**Professional Summary**

* Over 6+ years of Business Analysis experience with in-depth knowledge of Software Development Life Cycle **(SDLC)** and business processes in Health Care Sector.
* Experienced in conversion of **HIPAA X12 4010** codes to **X12 5010** codes, **ICD 9** codes to **ICD 10** codes, **FACETS**and Business Process Reengineering in Health Care Sector.
* Strong understanding of Medicaid Management Information System **(MMIS),** Health Level Seven International standards (**HL7), Health Care Reform,** and **Claims EDI.**
* Working experience in Health Insurance Exchange (**HIX**), Health Information Exchange (**HIE**) and Encounter Data Processing System (**EDPS)** and Rapid accelerated/ anticipated Payment System **(RAPS**).
* Specialized experience in healthcare insurance domain including **Medicare**, **Medicaid, PBM, ProceduralDiagnostic codes** and **Claims Process**. Profound experience with **HIPAA X12EDI** transaction codes such as **270/271** (inquire/response health care benefits and eligibility), **276/277** (Claim-status), **278** (Transmitting health care service information), **834** (Benefit-enrollment), **820**/**835** (Payment/remittance advice), **837 P/I/D** (Health care claim).
* Proficient in **Requirement Management**, including gathering, documentation, analysis, detailing and tracking requirements mainly in health sector.
* Experienced in documenting requirement using **Unified Modeling Language** (Use Case and Activity Diagrams). Also building business **Process Flow**, **Context Diagrams**, **Sequence Diagram**,**Activity Diagrams**, **Class Diagrams** using **Rational tools** and **Microsoft Visio.**
* Expertise in **Enrollment,Claims, Subscriber/Member, Plan/Product, Provider,** and **Billing** Modules in Facets.
* Involved in Facets Output generation, Interface development and Facets Modification Projects.
* Provided analytical solution to the customers for Facets Production Issues.
* Experience with **TriZetto Facets 4.7** and **Facets 4.11** - supported new business requirements by extending the functionality of the core Facets system using the Facets extensibility architecture feature.
* Good knowledge of **Revenue Cycle Management, Cash Posting**, **NPI**, **NDC, DRG, CPT, NCPDP** codes and **NSF** formats for interfaces & images to clearinghouses/trading partner applications.
* Strong understanding of various Project Management Office (**PMO)** techniques used in **SDLC** such as**RUP**, **Agile and SCRUM** with hands on experience in each of them.
* Experienced in interacting with business users to identify their needs, gathering requirements, developing detailed functional specs through **JAD** sessions, **interviews**, **on site meetings** and authoring Business Requirement Documents (**BRD**), Functional Requirement Document (**FRD**) and Software Requirement Specification (**SRS**) across the deliverables of a project.
* Extensive hands on experience in creating **RTM, Defect Status Report, Change Request Form, Test Plan** and **Collaboration Diagram** and designing **User Interfaces (GUI)** and **wireframes.**
* Strong Knowledge with **Iterative approach** for Software Development as per Rational Unified Process (**RUP**). Involved in inception, elaboration, construction, and transition phases using rational tools like **Requisite Pro**, **ClearCase**, and **ClearQuest** during various phases of RUP.
* Experienced in **SWOT Analysis**, **Gap Analysis**, **Risk Analysis**, and **Project Planning.** Excellent analytical skills in understanding the business process (**AS-IS** and **TO-BE**).
* General knowledge of **RDBMS, Web** and **SQL** along with - administration, SQL Enterprise Manager, Data analysis and reporting.
* Good knowledge of **SCHIP/CHIP, CMS, HMO, PPO, and POS.**
* Experienced in writing Test Case (manual/automated test cases.) Conducting **Integration/Regression testing**, **Black Box/White Box testing and UAT**.
* Possess a detail-oriented nature with excellent communication, interpersonal and organizational skills. Recognized for being a valued team player with ability to multi-task.
* Strong command in converting client’s non-technical requirements to precise technical representation to the team. Experienced in dealing with cross-functional team environment.

