**Professional Experience**

* Over Six years of experience as a Business System Analyst in Healthcare Insurance Industry.
* Excellent understanding of the **Software Development Life Cycle (SDLC)** methodologies including **Rational Unified Process, Agile, Scrum and Waterfall**.
* Experience in health information and health care services regulatory environment including **HIPAA, Medicaid/Medicare, EDI and XML**
* Good understanding of **Healthcare** **Claim Processing, Health Care plans, HIPAA**, Facets.
* Highly analytical in developing the methods and measures to meet requirements and solve any issues that arise during a project.
* Very good at understanding and interpreting requirement specifications.
* Highly proficient in writing Business Requirement Documents and Functional/System Requirement Specifications based on user requirements.
* Involved in maintaining **Requirements Traceability Matrix (RTM)**.
* Designed Use Cases, Activity Diagrams, Sequence Diagrams, and Data Flow Diagrams by using MS Visio.
* Extensive use of UML for modeling views in Microsoft Visio, Excellent analytical skills.
* Strong healthcare and Medicaid business configuration experience with focus primarily on **claims adjudication, pricing, provider, member, enrollment, and prior authorization**.
* Possess strong knowledge of healthcare terminology and extensive experience working on healthcare projects. Good understanding of insurance policies like HMO and PPO and proven experience with **HIPAA 4010/5010** EDI transaction codes such as **270/271(inquire/response health care benefits), 276/277(Claim status), 834(Benefit enrollment), 835(Payment/remittance advice), 837(Health care claim)**.
* Expert in understanding and verifying EDI raw data, in both 4010 and 5010 formats.
* Experience working on **HIPAA 4010 to 5010** and **ICD 9 to ICD 10** projects.
* Extensive knowledge of various EDI standards including **American National Standards Institute (ANSI), Accredited Standards Committee (ASC) X12** structures and formats.
* Experience with **TriZetto’s FACETS Application Groups:** Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management.
* Extensively worked with various module of FACETS such as claim, member and provider.
* Prepared client process maps for the consumer, employer and provider transactions for the FACETS process.
* Expertise in Project Planning, Project Design, gathering requirements, creating Functional Specifications, and Data Flow Diagrams.
* Experience in conducting/facilitating Focus Groups Sessions, Stakeholder Interviews, Joint Application Development (JAD) and Joint Requirement Planning (JRP) Sessions for effective requirement gathering.
* Experience in creating documents such as Feasibility Reports, Systems Request, and Risk Assessments.
* Establish documentation as user stories, product backlog, spring backlog, and burn-down chart for **Agile** methodology for implementation with development team.
* Experience in assisting Project Managers in creating Cost/Benefit Analysis Reports.
* Experience in writing **SQL** queries to generate reports.
* Liaison between business stakeholders and technical teams to ensure proper translation of Business Requirements to System Requirements.
* Involved in regular client Interaction to discuss project progress.
* Demonstrated ability to work actively with different Design Tools to create Entity Relationship Diagrams (ERD) and Data Flow Diagrams (DFD).
* Excellent time management skills with the ability to prioritize critical and non-critical duties.
* Motivated self-starter with exceptional team building, leadership, and interpersonal skills.

**Technical Skills:**

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| --- | --- |
| UML Tools | MS Visio, MS Project |
| Requirement Mgmt Tools | SharePoint, JIRA, HP ALM, HP Quality Center |
| Testing Tools | Quality Center, Test Director, Win Runner, QTP, Load Runner |
| Databases | Oracle, Microsoft SQL Server, DB2, MS Access |
| Languages | JAVA, J2EE, SQL, PL/SQL, .NET, Java Script, VB Script, |
| Web Technologies | HTML, CSS, XML |
| Operating Systems | Windows XP/2003 Server/NT, UNIX |
| Others / Reporting Tools | Microsoft Office Suite, Business Objects, Agile, RUP, |

