**Payal patel**

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| **SUMMARY** |

* Over 6 years of extensive experience as a Business System Analyst with strong domain knowledge in **Health Care and Insurance domains**.
* Extensive experience in gathering **Business and Functional Requirements**, **developing Project Plan, Business Requirement document, Functional specification document, communication plan, Test Plans, conducting Gap Analysis and Impact Analysis, SWOT Analysis**, **Cost Benefit Analysis**, **Return on Investment (ROI) Analysis** **and preparing training manuals and knowledge transfer manuals.**
* Experience in the field of Business Analysis, **Data Analysis**, **Requirement Analysis**, Business Process Design, Streamlining, System Analysis and Design, and Quality Assurance.
* Knowledge of industry standard methodologies like **Software Development Life Cycle (SDLC), Joint Application Development (JAD) and Iterative Software Development Life Cycle Process** as per **Rational Unified Process (RUP), CMM (Capability Maturity Models) and Rational Tools** used during various phases of **RUP**.
* **Worked with Claims, enrollment, eligibility verification for members and providers, benefits setup and backend payment cycle in Facets.**
* Excellent understanding of ANSI X12 4010 and X12 5010 versions of HIPAA transaction standards and **ICD-CM** and **CPT code sets**.
* Involved in using **FACETS** for various health insurance areas such as products, enrollment, members and other modules related to **FACETS.**
* Expertise in defining scope of projects based on gathered Business Requirements including **Documentation of constraints, Assumptions, Business impacts, Project risks & Scope exclusions**.
* Used **Unified Modeling Language** **(UML)** tools like **MS-Visio** and **Rational Rose** to create **use case diagram, flowcharts, activity diagrams, sequence diagram, state chart diagram, process flow, wireframes, and ER diagram.**
* Created **Requirements Traceability Matrix (RTM)** to keep the stakeholders informed of the progress of the project.
* Experience with various **EDI** healthcare transactions such as **837** for submitting claims, **835** for payments**, 834** for benefit enrollment, **820** for premium payments to insurance products, **270**, **271** for health care benefits and eligibility, **276**, **277** for claims status and **278** for transmitting health care service information.
* Strong **HIPAA EDI 4010** and **5010** with **ICD-10**, analysis & compliance experience.
* In depth knowledge of **Medicare/Medicaid Claims processes.**
* Practical experience of Data manipulation, performance testing on **MySQL** and **MS Access** using **SQL scripts**.
* Experience in working with **Microsoft Office Suite (Word, Excel, Power Point, Access, Visio, and Project)** for documentation, analysis and presentation.
* Highly motivated team player with excellent Interpersonal and Customer Relational Skills, Proven Communication, Organizational, Analytical, Presentation Skills, and Leadership Qualities.

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| **Technical Expertise** |

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| **Business Modeling** | UML, Rational Rose, MS Visio, MS Project |
| **Processes** | JAD, RUP, SDLC, Agile, SCRUM Methodology |
| **Programming Language** | HTML, XML, Java, SQL, MS Access, Clear Quest |
| **Operating Systems** | Windows (2000, NT, XP, VISTA) |
| **Project Management** | MS Office Suite, MS Project, Concept Draw, Sharepoint, JIVE, Rally |
| **Other Tools** | SPSS, Adobe Photoshop, Dreamweaver4.0. |
| **Professional Experience** | | |

**Advantage Health Solutions, Indianapolis, IN Feb 13– Present**

**Sr. Business System Analyst**

ADVANTAGE Health Solutions, Inc is a local, provider-owned health plan offering healthcare benefits and solutions to employer groups of all size. This project is aimed at developing an internal **Work Flow Management system** to automate business processes based on preset business rules and conditions. The system is primarily aimed at handling **Medicare/Medicaid** insurance claims and process exceptions.

**RESPONSIBILITIES**

* Analyzed current business process flow by understanding preset business rules and conditions.
* Conducted formal interviews, live meetings, and JAD sessions with business users and subject matter experts (SME’s).
* Documented, organized and tracked the requirements using **Rational Requisite Pro**.
* Designed and developed **Use cases**, **Activity diagrams**, and **Sequence diagrams** **using UML**.
* Developed **Business process flows** and documented the **GAP analysis**.
* Created **Data Flow Diagrams** (DFD’s), **ER diagrams** for data modeling and web-page mock-ups using **MS - Visio** for acceptance from end users.
* Worked closely on 834 transaction code for Benefit Enrollment and was involved in Validation of HIPAA for 837, 270/271, 276/277,835, 834 EDI transactions for Medicaid members (MMIS).
* Designed the online screens and reports for the Medicaid Online Electronic Claims Submission System.
* Responsible for integrating with Facets .Designing test scripts for testing of Claims in Development, Integration and production environment.
* Developed and implemented test plans for System, validation, UAT, Performance and Regression Testing for various Facets 4.71 modules such as Billing, Claims Processing, Providers, Subscriber/Member and Customer Service.
* Expertise in SQL Server Analysis Services (SSAS)
* Expertise in SQL Server Reporting Services(SSRS).
* Making sure all claims HIPAA transactions like 835/837 been processed successfully through the system using HIPAA EDI gateway based on files.
* Managed the team of consultants responsible for developing on-demand Medicaid Management System reports.
* Defined Functional Test Cases, documented, Executed test script in Facets system.
* Expertise in testing Enrollment, Billing and Claims processing
* Create Epics/Stories/Tasks (Agile), BRD/PDRD’s
* Analyzed, organized, and updated database using **SQL**.
* Identify Member, Provider, Coverage, Medicare, and Medicaid.
* Analyzed and tested data interface needs with external systems.
* Developed **Test plans**, **Test conditions**, and **Test cases** to be used in testing based on business requirements and technical specifications.
* Provide business analysis support for the execution of an upgrade of Facets 4.71 to 5.01, based on an execution plan developed during the assessment phase of the project
* Assisted with user testing of systems and maintained quality procedures and ensured appropriate documentation in its place.
* Maintained **Requirement Traceability Matrix (RTM)** for change requests and defect tracking.
* Worked closely with the technical team to look up for the best possible solution on requirements by keeping business needs and technical constraints in mind.
* Maintained weekly status reports.

