## SUMMARY

* 6 years of consistent experience in the following areas: Ability to Elicit, Analyze, gather and document Business Requirements, System Change Document, Functional Specification, 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'/’Go-To’** processes
* Requirement gathering through interviews, workshops, **JAD** sessions with clients, developers and **QA** Analysts and referring to existing system documentation and procedures.
* Worked in a full software development life cycle, created documentations such as **Requirements Documents (Business, Functional and Technical), Process flows, Design Documents, data mappings, Test Plan, Change Request documents** and **Deployment packages** Plans.
* Strong knowledge of **X12** format files and its structures including **Loops**, **Segments** and **Data** **Elements**.
* Proficient in file **data** **analysis** to verify the file received or the file to be sent are in sync with the **companion** **guides**.
* Strong experience with different project methodologies including **Agile-Scrum Methodology, Waterfall, Modified-Waterfall.**
* Strong Knowledge and experience of **EDI** transactions, **ASC X12** Transaction sets: **834(Benefit Enrollment and Maintenance)**, **820(Premium Payment for Insurance Products) 270/271(EOB/EOB Response), 276/277(Claim Status/Claim Status Response), 835(Remittance Advice and notifications), 837’s(Claim) along with proprietary layout files**
* Experience in working across multiple business discipline (**Medicare**, **Medicaid**, **Commercial** **plans**), and platforms.
* Extensive data validation using **SQL** on the back end applications.
* Proficient with various modules of **FACETS** applications.
* Creative and aggressive self-starter with solid thinking skills, capable of forming and maintaining positive and productive working relationships in internal, external, independent, and team environments
* Expertise in Bug reporting tools such as **SharePoint Defect Tracking, Quality Center**
* Proficient in **manual** and **automated testing** of applications on **Windows** and **Unix** environment

# **TOOLS**

* **Methodologies:** Waterfall, Agile SCRUM
* **Requirements Management:** Requisite Pro, Sharepoint, MS Office Suite
* **Business Modeling:** MS Visio, Rational Rose
* **Platform:** Windows, UNIX
* **Applications:** FACETS 4.71, Mainframe
* **Databases:** Oracle, MS Access, MS SQL Server
* **EDI Tools:** Foresight HIPAA Desktop Validator, Claredi, UltraEdit, Filezilla.

**EDUCATION**

**MBA, Texas Womens University, Denton, TX**

## PROFESSIONAL EXPERIENCE

**Xerox, Sacramento, CA July 2013 – Nov 2014**

**Business Analyst**

At Xerox, I have worked on **ICD 9** to **ICD10** readiness project. **Xerox** has partnered with the State of California in implementing the ICD10 codes. Xerox will be utilizing the current mainframe application and process their claims using the **General Equivalency Mapping** to populate the rate with the ICD 10 code. As a Business analyst, my job included mocking up the claim files, manually entering the ICD 10 codes and making sure all of the impacted area has the correct rate, data populated to ensure the payment accuracy.

* Analyzed the requirements for **GEM testing**.
* Worked on testing and confirming **ICD 9** to **ICD 10** conversion Rules.
* Tested **HIPAA 5010** standards for **837P** and **837I** **EDI X12** transactions, related to providers, payers, subscribers and other related entities.
* Tested the data mapping for the **ICD 10** to **ICD 9** rate conversion rules
* Tested the system to populate the value of the ICD indicator on the Monthly Remittance Activity File for the **Healthy Family Program**.
* Tested claims files types **Pharmacy**, Long-Term Care, **Inpatient**, **Outpatient** and **Dental**.
* Tested the system to populate the submitted ICD primary diagnosis code on the Monthly **Remittance Activity File** for Healthy Family Program.
* Tested the population of 7 alphanumeric characters for ICD primary diagnosis code.
* Tested the system to ensure data are being populated in various conditions such as: if the submitted ICD-10 primary diagnosis code in the submitted ICD primary diagnosis code field and the cross walked ICD-9 primary diagnosis code in the processed primary diagnosis code field when the submitted code is an ICD-10 primary diagnosis code.
* Populated the submitted ICD-9 primary diagnosis code in the submitted ICD primary diagnosis code field as well as in the processed primary diagnosis code field when the submitted code is an ICD-9 primary diagnosis code.
* Populated spaces in the submitted ICD primary diagnosis code field as well as in the processed primary diagnosis code field when ICD primary diagnosis code is not submitted.
* ICD 9- ICD 10 **Conversion Analysis** –Worked in the analysis of the ICD 9 - ICD10 codes.
* Wrote the test cases from use cases and FRD for ICD9 - ICD10 upgrade.
* Verified the test cases after the codes changes in different tables associate with ICD9 - ICD10 changes.
* Uploaded the **diagnosis** codes, **procedure** codes to the related tables in test environment to verify the changes related to ICD9 - ICD10 changes.
* Performed negative testing to ensure the system does not accept the ICD 9 code when the ICD 9 code flag is executed.
* Participated through out the testing life cycle.

