#### SUMMARY

* Over 6+ years of experience as Business System Analyst in the HealthCare Industry.
* Business Analyst with **hands on experience in business consulting in health care and application development with excellent skills in client interfacing, requirement gathering, user support, quality assurance, problem solving, and documentation.**
* Skilled in determining system requirements and specifications for complex application development projects. Past experiences of leading and interacting with business teams, programmers and technical staff at all levels.
* Experience in creating and maintaining the Requirements definition documents that included Business and Functional requirements.
* Expertise **in all the phases of the Software Development Life Cycle (SDLC), Agile Development methodology.**
* Experienced in conducting **JAD sessions, focus group and brainstorming sessions, reviews, and walkthroughs and customer interviews for various business processes**.
* Good understanding of **health care industry claims management process, Medicaid and Medicare Services and insurance sector**.
* Expert in Healthcare Payer systems – **Claims, Billing with backend data mapping, data integration.**
* **Exposure in creating and analyzing Data Flow diagrams, and Entity Relationship diagrams.**
* Skills to track environment build release level at various point in the software building process.
* EDI Claims Processing – documented enhancements to the **NCPDP,** **EDI Claims Processes (EDI 837, 835, 276, 277) to ensure accurate processing of claims of members.**
* Project Management experience, especially in Project Planning, Project Design and coordinating/ managing multiple **BI** and **DW projects.**
* Have developed standards for **data definitions, data element naming conventions, and** logical/physical database design for applications and data warehouse development.
* Experience with Facets Application Groups: Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management.
* Good understanding of a Testing process.
* Experience in SQL, writing SQL and testing scripts for data validation.
* Strong knowledge of Project management skills such as time estimation, task identification, and scope management.

**TECHNICAL SKILLS**

**Methodologies**: SDLC, RUP, UML, Agile, Waterfall

**Business Modeling Tools**: Microsoft Visio, Rational Rose

**Platforms** Windows

**Testing tools:** Mercury Quality Center,

**Change Management Tools:** Rational Clear Quest

**Office Tools:** MS Project, MS Office, MS Visio

**Version Control Systems:** Rational Clear Case

**Database:** MS SQL Server, MS Access, and Oracle

**PROFESSIONAL EXPERIENCE**

**Cigna Healthcare, Raleigh, NC Feb 2012 – Present**

**Business System Analyst**

CIGNA Healthcare provides quality health insurance at affordable prices. I worked as a Business System Analyst for the warehousing of ACES and Facets source system data. As a System Analyst to gathering, analyze, document and map the 4010 to 5010 changes as a result of the HIPAA 5010 requirements for EDI Transactions; Involved in the Forward Mapping and Backward Mapping analysis of **ICD 9 – ICD 10 Conversion** for CM (Diagnosis Codes) and PCS (Procedure Codes); Involved in GEM (General Equivalence Mapping) tools for forward mapping of **ICD 9 – ICD 10 codes.**

**Responsibilities**

* Studied existing business application and processes, current source system, collected end user requirements and suggested the improvised business process model.
* Analyzed the “As is” and “To be” system documents to show the current and proposed functionalities of the system using MS VISIO.
* Gap Analysis of client requirements, generated workflow process, flow charts and relevant artifacts.
* Involved in defining and documenting the vision and scope of the warehousing project.
* Worked with ACES and Facets claims data for **claims subject area, Enrollment and billing data for member/Subscriber, and Product subject areas.**
* Involved in the development of Business and Technical Requirements Document (BTRD) and Business System Design (BSD) document for the project.
* Involved in identifying and studying the ACES and Facets system data for the attribute mapping purpose
* **Involved in analysis of requirements for Medicaid and Commercial line of businesses**
* Conducted interviews with management team
* Conducted Business Analysis and Requirements Analysis activities to incorporate HIPAA and **Medicaid** **provisions for Design, Development and Implementation Project**
* Conducted and participated in the JAD session with the SME’s and project team members.
* Worked as a liaison between the business and technical side to convey the business needs to the system architects.
* Documented Functional **Specifications for Enrollment (834), Customer Service Interface, Claim (837) including Encounter Claim and Capitation Payment (820) and Authorized Representative for Medicaid Members**
* ICD 9 – ICD 10 Conversion Project – Worked in the analysis of the ICD 9 – 10 codes conversion Project. Expertise in GEM processes and concepts.
* Executed test cases for the existing market’s various lines of business. (The test cases covered: Authorization of claims, Accumulator, Benefits, Claim Payment and Pricing, as well as member and provider data updates)
* Performed Functional, Regression, and system testing for Pricing Application
* Involved in Facets Implementation, end-to-end testing of FACETS Billing, Enrollment Claim Processing and Subscriber/Member module
* Responsible for executing **SQL Queries for** checking duplication in records.
* Used **Informatica ETL tool** for Extraction, Transformation and Loading the data into target database.
* Performed UAT testing with the offshore team
* Logged the errors, reported defects, determined repair priorities and tracked the defects until resolution using Mercury Quality Center
* Extensively used SQL statements to query the Oracle database for data validation and data integrity
* Participated in weekly meeting with the management team and walkthroughs.

