Rinjal Jesal Parekh 646-280-5495

***SUMMARY:***

Dynamic and result-oriented **Business Analyst** with 7 years of experience in delivering business and systems solutions for the health care industry with excellent technical and leadership skills.

* Experience with **HIPAA 4010 and 5010** versions of **ED**I transactions like **835, 837I/P, 834, 270/271, 276/277**
* Manual Testing skills include System Testing, Unit Testing, Regression Testing, Integration Testing, UAT Testing and Smoke Testing.
* **EDI Medical** Claims experience in Process Documentation, Analysis and Implementation in **835/834/837/270/271** processes of **EDI Medical Claims** Industry from the Provider/Payer side.
* Good knowledge on CPT/ICD diagnosis codes and Procedure codes. **ICD version 9 and 10.**
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.
* Expertise in **EDI transactions** used in healthcare industry and good knowledge of **HIPAA X12.**
* Medical Claims experience in Process Documentation, Analysis and Implementation in
* **835/837/834/270/271/277/999(X12 Standards**) processes of Medical Claims Industry from the Provider/Payer side.
* Strong experience in Healthcare Systems (**HIPAA 5010 Compliance, FACETS, ENTERPRICE, EDIFECS)**
* **Knowledge of 837, 835, 277, 270, 271, NCPDP, 5010**
* Excellent knowledge of all the phases of the Software Development Life Cycle (SDLC), Test development life cycle (TDLC), Project Management life cycle (PMLC).
* Working experience as Software Quality Assurance. Experience in creating Test Plans, Test Procedures, Test Cases, Test Scripts, Requirement Traceability Matrix, identifying different Testing Techniques, identifying and tracking defects and conducted Manual and automated testing.
* Extensive experience in using Test Management tools such as **HP Quality Center** and **QTP** for organizing and managing all phases of application testing process, including specifying testing requirements, planning tests, executing tests and tracking defects.
* Involved in projects which used **Data Mapping and Data** Conversion tools.
* Proficient in **SQL and PL/SQL** Programming for testing database integrity.
* Used FACETS for various health insurance areas such as enrollment, member, Products and other **FACETS** related modules

***TECHNICAL SKILLS***

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| --- | --- |
| **Testing Tools :** | Mercury QC / Test Director, HP QTP, HP Load Runner |
| **Defect Tracking Tool :** | Quality Center, Mainframe. |
| **Programming languages :** | C, C++, Java, PL/SQL, VB Script, c#, Shell Scripting |
| **Processes :** | Waterfall, Agile |
| **RDBMS/Data base :** | ORACLE , SQL, MS Access |
| **Tool** | MS project, MS Visio, MS office package, File-Aid. |
| **Operating Systems** | Windows 2000/XP/VISTA, LINUX,UNIX |

***PROFFESIONAL SUMMARY***

**Harvard Pilgrim Health Care, Wellesley, MA Sr.** **Business Analyst/ EDI ANALYST Feb-2013 –Till**

***Project Descriptions:*** Harvard Pilgrim is a full-service health benefits company serving members throughout Massachusetts, New Hampshire, and Maine and beyond. The purpose of this enhancement project was to upgrade the Catalyst Rx product solutions to support the new NCPDP D.0 (National Council for Prescription Drug Programs) and ASC X12 version 5010 transactions

***Project 1:*** 835/OHIWorked on the project EDI New Claims Platform - 835/OHI to validate the paper claims Explanation of Payments (EOP) and Electronic Remittance Advice (ERA).

***Project 2:*** 834 – Benefit Enrollment and Maintenance Worked on the project 834 – Benefit Enrollment and Maintenance to validate the Enrollment and all the other business rules validations (Drools).

