Salil

**CAREER SUMMARY**

* 7 years of consistent experience in IT and a seasoned Business analyst with an added advantage of development background in Healthcare domain with good exposure in EDI, Facets, HIPAA & so on.
* Ability to gather and document Business Requirements, experienced in writing Use Cases. Proficiency in SDLC life cycle, understands the workflow concept, ability to gather and document the 'As-Is' and 'To-Be' processes.
* Requirement gathering through interviews, workshops, JAD sessions with clients, developers and QA Analysts and referring to existing system documentation and procedures
* Expertise in EDI and HIPAA Testing Privacy with multiple transactions exposure such as Inbound Claims 834–Membership Enrollment, 837-Institutional, 837-Professional, 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.
* Created EDI files for test cases and verified those files, debugged the errors and corrected them according to the addenda for respective HIPAA implementations.
* Good Understanding of the EDI (Electronic data interchange), Implementation and knowledge of HIPAA code sets.
* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as, 835 / 837 transactions.
* Conducted a session with business, SME and other parties to gather the requirement for the integration of Facets with the providers and other third parties.
* Experienced in gathering and documenting test Scenarios and ability to train users to translate technical requirements and translate them to a business audience
* Experience with FACETS solution for healthcare.
* Understanding of HIPAA Standards and Compliance issues, HIPAA Privacy policy, opt in/opt out policy.
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.
* Experience with health care Systems: FACETS, Medicare Part A, B, C, D, Medicaid systems.
* Worked in a software development IT shop, created quality documentations such as Requirements Documents, Design Document, Test Plan and User Acceptance Test Plans. Self-starter with excellent time management skills
* Strived to understand not just the technical needs of the client but also gained an understanding of the businesses
* Writing Use cases and producing Use Case Model, Analysis model, Behavior diagrams (Sequence diagrams, Collaboration diagrams) and Class diagrams based on UML Methodology & Business process flow diagrams using Visio**.**
* Using Rational Unified Process (RUP), Rational Rose, Requisite Pro, Software Development Life Cycle (SDLC) processes and methodologies
* Writing & documenting Business Plan, Requirements Document, Functional Specification Document, and Test Case
* Defining Test Cases, analyzing bugs, interaction with team members in fixing errors and User Acceptance Testing (UAT)**.**
* Interacted with client regarding project status and feedback on UAT and discussed the information with the development team.
* Preparing User Requirement Specifications (URS).
* Requirement Analysis and preparing Use Cases.
* Strong knowledge of the Systems Development Life Cycle (SDLC) models such as Water Fall
* Identifying and documenting critical requirements through analysis of the department’s workflow and information flow.
* Worked with all stages of testing namely, Integration Testing and System Testing using automated test tools and User Acceptance Testing using manual tests.
* Performed Back End Testing manually using complex SQL Queries.
* Experience in performing end-to-end User Acceptance Testing (UAT).
* Hands on experience with all phases of Software Development Life Cycle (SDLC)
* Knowledge transfers to the design, development and testing teams.
* Extensive experience in implementing QA Methodologies, Test Procedures, Test Plans, Test Cases, Scenarios and Test Deliverables.
* Creating and maintaining the Traceability Matrix Vis a Vis design documents and test cases and doing a Gap Analysis.
* Strong knowledge of SDLC methodologies; RUP, Agile & Waterfall along with the business terminologies.
* Preparing Sample and Test Data.
* Using project management tools like MS-Project for status reporting and planning.
* Creative and aggressive self-starter with integrative thinking skills, capable of forming and maintaining positive and productive working relationships in internal, external, independent, and team environments
* Highly motivated, organized and results and detail oriented with excellent interpersonal, communication and presentation skills. Proven capability of adapting to new and fast changing technologies

