**PROFESSIONAL SKILLS**

* 5 years of comprehensive experience as a **Business Analyst** in the **Healthcare/Insurance Industry including FACETS, Payer, Provider, etc.**
* Exposed to using ICD 9/ICD 10/ANSI/4010/5010 coding standards in the healthcare systems and industry for inpatients, outpatients, Reimbursement methodology, etc.
* Have Process documentation creation experience and ability to facilitate requirement  sessions and proof of concept sessions
* Have strong experience in requirements gathering by conducting interviews with end  users
* Comprehensive knowledge of Software Development Life Cycle (SDLC), having thorough understanding of various phases like Requirements, Analysis/Design, Development and Testing.
* Experience in conducting UAT (User Acceptance Testing) and documentation of test  cases, ability to communicate both on a business and technical level and experience in  coordination with business and technical resource
* Good control on MS Office suite, MS Visio and MS Project.
* Adept at creating and transforming business requirements into functional  requirements and designing business models using UML diagrams – Context, Use  Case, Sequence, Activity diagrams in MS Visio and Rational Rose
* Organized many Joint Application Developments (JAD) sessions, scrum meetings and  Joint Requirement Planning sessions(JRP), walkthrough, Interviews, Workshops and  Rapid Application Development (RAD) sessions with end-user/clients/stake holders and the IT group
* Excellent presentation skills with MS Power Point, which was extensively used in different JAD sessions and to track progress. Communication ability with prospective vendors.
* Comprehensive knowledge of RUP, Agile, Waterfall Methodologies
* Extensive experience working with MS-SQL, Oracle databases running queries.
* Excellent track record for meeting deadlines and submitting deliverables on time.

**TECHNICAL SKILLS**

**Project Methodologies:** Rational Unified Process (RUP), UML, Agile

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| --- | --- |
| **Bug Reporting Tools** | HPALM/ Quality Center, Rational Clear Quest, JIRA. |
| **Operating Systems** | Windows XP/2000/Vista, UNIX |
| **Databases** | MS Access, MS SQL Server, Oracle |
| **Project Management** | MS Office, MS Project. |
| **Methodologies** | RUP-Rational Unified Process, UML, Waterfall |
| **Design Tools**  **Data Analysis** | Rational Rose, MS Visio, Rational Requisite Pro  Cleansing, Data Transformations, Data Relationships, Source Systems Analysis |

**EXPERIENCE**

**Client: AmeriGroup Duration: June 2013 - Present**

**Position: Business Analyst Location: Virginia Beach, VA**

AmeriGroup Corporation is a multi-state managed healthcare insurance company focused on serving people who receive healthcare benefits through publicly sponsored programs, including Medicaid, Medicare, State Children’s Health Insurance Program (SCHIP), Family Care and Special Needs Plans (SNP). There were multiple ongoing projects at Amerigroup where multitasking was a key to success. Namely, Amerigroup was undergoing eligibility system conversion from the Legacy system to **FACETS** as well as collaborating with the third party to offer OTC benefit card for real-time healthcare transactions to its Medicare members. My role in the projects entailed test case documentation for the Tennessee Medicaid application groups’ data conversion to **FACETS** and gathering requirements to create test cases for **FACETS** and securely transmit them to the corresponding vendor.

