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| **PROFESSIONAL SUMMARY** |

* 7+ years experience as a Business Analyst with solid Functional experience in health Care Industry with vast knowledge on Medicare and Medicaid, Claims/Billing, EDI transactions.
* Medical Claims experience in Process Documentation, Analysis and Implementation in 835, 837, 834 270, 271, 277/997 (X12 Standards) processes of Medical Claims Industry from the Provider/Payer side
* Expertise in impact analysis on the key application systems (claims processing, reporting, payments) and business process of health insurance companies.
* Extensive experience in Healthcare/Claims adjudication with knowledge of industry compliance standards like HIPAA and EDI X12 transactions (834, 837, 835, 270/271, 276/277)
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Managed Facets Upgrade from v 5.01.008 to v 5.01.013 to provide functionality for ACA (Affordable care Act )implementation and compliance
* Experience with QNXT 3.4, QNXT 4.6, Facets 4.71, Inbound & Outbound interfaces, EDI configuration, and data mapping using ANSI X12 4010 and 5010 (834,835,837).
* Worked on various projects that included enhancements from QNXT 4.8 to QNXT 5.0
* Worked on all the environments of QNXT which includes the Test Environment, Development Environment and Production Environment.
* Specialize in HIPAA 5010 implementation including GAP analysis
* Exceptional ability to maintain and build client relationships with business owners to identify, prioritize and document business requirements.
* Proficient in all phases of Requirement Management, including gathering, analyzing, detailing, and tracking requirements.
* Manage project release schedules using the PEGA Management Framework and all financial and execution information for the portfolio of projects using Rational Portfolio Manager.
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.
* Experience in Business Requirement and System Specifications Analysis.
* Extensive knowledge of reporting tools such as SQL and ACCESS for underlying database tables and resolve data issues.
* Good experience in creating, modifying and enhancing manual Test Scripts using Test Automation tools- Load Runner, Quality Center, Rally, Rational Team Concert and Jira.
* Extensive knowledge of Healthcare Insurance including Medicaid, Medicaid Information Technology Architecture, Medicare (Part A, B, C, D), Procedural and Diagnostic codes and Medicaid Management Information Systems (MMIS).
* Worked on different EDI healthcare transactions like 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, 275 for patient information, 276, 277 for claims status and 278 for transmitting health care service inform.
* Responsible for manual review and updates to the waiver program - reviewed edits, recipient coverage, and services provided using the MMIS system.
* Expertise in RDBMS concepts and running SQL queries.
* In-depth knowledge and experience in full SDLC with RUP, agile and waterfall methodologies.
* Implemented a successful integration and interface between finance modules : General Ledger tightly integrated with Accounts Payable, Accounts Receivable and Cash Management, Supporting these are Invoice Matching and Smart Reconciliation
* Created use case diagrams, activity diagrams, class diagrams and workflow process diagram using unified modeling language (UML).
* Worked on Advanced Excel features such as macros, lookup function, array formulas, pivot tables, data modeling and data validation

**SKILLS**

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| **Microsoft Technologies:** | MS Project, Visio, Excel, Word, Outlook, PowerPoint, FS Pro, Snagit |
| **Requirements Management** | Rational Requisite Pro |
| Business Modeling | Rational Rose, MS Visio |
| **Defect Tracking Tools** | HP Quality Center, Rational Clear Quest |
| **Languages/Standards** | SQL, XML, HTTP, Java, HIPPA 4010/5010, ICD9/10, ANSIX12 |
| **Methodologies** | Rational Unified Process (RUP), Agile, Waterfall |

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| **PROFESSIONAL EXPERIENCE** |

