**Naveen Victor**

[**naveenvictor44@gmail.com**](mailto:naveenvictor44@gmail.com)

**Phone: 302-709-1410**

**PROFESSIONAL SUMMARY:**

* 7 years of experience as a Business Analyst with IT knowledge specific to Health Care and have complete knowledge on all phases of the Software Development Life Cycle (SDLC) gained over working on various project for different Clients.
* Comprehensive knowledge on Waterfall, RUP and Agile methodologies.
* Extensive experience in gathering requirements by conduction of JAD sessions (Joint Application Development) , Interviews, Workshops and Requirement Elicitation sessions with end-users, clients, stakeholders and development team and converting them in to BRDs (Business Requirement Documents) and FRDs (Functional Requirement Documents) or NRFD (Non-Functional Requirement Document).
* Excellent analytical skills in understanding the business process (AS-IS and TO-BE), understanding the functional requirements and translating them to system requirement specifications.
* Managed internal projects improving project planning, resource management, and time billing using MS Project, SharePoint, Visio, CA Clarity, Team Track and IQ Navigator for prototyping and process simplification.
* Used FACET tool to verify member’s details, eligibility, plans, claims etc.
* Extensive experience in creating business process flow diagrams, UML (Unified Modeling Language) tools to create Activity, Sequence, Use Case, Class, and Collaboration diagrams.
* Experience in Medicaid Management Information System (MMIS). Expertise in various subsystems of MMIS- Claims, Provider, Recipient, Procedure Drug and Diagnosis (PDD), Explanation of Benefits (EOB).
* Proficient in Rational Suite including Rational Rose, Requisite Pro and Clear Quest.
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.
* Strong experience in writing SQL queries for Data Analysis and QA report testing.
* Experienced in performing SWOT analysis, Cost benefit analysis, Risk analysis.
* Tested the changes for the front-end screens in FACETS related to following modules, test the FACETS batches (membership, Billing, Provider, etc.).
* Experienced in Bug Tracking System and Process.
* Excellent Knowledge in Electronic Medical Record (EMR) / Electronic Health Records (EHR) modules and process flow.
* Strong Experience in Medicaid and Medicare claims and reimbursements, Health insurance plans like Indemnity plans, Managed Care plans (HMO, PPO & POS)
* Strong knowledge on HIPAA standards 4010 & 5010, ICD-9, ICD-10, CMS, EDI, EMR and HIX (Health Insurance Exchange), EMR/EHR, Health Care Reform and Patient Protection and Affordable Care Act (PPACA),
* Worked on different EDI healthcare transactions like 837 for submitting claims, 835 for payments, 834 for benefit enrollment, 270,271 for health care benefits and eligibility, 276, 277 for claims status and 278 for transmitting health care service information.
* Extensively worked on Care management applications (Enterprise Medical Management Application and Clinical Care Advance).
* Strong experience in Extraction, Transformation and Loading (ETL) data from various sources into Data Warehouses and Data Marts using Informatica Power center.
* Well experienced in working on MS Word, MS PowerPoint, MS Excel, MS Visio and MS Project.
* Excellent verbal, written, interpersonal and communication skills with strong analytical abilities to perform well both independently and as a team player.

**Technical Skills:**

|  |  |
| --- | --- |
| **Operating Systems** | Windows 95/98/NT/XP/Vista and Windows 7 |
| **Languages** | Java, SQL, PL\_SQL, UML, HTML,XML |
| **Database** | Oracle 10g, MS Access, SQL Server, MySQL |
| **Methodologies** | Rapid Action Development (RAD), Joint Application Development (JAD), Rational Unified Process (RUP), Unified Modeling Language (UML), System Development Life Cycle (SDLC), Agile, Six Sigma and CMM |
| **Documentation Tools** | MS – Office Suite (Word/Excel/Power Point). |
| **Business modeling Tools** | Rational Rose, Requisite Pro, MS Visio, MS Project, Clear Quest, Adobe |
|  | Photoshop |
| **Testing** | Quick Test Pro (QTP), Test Director, Mercury Quality Center, Bugzilla,  HPQC |

**PROFESSIONAL EXPERIENCE:**

**Priority Health, Grand Rapids, MI**

**May 2015 - Present**

**Sr. Business Analyst**

**Project Description**

The project here included supporting and enhancing the claims processing along with migration of the claims batch processing system over to live processing SOA platform. This project also included transitioning from waterfall methodology to agile transformation where I also performed the role of a Scrum master for one of the pilot teams for transformation.

