**PROFESSIONAL SUMMARY**

* Business Analyst with 8+ years of experience in Healthcare and Insurance industry.
* Extensive experience in Requirement analysis, Business Modeling, and Use Case development using UML methodology.
* Knowledge of the System Development Life Cycle (SDLC), Waterfall, Agile (Scrum) and RUP methodologies.
* Good understanding of health care industry, claims management process and Medicaid and Medicare Services
* Using Facets for various health insurance areas such as enrollment, member, Products and other FACETS related modules
* Experience in testing Facets applications and EDI transactions
* Experience working on 4010 and 5010 HIPAA implementation guides relate to Claim Testing and Medical Billing on Windows, Web and Mainframe platforms.
* Good knowledge of Data warehousing concepts like ETL using various methodologies and tools like Data Stage, Informatica Data Quality and Power Center.
* Experience with Reimbursement Mythology for inpatient and outpatient
* Experience in partaking Joint Application Development (JAD) sessions.
* Processed and priced APR DRGS were linked to Mainframe Platform Systems.
* Experience in developing Use Case diagram, Class diagram, Activity diagram and Sequence
* Involved in maintaining Traceability Matrix, performing GAP analysis.
* Experience in Conducting User Acceptance Testing
* Ability to work in any environment and meet project deadline
* Experience using MS Share Point
* Ability to execute mid to advance level SQL queries, sub-queries and multiple joins.
* Knowledge of the EDI transaction sets such as 837, 834, 835, 270, 271, 276, 277
* Good Understanding in health care organization such as PPO, HMO,POS

**SKILLS**

Methodologies: UML, RUP, Waterfall, JAD, Agile

Database: SQL, Oracle, MS Access

Requirement Tracking Tools: Rational Requisite Pro, Test Director, Quality Center

Office Tools: MS Word, Excel, PowerPoint, Outlook

Modeling Tool: Microsoft Visio, Rational Rose

**PROFESSIONAL EXPERIENCE**

**Computer Guru Inc. (Massachusetts) (Jan 2014 – Present)**

**Sr. Business Analyst**

Main Objective of the project is to replace the (CRMS) Care Resources Management Software with a more viable and effective tool that supports NCQA Certified HEDIS Reporting System, Medical Informatics (Quality Intervention, Care Gaps) and Provider Reporting Hierarchies.

I was involved in Mapping WellCare’s Lab Tests, RX Claims and Medical Claims file, Member and Provider Hierarchy layout to the Vendor’s file, Doing Data Analysis, Gathering Business Requirement through vendor’s interaction and Implementing Solutions.

**Responsibilities:**

* Followed up with the Subject Matter Experts to ensure proper mapping were done from source extract
* Used ETL Process Flow Diagram for Data Mapping of file layout
* Collaborated in Join Application Development of the Lab Test, Claims, Member, Provider, Facility Affiliation files.
* Involved in Provider reporting based on the encounter data to filter and group metrics as well as set security options for users
* Responsible for conducting annual medical record reviews at provider offices for all lines of business including Medicare, Commercial, and Medicaid with emphasis on completeness of medical documentation, HEDIS measures, preventive screenings, and adherence to clinical practice guidelines.
* Manage and compile retrieved, collected and abstracted medical records to support reporting of HEDIS measures.
* Performed Data Analysis and Data Validation by writing complex SQL queries using Teradata and SQL Assistant.
* Designed and developed Project document templates based on WATERFALL & AGILE methodology.
* Involved in estimation of data sets as well as historical data provided as part of new tool implementation
* Involved in Data Analysis for the data warehouse and data mart system for the process of report generation of the data.
* Implemented Reimbursement for the payment system with home health resource groups and monitored provider payment
* Made product adjustment for low utilization payment based on member eligibility, date of service, benefit plan and co-payment
* Executed SQL queries to test the database for records that detect and submit functional acknowledgement and remittance advice in the claims application.
* Assigned tasks among development team monitored and tracked progress of project following agile methodology.
* Identified National Provider Identifier used in representation in provider file
* Wrote requirement for primary care physician NPI used in the member file
* Estimated volume of data provided in initial implementation as well as the ongoing monthly feed.
* Worked with developers in understanding business process and data mapping logic of target tables
* Utilized Agile to configure and develop processes, standards, and procedures.
* Write SQL code to extract data from various systems.

