**Paras Juneja**

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**Professional Summary**

* Over 6+ years of experience as a Business/ EDI Systems Analyst in Health Care domain with Claim adjudication, provider, eligibility and prior authorization for Medicaid and Medicare programs.
* Experience in SOA based Testing, worked extensively on TIBCO, a SOA tool for Data Integration.
* Efficient in conducting workshops and Joint Application Development (JAD) sessions, Project meetings, Reviews and walk through sessions.
* Proficient in complete, RUP, WATERFALL and AGILE Client /server architecture providing a well-balanced understanding of business relationships, business requirements and worked for technical solutions to help the team at all levels until final product release.
* Expertise using MS Visio, Rational Requisite Pro for modeling and capturing business requirements.
* Excellent knowledge on 837i, 837P, 837d, 835, 834, 276/277, 270/271, 278, 820 HIPAA transactions.
* Experience in developing and imparting pre and post implementation training, conducting GAP Analysis, User Acceptance Testing (UAT), SWOT Analysis, Cost Benefit Analysis and ROI analysis
* Expertise in EDI and HIPAA Testing Privacy with multiple transactions exposure such as 837 for submitting claims, 835 for payments, 834 for benefit enrolment, and 820 for premium payments to insurance products, 270, 271 for healthcare benefits and eligibility, 276, 277 for claims status and 278 for transmitting health care service information.
* Experience on Edifecs tools like Specbuilder, XEngine, XEServer, and Transaction management.
* Expertise in Information Technology/ Data/ Process Management with emphasis on Business Systems Analysis.
* Gathered good knowledge of Medical and Healthcare Standards and Regulatory vehicles such as HIPAA, FDA, ICD, MMIS, EDI, and HL7.
* Earned good knowledge in RDBMS, Oracle, SQL, and PL/SQL along with MS SQL administrator, SQL Enterprise manager, data analysis and reporting.
* Worked on creating mapping documents for Tibco and Interfaces in a Service Oriented Architecture (SOA) Environment.
* Experience in developing project plans using MS Project and MS Share Point, identifying documents, and validating requirements and reengineering process.
* Excellent troubleshooting, tracking bugs and issue resolution skills.
* Experienced in Systems Testing, Integration Testing, and Software Quality Standards, Training, Documentation and implementation in a business environment.
* Excellent communication and presentation skills. Experience working with business users as well as senior management.

**Technical Skills**

**SDLC Methodologies**: Agile, RUP, Waterfall, Rapid Application Development (RAD), V-Model

**Requirement Management**: MS Visio 2010, MS Office, Rational Requisite Pro, Rational DOOR, MS Paint

**Project Management**: MS Project 2010, MS Office 2010, Lotus Notes, MS Outlook

**Presentation**: MS PowerPoint 2010

**Database:** SQL Server, Oracle, Data Studio, MS Access, DB2,

**Change Management**: Rational Clear Quest, Tibco.

**Version Control**: Rational Clear Case, MS SharePoint 2010 (MOSS 2010)

**Operating System**: Window XP, Window Vista, UNIX, LINUX, Window 7

**Programming Languages**: C, C++, HTML, XML

**Data Modeling Analysis**: Rational Rose, Power Designer 16, MS Visio, TOAD data modeler

**Professional Experience**

**Client: Cognosante, McLean, VA Jan 2014 – Present**

**Sr. EDI Systems Analyst (Remote)**

Cognosante offers a proven, multi-faceted approach to data integration and management, based on a detailed understanding of health data semantics and syntax. Healthcare has created an unprecedented volume of complex information that Cognosante can leverage to enhance healthcare through continuously improving clinical and financial outcomes. I worked on 1095-A project. It’s a tax statement that people receive (as of 2015) from the Health Insurance Marketplace. A 1095-A form provides information on their FFM or SPM QHP (Qualified Health Plan) from the previous year that they need to file taxes. One form is sent for each healthcare policy a person has.

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**Responsibilities**:

