requirements and documenting **BRD** and **FRD**.
* Experience with **FACETS MEMBERSHIP AND CLAIMS DATA MODEL**
* Extensive knowledge on HIPAA claims and **Enrollment, Billing, Affordable Care Act, HIX Data Mapping experience** with good hands on experience with **EDI HIPAA transactions.**
* Knowledge of the following **HealthCare EDI Transactions** for **4010/5010 like (278) Referral Certification and Authorization, (834) Benefit and Enrollment, (820) Payment, (835) Payment & Remittance Advice, (837 I & P) Institutional and Professional HC Claim**
* HIPAA Business Workflow Analyst / **EDI x12N Consultant** for MMIS (Medicaid Managed Care System).
* Knowledge and experience in implementation of **HIPAA and NCPDP standards.**
* Immense knowledge in **Health care payer operations, Interfaces, Reports, Letters and system Migrations, Health Administration – Claims processing (auto adjudication), Claims pricing and testing, HIPAA, enrollment, Medicare, Medicaid, etc**.
* Expertise in **HealthCare Administration/Managed Care Systems working with various Claims Systems/Applications with multiple healthcare client systems, with prime focus on claims adjudication, provider, eligibility.**
* Experience in developing UML use case diagrams, Work Flow Diagrams using tools like Rational Rose and MS Visio.
* Excellent understanding of **ICD 9, ICD 10, HCPCS,** and **CPT.**
* Proficient in Developing and executing Test Plans, performing functional, usability testing and ensuring that the software meets the system Requirement.
* Proficient in soliciting client Requirements through **interviews**, workshops, existing system documentation and organizing **JAD** sessions.
* Proficient in Technical and Business Writing, Business Process Flow, Business Process Modeling, Business Analysis and Testing various methodologies.
* Efficient in **MS Project/MS Excel** for planning/status reporting.
* Responsible to Track, Document, Capture, Manage and Communicate the Requirements using **Requirement Traceability Matrix** (RTM)which helped in controlling numerous artifacts produced by the teams across the deliverables for a project.
* Experience in working with QA testing teams, while interacting with business users and gathering user’s requirements to develop necessary Test plans, Test Cases and Test script and participated in UAT.

**TECHNICAL SKILLS:**

**Operating Systems:** Windows XP, Windows 7, Windows 8

**Databases**: MS Access, SQL Server.

**MS-Suite:** MS-Word, MS Excel, MS outlook, MS Power-point, MS SharePoint

**Testing Tools** Rational Requisite Pro, HP Test Director, Win Runner, Load Runner

**Methodologies:** Rational Unified Process, Agile, Waterfall.

**Design Tools:** Microsoft Visio, Rational Rose

**Data Analysis:** Data (Cleansing, Transformations, Relationships), Source Systems Analysis

**PROFESSIONAL EXPERIENCE:**

**Premera BCBS, Mountlake Terrace, WA            June 2013 – Current**

**Business Systems Analyst**

Objective of this project was ICD10 remediation strategy. Premera already had high level ICD10 impact analysis and list of systems impacted by ICD10 migration. Our team was responsible for detailed systems remediation. The project also involved working on building a new low cost and competitive products (Platinum, Gold, Silver and Bronze mandated as per the Reform Act) to be administered on the **HealthCare Exchange (HIX)** under the HealthCare Reform Act.

**Responsibilities:**

* Developed High Level Project Requirements (HLR) for a very large project.
* Participated in TUG (Tools user Group) and Prepared Tool Evaluation criterion for various products.
* Prepared reports impact scoreboard matrix- to rank various reports for remediation and ICD10 upgrades.
* Responsible for updating the impact analysis document and requested for attestation from external vendors.
* Worked on various modules of **Facets like Claim, Work Flow, Member, Plan and Benefit**.
* Primarily support **FACETS Enrollment, Billing and Fulfillment systems** for Individual and Group products
* Followed Workgroup for **FACETS Electronic Data Interchange standards** for testing that need to comply with the HIPAA guidelines.
* Analyzed and worked with HIPAA specific EDI transactions for **claims, membership enrollment, billing transactions.**
* Worked on **ICD-10** coding standard to meet the **HIPAA** compliances.
* Comprehend HIPAA **X12 EDI transactions** codes such as **270/271 (Inquiry/Response health care benefits), 276/277 (Claim status), 834 (Benefits enrollment), Payment (820), 835(Payment/remittance advice/ Explanation of benefits), 837 (Health care claim).**
* Reviewed state documents (policies, manuals, business processes, systems documents, banners, bulletins) from various divisions.
* Analyzed and performed quality assurance to determine areas impacted by **ICD-9** related data.
* Coordinated the project team for **JAD** andrequirements elicitation Sessions.
* Analyzed and translated high-level requirements into detailed system requirements.
* Performed **Gap Analysis** using ‘**Tracer’** tool, **created gaps** and **generated weekly reports** based on results.
* Verifies the plan’s pricing and illegibility of policy holders in regards to **ACA (Affordable Care Act).**
* Performed review of the mandates sent by **Center for Medicare and Medicaid Service for Medicare Part D** to figure out the updates needed to be made to meet the new mandates released on a quarterly basis.
* Created **EDI 834 mockups** for sending to vendors for testing enrollment integration success.
* Worked on testing Oracle Datamarts, Enrolments and IVR and some parts of TDM
* **Data mapping, logical data modeling, used SQL queries to filter data.**
* Involve in drafting **System Requirements & Data Requirements** documents and getting them approved by the intent director.
* Created process flows and use case diagrams to provide user a comprehensive summary of the whole system in a single illustration.
* Supported IS Business Analyst in creating Functional Design Specifications (FRS) employing Use case scenarios, sequence diagrams and class diagrams.
* Documented the **Requirement Traceability Matrix** (RTM) for tracing the Test Cases and requirements in Blueprint.
* Assisted Project Manager to complete the project approval process.