**Environment:** UML, MS Word, Rational RequisitePro, **Facets,** Rational Rose, Quality Center, SQL,

MS Visio.

**Sentara Healthcare, Norfolk, VA. Feb 011 to Jan 013**

**Business System Analyst**

**Sentara Healthcare**, also known as **Sentara Health System**, is a not-for-profit health care organization serving southeastern Virginia and northeastern North Carolina. It provides services to more than two million residents in the Hampton Roads region of Virginia. In the project **Sentara Healthcare** wanted to improve its **Claim Reimbursement User Interface** for a better user experience and incorporate changes as per the HIPAA 5010 guidelines.

**Responsibilities**

* Implemented **RUP methodology** for **iterative** and **incremental** development of the system.
* Was involved in the planning of the RUP iterations and documenting of the artifacts throughout the various phases of the development process.
* **Compiled the Vision Document** and composed detailed Use Case Specification Documents in Rational RequisitePro.
* Worked on billing system a cash management module and enhanced the encrypting standards that are required for the application.
* Involved in creating sample mappings for the conversion of EDI X12 transactions code sets version 4010 to 5010 and translation of ICD 9 codes into ICD 10 codes.
* Responsible for architecting integrated HIPAA , Medicare solutions, Facets.
* Designing test scripts for testing of Claims in Development, Integration and production environment.
* Used UML to perform Use-Case analysis to capture the dynamic aspect of the application.
* Interacted with stakeholders and gathered requirements as per the business needs.
* Identified AS-IS processes of **claims transactions of 4010/4010A standard and TO-BE processes (ICD-10-CM and ICD-10-PCS compliance requirements) of 5010 standard** using the gap analysis.
* Defined Functional Test Cases, documented, Executed test script in Facets system.
* Worked with installation, configuration and deployment of SQLServer Reporting Services (SSRS)
* Configured, set up and managed the automated build servers for EDI Gateway.
* Troubleshooted file transmission problems and assisted customers in a call center environment with EDI and Medicaid Insurance claim related inquiries explained and enforced guidelines in the X12 Implementation guides (837P, 837I, 837D, 270/271).
* Demonstrated ability to work actively in different phases of Software Development Life Cycle (SDLC) using Rational Unified Process (RUP) and Agile methodologies (SCRUM), in multi-tier web-based architecture
* Analyzed, designed, and coded several online subsystems for the Medicaid System
* Ensured the accuracy and consistency of the data during the data loading process.
* While working with various members at the management level to understand the business process and decision models, was also involved in **Compiling the Vision Document** and composing detailed Use Case Specification Documents in Rational RequisitePro.
* Was involved in managing the **Daily Standup meetings** and also ensured that quality standards were enforced as per the build-release schedule.
* Conducted GAP analysis by understanding the AS-IS system and the TO-BE system requirements by having discussions with the SME’s.
* Formulate system design, methods, procedures, policies and workflows affecting Medicare/Medicaid claims processing in compliance with government compliant processes such as HIPAA/ EDI formats and accredited standards.
* Documented **Requirement Traceability Matrix** in **Microsoft** **Excel** for traceability of requirements through test cases.
* Developed **Flowchart** and **process diagram** using Microsoft Visio.
* Regression testing for Facets 4.71 is conducted to ensure that newly added functionality did not break any of the previously tested functionality.
* Was in regular contact with Business partners on **the status of issues, action plans** and timeframe for resolution throughout the development cycle.
* Contributed in reviewing and editing of the test scripts.