**Environment:** Windows XP, Oracle, Java, Mainframe, Clear Quest, MS Office (MS Excel, MS Access, MS Word, MS Power Point), MS Visio, .Net, Quality Center, SDLC

**Coventry Healthcare INC, Downers Grove, IL Feb 2012 – June 2013**

**Business Analyst**

Coventry Health Care is a diversified managed health care company that offers a full portfolio of risk and fee-based products, including Medicare Advantage and Medicare Part D programs, Medicaid managed care plans, group and individual health insurance, coverage for specialty services such as workers’ compensation, and network rental services. At Coventry, I was involved in production readiness for 837 files in multiple environments. I was also responsible for gathering Business Requirements and conducting Risk Analysis/Impact Analysis.

* **Gathered requirements** from stakeholders for provider management and member management.
* Modeled the **‘as-is’** process flow and the **‘to-be’** process flow and **analyzed the gap** and **developed** the **action steps to fill the gaps**.
* Conducted **Risk analysis** and developed **mitigation plans.**
* Conducted **Impact analysis** when there is any change in the requirements and updated the Business Requirements Document (**BRD**) and Systems Requirements Specification (**SRS**).
* Developed the User Interface (**UI)** prototypes to capture and validate requirements and spike solutions to the current problem.
* Designing **Functional Specifications** for the target physical database.
* Developed **UAT** test cases associated with the functional requirements.
* Maintained a **weekly status report** for the requirements team and incorporated the same to the **PMO** **status reports** send to **CMS**.
* Analyze **EDI –X12** data elements captured by the existing system to validate it against the data elements required for new system.
* Participated in developing **test plan, test scripts,** and **test scenarios** and **designed user documentation**.
* Worked with BA Lead in reviewing the System Change Documents (SCDs) to identify the differences of IDX LIVE and IDX RM environment.
* Generated difference reports based on pre-run and post-run AP reports.
* Regenerated report (if required) using IDX EDI Automation report regeneration tool.
* Converted HIPAA 835 and 837 X12 file format into flat file by using UltraEdit, EDI Environment Management Tool (EEMT), and dropping the files on SeeBeyond.
* Produced member eligibility and valid provider extracts using Emdeon Office.
* Ran files through HIPAA validator tool, Claredi to identify the errors.
* Ran accept, reject, and pended cafes using IDX LIVE and IDX RM and used BeyondCompare to identify the differences.
* Created ERAs and HIPAA 835 and HIPAA 837 Outbound files using EDI Queue Manager, and EDI EOB Run Manager.
* Closed the runs for the current Release and generated email, reports, and other necessary documents for the upcoming Release.

**Environment: Windows 2003/2010, Citrix, IDX LIVE, IDX RM, MS Office suite, MS Outlook, MS Visio, MS SQL Server, SharePoint, HP ALM, ClarEDI, BeyondCompare, SeeBeyond, UltraEdit, EDI Environment Management Tool.**

**CNSI, Rockville, MD Jan 2010 – Dec 2011**

**Business Analyst**

Based in Rockville, MD, CNSI partners with several health insurance companies, State Medicaid and implements the IT solutions. The project I was involved in was the platform migration of HIPAA 834 5010 version of the file. As a Business Analyst, my job was to design and test the solution to convert the X12 file into flat file, select the required data elements and load the file to ensure the correct fields are being populated on the front end. I have worked in testing both the translator and the front end and have been involved in end-to-end testing of the HIPAA 834 files.