**TECHNICAL SKILLS:**

**Project Methodologies:**  Agile, Waterfall, UML, RAD

**Business Modeling Tools:** Rational Rose, MS Visio

**Bug Reporting Tools** Rational ClearQuest, Quality Center, TestDirector

**Requirement Management Tools:** Rational RequisitePro

**Defect Tracking Tools:**  Rational ClearQuest, TestDirector

**Operating Systems:** Windows NT/XP/2000, UNIX

**Quality Assurance**: Software Application Testing Life Cycle

**Business Applications:** MS Project, Microsoft Office Suite, MS Outlook

**PROFESSIONAL EXPERIENCE**

**MVP HealthCare, Schenectady, NY Oct 2014– Present**

**Business Systems 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.
* Performed Gap analysis by identifying existing technologies, documenting the enhancements to meet the end state requirements
* While working on requirements of the 835 HIPAA project, jumped half way in the 820 report project, continued working on 835, 276 / 277 and HIPAA EDI Transactions across enterprise, meanwhile new project initiation of 4010 to 5010 migration began.
* 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) and real time transactions like 270/271/276/277.
* Was responsible for re-engineering and capturing of EDI transactions with legacy systems [Enrollment -834, Eligibility Transaction (270/271), Claims (837), Claim Status Request and Response (276/277), Remittance (835)].
* Performed Migration and Validation per SDLC standards.
* Involved in impact analysis of HIPAA 5010 835 and 837P transaction sets on different systems
* Responsible for checking member eligibility, provider enrollment, member enrollment for Medicaid and Medicare claims.
* 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.
* 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

**Environment:** Oracle, MS Access, Test Manager, EDI, Facets, Java, Clear Quest, Rational Requisite Pro, Clear case, MS Visio, Facets, MS Office.

**Client: Amerigroup, Virginia Beach, VA                  Jul 2012 – Sept 2014**

**Position: Business Analyst**

The project was to implement the conversion of 837 P/835, 27x EDI transactions from 4010 to 5010. I was also responsible for preparing requirements documents for conversion of 834 4010 to HIPAA compliant 5010.

**Responsibilities:**

* Involved in business analysis and project management, coordinating between the team members, addressing budget issues and creating test plans according to the business requirements.
* Worked with the project manager for planning and organizing the project activities, and in communicating with other business center mangers and stakeholders of the project.
* Gap Analysis of client requirements, generated workflow process, flow charts and relevant artifacts.
* Worked with FACETS Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication)
* Involved in claim adjudication process of facets application
* Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system)
* Worked with FACETS edits and EDI HIPAA Claims (837/835/834) processing.
* Assisted the EDI team in the development and documentation of the test strategies for the EDI transactions which included all standard transactions, auditing and error correction processes, and the creation of the transactions.
* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as 270/271, 276/277,837/835 transactions.
* Coordinated with the EDI team in developing and documenting the detailed testing work plans and created the various testing documents for the assigned EDI transactions.
* Profound understanding of insurance policies like HMO and PPO and proven experience with HIPPA 4010 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).
* Defined and documented the vision and scope of the project.
* Gathered requirements, developed Process Model and detailed Business Policies.
* Designed Use Cases using UML and managed the entire functional requirements life cycle using RUP.
* Worked with the project manager to estimate best/worst case scenarios, track progress with weekly estimates of remaining work to do, conducting informal meetings ad hoc and as needed.
* Followed the RUP methodology for the entire SDLC.
* Involved in writing and implementation of the test plan, and various test cases for UAT.
* Initiated, proposed and implemented critical analytical and technical turnkey solutions extensively increasing the quantitative and qualitative value of the application.
* Involved in project planning, coordination and implemented QA methodology.
* Provided overall project management to multiple projects successfully completing them on-schedule and on-budget.
* Worked with FACETS, eBilling and EDI HIPAA Claims (837/835/834) processing.
* Prepared the Business Workflow using MS-Visio with input, output, Pre and Post conditions.
* Enhanced test cases and scripts by adding the required functionality as per the new business requirements.
* Defect Tracking and Bug Reporting was performed using Quality Center.
* Performed manual testing on different modules of the application.
* Worked with Data Sheet to facilitate the automation testing.
* Developed Test Matrix to give a better view of testing effort.
* Verified that the data outputs and transformations between systems remain true and not compromised as systems are bundled together.
* Participated in various meetings and discussed Enhancement and Modification Request issues.
* Attended weekly meeting to discuss progress and modification to test plans due to change in business requirements.
* Tested the HIPPA EDI, 834, 270/271, 276/277, 837/835 transactions according to test scenarios and verify the data with Facets on different modules.