**Responsibilities:**

* Facilitated JAD sessions to collect requirements from system users and prepared business requirement that provided appropriate scope of work for technical team to develop prototype and overall system.
* Worked on Agile sprints methodology while conducting impact and risk analysis for continuous time finance & asset pricing, stochastic processes & simulations, credit derivatives, structured products, documentation, value at risk, risk & return optimization.
* Identified processes for developing and documenting detailed business requirements. Data was collected from end-users, and analysts.
* 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.
* Created Use-Cases and Requirements documents to document business needs.
* Requirements were gathered through interactions and meetings and periodic walkthroughs with loan analysts, credit analysts and other potential users of the application.
* Set claim processing data for different **FACETS** Module.
* Conducted Use-Case reviews and identified gaps, leading to improvements/enhancements in the same.
* Created and maintained the Requirements Traceability Matrix (RTM).
* Worked with the Project Manager on various Project Management activities like keeping track of Project Status, Deadlines, Environment Request, and Compliance Issues.
* Used Advanced lending solution to verify the customer credit line.
* Ensured Use-Cases were consistent and covered all aspects of the Requirements document.
* Used JIRA for bug reporting.
* Implemented new policy changes, legal requirements by creating Business Requirement, Detailed Technical Requirement, User Requirement documents etc.
* Prepared documents such as Project Scope, Project Vision, Project Success, Business Requirements, Functional Specification, Data Warehouse Process Flow (SQL queries & Crystal Reports) using MS Office (Word, Excel, Visio) and dashboards
* Was responsible for tracking issues that are detected and updating the status of existing issues based on the daily meetings with the off-shore team.
* Involved in developing database objects using **FACETS** database in both SQL Server and Sybase environments.
* Executing SQL Queries  for the reports before mass and after mass reports to check for claims routing
* Identified and analyzed the data requirements for the various site teams and made sure that the required data is available in the testing environment.
* Worked directly with software engineers to ensure clear communications on requirements and defect reports.
* Designed and developed scenarios based on business requirements.
* Developed requirements integrating E-R diagrams and designed the testing process flows.
* Followed the RUP methodology for the entire SDLC.
* Interacting with other teams through walkthroughs, teleconferences, meetings, etc. to resolve various issues.
* Validated the scripts to make sure they have been executed correctly and meets the scenario description.
* Involved in project status meetings, QA review meeting, and System Test meeting.
* Wrote test cases and test scripts for the User Acceptance testing. . Design, write and maintain data requests and/or queries to support the business.
* Identify data process improvements and leverage technology to automate and streamline existing processes.
* Assist in the development of ad-hoc reports or presentations as needed by senior management.

**Environment: FACETS,** SDLC, RUP, SQL, UML, JAD/RAD, ECMS, MS Visio, J2EE, MS Project, Oracle, Rational Requisite Pro, JIRA, Web Based Application (IIS)

**Client: Dignity Health Duration: May 2011- May 2013**

**Position: Business Analyst Location: Sacramento, CA**

The conversion of ICD-9 CM and PCS codes to ICD-10 (Clinical Modification and Procedure Coding System) codes and conversion of all EDI HIPAA X12N-4010 transactions to HIPAA X12N-5010 version and prepare necessary supporting mapping/crosswalk documents as part of project deliverables

**Responsibilities:**

* Test various change orders of Medicaid applications received from the System Engineer's
* Regression Testing of Web applications and applications dealing with MEDICAID and MEDICARE Services
* Conduct weekly meetings for deciding the Policies and Procedures to be followed while constructing new sites.
* Worked on Member Management, Eligibility, Claims and Billing modules within **FACETS**.
* Conduct complex documentation and user needs analysis. Interface with team and staff to develop HL7 integration
* Analysis and Design of the **FACETS** data model to ensure optimal system performance and tuning
* Assist JAD sessions to identify the business flows and determine the EDI X12 Transaction, Code set and Identifier aspects of HIPAA, impacts any current or proposed systems.
* Develop the strategy for developing and implementing new EDI (HL7 and X12) interfaces and converting historical clinical and data.
* Conduct business-impact assessment and the results compared with the new HIPAA 5010 standards to determine the current level of compliance and develop an action plan for approval by the project steering committee.
* Involved in **FACETS** Implementation, **FACETS** billing, enrollment, and Claim Processing and Subscriber/Membership module.
* Conducted Business validations for different **FACETS** modules Providers, Claims, enrollment and Membership
* Develop plan for data feeds and data mappings for integration between various systems, including XML, to follow ICD 10 Code set and ANSI X12 5010 formats.
* Prepare and maintain Business Rules Spreadsheets (BRS) identifying Rules, Triggers and corresponding data fields from Legacy to target CRM application.
* Involve in gap analysis and implementation of HIPAA 5010, ICD 10 and Claim Validations.
* Conduct Gap Analysis, and Gathered User Requirements by Interviews, user meeting, JAD session, and Requirement Elicitation Sessions.
* Utilize corporation developed Agile SDLC methodology. Used ScrumWork Pro and Microsoft Office software to perform required job functions.
* Store stakeholder conversations as part of CRM Activities in detail using ACT 5.0.
* Proven Strength in Creating guidelines and templates for designing & developing CRM applications.
* Involve in analyzing activities for a variety of major projects including Medicare Plan part D, Coordination of Benefits, New Client Implementations, Consumer driven and regularly scheduled system upgrades.
* Extensively interact with the stakeholders and the IT Department in finalizing the requirements according to the CMS Compliances/Regulations and HIPAA Regulations.
* HIX enrollment for EDI 834 and 820 transactions.
* Assist to develop the Test Plan, Test Cases and Test Scenarios to be used in testing based on Business Requirements, technical specifications and/or product knowledge.
* Act as a Business Analyst for the CDS implementation the backbone for data integration among myriad systems, including ERP, CRM, Portal, Workflow Engine, Payroll and related interface
* Prepare graphical depictions of Use Cases, Use Case Diagrams, State Diagrams, Activity Diagrams, Sequence Diagrams, Component Based Diagrams, and Collaboration Diagrams and creation of technical design (UI screen) using Microsoft Visio.
* Analyze trading partner specifications and create EDI mapping guidelines.

