**PROFESSIONAL SUMMARY**

* Business/ Quality Analyst around 6+ years of experience including an understanding of Business Process Flows, Case Tools, and Business **Analysis**.
* Good understanding of SDLC and have worked on different methodology such as Agile, waterfall and RUP.
* In depth knowledge and understanding about Business Requirement gathering, Business Process flow, Business Process Modeling and Analysis, design documentation.
* Conducted JAD Session and communicated with Stakeholders, Development team, SMEs, System Analyst, Business Analyst and Project Manager.
* Experience with TriZettos Facets Application Groups: Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management
* Excellent analytical skills for understanding the business requirements, business rules, business process and detailed design of the application.
* Analyze current configuration team SLA service level agreement and recommend more standard SLA across team members based on QNXT t knowledge levels.
* Have tested on client server and web based server application.
* Created documents like test scenarios, test cases and assisted in creating test plan.
* Wrote and executed test cases manually and using automated tools.
* Extensive experience in writing Business requirements documents, test strategy, test plans, test cases, test execution, Risk assessment, and test matrix for upper management, test environment setup, bug reports, & traceability matrix for web based application.
* Proficient knowledge in various types of Software Testing such as Unit testing, Integrated testing, System Testing, Black box testing, Positive Testing, Negative testing, Performance Testing, Stress Testing, Load Testing, Volume Testing, Data Driven Testing, Back end Testing and Regression Testing.
* Extensive experience in testing Client/Server, Web-based and Mainframe Applications
* Expertise in Bug reporting tools such as HP ALM/Quality Center
* Very good experience in Back-End Testing using SQL on UNIX and Windows platform to validate the consistency of data.
* Experienced in Facets and its modules such as Claim, Member/Subscriber, Provider, Medicare, Medicaid.
* Maintained Test Matrix and Requirement Traceability Matrix.
* Extensively worked on defect tracking system Quality Center, JIRA.
* Extensive experience in writing Business requirements documents, test strategy, test plans, test cases, test execution, Risk assessment, and test matrix for upper management, test environment setup, bug reports, & traceability matrix for web based application.
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Build and maintain strong relationships with business partners, customers, technology teams **and Data Management team to build Business Intelligence solutions**.
* Created RTM to map requirement to test cases to validate all required requirements.
* Have extensive knowledge of gap analysis and bug life cycle.
* Used QC extensively to handle bugs.
* Utilized complicated **SQL queries** to analyze and validate test databases for data integrity.
* Used SQL extensively to perform back end testing using inner and outer join.
* Experienced with Rational tools like Rational Req Pro, JIRA, Rational Rose, and FACETS.
* Have good understanding of 4010 to 5010 conversion.
* Have full understanding of claim processing (COB, Medicare, Medicaid).
* Team player, **result-oriented, fast learner, excellent written and verbal communication skills** with strong research capability.

**TECHNICAL SKILLS**

|  |  |
| --- | --- |
| **Methodologies** | SDLC, Agile (Scrum), Waterfall. |
| **Business Modeling tools** | UML CASE Tools, MS Visio, Rational Rose. |
| **Operating Systems** | WINDOWS 98/2000/NT/XP, UNIX, LINUX. |
| **Testing and Defect Tracking Tools** | Ready API, HP Quality Center, JIRA, Test Director |
| **Microsoft Tools** | MS Office 2007(Word, Excel, PowerPoint, Outlook), MS  Share Point, MS Visio, MS Project, MS Visio, Rational Rose |
| **Databases** | PL/SQL, SQL Server 2012, 2014, Oracle 11g, MYSQL, MS Access. |
| **Industry Standards** | HIPAA, ISO, CMM. |
| **Other tools** | Tableau, Desktop Applications, SharePoint, Visual Paradigm. |

**PROFESSIONAL EXPERIENCE**

**UnitedHealth Group/ Optum, Minnetonka, MN December 2017 – Present**

**Business Analyst**

The West Virginia Department of Health and Human Resources (DHHR) selected Optum to implement the State’s new Integrated Eligibility Solution (IES) which will completely replace West Virginia’s systems for eligibility determination across all its Health and Human Services (HHS) programs, child welfare and child support systems. The IES will consolidate and integrate the administration of the HHS programs (currently supported by three legacy IT systems) into a single hosted solution to support the DHHR enterprise – RAPIDS (Integrated Eligibility), FACTS (Child Welfare) and OSCAR (Child Support). West Virginia will be the first client to implement Optum’s new, modernized integrated eligibility product. Optum collaborates with selected partners who have experience working successfully with DHHR systems in the State of West Virginia – CGI, Public Consulting Group (PCG), Flexi International Software (Flexi), and HCL Technologies (HCL).