**Environment:** Facets, EDI, Windows 2003, Oracle, MQC , QTP ,MQJ Explorer, Facets Unix, SQL.

**Aetna Healthcare, Southfield, MI Apr2011 - Jun 2012**

**Project: CAMS: Consumer and Account Management System**

**Position: Business Analyst**

Claims DDE project intends a accommodate the HIPPA 5010 standards and enhance the functionalities in their existing product for claims direct data entry. This application has a focus on 837P EDI transactions. This new application would provide the users and providers with much functionality that are not present in their existing product and would also provide opportunities for Emdeon to work with potential customers Payers).

Electronic version of HIPAA 5010 standards including code tables, ICD-10 codes and business rules. I was also involved in preparing the Guideline of migration to prepare the business rules for conversion and from scratch.

**Responsibilities:**

* Involved in business analysis and project management, coordinating between the team members, addressing budget issues and creating test plans according to the business requirements.
* Involved in preparing “BRD” Business requirement Documents for 5010.
* Prepared “FSD” functional specification document for 5010 from 4010A and changes in ICD 9 to ICD 10.
* Performed the detail comparison between 4010A and 5010 to identify differences across loop Structures.
* Initiated with a comparison report of migration of 4010 to 5010, file270 Eligibility, Coverage or Benefit Inquiry vs.270 Eligibility, Coverage or Benefit Inquiry.
* Analyzed and mapped different data sets from system with the new MMIS system.
* WriteUse cases and producing Use Case Model, Analysis model, Behavior diagrams based on UML Methodology &Business process flow diagrams using Visio.
* Involved in impact analysis of HIPAA 5010 835 and 837P transaction sets on different systems
* Worked with the project manager for planning and organizing the project activities, and in communicating with other business center mangers and stakeholders of the project.
* Gap Analysis of client requirements, generated workflow process, flow charts and relevant artifacts.
* Created Plans and Strategies for State of Massachusetts to streamline their Systems including EDI Transactions so they are able to pass through the EDI Gateway.
* Assisted the EDI team in the development and documentation of the test strategies for the EDI transactions which included all standard transactions, auditing and error correction processes, and the creation of the transactions.
* Coordinated with the EDI team in developing and documenting the detailed testing work plans and created the various testing documents for the assigned EDI transactions.
* Recommended ways and workarounds for HIPAA 5010 (EDI X12 837,834,278,270) upgrades.
* Defined and documented the vision and scope of the project.
* Gathered requirements, developed Process Model and detailed Business Policies.
* Designed Use Cases using UML and managed the entire functional requirements life cycle using RUP.
* Worked with the project manager to estimate best/worst case scenarios, track progress with weekly estimates of remaining work to do, conducting informal meetings ad hoc and as needed.
* Performed gap analysis for migration of HIPAA transactions from 4010 standard version to 5010 standard version.
* Involved with the coders in evaluation of CPT and ICD-9 codes to ensure that the diagnosis meets medical necessity for the specific CPT code.
* Performed impact analysis for readiness of ICD-10 conversion
* Followed the RUP methodology for the entire SDLC.
* Involved in writing and implementation of the test plan, and various test cases for UAT.
* Worked with all Facets Provider of software development from requirements gathering to testing, configuration and international deployment.
* Followed Workgroup for Facets Electronic Data Interchange standards for testing that need to comply with the HIPAA guidelines.
* Involved in project planning, coordination and QA methodology in the implementation of the Facets in the EDI transaction of the claims module.
* Worked on developing the business requirements and use cases for Facets batch processes; automating the billing entity and commission process
* Initiated, proposed and implemented critical analytical and technical turnkey solutions extensively increasing the quantitative and qualitative value of the application.
* Involved in project planning, coordination and implemented QA methodology.
* Provided overall project management to multiple projects successfully completing them on-schedule and on-budget.
* Worked with FACETS, eBilling and EDI HIPAA Claims(837/835/834) processing .
* Prepared the Business Workflow using MS-Visio with input, output, Pre and Post conditions.
* Enhanced test cases and scripts by adding the required functionality as per the new business requirements.
* Defect Tracking and Bug Reporting was performed using Quality Center.
* Performed manual testing on different modules of the application.
* Worked with Data Sheet to facilitate the automation testing.
* Developed Test Matrix to give a better view of testing effort.
* Verified that the data outputs and transformations between systems remain true and not compromised as systems are bundled together.
* Participated in various meetings and discussed Enhancement and Modification Request issues.
* Attended weekly meeting to discuss progress and modification to test plans due to change in business requirements.