**TECHNICAL SKILLS:**

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| --- | --- |
| Operating Systems | Microsoft Windows 8/7/2003/2008/XP/NT, Unix, Linux (Ubuntu), Win 9X Win Server 2003 |
| SDLC Methodologies | Agile, SCRUM, RUP Process and Prototyping |
| Languages | SQL, HTML, SAS, XML, SSAS, SSIS, SSRS, Data Transformation Services DTS, DML |
| Databases and Tools | MS Office, MS Project, TOAD, MS Visio, Rational Rose, Rational Requisite Pro, Clearquest, Clearcase, Distributed DB, Oracle 8i/9i/10g, MS Access, MySQL, PL/SQL |
| Quality Management | IBM Rational Manual Tester, Quality Center, QTP, Rational Clear Quest, Rational Requisite Pro, Rational Rose, JIRA |
| Project Management | Microsoft Project Professional |
| Change Management | Rational Clear Quest 7.1, Requisite Pro v7.1, Test Director |
| Version Control | Rational Clear Case, Visual Source Safe, Team Foundation Services |
| Business Intelligence / Reporting | SQL Server Reporting Services (SSRS), Performance Point Services, MSBI, ETL, Informatica |
| Content Management System | Microsoft SharePoint Server 2010 |
| Others | MS Office Suite (Word, Excel, PowerPoint, Access) |

**Professional Experience**

**Client: Group Health Coop., Seattle, WA Apr 2015- Current**

**Role: Senior Business Analyst**

Group Health Cooperative is a consumer-governed health care system that coordinates care and coverage in Washington. Group Health Cooperative offers coordinated-care plans for both groups and individuals.

In this project, main focus was on utilizing multiple software systems to support the intake and processing of authorization requests, manage Case and Disease programs, provide robust reporting and decision support, and generally automate and facilitate the business processes. The authorization requests consume ICD 9 codes that need to be replaced by ICD 10 codes to meet the mandate date. During the Claims Processing and Managementproject, I was involved with FACETSenhancement, which is used to manage health insurance claims electronically.

**Responsibilities:**

* Assisted in building ICD 9 to ICD 10 crosswalk map by grouping thousands of codes and ranges in Clinical, Benefits, Financial, and Medical policy waves.
* Conducted working sessions to gather and document detailed and high level business requirements for different business units impacted by ICD 10 in FACETS such as EDI Claims Intake, Utilization Management, Case management and Provider Reimbursement/Provider Payment.
* Involved in managing the risk adjustment process for Medicare advantage plans throughout the RAPS to EDPS (Encounter Data Processing System) transition.
* Designed wire frames, screen mock-ups and Graphical User Interfaces (GUI) for client’s worker portal.
* Prepared use cases and data flow diagrams in Rational Jazz, MS Visio and MS Word to analyze the impact of ICD 10 diagnosis codes embedded in different systems and applications.
* Prepared and maintained requirements traceability matrix (RTM) throughout the project lifecycle.
* Worked closely with project manager and team leads to coordinate resources and document cost estimates throughout the project.
* Worked with PBMs (Prescription Benefit Managers) to monitor prescription safety across several pharmacy networks and reviewed formularies. Worked on pharmacy claims processing and facilitated reconciliation.
* Coordinated with Business Project Teams, Business Owner, Application Vendor, Payers and Clearinghouses to bring all processes to a level of execution to mitigate any impact to current revenue flow under the 5010-compliancy requirements.
* Gathered and validated inventory of applications, interfaces, and reports that will need to be modified to comply with ICD-10 requirements.
* Performed Accounts Receivable Data entry with specific involvement in Cash Posting and closely interacted with Revenue Cycle Management team.
* Worked closely on 837 I/P transaction code for Health care claims for 270/271 (health care benefits and eligibility), 276/277 (Claims Status), 835 (Payment/Remittance advice), 834 (Benefits Enrollment) EDI transactions.
* Designed and developed Business Rules document about the Claim Component and HIPAA.
* Created business workflows on the claims module for the client to get a better understanding of the software and prepared a detailed BRD including all functional and non-functional requirements.
* Performed the Gap analysis of the earlier systems, generated a detailed Requirements document describing new system architecture through Use Cases and Activity diagrams. Specifications, Documentation and Construction of systems heavily relied on UML.
* Assisted in designing and implemented SQL queries for QA testing.
* Assisted in preparing weekly action report & QA feed back to QA team & Manager.
* Assisted in Development of test scenarios and implemented test plans for Product test, Integration test, System test and User Acceptance Test (UAT).
* Identified all risks associated with the project and gave suggestions for mitigating the impact the identified risk posed to the business.

