## SUMMARY

* Qualified professional with 7 years of extensive experience in the field of Sr System Analyst working with the technical staff to implement management and staff's business requirements into the software application in Healthcare. Extensive working experience
* Expertise in documenting the Business Requirements Document (BRD), Technical Requirement Document (TRD), generating the UAT Plan, maintaining the Traceability Matrix and assisting in Post Implementation activities.
* Good experience in the EDI transactions and knowledge on EDI transaction process flows.
* Strong experience and understanding of health care industry, claims management process, Knowledge of Medicaid and Medicare Services.
* Knowledge and Implementation experience in Eligibility System, Facets Data model, Configuration Implementation of FACETS module.
* Involved in using FACETS for various health insurance areas such as products, enrollment, members and other modules related to FACETS.
* Expertise in understanding and supporting the client with Project Planning, Project Definition, Requirements Definition, Analysis, Design, Testing, System documentation and user training.
* Used Rational Clear Case for Version Control of requirement documents.
* Experience with TriZettos Facets Application Groups/ Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management.
* Good knowledge of Workflows and Content Management Tools.
* For Executing Scripts manually, Involved in preparing data in FACETS.
* Expert in creating Use Cases, Use Case Diagrams, Class Diagrams, Sequence Flows using MS Visio and UML concepts.
* Experienced in EDI and HIPAA Testing Privacy with multiple transactions exposure such as Inbound 834Membership Enrollment, 837Institutional, 837Professional, 837 Dental, 835 Claim Payment/Remittance Advise, 270/271 Eligibility Benefit Inquiry/Response, 276/277 Claim Status Inquiry/Response Transactions and testing in Client Server systems and Mainframe Applications.
* Worked with different Business Areas like Claims and Enrollment to document proposed ICD 9 – 10 Code changes.
* Knowledge and expertise in working with Claims, Provider, Enrollment, Finance, Benefits, and Vendor Management Business Areas.
* Maintained the Traceability Matrix table to track the Business Requirements to the design to the testing keeping track of all requirements in the BRD/Experience in conducting User Acceptance Testing (UAT) and documentation of Test Cases

## TECHNICAL SKILLS

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

Business Modeling Tools: Microsoft Visio, Rational Rose

Healthcare Tools EDI X12,HIPAA, 4010,5010, Trizetto ,FACETS,ICD 10,To ICD9

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

**Blue Cross and Blue Shield, Eagan, MN Sr: System Analyst Jan-2014-Jul-2015**

**Project Description:** HCSC was Founded in 1936 and with nearly 14 million members, HCSC is the largest customer-owned health insurer in the United States and fourth largest overall, operating through its Blue Cross and Blue Shield® Plans in MN HCSC provide health coverage through our Blue Cross and Blue Shield Plans and dental, life and disability insurance through Dearborn National. EDI Transactions like EDI 837, 835, 276 and 277 with the HIPAA 5010 Changes.

**Responsibilities:**

* Created Test Plan, that defines the test environment, phases of testing, entrance and exit criteria into different phases of testing and resources required.
* Identified, built and executed Test Cases and Test Sets for Functional, Error Handling, Navigation and Regression in Test Director.
* Documented complex Business requirements and made process flow diagram for the 837, 270/271, 276/277 & 835Remittance transactions as per the 4010 to 5010 implementation for the Medicaid claim processing system enhancement.
* Used TriZetto HIPAA Gateway to comply with HIPAA standards (270/271, 276/277 & 837) for EDI transactions
* Analyzed the impacts of HIPPA 5010 project on inbound 837 claims
* Created extensive Dental claims in FEP for verification of EFT and ERA payments according to enrollments.
* Gathered requirements from the users and analyzed the requirements for RQ System, Facets etc.
* Extensively worked with FACETS Implementation, FACETS Billing, Claim Processing and Subscriber/Member module.
* Gathered and documented functional requirements for testing and verification of HIPAA.
* Prepared use case diagrams and use case description by studying the requirements and discussing them with the subject matter experts (SME) and users
* Worked on preparing Business Requirement Document (BRD), and Functional Requirement Document (FRD) to help aid the development team
* Used Agile model to ensure that all the requirements are met at the completion of the project
* Performed manual testing by building 837 claims, converting them into EDI file, uploading them into mainframe region and doing error resolution & testing for 5010 requirements& NPI crosswalk.
* EDI file testing for checking the HIPAA 5010 (X12) compliance of the inbound 837 claims.
* Used Extensively FEP Dirt web application to validate the professional, institutional and dental 837 files.
* Tested multiple Claim types like Professional, Crossovers, Outpatient, Inpatient, LTC, Dental and Pharmacy.
* Assisted in creation of the Functional Design Document from the Business Requirements Document which was used as the reference by the development team while preparing the design and held the responsibility of the required data setup for unit testing.
* Documented the UAT Plan for the project and worked with the UAT Team to ensure every acceptance criteria for the requirements has been included in the UAT task plan.
* Maintained the Traceability Matrix Table to uniquely trace the identified business requirements to general design to testing as proof that requirements requested have been developed into a solution and that it has been tested and tracked.
* Experience with Trizetto Facets System implementation, Claims and Benefits configuration set-up testing, Inbound/Outbound Interfaces and Extensions, Load and extraction programs involving HIPPA 837 and proprietary format files and Reports development.
* Involved in daily scrum meeting to discuss any roadblocks or impediments in the project path.
* Identified various points of integration among the new and existing applications and required integration with other IT components.