**Responsibilities**

* Attend regular meetings with the BA team to discuss issues, concerns, and reasons contributing towards the Specification Mapping and weekly work to be assigned.
* Analysis of inbound and outbound interfaces and extensions to Trizetto FACETS Claims Processing system.
* Develop training program and material for new hires and existing configuration team members to increase QNXT knowledge base and facilitate cross training within configuration department.
* Strong ability to understand and develop requirements by analyzing business rules and integrating data tables within the diverse databases.
* Responsible for documenting the GAP Analysis and impact analysis for the new West Virginia Integrating Eligibility Implementation project.
* Responsible for creation of Collaboration Diagrams, Activity Diagram, ER Diagrams, Project Flow Diagram in MS- Visio.
* Written User stories and Acceptance criteria using Rally and created mock ups for each Acceptance Criteria.
* Conducted Grooming sessions with all the Team members
* Attend regular meetings and coordinate with UI team and QA Team with the queries on User Stories.
* Assist with configuration of all Medicare HMO, POS benefits.
* Worked in FACETS Reconfiguration of member/subscriber, Data Element Definition and Usage with values and Completed configuring FACETS Applications like Related Entity, Parent Group, Group, and Subgroup using IVSTech Data Toolset.
* Participated in the Demo meetings with QA team for verification and accepting the user stories.
* Maintain the RTM updating with the enhancements being made.

**ConnectiCare Inc., Farmington, CT**  **April 2016 – December 2017**

**Business/ Quality Analyst**

ConnectiCare is a subsidiary of the Emblem Health group with members in the CT area. As a growing company, it embarked on the redesign of its various systems. Overall, I was involved in 4 projects namely Member portal redesign, Medicare portal redesign, Provider/Member referral project, and RedCard Virtual payments. It was primarily a manual testing effort with significant use of SQL environment.

**Responsibilities**

* Attend regular meetings with the Production Support Management team to discuss issues, concerns, and reasons contributing towards discrepancies in File Exchange, Date Exchange and Claim Posting metrics.
* Worked with FACETS Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication).
* Analyze and resolve production claims issues for Medicaid product when client's claim team is unable to resolve issues.
* Conduct provider training seminars on changes to claims submission for new MMIS system.
* Lead on project to clean up corrupt provider records within QNXT affecting claims payment.
* Strong ability to understand and develop requirements by analyzing business rules and integrating data tables within diverse databases.
* Utilized Agile methodology and gathered high level requirements from the business, created Business Requirements Documents and prioritized the backlog with Scrum Master.
* Facilitated JAD session with the SME, process owners, stake holders, technical team and identified various action items and enhancements to be implemented in current Medicare processing system.
* Worked on Test Plans, Test Scenarios and Test Case documents.
* Participated in data analysis for verification purposes.
* Performed analysis on enterprise data/report integration and provided functional specification to development team to build Enterprise Reporting Systems
* Collected business requirements to set rules for proper data transfer from Data Source to Data Target in Data Mapping.
* Validated data integration by developing and executing test plans and scenarios including data design, tool design, data extract/transform, networks, and hardware.
* Analyzed the responses of the web service using SOAP UI and validating the data in backend
* Attend regular meetings and coordinate with vendors---pharmacy, behavioral health and physical therapy-regarding file count variances, group increases or decreases, and missing responses.
* Responsible for creation of Collaboration Diagrams, Activity Diagram, ER Diagrams, Project Flow Diagram in MS- Visio.
* Processed claims from different applications like 837 Transaction, Portal application, Legacy application and Trizetto Facets front end screens and verified claims processed correctly in Trizetto Facets.
* Worked on claim processing module which involved Receipt and Verification of Claim Forms (837) and Claims Adjudication, Health Claim Payment/Advice (835) as per HIPAA guidelines.
* Researched claims aging for predefined date ranges, finding duplicate claims retrospectively, assessing the impact of group additions or deletions.
* Created and maintained Requirement documents for Patients Portal, patients Info and Account Search within the Facets.
* Coordinated with the Work Inventory Systems team on getting claims posted, reversed, adjusted or voided as necessary and maintaining metrics.
* Applied advanced Excel skills (pivot tables, macros, lookups, charts) and Access database querying skills in streamlining and automating accounting processes.
* Validated and analyzed EDI outbound and inbound Transactions.
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet portals. This includes HIPAA 4010; 837, 835, 270/271, and others.
* Did gap analysis and impact analysis for the new Medicare PPO product.
* Reviewed functional requirements documents, high level design documents and finalized the testing in scope and scenarios for testing each assignment.

**Environment:**  Agile, Scrum, Excel, HP ALM, Facets, MS Office, ORACLE, COGNOS, MS SQL

**CareCentrix, Stamford, CT**  **Sep 2014 – March 2015**

**Business/ Quality Analyst**

CareCentrix has been a leader in managed home health care. This project allowed CareCentrix to connect to the patients with the care they need at home, through a national network of credentialed providers.