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| **MVP HealthCare, Schenectady, NY May 13 – Present**  **Sr. Business Analyst**  MVP HealthCare is a leading insurance organization that caters to the health insurance needs of the residents in NY. Worked on all HIPAA transactions. FACETS have been widely used across their network for the claim adjudication, claim processing and Provider Management. The National Provider Identifier Project’s objective is to comply with the mandate that effective with the federal compliance date, all Providers who conduct electronic business via HIPAA Transactions with Mercy Health will be required to obtain and use an NPI. I was also involved in integration of FACETS with legacy and thirty party vendor applications.  **Responsibilities:**   * Conducted user interviews at both in-house and client locations, gathering and analyzing requirements using Requisite Pro and Requisite Web * Extensively used Agile Methodology in the process of the project management based on SDLC. * Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, Object Oriented Design (OOD) using UML * Gathered and documented Business Requirements, created Functional specifications and translated them into Software Requirement Specifications. * Worked on Claims Processing and Claims Scrubbing in HMO,PPO ,Medicaid and Medicare. * Performed Gap analysis by identifying existing technologies, documenting the enhancements to meet the end state requirements * Responsible for analyzing the needs of the business and its customers, ACA compliance and coming up with learning solutions to business challenges due to ACA. * Responsible for architecting integrated HIPAA, Medicare solutions, Facets. * Identify Member, Provider, Coverage, Medicare, and Medicaid. * Developed test cases and test scripts and assisted Quality Assurance activities, with system integration testing and user acceptance testing (UAT), developing and maintaining quality procedures and ensuring that appropriate documentation is in place. * Worked With HIPAA compliant ANSI X12 837 formats for both professional claims and institutional claims. * Assisted in implementing DF/x or specifications that the design team had to meet and include in the RFQ to the ODM of the product. * Managed, prioritized, scheduled and implemented all the raised issues for a portfolio of business units (BU) that use customized Pega workflows. * Gathered source metadata definitions from legacy systems. * Analyzed the mainframe reports for member/eligibility/claims and mapped the fields with FACETS batch jobs and reports. * Involved in claim adjudication process of FACETS application. * Used Trizetto Product NetworX Pricer and the terms used in the Pricer. * Interacted with Subject Matter Experts (SME), claimers, customers; Conducted detailed interviews with them, recorded the requirements, and reviewed the gathered requirement by both technical and business people. * Strong experience in operations,healthcare, information technology, health insurance, legislative and regulatory affairs, marketing, Medicaid Management Information Systems (MMIS), project management and quality assurance. * Responsible for identifying and documenting business rules and creating detailed Use Cases * Participated in the process of internal and external auditing activities and developed timelines for project delivery, and managed projects and resources to successful completion * Participated in frequent Agile team meetings (Scrum planning, daily stand-ups, retrospectives) to provide UX input and guidance to an Agile product development process. * Experience working with Health Care Client Server Product TRIZETTO FACETS * Involved in data dictionary management, extraction, transformation and loading (ETL) of data from various sources. Participated in ETL requirements process during data transition from source systems to target systems * Defined, developed specs for federal reporting specific to Medicare Advantage * Involved in Data Analysis & Mapping to track all data elements used in the application from the user interface through different interfaces to the target databases in which they are stored. * Developed tables, Views, Stored Procedures and Triggers using SQL Scripting * Established Inner Join, Outer Join and created Indexes whenever necessary * Writing Complex SQL queries and optimizing SQL Queries. * Documented Medicare claims processing. * Responsible for working with the State to review and modify process flows to increase productivity and effectively utilize FACETS features not provided by the legacy systems. * Responsible to meet the information demands of our business users by delivering timely, accurate, meaningful and standardized data and reporting * Participated in creating logical and physical data models, their enhancement. Based on the data models, worked with business architect, to create the software solution models. * Helped in creating of Data-Mapping best practices document including visual processes and trained team members on Data Mapping process and tools.   **Environment:** Windows, MS Project, MS Office MS Visio, PEGA, SQL, MMIS, Facets, Oracle, Informatica, Autosys, Quality Center.  **Kaiser Permanente Healthcare Denver, CO Sep 2011 –Apr 2013**  **Sr. Business Analyst**  Claims Management Reconciliation: The application I worked with was Claims Management and Reconciliation (CMR), which is an application for managing and processing claims. Patient information, history about disease and medication is collected and stored in the CMR system. Similarly, information about participating hospital and physicians is also stored in the same systems. Whenever any claims are filed, they reconcile with their records, which helps them manage and process claims faster, more efficiently and maintain information privacy.  **Responsibilities:**   * Gathered Requirements, Developed Process Model and detailed Business Policies. * The SDLC Methodology used was Agile or Scrub. * Gathered functional business requirements from process owners and developed functional specifications for application enhancements. * Good Understanding of the EDI (Electronic data interchange), Implementation and Knowledge of HIPAA code sets. * Responsible for ensuring all Medicare FFS contractor inquiries and special requests are addressed in timely manner. * Conducted requirement gathering sessions with Business, Development and QA teams to facilitate the requirement understanding process, data collection and data analysis. * Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as, 835 / 837 transactions. * Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims. * Embrace agile principles. Support iterative user experience design, involving UX research and UX design at all stages of product development * Built a dashboard for the visualization of metadata. * Involved in the management of multiple software augmentation projects; including enhancements required by ACA to enhance existing core functionality of Claims processing system, for external and internal clients * Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS. * Created customized reports with complex calculations that were used to study the potential financial impacts of changes to Medicare and Medicaid payments. * Used HIPAA 4010 transactions to support the analysis of current business processes and work with management to improve and implement enterprise solutions to ensure compliance and got involved in designing future state processes for HIPAA 5010 transaction processing EDI’s 837, 835, and 834 and ICD-10 Code sets. * Analyzed HIPAA 5010 related to 837,835, 834. Transactions and performed gap analysis between the 4010 and 5010. * Supporting the rules analyst for the creation of data mapping document needed by the PEGA Rules engine * 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. * Created a variety of IA and UX artifacts. Deliverables included: wireframes (Axure and Fireworks), process diagrams (Axure and Visio), personas (InDesign and Word), prototypes (Axure and hand-coded HTML / CSS / JS), and more. * Conferred with Business Users to Gather Requirements for the design and development teams. * Developed an implementation guide for Partners for EDI X12 transactions such as 834, 835,837,820,270 and 271. * Facilitated Joint Application Development (JAD) sessions, as well as conducted interviews of appropriate business/technical stakeholders. * Analyzed Business Requirements to produce System Requirements for the technical team using MS Visio. * Good understanding of Health Insurance portability and accountability act (HIPAA) * Conducted Business meetings for the claims adjudication process and its work flow. * Identifying and documenting UML Use Cases with Use Case diagrams. * Worked with developers to test the iterations of the system under development (SUD) to ensure it met the user’s needs. * Written and executed Test cases for the application when in (UAT) Environment.   **Environment:** MS Office, Visio, SharePoint, MMIS, UNIX, SQL, Toad, DB2, CMR, Citrix, Rational Suite, Windows 2000/XP. |