**Responsibilities:**

* + Working on Claims & Remittance team's day to day production issues related to 835 outbound files.
  + Analyzing business processes and developed cross-functional swim lane diagrams and test scenarios for claims processing requirements for different trading partners.
  + Worked on Medicaid and Medicare (MMIS) project and on Commercial health plans.
  + Facilitated JAD sessions, gathered Business Requirements. Interacted with the Designers and Developers, Project Manager to get a better understanding of the Business Processes flow.
  + Created and updated Business Specification Documents and Interface Control Documents as per the requirements for different EDI transactions like 834, 820, 270/271, 837,835, 999 and TA1.
  + Involved in claim adjudication process of FACETS application.
  + Used MS Visio to model use cases for integrating various modules to FACET (Electronic Version. And Diamond (Paper Claims) claim processing systems.
  + Created Traceability Matrix to ensure implementation of all functionalities, modelled the system using Data flow Diagrams, Functional Hierarchy Diagram and Process Development Diagram using MS Visio.
  + Performing SCRUM master role for EDI Claims & Remittance team, the pilot for agile transformation.
  + Worked on service and platform team and Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims.
  + Created data mapping documents based on client specifications which involved working with Facet claims, membership & plan data model.
  + Analyzed EDI transaction files to verify Data Content and Data structure is accurate.
  + Performed GAP Analysis for new functionality requirements and prioritized them based on the business needs.
  + Gathered requirements for member's Eligibility, format and resolved any issues related to membership eligibility and reconciliation process.
  + Created and updated mapping documents for different EDI transactions like 834, 837 and 835.
  + Validated EDI X12 files by using Edifices Spec builder to check for SNIP level errors.
  + Followed the Agile Methodology Process throughout the project and all artifacts are generated for each discipline.
  + Used SOAP UI for performance testing and conduct load testing of EDI files.
  + Coordinated with the developers and testers to ensure the productivity and work on any open defects.
  + Used Spec Builder from Edifecs to analyze, generate and create guidelines for EDI files.
  + Used Transaction Manager for tracking, viewing and checking if the information is reported accurately in the files.

**Environment:** Agile, SQL Server, Oracle, Cognos, .NET, Rally, SharePoint, Excel.

**Independence Blue Cross, Philadelphia, PA**

**Nov 2013- April 2015**

**Business Analyst**

Blue Distinction Total Care (BDTC)

Blue Distinction Total Care (BDTC) has been developed to deliver a value-based payment program that leverages local value based care initiatives on a national basis. Independence is mandated by BCBSA to comply with this National Program in 2016. BDTC programs incorporate patient-centered and data-driven practices to better coordinate care and improve quality and safety as well as affordability of care. Providers in BDTC programs are paid with Value-Based reimbursement rather than traditional fee-for- service. So, they must perform against both quality and cost outcome targets in order to receive incentives and rewards for better health outcomes. While Independence is not building a new product portfolio to support BDTC providers through group – specific plan designs with custom benefit differential.

QIPS RE-Platform

Quality Incentive Payment System (QIPS) User Interface consisted of 21 reports under Mainframe DB2 environment. This project was related to migration of reports data from Mainframe to AEDW (Active Enterprise Data Warehouse). Mostly these reports would use for historical purpose.

**Responsibilities:**

* Performed AS-IS and TO-BE analysis and impact of the solution to the business.
* Gathered and analyzed requirements and documented them into BRD and FRD.
* Collaborated with SMEs and management to understand existing Business Processes, Provider Channel, Membership process and evaluated solutions to business problems in compliance with ACA rules.
* Conducted Meeting with ETL Developers and Data architect to discuss about the Source data inflow in the Data Warehouse.
* Worked with the data modelling team to create Source to Target Mapping for “Customer PPO Attribution Report”, “Provider PPO Attribution Report” and “Provider Address File”.
* Conducted JAD Session with SMEs, Business Lead, ETL Lead and Data Warehouse Lead regarding the creation of Views/Table for BDTC as well the type of data will be loaded to that view.
* Performed data modeling to analyze FACETS as operations prepared to migrate data from an AS400 system as the source of truth to promote business into FACETS.
* Conducted Meeting with Data Research analyst to make sure the data are sync with all the related reports of this project as well all the impacted reports.
* Worked with EDI 834 837, 835, 277, 270, 271 for HOME, HOST and LOCAL Member.
* Involved in understanding how the Claim and Encounter process will work for HOME, HOST and LOCAL member  Involved in designing HOME, HOST and Local Customer Data Schema in the AEDW based on PPO.
* Involved in the process of deciding which filter to be used to get the required data for the reports.
* Conducted critical analysis to determine the Billing month correspond with Attribution Effective month and Expiration month.
* Performed root cause analysis for errors found in facet for membership and claims status.
* Worked with plan data model in Facet front end & backend.
* Analyzed trading partner specifications and created EDI mapping guidelines
* Conducted Meeting with “Highmark” associates to discuss about the data structure.
* Participated in Data Mapping process between the data mart and the Source Systems as well as used SQL command for trouble shooting.
* Created Business Process Flow Diagrams, UML diagram, USE Case to assist the Technical Team.
* Closely involved with PMO and stayed updated with the project process.
* Used SharePoint for better document management.
* Prepared Report Mockups, UI Mockups and User Stories using VISIO and SnagIT.
* Worked with AQT (Advanced Query Tool) and Teradata SQL Assistance.
* Involved in working with the migration of Data from Mainframe to AEDW.
* Closely involved with the test team to prepare test scripts as well doing different kind of testing process such as unit testing, Integration testing automated testing as well as worked as UAT coordinator.
* Involved in defect tracking management and used JIRA to create Backlog.
* Created and maintained the Requirements Traceability Matrix (RTM).