**Responsibilities:**

* Responsible for business analysis, requirement specifications, project planning and identifying the resources and implementation of the project.
* Conducted Business Analysis and Requirements Analysis activities to incorporate HIPAA and Medicaid provisions for Design, Development and Implementation Project.
* Created complete test cases of varying complexity, executing tests, measuring expected and actual results, and reported status ensuring accurate coverage of requirements
* Facilitate all agile ceremonies including daily stand-ups, weekly grooming, retrospective, and review and planning session.
* Assist conversion team with data mapping from Legacy systems to QNXT.
* Wrote Test Plans, Test Scenarios, Test Cases and the Test Matrix.
* Analyzed and worked with MS SQL Server Test databases.
* Involved in testing various healthcare applications and migration of plans from legacy system to FACETS application.
* Responsible for Medicaid Claims Resolution/Reimbursement for state healthcare plan using MMIS.
* Involved in writing the Test cases for the Eligibility, Claim Status and Service Review Transactions.
* Gather and analyzed requirements from the State Contracts, Response of Proposal (RFP) and Policy and Procedures (P&P) documents.
* Conducted meeting with SME’s and business owners to identify Functional and Nonfunctional requirements.
* Set up test requirements, developed test plans, and documented manual test cases using Quality Center requirements module.
* Managed all types of functional change requests in the ‘patient’ module of the application, including defects, enhancements, issues and documentation changes with a flexible workflow process using Quality Center.
* Clear understanding of Medicare (Part A, Part B and Part D) and Medicaid benefits as well as business processing.
* Responsible for checking member eligibility, provider enrollment, member enrollment for Medicaid and Medicare claims.
* Applying Master Data Management (MDM) concepts for data alignment, maximizing analytics and business intelligence promoting corporate objectives and initiatives.
* Verified the software and applications according to the requirement specifications (SRS) and generated detailed test coverage reports and graphs twice a week
* Used Documentum for content management.
* Planned, developed, and edited documents such as user guides, worksheets, brochures, and training presentations.
* Developed functional specifications to test and enhance HIPAA transactions such as 834.
* Developed the Project using the Iterative RUP model. The Project was streamlined through all phases of the Rational Unified Processes (RUP) model starting from Inception through Transition. Used a Functional Decomposition strategy to divide system into sub-systems.
* Attend meetings and JAD sessions to capture requirements for oncoming changes.
* Consulting with technical SMEs in possible solutions and effective ways to implement changes.
* Organizing project team meetings and facilitating them.
* Assisting the Project Manager to identify project timelines and deadlines for coding, testing and go live dates.
* Document requirements to build High-level business requirements document (PAC) and detailed functional requirements document (FBR).

**Environment:** MS Office Suite, HP Exstream, SQL, XML, SOAP UI, MS Access, Test Manager, RUP, Agile, Toad, ALM, PPM, CubeD, Clear Quest, Service Request tool, ECM, Putty, WinSCP, FileZilla.

**CIGNA Healthcare, Raleigh, NC** **Feb 2013 – August 2014**

**Business Systems Analyst**

CIGNA Healthcare provides quality health insurance at affordable prices. I worked particularly on analyzing Facets interfaces involving a new feature for SPP (Strategic Partnership program). My duties included working with claims module and processing them for various scenarios. I had responsibility of testing mainframe systems for CBoR (Claim Book of Records). As an analyst, worked on ETL projects to construct and verify data requirements. Experienced working on ANSI X12 270-271 EDI Transaction. Involved in documenting EDIs according to code set X12 835 Claim Payment & Remittance Advice Claims processing and 837 Claim transactions.

**Responsibilities**

* Responsible for the requirement-gathering phase and project plan.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Used HIPAA 4010 transactions to support the analysis of current business processes and work with management to improve and implement enterprise solutions to ensure compliance and involved in designing future state processes for HIPAA 5010 transaction processing EDI’s 837, 835, and 834.
* Extracted data by running SQL queries, and analyzed financial and customer metadata that gets populated on the web application
* Extracted data from existing data stores, Developing and executing departmental reports for performance and response purposes by using oracle SQL, SAS, procedures, packages, functions, database triggers.
* Tested the HIPPA EDI, 834, 270/271, 276/277, 837/835 transactions according to test scenarios and verify the data with Facets on different modules.
* Created Use Cases diagram and Activity diagram to depict the interaction between the various actors and the system in Rational Rose for the Business Use Case and System Use Case. face
* Tested the changes for the front-end screens in FACETS related to following modules, test the FACETS batches (membership, Billing, Provider, etc.).
* Interacted with database developers for formulating the ER diagrams and data flow diagrams.
* Worked with a QA lead in validating Test Plan and Test Scenarios.
* Assisted Business User during deployment in formulating User Acceptance Testing (UAT) for customized application and getting confirmation for product Release.

**Environment:** SQL, MS Visio, MS Office Suite, MS BizTalk Rules Engine Deployment Wizard, Oracle and Windows NT, Visio, Requisite Pro.

**EDUCATION**

* Master in Computer Science fromVirginia International University, Fairfax, VA