**Environment**: RequisitePro, UML, Microsoft Office (Project, Publisher, Excel, Word, PowerPoint and Visio), Project Manager, PHP, **Facets**, Issue Tracker, Hyperion BI Applications, Lotus Notes, SDLC, Oracle 10g and VPN Client

**Coventry Health Care, Downers Grove, Illinois July 09 – Jan 011**

**Business System Analyst**

Coventry Health Care was established in 1986 as a provider of managed health care services, offering members a wide choice of options, high standards of care and affordable rates. In the Project, the company wanted to develop a fully automated Web-based portal, which would enable the company’s customers and Doctors to access appointments, billing, medical insurance, claims and scheduling data consistent with **HIPAA requirements.**

**Responsibilities:**

* Attended JAD sessions with the stakeholders as a scribe and captured business rules, system rules and process flows for each requirement.
* Ensured all artifacts complied with corporate SDLC Policies and guidelines.
* Documented each requirement in Rational Requisite Pro.
* Performed testing for Medicare, Medicaid and X-Over claims for Medicaid Management Information System (MMIS).
* Designed screen prototypes and use case documents for each functionality.
* Analyzed the changes made to different EDI ANSI X12 transactions (837 I and P, 278, 270 and 271) under HIPAA 5010.
* Provide business analysis support for the execution of an upgrade of Facets 4.71 to 5.01, based on an execution plan developed during the assessment phase of the project
* Expertise in testing Enrollment, Billing and Claims processing
* For planning purposes, generated EDI transactions daily and monthly reports from EDI Gateway Real-time system for business.
* Responsible for integrating with Facets .Designing test scripts for testing of Claims in Development, Integration and production environment.
* Validate to make sure that all the test cases created for Facets are processed successfully.
* Performed requirements modeling and develop analysis diagrams, activity diagrams, sequence diagrams, state diagrams, data models, and use-case realizations using RUP tools in Agile.
* Updated the Use Cases in accordance with the requirements for each release.
* Tested the new version of the application in the validation environment before it was moved into production.
* Participated in SSIS and SSRS requirement gathering and analysis.
* Worked on SQL Queries to analyse the intended system behaviour.
* Participated in the planning and execution of the User Acceptance Testing.
* Performed tracking and documentation of defects using Rational Clear Quest.
* Coordinated work plans between project manager and client using MS Project.
* Made presentations to senior management to outline the process and phases that will help them to reduce their cost significantly.
* Assisted in development of training materials for new technology and process improvements.

**Environment: SQL, MS Office, MS Visio, Clear Quest and Clear Case, Rational Rose and Requisite Pro**

**CIGNA Health Care,** **Chattanooga, TN June 08 – June 09**

**Business System Analyst**

**CIGNA** corporation is a for profit health insurance company. The project involved an interactive health care communication system, which automated the manual workflow process followed by physicians and medical staff to suffice patient needs. It offered patients with online access to their practice using interactive web pages. Patients could schedule appointments, request prescriptions, manage account statements, maintain personal records, and receive email notifications. The system also facilitated the health care providers to place claims request that is processed with the aid of the **Claims Processing System**.

**RESPONSIBILITIES:**

* Assisted in designing policies and procedures to protect the privacy **of Electronic Protected Health Information (ePHI)** to ensure data integrity as per **HIPAA guidelines**.
* Involved in creating the **business case** and **project plan**.
* Played an active and lead role in **gathering, analyzing, and writing business requirements.**
* Created use cases using **UML** and managed the entire functional requirements life cycle using **Rational Unified Process, Requisite Pro.**
* Created and managed project templates, use case project templates, requirement types and traceability relationships in **Requisite Pro.**
* Reviewed detailed **test cases** with in-depth description of each test scenario of the system according to **HIPAA guidelines**.
* Conducted **GAP analysis and** assessed the status of the organization to determine the scope of the application.
* Assisted in building a **business analysis process** model using **Visio**.
* Designed and developed **Use case diagrams & narrative, Activity diagrams, and Sequence diagrams using UML.**
* Designed the online screens and reports for the Medicaid Online Electronic Claims Submission System.
* Responsible for architecting integrated HIPAA, Medicare solutions, Facets.
* Extensive **HIPAA EDI** **4010** transactions knowledge - **835,837,277,278,270,271** and the **new 5010 formats.**
* Documented the Functional Specifications Document.
* Responsible for creating business flow diagrams using **MS-Visio**.
* Developed **Test Cases, test plans** and strategies with **Quality Assurance** group to implement them.
* Facilitated **JAD sessions** with stake holders, developers, systems analyst and testers to collaborate resource allocation and project completion using **MS Project**.
* Identified and involved all key stakeholders, contributors, business, operations and technical resources that must participate in a project and ensured that contributors are motivated to complete assigned tasks within the parameters of the project plan.
* Conducted interviews with client to ensure developed functionality complied with user requirements.
* Collected and documented business processes as well as business rules.
* Experience with **User Acceptance Testing (UAT)**, System testing.
* Collaborated with Quality Assurance Analyst in **Rational Clear Quest** to track defects and used **Rational Clear Case** to maintain consistency in the builds.
* Analyzed, organized, and updated database using **SQL.**

**Environment:** Rational Enterprise Suite (Rose, Requisite Pro, Clear Case, Clear Quest), Microsoft Office Suite (Word, Excel, Power Point, Visio, Project), Windows XP, XML, SQL, SQL Server Reports, Test Director.