#### Involved in data integration of Members, Provider Types, Lab Tests, RX Claims and Medical Claims and implemented 5010 data into data processing.

#### Used SQL queries to extract, do counts and retrieve the data for Data Validation and Verification

* Manage sprint cycle and product backlog.
* Mapped ICD 9 – ICD10 data for application development
* Provided support with ICD 10 support for product deployment
* Involved in Requirement Traceability Matrix to trace back Requirements to Use Case
* Worked with Data warehouse SME to perform data validation

#### Performed Gap Analysis on File Layout Specification versions

**Medco Health Solutions (New Jersey) (Oct 2012 – Dec 2013)**

**Data Analyst/Business Analyst**

Medco Health Solutions is in the business of Pharmacy Benefit Management (PBM). Claims processing is an integral part of Medco Health’s PBM business. It is one of the most important functions that occurs within the company and encompasses all aspects of Retail and Home Delivery claims processing. In addition to claims adjudication, the claims processing section also includes detailed descriptions of additional services like third party adjudication, claims history, coordination of benefits, Medicaid claims processing and claims level adjustments. I was involved in test management of Copays for Retail and Home Delivery claims for various clients. The purpose of the project was to produce statistical analysis of incoming customers data.

**Responsibilities:**

* Involved in various meetings with business user and SME to define Business Worked as the communication line in between the technical groups and the business group
* Participated JAD sessions to complete the prerequisite for the Business Requirement
* Discussed, Interpreted and redefined the Business Requirement for testing effort
* Created Use Case, Sequence, Activity and Entity-Relation Diagrams to illustrate for testing effort
* Conducted Gap Analysis for the Current and future process
* Ran query to identify multiple providers from effective and term date of the prescriber at the time of service
* Conducted user interviews, gathered requirements, analyzed the requirements using Agile methodology and documented the requirements using Rational Requisite Pro.
* Wrote SQL code to extract data from various systems, scrub the test data to suit testing needs and re-process new claims in the new systems.
* Defined physician groups to represent all Providers and Specialist use for data mart to enhance performance through reduce complexity
* Performed Data Analysis for multi-carrier data feed
* Utilized corporation developed Agile SDLC methodology, successfully carried out the role of SCRUM MASTER.
* Wrote requirement document for Data Extraction, Data Analysis and Loading process of collected data as a part of data mapping procedures.
* Assisted in maintaining and managing test timelines
* Working knowledge of implementing software development projects using methodologies such as Waterfall, Rational Unified Process, Agile/Scrum.
* Tested data to check HIPPA eligible & participation check for individual coverage Investigated application bugs, reported & tracked testing process using the bug-tracking tool quality center\*
* Experience with Membership/Subscribers, claims processing and Billing modules mainly for the claims processing and data management and for the data reporting
* Maintained Test Matrix and Traceability Matrix
* Performed Gap Analysis for organization, with a focus on claims processing
* Uploaded all files into sharepoint and maintained version history
* Involved in project management weekly estimates of remaining work to do, conducting informal meetings as needed

**ACS Healthcare Solutions (Michigan) (Aug 2010 - Sept 2012)**

**Business Analyst**

They focus on providing insurance service to everyone through various publicly sponsored programs. The goal of the project was to create standardized eligibility extract from Facet and securely transfer them to corresponding vendor.

**Responsibilities:**

* Involve in HIPAA/EDI Medical Claims , Design and Documentation
* Monitor and Analyzed activity report and transaction monitoring
* Creating document and diagrams for membership enrollment according to HIPAA 834 compliance standard for membership enrollment
* Participated in daily scrum meeting and sprint management
* Conduct meeting with the development team to discuss any requirement changes.
* Checked inbound/outbound HIPPA regulated EDI transactions facets
* Conducting business validations, covering the following deliverables: (FACETS Providers, Facets Claims and Facets Membership and Operational reports)
* Involved in GEM (General Equivalence Mapping) tools for forward mapping of ICD 9 – ICD 10 codes
* \*Create documentation for current process and new ETL and data warehousing field changes
* Performed GAP analysis of business rules, business and system process\*
* \*Worked on Data Mapping to map Facets data to outbound eligibility extracts
* Worked on solving the errors of EDI 834 load to Facets through MMIS
* Performed GAP analysis for ICD - 10 and EDI 5010 X12
* \*Designed Activity, Sequence and process flow diagrams using MS Visio to simplify and elaborate certain selection and filter condition.
* Performed EDI duties such as FTP of files to and from our Clearinghouse.
* \*Documented requirement using Use Case analysis
* \*Involve in testing the applications to carry out data validation

