**Experience Summary:**

* 7+ years of enhanced **functional** experience in **Business analysis** in **Health care, 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.
* Experience in mapping business requirements, designing customized solutions with strong analytical skills and ability to analyze business practices and define optimal procedures.
* Experience with Claim/Encounter Management, **claim data collection**, claim quality check, filter claims, etc.
* **Functional experience in health Care Industry with vast knowledge on Medicare and Medicaid & Payers, including Home Health.**
* 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.
* Expert in SDLC (System Development Life Cycle) methodologies like the RUP and the waterfall.
* 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
* Functional experience with concentration on Use Case modeling using UML, Business Process Modeling, Data Modeling, Change Management, Technical Training, Software Development methodologies, QA testing, and Systems Testing interfaces, Reports, Letters.
* Good expertise in creating Test Cases on the basis of product features, client requirements and technical documents.
* Expert skills in **Data Mapping** for very complex and scattered data repository from different systems and implement correct, effective and easy functionalities to collect the incorrect data and store it in uniformity and accuracy for easy access.
* Developed, executed and maintained Test Scripts, Reviewed and documented system and implementation Test Strategy Documents for Parallel Testing, and system integration testing.
* Great communication skills, client relations, presentation and negotiations with creative approach to problem solving through use of excellent analytical skills.
* Involved in building the Health care center of Excellence across by involving in creating and sharing the knowledge base and conducting sessions across the organizations.
* Managing requirements traceability information and tracking requirements status throughout the project.

**TECHNICAL SKILLS:**

|  |  |
| --- | --- |
| **Skill Sets** | **Description** |
| Data Base | MS Access, Oracle (SQL Series), SQL server 2005, Sybase |
| Operating Systems | MS-DOS, Windows95/98/NT/2000/XP/2007 |
| Software | MS Office Suite (Word, Excel, Access, PowerPoint &  Outlook), MS Visio, Adobe Acrobat, Crystal Reports, SharePoint. |
| Requirement Tools | Requisite Pro, RTM |
| Healthcare Domain | Claims, Providers, Membership, etc. |
| Project Methodologies | SDLC, Agile, Rational Unified Process (RUP), UML , JAD, JAR |

**Professional Experience:**

**Health Alliance Plan, MI Mar 2014 – Present**

**Sr. Business Analyst**

I-CRM (ICD Crosswalk and Reimbursement Mapping) tool is used by the US Healthcare Payers and Providers for ICD 9 to 10 code conversion and mapping. These ICD codes are used both in the Institutional and Professional claim forms. Payers use these codes for the claim payout. It was a proprietary tool created by our team to cater to the ICD 10 mandate.

**Responsibilities:**

* Part of the solutions team. Worked with the domain experts and **SME's on the ICD 9 to 10** crosswalk and reimbursement mapping tool for the **US Healthcare Payers** to create a proprietary tool.
* Translated the business needs into system requirements and communicated with the businesses on a non-technical level and advocated for change.
* Review and Analysis of User and Business requirements.
* Developed detailed user specifications.
* Documented user requirements using standard UML diagrams, use cases using MS Visio.
* Performed Use Case specification, Business Type specifications, and capturing all work products in the Rational Unified Process (RUP).
* Developed Use Case Diagrams, **Object Diagrams and Functional Diagrams** using MS Visio.
* Participated in detailed reviews of product Impact Analysis to ensure the features being developed matches the product requirements.
* Facilitated and managed meeting sessions with committee of SMEs from various business areas including Payer network, payer path.
* Involved in mentoring specific projects in application of the new SDLC based on the Agile Unified Process, especially from the project management, requirements and architecture perspectives.
* Participation in the analysis and/or resolution of IT and Business issues.
* Acted as liaison between customers and the technical team to facilitate coordination.
* Responsible for program design and modifications, test planning, and Documentation.
* Worked in writing **SQL Queries in Oracle** for **data** manipulations and data migration.
* Worked on **Trizetto’s FacetsPayor** Data Model
* Conducted CR “Change Request” walk-thru and approved **FSD, BRD, Artifacts, & CR** Sign-offs.
* Monitored and assisted in designing and development of Use Cases, Activity Diagrams, and Sequence Diagrams using UML.
* Part of a highly Agile development team with daily standup meetings and regular requirement analysis/documentation.
* Involved in process analysis and defined executed data migration plans for local data for global applications.
* Created test cases to validate that the configured **Trizetto’s Facets** product configuration functions as intended and to uncover any risks or issues with the solution.
* Developed the test plans and test cases for GUI, Functionality Testing, System Testing and User Acceptance Testing.
* Transitioned to new **FACETS Claims** and Enrollment System, documented outcome FACETS platform.
* Involved in major part of Software System Development Life Cycle – Requirement Analysis, Testing, Implementation and Support.
* Experienced in creating Test Plans, thorough hands on experience with designing test cases covering all test conditions and eliminating redundancy and duplications.
* Extensive use of **MS Office tools like MS Access, MS Word, MS Excel, and MS PowerPoint**.
* Data validation using database tools such as **SQL queries** and following up with the development and QA team for the same.