**Environment:** **UNIX, Epic System, SQL Advantage, Quality Center, MS Visio, MS Word, Clear Case, FACETS, Clear Quest, Agile**.

**United Health Group, Minneapolis, MN    Oct 2010– Dec 2011**

**Business System Analyst**

UnitedHealth Group is one of the leading providers **of medical, dental and life insurance services**. Company provides solutions to both individual and groups by providing broadest selection of leading health insurance plans. The project was creating the application where customers can compare individual health insurance plans by providing zip code, date of birth and gender. I was involved in the application that was used for checking the eligibilities, claim processing and claim status.

**Responsibilities:**

* Studied existing business application and processes, current source system, collected end user requirements and suggested the improvised business process model
* Assisted Project Manager with the creation project timelines and milestones and resource planning
* Analyzed **the “As is” and “To be” system documents to show the current and proposed functionalities of the system using MS VISIO**
* Creating GANTT charts to monitor and analyze the progress of the project
* Gap Analysis of client requirements, generated workflow process, flow charts and relevant artifacts
* Scheduled experience with managing multiple schedules across single program(s) and ability to roll-up schedule
* Involved in defining and documenting the vision and scope of the warehousing project
* Assisted with documentation updates**, BRD updates, resource allocations / assignments, materials** required for project review meetings and meeting minutes
* Backed-up associate on preparation and updates to all project status reports
* Preparation of RFI and RFP for requirements in SAP PP, SFDC, Siebel, Pega and BPM solutions across.
* Wrote several SQL scripts to create test data and to move data from one environment to another.
* Developed Test Plans, Test Cases for the testing.
* Good Understanding of the **EDI (Electronic data interchange),** Implementation and Knowledge of HIPAA code sets.
* Involved in Up-gradation of HIPAA X12 4010 transactions to HIPAA X12 5010 and ICD-9 to ICD-10
* Worked on HIPAA Transactions and Code Sets Standards according to the **test scenarios such as 270/271, 276/277,837/835 transactions.**
* Utilized survey assessment results of ICD-10 to create listing constraints, processes, projects and systems, applications and vendor software to be impacted by the ICD-10 Conversion Project.
* Authored and executed Test cases for Claims and Customer Service Workflow by manually.
* UAT testing for HIPAA 4010 and 5010 projects including legacy testing and HIPAA requirements and compliance mandates.
* Participated in requirement walkthroughs and creation of test plan
* Worked on the Agile methodology of SDLC
* Investigating software bugs and reporting to the developers using Quality Center Defect Module
* Analyzed system requirements and developed detailed test plan for testing
* Performed Usability and System Testing.
* Worked on the ICD9 to ICD10 crosswalk and coordinated the development of the crosswalk solution.

**Environment:** Facets, Oracle, MS Project, MS Office suite, SQL, SQL Server, Rational Suite, Quality Center, MS SharePoint.

**Boston Medical Center, MA Mar 2009 – Aug 2010**

**Business System Analyst**

Project scope involved Boston Medical Center (BMC) Health Net Plan which is a health maintenance organization and the Plan manages healthcare coverage for Massachusetts residents participating in **Mass Health (Medicaid), and Commonwealth Care- subsidized** health insurance programs for low income individuals.