**Environment:** SDLC,RUP,EDI MS Visio, Word, Excel, UML, PowerPoint, Rational Requisite.

**Health Now, Buffalo, NY System Analyst May-2012-Dec-2013**

**Project Description:** Participated in company-wide design, development, testing, and implementation transition from a legacy system to Trizetto’s Facets enterprise solution. Adhered to strict compliance, policies/regulations configured Facets modules such as Claims, Membership, Benefit and plan. Part of the project was to migrate all application functionality and convert data from a mainframe-based system to an open systems environment. I was also assigned to upgradation HIPAA X12 4010 transaction to HIPAA X12 5010 and ICD 9-CM (Clinical modification) to ICD-10-CM/PCS (Clinical modification/procedure coding system) simultaneously.

**Responsibilities:**

* Worked on requirements of the 837 HIPPA projects and HIPAA EDI Transactions across enterprise.
* Initiated with a comparison report of migration of 4010 to 5010. 270Eligibility, Coverage or Benefit Inquiry (V4010X092A1) vs. 270 Eligibility.
* Tested the ANSI X12 Version 4010 / EDI transactions (HIPAA) like 837P, 837I, and 837D.
* Used General equivalence Mappings (GEM) to convert ICD 9 to ICD 10.
* Wrote Test scenarios and test cases for testing the migration of EDI 4010 to 5010 and the processing of member enrollment and benefits, batch jobs corresponding to the claims (837).
* Analysis of inbound and outbound interfaces and extensions to FACETS claims processing system
* Performed the Gap Analysis to find the existing gap between the HIPAA 4010 and HIPAA 5010 EDI transactions.
* Developed Data Mapping and Crosswalk documents.
* Involved in preparing several Use Cases, Business Process Flows, and Activity Diagrams using Microsoft Visio.
* Worked with multiple teams and coordinated with them to do various releases.
* Did gap analysis for HIPAA 5010 837P and 835 transactions.
* Re-engineering and capturing of EDI transactions with legacy systems.
* Performed Migration and Validation per SDLC standards.
* Interacted with the Test Team and reviewed Test Plans and Cases.
* Analyzed data and created reports using SQL queries for all issued Action Items.
* Assisted in Regression Test, System Test, and UAT.
* Worked with the business/functional unit to assist in the development, documentation, and analysis of functional and technical requirements within FACETS.
* Troubleshoot any problems found within FACETS and when testing the SQL data database while validating the business rule.
* Provided weekly project status report to project manager and project presentation to the high level management on monthly basis.
* Interacted with developers to raise change requests for fixing errors in the X12 files.
* Coordinated the upgrade of Transaction Sets 837P, 835 and 834 to HIPAA compliance. Responsibilities include the - Analysis of inbound and outbound interfaces and extensions to FACETS claims processing system
* Developed SQL queries to interact with the lifecycle database and provide monthly capacity reports reflecting on the utilization of EDI infrastructure.
* Facilitated Joint Application Development (JAD) Sessions for communicating and managing expectations.
* Involved in analysis of requirements for Medicaid and Commercial line of businesses.
* Highly involved in Gap Analysis to identify the deficiencies of the current system and to identify the requirements for the change in the proposed system.
* Played major role to create the Business Requirement Documentation (BRDs), using MS Word and MS Visio that provided appropriate scope of work for technical team to develop prototype and overall system.