***Responsibilities:***

* Analyze and plan testing efforts for various business projects.
* Perform Smoke, Integration, Functional, Regression and System testing.
* Interact with Business users and Technical Team in providing clear solutions to the requirements.
* Worked on different EDI transactions like 837 for submitting claims, 835 for payments, 834 for benefit enrollment, and 820 for premium payments to insurance products, 270/271 for Eligibility inquiry, and 276/277 for claims status.
* Create Test Plans, Test Cases and responsible for executing the Test Scripts.
* Involved in testing HIPAA EDI Transactions and mainly focused on PA and Eligibility Transactions. Transactions focused on is 83x and 27x.
* Loaded the defects on to HP Quality Center and maintained a track record of the updates on the defects from the development team.
* Arranged JAD sessions with Business users and development team to differentiate the new guidelines with old (NCPDP version 5.1 and ASC version X12 4010A1) and
* Test PL/SQL code including stored procedures, functions and triggers using TOAD.
* Involvement in Smoke Testing for every GUI application before Handheld to System Testing for acceptance from the Development team.
* Analyze and Create Test Data Scenarios to be tested by the Business users during UAT Testing and supporting the UAT Team when required.
* Authored Test cases for HIPAA EDI Transactions 270/271, 276/277,837/835.
* Worked to build extensions for FACETS Members, Claims, and Billing and enrollment applications.
* Supported Post Production Implementation and Production Support for all EDI transactions.
* Design and Author Test Plan, Test Cases, Test Data and Test Files as required.
* Helped to make decisions on Providers who were submitting EDI files both in 4010 and 5010 standards on the impact for downstream processing.

***Environment****:* EDI X12N 4010, EDI X12N 5010 FACETS, Quality Center, Edifecs SPECBUILDER Windows, DB2, Oracle, MS Excel, MS-Visio, Oracle,

**Blue Cross Blues Shield, Durham, NC Business Analyst Jun-2011-Dec-2012**

***Project Descriptions:*** The Health Insurance Portability and Accountability Act (HIPAA) require that all health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The Addenda version of the ANSI ASC X12 834 transaction set was selected as the HIPAA-mandated format for electronic enrollment and disenrollment in a Health Plan. The major difference between the 834 and the other HIPAA mandated transaction sets is the flexibility to contractually arrange for submission of select data fields within the format. BCBSN follows the addenda version of the ANSI X12 834 transaction Implementation Guide. The project was to build a system for data maintance within the transactions to enable updating of membership systems.

***Responsibilities:***

* Prepared Test plans and Test Cases based on requirements using Excel sheets
* Tested the claims processing and Adjudication (EDI 837I, 837P, 837D& EDI 835).
* Worked into Health Care Industry with exposure to Electronic Medical and Health Records (EMR & EHR)/Automated Health Care Systems, ICD-10 conversion, HIPAA and other HIT standards.
* Developed standardized FACETS testing, implementation and QA processes. Documented workflow for benefit plan loading.
* Used Rational Clear Quest to track required changes and Rational Clear Case to maintain different versions of the project documentation.
* Ran X12 files through EDIFECS tool, did SNIP level validation and enriched the X12 files to CMS mandated guidelines. Enriched files were then transferred through NDM process.
* Manage the team responsible for administrating the standard suite of test tools. Including Issue/Defect Tracking and Script Management through HP Quality Center.
* The target database including SQL Server and used the data for Reporting purposes.
* Performed all TRACK database tasks, including setting up team members, ensuring that data was entered correctly, and tracking the progress of all defects uncovered during testing.
* Played key role in defining test automation procedure and standards, creating Win Runner and Quick Test Professional scripts for all the modules, which reduced the regression cycle drastically and improved the testing efforts for daily builds.
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims. Worked on EDI transactions: 270, 271, 834, 835, and 837 (P.I.D) to identify key data set elements for designated record set. Interacted with Claims, Payments and Enrollment hence analyzing and documenting related business processes.
* Used EDIFECS Tool (Informatica Data Exchange), viewed XML files for any error in the transactions.
* Completed the documentation of Claims Scenario’s for the source system
* Extensively worked in designing the Testing approach for the ETL process in the Credit Data Provisioning Enterprise Data Warehouse (CDP).
* Used gap analysis framework to identify AS-IS processes of claims transactions of HIPAA X12 4010/4010A standard and TO-BE processes (ICD-10-CM and ICD-10-PCS compliance requirements) of 5010 standard
* Experience in Edifecs testing for 5010 and 5010A1 (ERRATA) files various types of Compliance check.
* Developed and conducted statewide HIPAA 5010 and ICD-10 awareness program for all IDS staff in Tenet.
* Prepared and executed test cases for Navigational test, Functionality testing and GUI testing using Test Director.