* Release/deployment issues according to version management, backward compatibility, load balancing of components in production environment.
* Worked on 837 and 835 projects, including syntax and business rules for X12 HIPAA 4010 and 5010 validation for loops, segments, elements, qualifiers and code sets.
* Providing production support to EDI related issues originating from internal or external customer/Trading partners/Insurance payer/provider requirements.
* Coordinating the upgrade of X12 Transaction Code Sets 277,837P, 835 and 834 to HIPAA compliance.
* Involved in claim adjudication process using Edifecs /SpecBuilder and Quality Center/Transaction Manager application.
* Prepared Test Cases based on business requirements and business rules for HIPPA EDI Transaction 834, 276/277, 270/271, 837/835.
* Managed and Developed EDI specifications, for data feeds and mappings for integration between various systems, to follow ANSI X12 4010 formats including 270 Eligibility/Benefit Inquiry, 271 Eligibility/Benefit Information, 276 Claim Status Request, 277 Claim Status Response, 810 Invoice, 820 Payment Order/Remittance Advice, 834 Benefit Enrollment, 835 Remittance Advice and 837 Claims and Encounter, to meet and exceed HIPAA requirements set forth by the federal government.
* Involved in preparation and update of system documentation for transaction 834, 820 278U, 278 and TCN for PAR.
* Solved complex technical issues by troubleshooting and performing Root Cause Analysis for reliability improvements during Accelerated Life Testing to minimize service call rates.
* Attending daily SCRUM and JAD Sessions and guided QA and Developers regarding the defects, Technical Specification Documents and Mapping Documents.
* Research, track, parse and interpret EDI files 999, Transaction Acknowledgement records, and enrollment and claims files in EDIFECS data repository and UNIX server and analyze them according to the request.
* Created technical documentation, Reviews, analyzes, and evaluated business systems for end user needs, including Companion Guides, business process reengineering, including GAP analysis and documenting requirements, documenting processes, workflows.
* Prepared business requirement documents, functional requirement documents (test cases/test plan), mapping documents and companion guide of transaction 834 and 820 for HIPAA 5010 remediation project.
* Executed queries and running store process in TIBCO Business Works with Oracle Database 11g; worked on the database and used MySQL to write simple SQL queries.
* Analyzed forms and successfully crosswalk details to corresponding ANSI X12 formats.
* Extensively used MS Excel for data reconciliation purposes assisted developers in creating Macros for data Reconciliation purpose
* Manually generated reconciliation reports using MS Excel and Access.
* Experience in understanding database structures and write SQL queries.
* Creative and aggressive self-starter with ability to handle ambiguity, able to communicate effectively with Cross Functional Teams at all levels, capable of delivering solutions under high-pressure environment

**Environment:** HIPAA EDI X12, 820, 834, 835, 837, ICD9/ICD10, MS SharePoint, Windows XP, SQL, MS SQL Server, Oracle, Rational Enterprise Suite (Rose, Requisite Pro, Clear Case, and Clear Quest), Mercury Suite, TIBCO, UNIX, Micro focus Optimal Trace, HP Quality Centre

**First Care Health Plans, Austin, TX Jan 2013 – Nov 2013**

**EDI Systems Analyst**

First Care is a Texas based health plan provider offering diverse healthcare products including prepaid medical, hospital, and related comprehensive health care services. The project was initiated to conduct a complete discovery, technical assessment and impact analysis for the HIPAA 4010 to 5010 and ICD-9 to ICD-10 transition. And, an ICD-9 to ICD-10 (bidirectional) crosswalk tool was built for code look up. I was also involved in the analysis of EDI transactions including 837 and 835 based on HIPAA 4010 and mapping them in order to comply with HIPAA 5010 standards.

**Responsibilities**:

* Involved in updating and/or reworking previous documentation on their Membership Enrollment System for Florida to get them in sync and up to date with their current new system in place.
* Involved in System Integration, Compliance and User Acceptance Testing and Validation of Medicaid claims processing and Electronic Data Interchange (EDI) translation in compliance with the 4010A and 5010A Health Insurance Portability and Accountability Act (HIPAA) transactions 837 I/P.
* Worked with ICD 9 and 10 Procedure and NDC codes used in HIPAA Transaction code sets.
* Conducted meetings with the project managers to review the project plans
* Recommend best practices for project plans to the project managers for their successful implementation.
* Extensively involved in data validation between 834 Membership file to Facets backend tables and from Facets Backend tables to different external EDI extracts based on MS CHIP plan requirement.
* Provided Facets related systems expertise (training) to system users, business partners, and other internal/external customers including trouble shooting issues, as well as, identifying and correcting inefficiencies.
* Performed activities to comply with annual HEDIS data collection and analysis, preparing recommendations to increase rates as appropriate.
* Performed Regression testing, End-to-End testing and User Acceptance testing of transaction 834 and 820 for HIPAA 5010 project deployment to the end client.
* Providing point of contact for technical problems and perform troubleshooting tasks, problem diagnosis, resolution or escalation. Assist and independently deploy special projects for EDI Team.
* Created inbound maps to convert and load from EDI ANSI X12 format into Database tables and flat files.
* Responsible for verifying data integrity from several distributed systems to Facets system.
* Maintained project documentation in a central repository.
* Worked on Unix Platform and experienced in back end testing by executing SQL Queries.
* Created a weekly report on the updated project plans and maintained them
* Gained understanding of Medicaid policy and billing requirements and documented needed changes to policies and billing manuals related to ICD10 through facilitation with internal KMHP program areas.
* Involved in HIPAA EDI transactions such as 270, 271,837 (P, D, I), 276, 277, 834, 820, 278,999/TA1, and 277 CA.
* Documented business needs for ICD10 resulting from the HIPAA 5010 gap analysis.
* Worked with HIPAA compliant ANSI X12 834, 837, 276/277, 999 formats for both professional claims and institutional claims.
* Responsible for problem resolution and troubleshooting for all EDI transactions.
* Used requirement elicitation techniques such as JAD Sessions and Document Analysis to gather information regarding the application from the KMHP SME and EDS along with the State of Florida people.
* Involved in bi-monthly Technical and Operational Issues (T&O) Conference Calls with AHCA, EDS and various providers who worked with AHCA to answer and resolve issues pertaining to a smooth transition from AHCA’s previous fiscal agent ACS to EDS.
* Validating the Log Files (999, x12,) for 834/820,277CA, 837IB and 835 Transactions in UNIX and HTM (Healthcare Transaction Manager.
* Used TIBCO/BC tool to verify mapping to X12 format.
* Maintained open and clear communication with the team on change requests.
* Worked on the ICD9 to ICD10 crosswalk and coordinated the development of the crosswalk solution.
* Determined the requisite ICD10 training for both internal staff and Medicaid provider groups and assisted in the development of training materials.