**Environment:Trizetto’s Facets,** Agile-Scrum, Windows, XML, SQL, MS Office (MS Word, MS Excel, MS PowerPoint, MS Visio)

**Dean Health, Madison, WI             April 2012 - Feb 2014**

**Business Analyst**

The project was to integrate the Dean Health Sales tool with the Exchange Market place hosted by CMS. The new Dean Health Plans and Benefits, designed as per the new health care rules, which were to be offered through Florida Blue’s sales tool, testing business requirements, data extraction; provided issue research and resolution to business partners. The goal of the project involved **HIX members’** enrollment, billing claims and customer services process that are required to participate in the federal health insurance exchange (HIX). This exchange was according to the compliance with **Patient Protection and Affordable Care Act (PPACA).**

**Responsibilities:**

* As a Business Analyst I worked with other Business Analysts liaison between customers and corporate staff and between IT and Business Units
* Perform detailed requirements gathering, analysis, design, configuration, and process and data flow diagramming for processes of high complexity. Understand and consider the relationship between processes and business policies.
* Prepared reports impact scoreboard matrix- to rank various reports for remediation and ICD10 upgrades.
* Attend Agile Scrum meetings to discuss project progress and plan.
* Responsible for updating the impact analysis document and requested for attestation from external vendors.
* Analyzed and worked with HIPAA specific EDI transactions for **claims, membership enrollment, billing transactions.**
* 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
* Worked on **ICD-10** coding standard to meet the **HIPAA** compliances.
* Set claim processing data for different **FACETS** Module.
* 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.
* Develop plan for data feeds and **data mappings** for integration between various systems, including XML, to follow ICD 10 Code set
* Introduced **Agile** and RUP methodologies to reflect liquid nature of front-office improving time-to-market.
* Worked with data migration team in defining the data to be migrated from Mainframe to Oracle database.
* 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.
* **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.
* Wrote SQL queries to retrieve databases after data migration.
* 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,** Agile, MS Project, WebEx, and Microsoft Office package, MS Share point, **Oracle 8/9i**

**Medco Health Solution, Franklin Lakes, NJ Jan 2010 – March 2012**

**Business Analyst**

Medco is a leading pharmacy benefit manager (PBM) with the nation's largest mail order pharmacy operations. Medco assists its customers to moderate the cost and enhance the quality of prescription drug benefits provided to members nationwide. This project was to modify the auto adjudication and processing of inpatient claims.

**Responsibilities**

* Analyzed business requirements and segregated them into high level and low level Use Cases, activity diagrams/Chart Diagrams using UML, defining the Data Process Models.
* Assisted the team as a liaison between the developers and project manager, and was instrumental in resolving conflicts between Testers and development teams.
* Development of standard documentation package (Requirements, Specification, Design, Operations, and Quality Testing Plans).
* Derived **Business Requirements Document (BRD),** Functional Requirement Specifications (FRS) based on User Requirement Specification URS. Understand and articulate business requirements from user interviews and then convert requirements into technical specifications.
* Created test strategies, test plans, wrote and executed positive and negative test cases using testing tools
* Involved in writing Test Cases based on the Functional Specifications, documenting them using Test Director as per HIPAA standards.
* Assured that all Artifacts are in compliance with corporate Agile Policies and guidelines.
* Involved in **HIPPA various** levels of testing like Integrity Testing, Requirement Testing, Balancing, Situation Testing, Code set testing and Business Scenario's specific testing over multiple releases.
* Converted various EDI files to different translation layouts and ran pre-edits for different clients.
* Analyzed the pre-edits against Client Profile and the input **EDI** files. Loops and segments were checked on the EDI files for the data sent for different fields
* Involved in writing business requirements, test plan, and defects in test director
* Involved in the HIPAA rules and regulations sessions
* Developed test cases based on business and functional requirement
* Performed functional, Regression, System, Compatibility, User Acceptance Testing, for verifying application functionality.
* Utilized corporation developed **Agile SDLC** methodology.
* Actively involved in walkthroughs and meetings with development team to discuss related issues.
* Developed SQL queries to conduct front end and backend testing
* Develop & Automate Data Validation Test Cases to test the application.
* Enhanced Test cases in Test director as per the new functional requirements.
* Performed data driven tests with positive and negative data sets using flat file and data tables.
* All the issues that came up during this process were logged in Test Director as defects.
* Maintaining status reports and communicating with the Management on progress of work.

**Environment**: Quality Center, HIPAA, Pharmacy Claims, ASP, VB, SQL SERVER, Windows

**Client: WellPoint Inc., Richmond, VA Duration: Jan 2009 – Dec 2010**

**Role: Business 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:** Bachelors in Management Science, Northern Illinois University, 2004

**Last 5 SSN:** 0-2647

**DOB:** 10/05/1980