***Environment:*** Quick Test Pro, EDI, HP Quality Center, SSIS, ETL Testing, Team Server Foundation (TFS), Bug / defect testing, SQL Testing, , XML, Sybase, SQL, PL/SQL, IBM Rational Functional Tester,UML,Rational Rose, Requisite Pro, Clear Case, Rational Clear Quest. MS Office, Crystal Report, Quick Test.

**Humana Health Care, Louisville, KY Business Analyst Jun-2009-Apr-2011**

***Project Descriptions:*** Humana HealthCare offers simple and affordable Web Based Software designed to improve efficiency and reduce the cost of labor and labor management, in the Long Term and Acute Care environments. It also processes all the HIPAA transactions received via EDI, WEB, WAN

***Responsibilities:***

* Involved in writing Test plans, Test cases and responsible for executing the Test Scripts.
* Responsible for designing, developing test plans use cases and executing test scripts.
* Performed Smoke, Integration, functional, Regression, and system testing.
* Interacted with Business users and Technical team in providing clear solutions to requirements.
* Involved in testing HIPAA EDI Transactions and mainly focused Eligibility Transactions.
* Transactions focused on were 270,271,276,278,834, 835, and 837.
* Worked Extensively with Inbound 837 I and 837 P, 835s(Out bounds) claims processing systems.
* Used EDIFECS spec builder analyzer to perform HIPPA WEDI Snip Validation. Used EDIFECS analyzer to change the fields in the 834, 835,837IB for 837OB defect validation.
* Used FACETS Analytics for fast and easy retrieval, display and grouping of information for performing queries and generating reports.
* Configured FACETS to adhere to customers work flow for claims processing, claims automation and group administration
* Extensive knowledge on Sybase and EDIGATEWAY applications.
* Worked on Value added routines in Facets and provider and subscriber modules.
* Worked extensively with CPT/ ICD Codes. ICD-9 and ICD-10
* Used IBM Mainframes- Incremental Scripts for adding, updating and modifying Datasets and fields in back-end to be populated in front-end.
* Used Quality Center for preparing the test plans and manual test scripts.
* Worked on 837, 835, 276 and 277 Institutional and Professional, EDI Gateway
* Involved in loading the flat files into Oracle Database and involved in writing Complex SQL Queries.
* Involved in executing Maestro Schedules in UNIX Environment.

***Environment****:* EDI X12N 4010, Sybase Paper Free IBM Web Sphere, FACETS ,MS HIPAA Toolkit, DB2, LDAP, Visual Basic, ASP, XML, SQL, MS Access, Quality Center, UNIX,

**Well Care Health Plans, Inc Tampa, FL QA Analyst/ Business Analyst Aug-2007-May-2009**

***Project Descriptions:*** Well Care 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.

***Project 1:*** Data Creation in Test Data Management (TDM) Created 834 and 837 I/P/D data files for various states that Well Care handles. Also, TDM team creates data upon request for different teams like Encounters, Claims and 834.

***Responsibilities:***

* Provide resource planning and demand management for Test resources based on testing needs.
* Checks for the claims balancing of 835 at all levels.
* Create Test Strategy and present it to the stake holders and business users for the final approval.
* Development of test scenarios, test cases, execution of test cases and documentation of test results occurs as per the defined program schedule for each implementation event
* Review and approve project global master test strategy, test plan for System Testing
* Facilitate test team meetings and other meetings required to resolve issues, risks and provided status to cross functional teams
* Analyze the test results using statistical quality control techniques.
* This is a OHI Migration Project from 4010 to 5010.
* Coordinate with the business analyst, testers and developers in resolving the testing defects and in preparation of Test Summary Report and Defect Metrics
* Provides Weekly reports generated in HP Quality Center
* Coordinates with the Edifecs team (downstream) to make sure the 835 flat files are properly tested without any missing data.
* Performed SQL queries using PL/SQL to access data from database tables.
* Validating the Business rules for the 834 transactions.

***Environment****:* SOAP UI, PL/SQL Developer, EDI X12N 4010/5010, QTP, Interfaces, FACETS Linux Server,MS Access, UNIX, Oracle Run Time, Windows and Internet Explorer.