**Environment:** Agile, SharePoint, MS Visio, MS project, XML, UML, Facets, Oracle, MS SQL Server, MS Office

**South coast Health Systems, New Bedford, MA System Analyst Jun-2010-Apr-2012**

**Project Description:** South coast is one of the leading non-profit health systems in the United States serving eastern Massachusetts. Project was to build a medical management system ‘HealthPlaNET’ that integrates Healthcare business like Eligibility and Claims hosting, Medical Management, Enterprise Web Services, Enterprise Data Warehouse, Electronic Data Interchange into Medical Management Tool used by South coast Hospitals, Health Plan Members, Health Plan Utilization Management, and Health Management.

**Responsibilities:**

* Conducted working sessions to gather and document high level business requirements and detailed level business requirements for different business units impacted by ICD 10 such as EDI Claims Intake, FACETS for Claims Adjudication, Medical Management- Utilization Management, Case management and Provider Reimbursement- Provider Paymen
* Coordinated the upgrade of Transaction Sets 837P, 835 and 834 to HIPAA compliance.
* Completed Data Mapping for Group and detail Product analysis and report writing
* Analysis and Design of the Facets data model to ensure optimal system performance and tuning
* Configured facets modules such as Claims, Membership, Billing, Benefit and plan
* Conducted working sessions to gather and document high level business requirements and detailed level business requirements for different business units impacted by ICD 10 such as EDI Claims Intake, Claims Adjudication, Medical Management- Utilization Management, Case management and Provider Reimbursement- Provider Payment
* Work closely with EDI to ensure accuracy in data transmissions and shared processes.
* Worked on Mapping documentation using the Implementation Guide for EDI HIPAA 834,835,837(D,P,I), 277/278 and other Health Care Transactions.
* Utilized SDLC Methodology to configure and develop process, standards and procedures.
* Conducted JAD sessions with business users and Subject matter expert and stakeholders to define project scope, to identify the business workflows & task analysis and determine whether any current or proposed systems are impacted by the new development efforts.
* Coordinated with various IT teams related to various Facets backend database for Test Data Setup.
* Designed Test Plans, Scripts after analyzing various scenarios/requirements & performed defect tracking using Test Director & Clear Quest.
* Provided Production support and documented System Release/deployment issues.
* Completed Data Mapping for Group and detail Product analysis and report writing
* Analysis and Design of the Facets data model to ensure optimal system performance and tuning
* Configured facets modules such as Claims, Membership, Billing, Benefit and plan
* Work closely with EDI to ensure accuracy in data transmissions and shared processes.
* Involved in claim adjudication process of facets application
* Responsible for writing the Test Cases and Test Scenarios based on the Functional Specification and technical Specification and documented in Mercury Quality Center.

**Environment:** Facets SQL, Mercury Quality Center, Go To Meeting, MS Office Suit

Independent Health, East Amherst, NY **Business** Analyst Jun-2008-May-2010

**Project Description:** Independent Health, East Amherst, NY tries to build up relationship to foster safer and more healthful American social life. This Data Warehousing project involved designing, developing, testing and implementing complex mappings and workflows using ETL strategies in order to facilitate the client and network partner details like health report distribution office wise, state wise and country wide. The basic purpose is to provide the business intelligence to DSHS decision-makers on their tips/clicks, interactively  
**Responsibilities:**

* Involved in creating logical and physical database design-using Erwin.
* Created Dimensional Tables and Fact Tables based on warehouse design.
* Used Data stage as an ETL tool to extract Data from sources like Oracle and DB2 and loaded to target database.
* Developed server jobs to load the data from flat files, text files, tag text files and MS SQL.
* Suggested various changes in the physical model to support the business requirements.
* Set various parameters in Data Stage Administrator for performance tuning.
* Used Data Stage Designer to develop various jobs.
* Coordinated data profiling/data mapping with business subject matter experts, data stewards, data architects, ETL developers, and data modelers.
* Maintaining and implementing Data Models for Enterprise Data Warehouse using ERWIN
* Create and maintain Metadata, including table, column definitions
* Wrote standard and complex SQL queries using MS SQL Server and also in Mainframe for data validation process.
* Involved with Business users and ETL to implement ETL Frame Work using Data stage Server/Parallel combination of jobs.
* Actors to analyze and document business data requirements from Data ware house.
* Used Data Stage Director to debug the jobs and to view the error log to check for errors.
* Implemented best practices in the development environment (code standards, code migration).
* Wrote PL/SQL stored procedures, functions and packages and triggers to implement business rules into the application.

**Environment:** Windows, Linux, DB2, UNIX, IBM Mainframe AGILE methodology, Windows, XML, HTML, ERWIN