**Environment:**MS Project, MS Office, Rational Requisite Pro, Clear Case, Clear Quest, Jazz. Facets 4.11

**Client: WellStar Health System, Marietta, GA Feb 2014-Feb 2015**

**Role: Senior Business Analyst**

Worked on the conversion of ICD-9 PCS (Procedure Coding System) codes to ICD-10 codes and implemented transactions of HIPAA X12N-5010 version and prepared necessary supporting mapping/crosswalk documents as part of project deliverables.

**Responsibilities:**

* Prepared documents for Business Requirements Document (BRD), Systems Requirements specification (SRS), High Level Design Documents (HLDD), and traceability mapping / matrix with the assistance from the business group, and the IT team members.
* Designed functional requirements for Institutional and Professional claims for EDI and HIPAA Transactions 837/835, 834.
* Assisted in system testing of the Claims processing systems (Pricing Rules, Duplicate/Limits validation, Member Eligibility, Provider Enrollment, et al).
* Facilitated in testing for Medicare, Medicaid and X-Over claims for Medicaid Management Information System (MMIS).
* Prepared graphical depictions of Use Cases, Use Case Diagrams, State Diagrams, Activity Diagrams, Sequence Diagrams, Component Based Diagrams, and Collateral Diagrams and creation of technical design (UI screen) using Microsoft Visio.
* Conduct complex documentation and user needs analysis.  Worked with team and staff to develop HL7 integration.
* Assisted JAD sessions to identify the business flows and determine whether any current or proposed systems are impacted by the EDI X12 Transaction, Code set and Identifier aspects of HIPAA.
* Developed the strategy for developing and implementing new EDI (HL7 and X12) interfaces and converting historical clinical data.
* Conducted business-impact assessment and the results were compared with the new HIPAA 5010 standards to determine the current level of compliance and developed an action plan for approval by the project steering committee.
* Developed plan for data feeds and data mappings for integration between various systems, including XML, to follow ICD 10 Code set and ANSI X12 5010 formats.
* Conducted Gap Analysis, and Gathered User Requirements by interviews, user meeting, JAD session, and Requirement Elicitation Sessions.
* Utilized corporation developed Agile SDLC methodology. Used ScrumWork Pro and Microsoft Office software to perform required job functions.
* Assisted to develop the Test Plan, Test Cases and Test Scenarios to be used in testing based on BusinessRequirements, technical specifications and/or product knowledge.
* Assisted in Regression Test, System Test, and UAT.

**Environment:**Windows 2000/XP, HL7, Microsoft Office SharePoint 2007, JIRA 6.3, Rational Requisite Pro, MMIS, MS Office, SQL Server 2005,MS Project, MS FrontPage 2003, MS Access, HP Quality Center.

**Client: WellPoint, Inc., Richmond, VA Jan2012- Dec 2013**

**Role: Business Analyst**

WellPoint is the nation's leading health benefits company serving the needs of approximately 35 million medical members nationwide. The project at WellPoint was a data warehousing project which included the warehousing of data from FACETS source systems into the target data warehouse.

I worked as a business analyst for the warehousing of FACETS source system data.Second project was upgrading an existing EDI system (4010-5010), to use for dual purposes. The second work is to create an affordable 5010 desktop solution for Providers.