**Responsibilities:**

* Worked with business representatives to understand requirements and priorities and ensure that software development work is appropriately aligned
* Involved in documenting **changes to the Benefits Administration, Enrollment Processing and Claims Processing Systems based on the Medicare Plan Changes initiative**
* Involved in the meeting with Business Process Owners, SME (Subject Matter Experts) and Health Center users for Requirement gathering in Definition Stage using Rational Requisite Pro
* Facilitated Joint Application Development (JAD) Sessions, as well as weekly client & team meetings
* Performed Gap Analysis to identify the deficiencies of the current system and to identify the requirements for the change in the proposed system.
* Wrote standard SQL Queries to perform Data Validation
* Responsible for the full HIPAA **compliance lifecycle from gap analysis, mapping, implementation and testing for Medicaid Claims**
* Participated in user meetings, gathered Business requirements for the Data- warehouse design.
* Extensively interacted with the stakeholders and the IT Department in finalizing the requirements according to the CMS Compliances/Regulations and HIPAA Regulations 4010 and 5010
* Created Use cases for **835 (Claim Payment/Advice transaction set) and also performed impact analysis for the 835 transaction 5010 changes.**
* Converted the **Business Process Requirements (BPR) into System Specification Requirements**
* Performed Gap Analysis for HIPAA 5010 and HIPAA 4010A1.
* Created various Use Cases and workflow diagrams, sequence diagrams, and Class diagrams using MS Visio and used UML methodology to define the Data Flow Diagrams (DFD.)
* Developed user stories, project backlog, and prioritization for timely & smooth execution of the project.
* Maintained Traceability Matrix in Excel.
* Used IBM Rational Clear Quest as Version Control/Change Management Tools.

**Environment**: RUP, MS Project, SQL Server 2000, MS Access, MS Excel, MS Word, MS Power Point, XML, Rational Requisite Pro, Business Process Modeling Notation (BPMN).

**Emdeon, Inc, Nashville, TN Sep 2007 – Dec 2008**

**Business/Quality Analyst**

At Emdeon, I worked in the “Payment Integrity” project. Payment Integrity is a solution that would provide Emdeon with an opportunity to tackle the health care fraud and abuse problem and provide better services in healthcare industry. It helps Emdeon to identify fraudulent claims and abusive providers during different time periods/positions within claim life cycle. It enables Emdeon to grow its customer base and provide new valuable services to existing customers (payers). I was also involved in the analysis of EDI transactions including 837 I/P and 835 based on HIPAA 4010 and mapping them in order to comply with HIPAA 5010 standards.

**Responsibilities:**

* Analyzed the requirements for Payment Integrity fraud and abuse solution to be developed
* Worked on defining and implementing Clinical Aberrancy Rules
* Prepared high level and detailed functional requirements documents for the clinical aberrancy rules
* Mapped the Bloodhound tool (clinical editing tool) related data elements to the internal XML elements.
* Created the data dictionary for the clinical aberrancy rules
* Defined input and output data elements to and from the rules processing engine
* Analyzed the integration requirements between various tools for Payment Integrity solution.
* Worked closely with the SME’s to identify, research and escalate findings and calculate the overall impact of the discrepancy in claims.
* Analyzed the healthcare domain standards for HIPAA 5010 and health care EDI transactions
* Analyzing the Facets Requirements and thus conducting gap analysis.
* Conducting business validations, covering the following deliverables: FACETS Providers, Facets Claims and Facets Membership
* Write high level and low level integration requirements for integrating our product with clinical editing tools, predictive analytics tool and SIU services
* Work together with the architects and team responsible for supporting rules processing tools during the project to assist with the required support.
* Identify and analyze the various points of integration for the new solution and required integration with other IT components
* Work closely with the business team, development team and the Quality Assurance team to ensure that desired functionalities have been achieved by the application
* Provide business and technical suggestions and recommendations during the project life cycle.

**Environment:** Facets, Oracle, MS Project, MS Office suite, SQL, SQL Server, Rational Suite, MS SharePoint.

**Education**

**MBA**