**Environment:** **FACETS**, HIPPA 5010, EDI X12, Rational Rose, Rational Requisite Pro, Microsoft Visio, Microsoft SharePoint, Microsoft Excel, HTML EDI, XML, HIX, SDLC, ETL, .NET, MS SQL Server

**Client: DHHS Duration: Jan 2010– April 2011**

**Position: Business Analyst Location:  Augusta, ME**

The Department of Health and Human Services (DHHS), Clinical Labs were reimbursed at 96% of Medicare payable along with the non-DHHS Labs and Sole Community hospitals and the service request was to increase their reimbursement fees to 100% of the Medicare Payable amount to comply with the CMS request. The reimbursement of 100% of the Medicare payable was done by adding using a Pricing Provider Indicator (PPI) to increase the reimbursement percentage. Since it was a pricing change the project had impacts on Compass 21 claims processing system and Vision 21 Data Warehouse.

Responsibilities:

* Gathered requirements from Business Managers, Supervisors, stakeholders, Data Governance Team and the subject matter experts through meetings to understand needs of the system.
* Wrote HLR (High Level Requirements), DBR (Detail Business Requirements), and Test Scenarios, Test Cases for the functional and non-functional aspects of both Web Application and Reporting jobs.
* Reviewed DBR with other technical team members in order to develop report.
* Did final testing/validation for data of reports developed by Vendor using Win SQL.
* Intensively involved in project testing efforts by doing Integration Testing, Regression Testing and by helping UAT team in User Acceptance Testing.
* Reviewed vendor solutions designs and assist in coordinating testing between vendor and client for product enhancements.
* Worked with Third Party Vendor to define Data Elements for the Data Extract and validated prior to loading into the Warehouse.
* Responsible for co-coordinating with different vendors during integration & end to end testing.
* Participated in the weekly team meeting to discuss the upcoming work, schedules and status.
* Heavily worked on Application Change Request(ACR) by Creating HLR, DBR for the ACR and working with developer to develop the functionality, and working with UAT team for testing within the time and budget.
* Analyzed and Documented business processes and requirements for Share Point Development project.
* Claim validation and Pend/Denied Claims Analysis for the Health plans Medicaid programs.
* Involved in evaluating the scope of application, defining relationship within and between groups of data.
* Effectively communicated user acceptance test results between users and development team and provided recommendations for Application change requests (ACR).
* Supported the business and the technical team in the product development and delivery process with successfully managing cross- departmental relationships.

**Environment:**MS Access, SQL, Rational Clear Quest, Business Object, Share Point, Data Stage, UNIX, Windows XP,  MS office, PowerPoint, Word, Excel

**EDUCATION**

* Graduate/IMBA/Information Technology and E-commerce.