**Professional Experience:**

**CNSI, Rockville, MD Jan 2014 – Present**

**Business Analyst**

CNSI MPEDI team is a part of the Affordable Care Act that has been the HUB for all enrollment and eligibility as well as payment advice transactions with the issuers.  The MPEDI team is a significant component to the successful implementation of the and meeting the goals of The Patient Protection and Affordable Care Act (“ACA”).A state-of-the-art Health Insurance Exchange (“HIX” or “Exchange”) and Integrated Eligibility System (“IES”) was designed to have a scalable architecture that incorporates open standards technology components that covers Provider Data Management (“PDM”) and Medicaid Management Information System “(MMIS”) that can be shared with providers and various businesses. Several Client facing and Internal Portal Applications were designed & implemented to meet the needs to ACA implementation. Also, involved in Trading Partner Onboarding system for CMS.

**Responsibilities**

* Elicited requirements from the business to get clarifications on the business requirements to help System Testers get a better grip on the project.
* Facilitated Joint Application Review and Design sessions (JAR/JAD) sessions.
* Performed risk analysis of the requirements to identify the key business risks areas for the project and prioritized the application development and testing.
* Assisted QA team with the understanding of requirements and bug issues.
* Developed SQL scripts to pull the data from the existing database based on the business rules with the help of the DB and Testing Team.
* Supported various other teams in the project when needed, and scribed a lot of JAD/Kick-Off sessions for fellow BA's.
* Extensively involved in the creation of the RTM document initially done in MS Excel, later moved to ALM to map the requirements with the test-cases and design elements.
* Worked on the X12-834 related activities on the Federally Facilitated Marketplace (FFM) and the Federal data services hub, and other business analysis activities for ongoing development of a HIX program.
* Supported testing activities using the legacy systems such as MMIS.
* Validated the reports and files per HIPAA X12 enforced standards.
* Was part of the transition process from CGI, performing various tasks - attended overview sessions, shadowing and reverse shadowing followed by Knowledge transfer sessions.
* Performed Gap analysis with the help of Business Workflow models and Workflow diagrams to analyze AS-IS and TO-BE scenarios.
* Worked with the Production support team to perform QA on the weekly production denials for Medicaid and printing activities for the appropriate notices.
* Involved in testing the Transactions in EDIFECS Transaction Manager.
* Uploaded Test EDI files via EDIFECS SpecBuilder 5.1 to validate data as per the Requirements.
* Analyzed data using advanced MS Excel (VBA, pivot tables, macros) and Minitab to validate data for the ETL process.
* Monitored projects from initiation through transition and organized interdepartmental or cross-functional team activities and ensuring completion of projects on schedule. Worked on multiple internal projects at the same time.
* Extensively involved in the Triage process.
* Worked closely with Business and UAT groups and provide support during the UAT phase.
* Coordinated project management while participating in project scoping, planning, issue and risk management & mitigation.
* Improved issue tracking by configuring JIRA, an issue tracking tool and helped business prioritize the list of open issues periodically. This allowed the business users to efficiently use time by identifying what is required of IS in the next release prior to deployment of the current release.

**Environment: JIRA, Rational Suite, Quality Center, MS Office Suite, SharePoint, Edifecs SpecBuilder, Edifecs Transaction Management, XEngine**