**Environment**: HIPAA EDI X12, 834, 835, 837, ICD9/ICD10, MS SharePoint, Windows XP, SQL, Oracle, MS SQL Server, Rational Enterprise Suite (Rose, Requisite Pro, Clear Case, and Clear Quest), Mercury Suite, Micro focus Optimal Trace, UNIX, HP Quality Centre.

**Citrus Healthcare, Tampa, FL May 2010 – Dec 2012 Business/EDI Analyst**

The project was web-based application that gave providers online access to patient’s records for more timely and accurate eligibility and benefits information of health plan offered by Citrus care.

**Responsibilities**:

* Elicited demands from the stakeholders and analyzed them for consistency, flexibility and completeness.
* Conducted JAD sessions with Subject Matter Experts to obtain domain level information.
* Presented and conducted functional requirement reviews and walkthroughs with the designers, developers, and stakeholders.
* Identified Use Cases from Business Requirements and created UML diagrams like use case diagram and activity diagram using MS-Visio for various stakeholders.
* Used Query Analyzer, Execution Plan to optimize SQL Queries.
* Involved with the quality assurance team to develop and design test plan and test cases.
* Involved in resolving and documenting issues related to these EDI transactions including 834 transactions, 837 transactions using Test Director.
* Managed change request and analyzed the impact of change request on the application in regards to Project Plan, Project Scope, and Project Schedule.

**Environment**: Rational Unified Process (RUP), UML, SQL, Rational Test Manager, Rational Clear Quest, Windows, MS Office, HTML, Windows

**WellCare Health Plans Inc., Tampa, FL Feb 2009 – April 2010**

**Business Analyst**

WellCare Health Plans, Inc. provides managed care services targeted to government-sponsored health care programs, focusing on Medicaid and Medicare. Headquartered in Tampa, Florida, WellCare offers a variety of health plans for families; children; and the aged, blind and disabled; as well as prescription drug plans. The company serves more than 2.5 million members nationwide, as of March 31, 2012.

**Responsibilities**:

* Gathered requirements by conducting meetings and brainstorming sessions with end users and Subject Matter Experts (SMEs) and documented them using Requisite Pro.
* Did Gap analysis on the ICD9 to ICD 10 conversion and subsequently the mapping between those.
* Prepared Business Requirement Documents (BRDs) after the collection of Functional Requirements from System Users that provided appropriate scope of work for technical team to develop prototype and overall system.
* Created Business requirement document (BRD), Functional Requirement Specification (FRS), Technical Requirement Specification for application development following the agile methodology.
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims.
* Worked on Unix Platform and experienced in back end testing by executing SQL Queries.
* Analyzed the laws and regulations (HIPAA, HL7) before implementing the electronic medical record software
* Reviewed Test Plans developed by the testing team for testing the application.
* Assisted the QA personnel in the creation of Test Cases using Rational Test Manager.
* Involved in performing version control and defect tracking activities using Rational Clear Case and Rational Clear Quest.

**Environment**: OO Modeling, Web Sphere, Rational RequisitePro, SQL, Rational Rose, RUP, UML, Load Runner, MS-Project, MS Visio, Java, MS Office, UNIX, Windows XP.