**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.
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet portals. This includes HIPAA 4010: 837, 835, 270/271, and others. Provided healthcare provider problem resolution.
* Completed several HIPAA 4010 and 5010 Projects, included Medicaid and Commercial entities.
* Determined eligibility benefits for customers with EDI Health Care Eligibility/Benefit Inquiry (270)
* Authored Data flow diagram, sequence diagrams and business process models that describe how the EDI Health Care Claim Transaction set (837) is used to submit health care billing information and encounter.
* 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.
* Utilized the knowledge of Facets system to perform the data warehousing of Facets system data into Teradata.
* Conducting business validations covering the following deliverables: Facets Providers, Facets Claims and Facets Membership areas.
* Involved in identifying and studying the FACETS system data and field-by-field analysis of Facets system for the attribute mapping purpose.
* Analyzed the data in the Facets source system to map into the correct field and attribute in the target storage.
* Conducted interviews with management team and other stakeholders.
* Conducted and participated in the JAD session with the SMEs and project team members.
* Worked as a liaison between the business and technical side to convey the business needs to the system architects.
* Performed the detail comparison between HIPAA 4010A and 5010 especially in regard to EDI 837.
* Requirements gathering in compliance with HIPAA 4010 and 5010 standard.
* Participated in weekly status meetings to present status and incorporate any digressions from the original scope.
* Carried out a thorough target data model assessment and risk analysis.
* Involved in cross-functional teams, developing new ways to boost efficiency and delivering results in a fast changing environment to achieve company goals.
* Participated in the walkthroughs and meetings specifically for Claims and Membership modules.
* Coordinate with Development and Business team to develop high level Business and Technical documents.
* Involved in the development of Business and Technical Requirements Document (BTRD) and Business System Design (BSD) document for the project.
* Designed Use Cases using UML and managed the entire functional requirements life cycle using SDLC.
* Created and managed project templates, Use Case project templates, requirement types and traceability relationships in Requisite Pro.
* Assistedand worked with the clients on the verification process for the requirement phase documents and assisted in Regression Test, System Test, and UAT.
* Implemented Standardized process throughout the Software Development Life Cycle (SDLC)

**Environment:** Windows XP, Unix, Facets 4.7, Rational Requisite Pro, MS Office, MS Visio, UML, Informatica, Mainframe, Teradata 12.0, IMS, SDLC

**Client: Centura Health, Denver, CO Oct 2010 – Oct 2011**

**Role: Business Analyst**

Centura Health is a non-profit, faith-based health care system based in Colorado. The Centura Health network, Colorado's largest, employs more than 17,100 people and 6,000 physician partners across Colorado and western Kansas and includes hospitals, clinics, urgent cares, physician practices and other health care facilities. The project was about making a business assessment to determine readiness of the Centura Health to comply with the HIPAA 5010 standards.

**Responsibilities:**

* Facilitated interview sessions to identify business rules and requirements and then documented them in a format that can be reviewed and understood by both business and technical stakeholders.
* Understood and articulated business requirements from user interviews and then converted requirements into functional specifications. Created targeted Questionnaires to gather requirements.
* Worked on Agile Methodology (Scrum) for creating and developing Business Requirement, Functional Requirement, design, implementation and validations.
* Implementation of HIPAA 5010 from old standard HIPAA 4010 by assessing the gap in business process and technical aspects.
* Assisted to determine readiness to comply with the HIPAA 5010 standards
* Conducted JAD sessions with the system owners and different team leads to analyze requirements.
* Worked with the team of developer on technical requirements and issues.
* Used detailed knowledge of the application features and functionality to assess the scope and impact of business needs throughout the analysis and completion of the enhancement specifications.
* Worked as a liaison between various teams for effective resolutions of the issues and to facilitate the process.
* Followed a structured approach to organize requirements into logical groupings of essential business processes, business rules, information needs and insured that critical requirements are not missed
* Coordinated activities between business unit and technical staff, developed new methods, policies, and procedures to meet the business needs.
* Analyzed and translated business requirements into system specifications utilizing UML and RUP methodology.
* Prepared Functional Requirement Specifications (FRS) employing Use case scenarios, sequence diagrams, DFDs and class diagrams.
* Identified and clearly defined functional issues and supported IT development staff throughout the design, development, unit testing, and implementation phases of the software development life cycle.
* Documented the Requirement Traceability Matrix for tracing the Test Cases and requirements.
* Assisted the QA Team with the Test Plan. Also worked on different types of testing in different environments e.g. UAT, testing including regression, parallel, load runner and many of other testing techniques.
* Assisted on Defects management including analysis, retesting, verifying, and approving process.

**Environment**:

MS Office, Project, Visio, SharePoint, HP Quality Center, Oracle 10g, Java

**Bachelors in Business Administration**

**Reference: Upon request**