**Environment:** Facets, Oracle, HP ALM/QC, MS Project, MS Office suite, MS SQL, Rational Suite, Citrix, MS SharePoint.

**Premera Blue Cross, Seattle, WA**

**Jan 2012- Oct 2013**

**Business Analyst**

Premera Blue Cross 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 .

**Responsibilities:**

* Conducted Business validations for different FACETS modules Providers, Claims, enrolment and Membership
* Facilitated requirement gathering workshops and interviews to identify, translate and document business and user needs into detailed, testable and verifiable business, functional and system requirement specifications.
* Developed detailed Technical Requirements Document/User Stories/Document of Understanding used for envisioning the development effort.
* Conducted and performed analysis of EDI transactions, documents and produced metric reports.
* Involved in Backend Testing to verify data integrity by using SQL.
* Facilitated communications between solution architects, developers, quality assurance analysts and business users as required throughout the requirement analysis, design and testing phases to ensure the defined requirements are interpreted correctly.
* Collaborating with IT Data Modeling team to ensure data model design is consistent and accurate with the business requirements.
* Creating functional requirements and source-to-target mappings including data transformation rules to the development team for implementation.
* Participated in various meetings and discussed enhancements and modifications request to resolve issues and expand capability of the systems.
* Interacted with stakeholders to get a better understanding of client business processes and gathered requirements.
* Experience in conducting scrum meetings and sprint planning.
* Collaborating with business partners and cross-functional teams and supporting system documentation.
* Enrolled members and provider in the Facets system.
* Created and modified queries utilizing Facets data tables.
* Experience with COB (coordination of benefits) application with in facets, testing of claims status for selected subscribers.
* Involved working with HIPPA-EDI ANSI X12 Transaction Code sets EDI 834, 835 and EDI 837.
* Involved in Testing (271, 277, 820, 834, 835 & 837) Transactions.
* Generated on-demand and scheduled reports for business analysis or management decision using SQL Server
* Organized and facilitated meetings with the management and development teams.
* Performed UAT, regression testing on EDI 835 and 837 X12formats in Facets.
* Conducted requirement gathering sessions with the purpose of creating and defining the Business Requirement Document (BRD) and the Functional Requirement Document (FRD) using Rational Requisite Pro.

**Environment:** Facets, Oracle, HP ALM, MS Project, MS Office suite, MS SQL, Rational Suite, Citrix, MS SharePoint.

**Virginia Department of Health, Richmond, VA**

**March 2010- Dec 2011**

**Business Analyst**

As a Business Analyst, I was involved in multiple projects, claims processing (Medical/Dental), provider and Reimbursement segment. I provided support through the entire lifecycle for multiple projects involving web service and user interface development, covering Provider, Claims and Reimbursement Processing domains.

**Responsibilities:**

* Acted as a liaison between Business Area Subject Matter Experts (SMEs) & development team throughout all phases of SDLC; starting from Inception to Transition phase of Rational Unified Process (RUP) methodology
* Extensively used the SQL queries to validate data from source system to target systems.
* Extracted and refined user requirements by conducting JAD sessions, facilitating meetings & interview with Business Units and Technical Supports & Development team, identifying the business flows and process flows, conducting detailed and comprehensive business, functional & system analysis to determine High Level and Low Level artifacts & deliverables.
* Worked on FACETS claims processing, payment adjustments, claims inquiry, benefits,
* Developed business and detailed functional requirements related to changes to be made to the claim entry screens, including Practitioner, Crossover Practitioner, Dental and Hospital Claim Entry Screens.
* Created new screen layouts and identified locations for new fields being added and existing fields which are being moved.
* Troubleshoot any problems found within FACETS and when testing the SQL data database while validating the business rule.
* Handled claims in EDI & Paper format 837P, 837I & 837D.
* Responsible for testing of claims adjudication process for the New MMIS system.
* Developed business and functional requirements for the National Provider Identifier (NPI) Crosswalk and Crossover Claims Crosswalk solution.
* Develop and implement SQL queries, based on business needs, scheduled and ad hoc.
* Developed Test Plans and Test Execution Procedure Document based on the Business & Functional Requirement Document and numerous Test Cases and Test Scenarios to cover overall aspect of quality assurance.
* Successfully tested all the test conditions, documented the defects and discussed with technical analysts the discrepancies between expected and actual results for the test conditions
* Conducted knowledge transfer sessions which were used to make the users and other teams aware of all the changes being made in the system as part of various projects.
* Assisted End User in performing User Acceptance testing and performed testing of the end result files created by the development team to verifying whether all the User Requirements were catered to by the development effort.
* Developed workflows that demonstrate current and proposed business requirements.
* Provided weekly status updates to project stakeholders on the progress of project development activities.

**Environment:** HIPAA, EDI, Data Analysis, SQL Server, JAD sessions, Rational Requisite Pro, Use cases, Test cases, Quality Center, MS Share Point, MS Office