**MVP HealthCare, Schenectady, NY Apr 2012 – Oct 2013**

**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.
* Participated in daily scrum to summarize what is done and what to be done, also participated in sprint review meeting to demonstrate a working product increment.
* Followed agile scrum methodology throughout the project. Attended sprint planning meeting in order to negotiate product backlog item.
* Involved in FACETS Implementation, involved end-to end testing of FACETS Billing, Claim processing and Subscriber/Member module Worked on health and welfare fund and/or TPA to administer all member benefits and payment.
* Validate the Business-to-Business data exchanges between data exchange partners; validate the internal processing of the MMIS, or other transaction processing system.
* Participated in sprint retrospective meetings, to inspect the team behavior, and backlog refinement meeting to refine backlog items.
* Gathered and documented Business Requirements, created Functional specifications and translated them into Software Requirement Specifications.
* Performed Gap analysis by identifying existing technologies, documenting the enhancements to meet the end state requirements.
* Responsible for checking member eligibility, provider enrollment, member enrollment for Medicaid and Medicare claims.
* Helped create the 'Business Glossary' to facilitate efficient understanding of the business process amongst the other teams.
* Used Joins, Aggregate functions in SQL to work retrieve data and build business scenarios.
* Performed database validation using SQL in UAT phase.
* Closely worked with the Quality Assurance team on defect analysis in claim processing module of MMIS.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Involved in claim adjudication process of FACETS application.
* 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 production Release and Project Success Verification.
* Work with 837 EDI files in 5010 formats to verify the Loops and Segments in the files.
* Migrated data from DB2 environment to SQL Server
* Involved in designing and writing custom code for business, data access and UI layers using core Java.
* Exposed the web services to end clients for their internal consumption using SOAP UI
* Created ICD-9- CM/ICD-10- PCS comparison document and dealt with Diagnosis Related Groups (DRGs). And assist coders to be competent in using ICD-10- CM/PCS.

**Environment: Health Rules UI, Windows, Enterprise, EDI X12N 4010/5010, Facets 4.7 MS SQL Server 2008, Microsoft Test Manager, Visual Studio 2013, SOAP UI, JAVA, WebSphere, API Testing, framework.**

**Aetna Health Care, Hartford, CT Jan 2011–April 2012**

**Jr. Business Analyst**

Aetna is promoting the health and well-being of the residence of Connecticut. A web application was reengineered to make it compliant with the EDI standards. Integration of this web application with the third-party administrator’s applications (TPA) was achieved. The developed application is complaint with the HIPAA standards.

**Responsibilities:**

* Met with client groups to determine requirements and goals. Utilized Rational Unified Process (RUP) to configure and develop process, standards, and procedures and create a Business Requirement Document.
* Responsible for preparing Software Requirement Specification (SRS) and documenting them.
* Established questionnaires and resource leveling required for implementing HIPAA 5010 and upgrading ICD-9 diagnosis codes to ICD-10 codes.
* Involved in the full HIPAA compliance lifecycle from gap analysis, mapping, and implementation and testing for processing of Medicaid Claims.
* Created Process Work flows, Functional Specifications documents and documented system requirements.
* Provide implementation assessment, strategy, and mentoring services for Rational Rose, UML and RUP.
* Interacted with various cross-functional teams on building business use cases, and understanding expenses and revenue stream.
* Working with clients to better understand their needs and present solutions using structured SDLC approach.
* Interaction with the developers to report and correct bugs.
* Developed the systems implementation project management plan with milestones and steps from procurement of vendors to project implementation and maintenance.
* Followed a structured approach to organize requirements into logical groupings of essential business processes, business rules, and information needs. Ensured that critical requirements are not missed.
* Aided management in standardizing web applications by preparing GUI standards and recommending alternatives for incorporation in a phased, iterative manner.
* Interacted with client and the Technical Team for requirement gathering and translation of Business Requirement to Technical specifications.
* Analysis of new Business Requirements and preparation of the Functional Design Specifications
* Interacted with clients like SPF Securities to finalize their website look and contents.
* Analysis of the new requests specified by the end users for the future releases and discussion with the functional and technical teams.
* Communicated changes to requirements promptly and precisely to all personnel involved.
* Identified and clearly defined functional issues and support IT development staff throughout the design, development, unit testing, and implementation phases of the software development life cycle.
* Analyzed and translated business requirements into system specifications.

**Environment: Microsoft Visio, RUP, Rational Tools, OOAD, Mercury Test Director, Rapid SQL, UNIX, Microsoft Excel, Microsoft Word, Microsoft Access, Windows 2000 Professional.**

**Education/Certificate:**

* Bachelorsof Science, UMASS Boston, MA
* Certified Professional Scrum Master I.