**Celtic Healthcare (Pennsylvania) (Feb 2009 – June 2010)  
Business Analyst**

As a Business Analyst I was involve with different techniques and use of applications for their claims system of the data module like Finance, Membership, Transactions, Claims to ensure the system meets their business needs. I was involved with implementing HIPAA/EDI transactions such as Claim payment and adjustment.

**Responsibilities:**

* Worked on application such FACETS, HIPAA data enquiry
* Participated a Joined Application Development (JAD) session with the sponsor, developers, and project manager
* Created work flow diagrams with MS-Visio like ER diagrams, sequence diagram, activity diagrams etc
* Monitored claims processing, charges and verified correct payment of claims.
* Wrote requirements for FACETS implementation to streamline transaction
* Worked with Billing, fee processing and Claims teams to understand and define the requirements.
* Help in preparing the training material of the providers and insurance companies using the software supporting ICD 10
* Mapping analysis of ICD 9 – ICD 10 Conversion for CM (Diagnosis Codes) and PCS (Procedure Codes).
* Recommended changes for system design, methods, procedures, policies and workflows affecting Medicare/Medicaid claims processing in compliance with government compliant processes like HIPAA/ EDI formats and accredited standards like ANSI
* Developed an implementation guide for Partners for EDI X12 transactions such as 835
* System-Integration and User Acceptance Testing and Validation of Medicaid claims processing and Electronic Data Interchange (EDI) translation in compliance with the 4010A and 5010A
* Performed GAP analysis for ICD - 10 and EDI 5010 X12Message Structure with the 4010 Structure.

**Health Ways, Sterling, VA (December 2008- January 2009)**

**Jr. Business Analyst- Intern**

Health Ways is a non-profit organization that implemented a full suite of application software modules based on the principle of electronic patient record (EPR) as a central repository of information. This application was integrated with the administrative and clinical functionality, supporting, and a multi-disciplinary approach with the needs of clinicians, doctors and administrators in mind. Modules include in-patient/out-patients, clinical information systems (CIS) and other departmental requirements. This HIPAA application has been deployed on the intranet site and can also be accessed through web browser.

**Responsibilities:**

* Gathered user requirements and created use case model
* Facilitated many JAD Sessions.
* Used Requisite Pro for activities such as requirements definition and organization.
* Followed up with the SME in every module to ensure that HIPAA guidelines are being followed.
* Tested user interface and navigation controls for the application using by the QTP.
* Involved in testing HIPAA Database, which incorporates all the HIPAA (Health Insurance Portability and Accountability Act) transaction sets
* Tested data to check HIPAA- eligible & participation check for individual coverage.
* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as 270/271, 276/277,837/835 transactions
* Involved in preparing use cases and business flow diagrams for the applications using UML.
* Traced requirements to high level design, test cases and product requirements.
* Created High level and detail process flow diagrams in form of Swim lane diagrams to depict the Business requirements.
* Extracted data and analyze based on the user requirements.
* Worked with project manager and other users and created work flow diagrams using MS Visio/UML.
* Co-authored change management control plan, Created risk analysis documents and created risk management plan.

**ViaCord, A Perkin Elmer Company (Massachusetts)**

**Clinical Consultant** **July 2006– November 2008**

**Responsibilities:**

* Consistently hit or exceeded monthly sales quotas in three separate product categories
* Successfully communicate with expecting families and medical professional nationwide, educating them on the current and future benefits of preserving cord blood.
* Develop strategies unique to various socio-economic situations that were necessary and effective in order to position ViaCord as an industry leader
* Work as a team player to assist new hires and teammates who were struggling to hit their numbers in specific product categories and promote a positive work environment

**Office of Congressman Jim Mc Dermott** (**Washington DC)**

**January 2006 – June 2006**

* Advised Jim McDermott on foreign policy issues particularly on US-India nuclear deal.
* Answered constituent written and telephone correspondence, and Attended Congressional meeting and hearings.
* Researched political issues for legislative staff particularly foreign aid and spending.