**Environment:** MS Visio, MS Project Professional, **FACETS,** MS Project, WebEx, and Microsoft Office package, DB2, MS Share point, **Oracle**

**Wellcare Health Plans, Tampa FL Jan 2011 - May 2013**

**Business Systems Analyst**

HIX (Health Insurance Exchange) Changes: This Business requirement is addressed by the HIX Project. This project deals with WellCare HIX Integration with Dell Financial Management System (FMS). This Project involves 834 Enrollment, Claims Processing and Subscriber Billing. 834 Inbound/Outbound: As part of HIX Enrollment, 834 Inbound and Outbound file is generated. 834 EDI file is converted to Dell’s XML format by Wellcare. This XML is dropped to corresponding Trading Partner folder In UNIX Midtier and the xml is processed as per design and configuration. 834 Errors are corrected by Wellcare and XML errors are fixed using HIP Module. 834 Inbound is received from the state and the subscriber is effectuated and outbound file is generated and sent to State.

**Responsibilities**:

* Document management system was utilized in the access control and management of the requirement specifications produced in this role.
* Identified requirements and for business needs, communicated gaps and issues to management.
* Worked extensively on writing the Business requirements and making the user requirement documentation
* Managed requirement activities using an iterative and incremental methodology such as Agile using User stories and Acceptance Criteria.
* Translated the Business requirements to the Business Functional Requirements that is utilized by the development team for Design Document
* Analyzed and worked with HIPAA specific EDI transactions for claims, membership enrollment, billing transactions.
* Coordinated the upgrade of Transaction Sets 837P, 835 and 834 to HIPAA compliance. Responsibilities include the analysis of inbound and outbound interfaces and extensions to **FACETS claims processing system**
* Analysis and Design of the **Facets data model** to ensure optimal system performance and tuning.
* Completed Data Mapping for Group and detail Product analysis and report writing
* Comprehend HIPAA X12 EDI transactions codes such as 834 (Benefits enrollment), Payment (820), 835(Payment/remittance advice/ Explanation of benefits), 837 (Health care claim).
* Reviewed state documents (policies, manuals, business processes, systems documents, banners, bulletins) from various divisions.
* Analyzed and performed quality assurance to determine areas impacted by ICD-9 related data.
* Coordinated the project team for JAD and requirements elicitation Sessions.
* Analyzed and translated high-level requirements into detailed system requirements.
* Performed Gap Analysis using ‘Tracer’ tool, created gaps and generated weekly reports based on results.
* Verifies the plan’s pricing and illegibility of policy holders in regards to ACA (Affordable Care Act).
* Performed review of the mandates sent by Center for Medicare and Medicaid Service for Medicare Part D to figure out the updates needed to be made to meet the new mandates released on a quarterly basis.
* Created EDI 834 mockups for sending to vendors for testing enrollment integration success.
* Worked on testing Oracle Datamarts, Enrolments and IVR and some parts of TDM
* Data mapping, logical data modeling, used SQL queries to filter data.
* Involve in drafting System Requirements & Data Requirements documents and getting them approved by the intent director.
* Created process flows and use case diagrams to provide user a comprehensive summary of the whole system in a single illustration.
* Documented the Requirement Traceability Matrix (RTM) for tracing the Test Cases and requirements in Blueprint.
* Assisted Project Manager to complete the project approval process.

**Environment:** **Facets,** Windows, XML, SQL, MS Office (MS Word, MS Excel, MS PowerPoint, MS Visio), RUP, RequisitePro, ClearCase, Clear Quest

**DHHS, State of Louisiana, Baton Rouge, LA            Jan 2009 – Dec 2010**

**EDI Business System Analyst**

The Louisiana Medicaid Program provides health services to low income individuals, has an annual budget of 7.2 billion dollars and provides services to more than 1 million recipients annually.  MMIS processes 51 million Medical claims annually for more than 30,000 Medicaid providers. The project was related to the replacement of 22 year old Medicaid Management information System (MMIS). It included technical and professional services related to analysis and assessment of the current MMIS and EDI claims, documentation of business and technical requirements, preparation of cost analysis and implementation of new MMIS automation system.