**Environment:** MS Visio, Rational Requisite Pro, MS Project, RUP, UML, MS Office, Facets, Windows 2000, SQL.

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| **Client :Delta Dental, Lansing, MI Dec 2009 - Mar 2011**  **Position: Business Analyst** |  |

Delta dental Lansing is a not-for-profit organization, with some for-profit affiliates, that offers a nationwide system of dental health benefits for a wide range of employers. As a rapidly growing organization, Delta Dental had embarked on a number of initiatives to enhance and streamline their current operations.

As a business analyst, I was involved in automating and streamlining claims processing and reporting to reduce manual intervention, decrease processing times and enhance customer satisfaction. The underwriting system was also enhanced to include an automated workflow for risk assessment and auto-underwriting of standard cases.

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| **Responsibilities:** |

* Functioned as a primary liaison between the business line, operations and technical areas throughout the project cycle.
* Worked with PMs and other team members to manage scope and identify key risk factors.
* Studied and assessed the client’s current systems and processes.
* Understood all aspects of a claims processing lifecycle starting from identifying a claim right up to closure.
* Investigated, understood and analyzed the current underwriting and disparate manual sales process.
* Examined various bottlenecks and points for automation to streamline the claims processing, underwriting and pre- and post-sales process.
* Organized meetings and led JAD sessions to ensure legal and compliance deadlines of CMS (Centers for Medicare and Medicaid Services) are met.
* Worked with key members from various cross-functional teams to analyze various third-party CRM solutions to make a ‘buy versus build’ decision. Conducted cost/benefit and impact analysis.
* Worked proactively with SMEs, business users and other team members to identify business rules and calculations.
* Conducted Gap analysis and extensive data analysis.
* Gathered requirements around customization of salesforce.com pertaining to dashboards, reports, custom fields and custom-built applications such as Quotes/RFPs.
* Assisted in building business process analysis model using MS Visio.
* Designed and developed workflow diagrams, activity diagrams, sequence diagrams and use cases.
* Wrote detailed business requirements document. Derived functional specification and system requirements from business requirements.
* Generated templates and system requirements specification document for various reports. This included understanding and identifying data table formats, fields, data types and data formats.
* Coordinated with team members to write test plans and test cases.
* Established a traceability matrix to keep track of various requirements and ensuring that each requirement was developed and tested.

**Environment:** MS Visio, Rational Requisite Pro, MS Project, RUP, UML, MS Office, Windows 2000, SQL.

**Client: Wachovia Corporation, Charlotte, NC                          Jan 2009 - Oct 2009**

**Position: Business Analyst**

Wachovia Corporation is one of the largest providers of financial transaction processing services. The project I involved was the automated credit card and billing application system. The aim of project was to implement an automated solution to process new credit card applications and implement centralized billing system. The system performs all the functions of credit card processes such as Marketing, Payment, Getting Bureau Report and Transaction summary.

**Responsibilities:**

* Conducted one to one interviews with Portfolio Manager to gather Business Requirements and was involved in the documentation of Business Requirement Documents.
* Assisted the Project Manager in setting realistic Project expectations and in evaluating the impact of changes on the organization and plans accordingly and conducted Project related presentations.
* Identified internal and external system Requirements, design and configuration set-up.
* Developed strategic partnerships with the Business units to develop a solid knowledge base of the Business line, including the Business Plan, Products, and Process.
* Translated the Business needs into system Requirements, communicating with the Business on a broader scale and with an in-depth view.
* Designed and developed Project document templates based on SDLC methodology.
* Developed Business Requirement Document as well as High-Level Project Plan.
* Functioned as the primary liaison between the Business line, operations, and the technical areas throughout the Project Cycle.
* Developed Functional Specification Document and Supplementary Specification (non-functional) Document.
* Participated in the Logical and Physical Design sessions and developed Design Documents.
* Worked with developers to make sure that they understood the Use Cases.
* Designed and implemented basic SQL queries for QA Testing and Report / Data Validation.
* Partnered with the Technical Areas in the research and resolution of System and User Acceptance Testing.
* Worked with Quality Control Teams to develop Test Plan and Test Cases.
* Develop User Manuals, and Training Manuals as per Project Specifications and timelines.

**Environment:** Windows NT, SQL, Requisite Pro, Oracle, Quality Center, MS-Visio, Rational Unified process

**EDUCATION:** Bachelor's in Computer Science