* Performed gap analysis between **HIPAA 4010 834** and **HIPAA 5010 834** Companion Guides
* Performed thorough analysis of the companion guides from each trading partners both **Medicaid** and **Commercial** clients and identified the changes that specific clients need.
* Reviewed with business owners to identify **data** requirements and business rules based on the changes within the **5010 834** transaction set
* Prepared **Requirement Traceability Matrix, Functional Specification, System Change Documents, Technical Specification Documents, As-is** and **To-be** flows for the entire conversion process.
* Worked with the commercial business owners as well as the state representatives in process of gathering the requirements.
* Maintained the dual usage functionality in order to received the **4010** formatted files for the clients who are not ready to switch to **5010** and **5010** formatted files that are willing to switch to **5010**.
* Performed System Testing for the **X12** formatted data that gets translated to the **flat file** through **translator**.
* Validated the positions and the characters after the data gets translated through **SeeBeyond**.
* Set-up the trading partners for receiving either **997(Functional Acknowledgement)** or **999(Implementation Acknowledgement)** and not both.
* Performed requirement analysis between **HIPAA 5010 834**-file load legacy process and the to-be process.
* Performed impact analysis of other enrollment processing systems to determine potential scope/impacts.
* Mapped the data according to the client requirement.
* Extensive data validation on the back end using **SQL** queries to verify the data has been loaded in the correct tables.
* **SQL** output comparison between the **legacy process and the** modified **5010** process.
* Used **SQL** queries to validate the load of the data to the correct column in an existing table and the newly added tables.

**Environment: Windows 2003, Citrix, Toad, MS Office Suite, MS Outlook, MS Visio, MS SQL Server 2007, .Net, SharePoint library, SharePoint Defect Tracking Tool.**

**JP Morgan Chase, Lewisville, TX Sept 2008 – Dec 2009**

**Business Analyst**

The project was aimed at enhancing **Access Next Generation (ANG)**, a suite of cash management tools offered to high net-worth clients like leading financial institutions and hedge funds. It provided users the ability to access the Report Center to view and manage Cash Reports for a specific or multiple account(s). Users can prioritize, customize, edit, schedule, share and delete reports.

**Responsibilities:**

* Implemented Agile for application development with its various workflows, artifacts and activities.
* Interacted with the business and management team to determine business needs and develop required reports.
* Involved in modeling and documenting the end user business process.
* Analyzed the scope of the project and worked with business team in creating Business Requirement Document, Software Requirement Specification, Use Cases and workflows.
* Performed GAP analysis between the legacy system workflows and the new system to identify the functional changes required to the new system.
* Analyzed the criticality of business and impacts by working closely with internal and external clients, stakeholders, team, and end-users in order to identify system, its operational requirements and, improvements that needed to be implemented.
* Participated in Planning and initiation phase and thoroughly discussed about feasibilities, implementations,
* Involved in the creation and maintenance of the Workflow plans using MS Project.
* Got insight from SME’s and team BA’s about creating an optimum system.
* Interacted with key stakeholders and Development leads for designing the cost effective consolidated system to make sure that the requirements are met.
* Conducted Joint Application Development (JAD) sessions with stakeholders throughout SDLC to resolve open issues.
* Documented the elicited business requirements after thorough research as well as making sure that these requirements would add value to the business and translated them into Functional Requirements accordingly using Software Engineering Process. (Internal process).
* Conducted regular meetings with the Project Manager, development and testing team to better understand system functionality in order to improve quality.
* Assisted development and testing teams in executing complex SQL queries.
* Using SQL to develop complex Oracle DML scripts and automating validation scripts.
* Utilizing relational databases including Oracle, MS SQL, DB2, and MS Access.
* Interacted with end user in understanding operational process and assisted the Technical Team in creating training manuals and user guide.
* Worked with QA team to design test plan and test cases for User Acceptance Testing (UAT) and Back End Testing.
* Perform migration of client and user data from legacy Classic platforms to Access Next Generation platforms.

**Environment**: Agile- Scrum**,** Version One, UML, MS Office (MS Word, MS Excel, MS PowerPoint, MS Visio), HP-QC, HTML, SQL, DB2, and SharePoint.