**Responsibilities**:

* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for Medicaid Claims.
* Propose strategies to implement HIPAA 4010 in the new MMIS system & eventually move to HIPAA 5010.
* Responsible for Medicaid Claims Resolution/Reimbursement for state health plans using MMIS.
* Actively involved in updating internal processes (submit claims, check eligibility), updating data collection and data reporting.
* Wrote Test scenarios and test cases for testing the migration of EDI 4010 to 5010 and the processing of member enrollment and benefits, batch jobs corresponding to the claims (837).
* Coordinated with the stakeholders and project key personnel to gather functional and non-functional requirements during JAD sessions.
* Planned and documented procedures for data processing and prepared data flow diagrams for the application
* Studied the existing business process and created AS-IS workflow to illustrate the existing system.
* Assisting the project manager in creating the business case and project plan.
* Establish documentation for Agile methodology for implementation with a very water-fall-centric development team.
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims. Worked on EDI transactions: 270, 271, 834, 835, and 837 (P.I.D) to identify key data set elements for designated record set. Interacted with Claims, Payments and Enrollment hence analyzing and documenting related business processes.
* Utilized Pega Systems suite to track business process rules, workflows and administer Process Commander interface.
* Developed and managed all aspects of quality improvement for behavioral health organizations, including licensure and risk management.
* Involved in requirement gathering and database design and implementation of star-schema, dimensional data warehouse using Erwin. Re-engineering and capturing of EDI transactions with legacy systems.
* Involved in the claims adjudication process of Facets. Responsible for creating business work flows and processes and creating management reports based on the analysis.
* Followed the UML based methods using Rational rose to create use cases, activity diagram, sequence diagram, collaboration diagram that include functional and non-functional specifications to hand off to development teams.
* Utilized corporation developed Agile SDLC methodology. Used ScrumWork Pro and Microsoft Office software to perform required job functions.
* Managed Commission-wide internal and external subject matter expert interviews with current product users to support analysis and requirements gathering effort utilizing Pega Systems CRM product
* Actively analyzed current business processes (Claims, Recipient eligibility and enrollment etc.) and worked with management to improve and implement enterprise solutions to ensure compliance.
* Recorded requirements in the Requirement Traceability Matrix (RTM) defining each technical requirement in detail from areas like: main hardware, application software, networks, servers, internet and desktop configuration.
* Immediate notification/escalation of problems to Senior Test manager/Senior Management
* Preparation/Review of Test Strategy and Test Plan documents
* Defects and bug testing by using Rational Clear-Quest, Configuration management and Version control with Clear-Case.
* Interaction with underwriters to understand multiple data points. Prepared data flow diagrams using MS Visio for better clarity and to ensure documented process.

**Environment:** MS Office, MS Visio, Quality Center, PL/SQL, MS Project, SQL, SQL, Server, Rational RequisitePro

**WellPoint Inc., Richmond, VA May 2008 – Dec 2009**

**Business System Analyst**

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. I was also involved in the implementation of Medicare program to include Claims, and member/subscriber modules in the system

**Responsibilities**

* Gathering and documenting project requirements/specifications and experience with the System Development Life Cycle.
* Developing and executing SQL queries against data warehouses to support data mapping and ad-hoc analysis.
* Conducted one on one interviews with high level management team and participated in the JAD session with the SME’s.
* Transitioning design deliverables to the development team and supporting development team during build and unit test phase.
* Consulted with healthcare insurance company to develop conversion specifications for other insurance **Coordination of Benefits (including Medicare).**
* Performed In-Death analysis of systems and business processes of **Medicare Part D** as per CMS rules and procedures.
* Involved in project planning, coordination and QA methodology in the implementation of the Facets in the EDI transaction of the claims module.
* Executing system test scripts on query output and quantifying, analyzing, and summarizing test results.
* Gathering business requirements and converting them into functional requirement specifications and user requirement specifications. Used Rational RequisitePro for Requirement Document preparation.
* Conducting data driven analyses to help break down, prepare and analyze data for testing, auditing, and improvement of query performance.
* Involved in Testing the Member portal website and worked on the requirement gathering and Analysis for developing the Ad-hoc reports that are extracted from the consumer portal back end data.
* System issue resolution of critical problems/tickets through data analysis and root cause analysis
* Responsible for Report scheduling, Extracting and Distributing daily reports to the client leadership team.
* Actively working with business users, development, QA teams and onsite/offshore team.
* Conducting reviews of SRS written by peers and junior colleagues.
* Analyzed Business Requirements and segregated them into high level and low level Use Cases, Activity Diagrams / State Chart.
* Conducted and participated in walkthroughs to generate consensus, maintaining quality and resolve issues among different stakeholders in the SDLC.
* Created Process Flow diagrams, Use Case Diagrams, Class Diagrams and Interaction Diagrams.
* Created Use cases, activity report, logical components and deployment views to extract business process flows and workflows involved in the project. Carried out defect tracking.
* Maintained proper communication with the developers ensuring that the modifications and requirements were addressed and also monitored these revisions.
* Involved in compatibility testing with other software programs, hardware, Operating systems and network environments.

**Environment:** MS Office, MS Visio, Quality Center, PL/SQL, MS Project, SQL, SQL, Server, Rational RequisitePro

**Education: Master in Information Systems**