**Affinity Health Plan, NYC, NY Jan 2010 - Aug 2011**

**Business Analyst**

Affinity Health Plan is an independent, non-profit managed care plan that serves the needs of over 210,000 underserved residents of the New York Metropolitan Area (New York City, Long Island, Westchester, Rockland and Orange Counties.) Affinity provides healthcare coverage through its Child Health Plus, Family Health Plus and Medicaid programs. AffinityHealth Plan implemented Facets Extended Enterprise(TM) administrative system, a new core system, with updated technology to allow for more efficient claims processing, membership enrolment and provider data maintenance. Facets was highly efficient, automated, customizable, and flexible, to help affinity tackle new business opportunities andcompete successfully in a dynamic healthcare industry.

**Responsibilities:**

* Played key role in System Development Life Cycle Process consisting of: Design and Gap Analysis, Business Requirements, Systems Requirements, Test Criteria, and Implementation to have the outputs of project dealt with the automation of correspondence directed to Insurance policy owners.
* Involved in requirement gathering and database design and implementation of star-schema, dimensional data warehouse using Erwin.
* Extensively used Informatica client tools. The objective is to extract data stored in Oracle database, flat files to load finally into a single data warehouse repository, which is in Oracle.
* Identified Member, Provider, Coverage, Medicare, and Medicaid components.
* Led the development of a training program to train users on a custom web application and a Cognos ad-hoc reporting environment.
* Used knowledge of Health Care Information Systems EMR model to develop proposed workflow in MS Visio.
* Owned the entire reporting process. Interacted with the ETL team, developer(s), management, and account holders to get the requirements, document them, design templates, and write specifications.
* Designed High level design, for New process, integrating with legacy and Facets
* Responsible for integrating with Facets .Designing test scripts for testing of Claims in Development, Integration and production environment.
* Conduct complex documentation and user needs analysis.  Interface with team and staff to develop HL7 integration.
* The Addenda version of the ANSI ASC X12 834 transaction set was selected as the HIPAA-mandated format for electronic enrolment and disenrollment in a Health Plan.
* Responsible for architecting integrated HIPAA, Medicare solutions, Facets.
* Assisted JAD sessions to identify the business flows and determine whether the EDI X12 Transaction, Code set and Identifier aspects of HIPAA, impacts any current or proposed systems.
* Conducted Functional Walkthroughs, User Acceptance Testing (UAT), and supervised the development of User Manuals for customers.
* Extensively involved in data modeling
* Data mapping, logical data modeling, created class diagrams and ER diagrams and used SQL queries to filter data within the Oracle database
* Gathered requirements and modeled the data warehouse and the underlying transactional database
* Implemented data access, storage and validation routines on the database server using Procedural Language/Structured Query Language (PL/SQL).
* Extensively wrote complexSQL queriesfor data integration and migration.
* Successfully conducted JAD sessions, which helped synchronize the different stakeholders on their objectives and helped the developers to have a clear-cut picture of the project.
* Involved in jobs and analyzing scope of application, defining relationship within & between groups of data, Star Schema etc
* Followed the UML based methods using Rational Software Modeler/MS Visio to create: Use Cases, Activity Diagrams / State Chart Diagrams, Sequence Diagrams, and Collaboration Diagrams.
* Tuned the batch programs and online transactions to alleviate performance problems.
* Developed & executed several Optimized queries in SQL on this data.

**Environment:** RUP, UAT, GAD (Gap Analysis Document), Microsoft Office 2003 Professional (Outlook, Word, Excel, Visio, Access), Microsoft SharePoint 2003, ERWIN, SQL.

**Leon Medical Centers Health Plans, Inc. Jan 2008 – Dec 2009**

**Miami, FL**

**Business Analyst**

Leon Medical Centers Health Plans as a Medicare contracted Health Management Organization is qualified to provide such service to its members with its unique and comprehensive Medical Center benefits. I worked as Business analyst to work closely with project team to identify user's business requirements, interpret complex business needs and translate them into system requirements, write business specifications and forward to technical staff for system integration.

**Responsibilities:**

* Involved in gathering, documenting and verifying business requirements.
* Organized JAD Sessions to collect requirements from system users and prepared business requirement that provided appropriate scope of work for technical team to develop prototype and overall system.
* Wrote test plans and test cases based on the business requirements which involved market risk analysis and risk management like continuous time finance & asset pricing, stochastic processes & simulations, credit derivatives, structured products, documentation, value at risk, risk & return optimization.
* Provided leadership and support to the Engineering and ODM teams for successful planning, execution and delivery of the complete user image and up-sell modules for mid-level enterprise class desktops.
* Worked closely with stakeholders and SME’s for requirements gathering.
* Identified end to end requirements for all systems and business units that may be impacted by the project.
* Adapted UML standards to define modularized Data Process Models.
* Managed the claims processing and E-billing application.
* Defined the timeline for gathering business requirements.
* Followed the RUP methodology for the entire SDLC.
* Using MS-Visio analyzed business requirements and process through Use Cases, Class, Sequence, and Activity diagrams, and adapted UML standards to define modularized Data Process Models.
* Owned issues resolution and worked as a liaison between Business and IT for clarification of the project business requirements and change controls.
* Held regular meetings with the system architects, developers, and database quality testers, Life insurance annuities SME during the entire project to assure that the critical as well as minute details of the project were discussed and issues were resolved beforehand.
* Involved in project status meetings, QA review meeting, and System Test meeting.
* Coordinated and facilitated the execution of User Acceptance testing.

**Environment:** Windows 2003, Oracle, MQC, QTP, MQJ Explorer, SQL, Rational Suite.