**Summary**

* **(9)** years of experience as a SrBusiness Analyst in all phases of Software Development Life Cycle with solid understanding of Business Requirement Gathering, Business Process Workflow and Business Process Modeling
* Good understanding of health care industry, Claims Management process, Medicaid and Medicare Services and insurance sector
* 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.
* Knowledge of the EDI transaction sets such as 837, 834, 835, 270, 271, 276, 277, 999
* Understanding of HIPAA Standards and Compliance issues, HIPAA Privacy policy, opt in/opt out policy.
* Extensive experience with Object oriented Analysis and Design using Rational Unified Process (RUP), Waterfall methodology and Agile Modeling
* Well versed with project management techniques/tools in managing complex onsite/offshore delivery models.
* Requirements gathering in compliance with HIPAA 4010 and 5010 standard.
* Proven ability to analyze complex problems, identify risks and develop effective solutions to improve productivity, reduce cost and track progress through all phases of SDLC
* Expert in analyzing, elicitation and management of requirements. Highly experienced in creating Business Requirement Document (BRD) and Functional Requirement Specifications (FRS) document.
* Hands on experience in all major facets of Project management – project planning, execution, milestone monitoring, resource utilization and driving a team with multi vendors and customer.
* Executed SQL queries and documented them as part of validating the Business Object reports and for testing purposes
* Designed High level design, for New process, integrating with legacy and Facets
* Facilitating one on one interviews, Joint Requirement Planning (JRP) and Joint Application development (JAD) sessions
* Experience in creating SQL queries to facilitate UAT and perform data validation.
* Experience in methodologies like Agile, Waterfall Model and Data Modeling; Creating Process mapping, Use Cases, Sequence diagrams, Activity diagrams
* Solid understanding of Membership, Claims Processing, Billing, Benefit/Eligibility, Authorization/Referrals, COB, and have experience in HIPAA standards and corresponding EDI transactions.
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Proficient in conducting System Testing, Functionality Testing, Regression Testing, User Acceptance Testing (UAT) and training of users
* Involved in maintaining Test Matrix and Traceability Matrix and performing GAP analysis
* Good knowledge of SQL queries
* Experience in writing test plans, defining test cases, developing and maintaining test scripts
* Experience in developing User Guide and Training Manual
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.
* Highly motivated, analytical, pro-active, organized and target-oriented team player with strong interest in Business System Analysis. Proven ability to support multiple complex projects under tight deadlines, often with competing priorities

Technical Skills

**Process/Modeling Tools:** Rational RequisitePro, MS Visio

**Testing Tools:** QuickTest Pro, Test director

**Operating Systems:**  Windows 7/2000/XP/, UNIX

**Reporting Tools:** Quality Center, Rational ClearQuest

**Languages:**  SQL

M**ethodologies:** Agile, JAD, Waterfall, RUP

**RDBMS:** SQL, Oracle, and MS Access

**Utilities/Application:** MS Project**,** MS Visual, MS Office 03/07 (MS-Word, MS-PowerPoint, MS-Excel, MS-Access, MS-Outlook)

**Professional Experience**

**Guardian Health, Bethlehem, PA Aug-2012-Jan-214**

**Sr Business System Analyst**

**Project Description**: The project integrated various systems used for Dental Network Administration. Dental Provider information and Compensation information administration was improved as a part of this project. The web based application was developed using DOTNET. Semi-Agile methodology was used for development.

**Roles & Responsibilities**

* Coordinated with Business Owners, 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
* Helped with building ICD 9 to ICD 10 crosswalk map by grouping thousands of codes and ranges in Clinical, Benefits, Financial, Medical policy waves
* Conducted working sessions to gather and document high level business requirements and detailed level business requirements for different business units impacted by ICD 10 such as EDI Claims Intake, Claims Adjudication, Medical Management- Utilization Management, Case management and Provider Reimbursement- Provider Payment
* Worked on Financial Analysis of DRG shifts from ICD 9 to ICD 10 to avoid any over or under payments to the providers
* Organized impacted systems into high, medium and low impact to help business analyze the level of effort for remediation activities and ease resource allocation work
* Prepared use cases and data flow diagrams to analyze the impact of ICD 10 diagnosis codes, CPT and HCPCS codes embedded in different systems and applications
* Gathered and validated inventory of applications, interfaces, and reports that will need to be modified to comply with ICD-10 requirements
* Performed extensive requirement analysis including Data analysis and Gap analysis.
* Designed and developed Business Rules Document about the Claim Component and HIPPA
* 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
* Used UML for Specifications, Documentation and Construction of systems
* Worked closely on 834 transaction code for Benefit Enrollment and was involved in Validation of HIPAA for 837, 270/271, 276/277,835, 834 EDI transactions
* Analyzed the testing results to ensure that the results were in accordance with the Gap Analysis and expected results for 5010 compliance
* Identified all risks associated with the project and proposed suggestion for mitigating the identified risk related to the business
* Imported and created requirements from the word documents into the Requirements module
* Documented detailed test cases in the test plan tab and mapped the test cases to the requirements to ensure the coverage of testing with the requirements and to ensure the traceability
* Created different test sets based on priority and business test and mapped the specific test cases into the test sets
* Executed the test cases from different test sets and reported defects in the defects tab with proper priorities and severities
* Produced daily test execution and defect status reports to the project team
* Executed test cases for functionality, system integration and end to end testing
* Involved in the creation of UAT test plan, UAT test scenarios and UAT test cases
* Performed backend database testing on oracle database using SQL
* Conducted workflow, process diagram, data analysis and gap analysis to derive requirements for existing systems enhancements.
* Executed test cases to check the content and integration with the Vignette content management server
* Participated in the daily defect status and test execution status meetings

**Environment** FACETS 4.71/5.01 MS Project, MS SharePoint MS Access, MS Excel, MS Power Point, Quality Center, Agile/Scrum

**Sterling Health Insurance, Bellingham, WA Jan-2011- Jun-2012**

**Business Analyst   
Project Description** The goal of the project was to enhance the Claims Management and Reconciliation (CMR) Health Information Management/Enterprise Document Management System which included changes and fixes to the Claim Engine with the various Business Owners. Claims Management and Reconciliation (CMR) system included functionality related to Patient's information and history about disease and medication administered. The methodology followed RUP.

**Roles & Responsibilities**

* Understanding business requirements for existing and future Member and Claims process
* Analysis of the defects related to the reports and various EDI transactions within the HP system
* Create and maintain the Business Requirement Documents for the defects (Defect Resolution Document) Act as a liaison between the ETL developers, QA tester and SME
* Used FACETS Analytics for fast and easy retrieval, display and grouping of information for performing queries and generating reports.
* Working with the application and Business Analyst team to develop requirements
* Translating process/technical solutions for business during defect analysis
* Help in preparing the training material of the providers and insurance companies using the software supporting ICD 10.
* Utilized survey assessment results of ICD-10 to create listing constraints, processes, projects and systems, applications and vendor software to be impacted by the ICD-10 Conversion Project.
* defined test cases and performed backend testing using SQL queries
* Executed SQL queries to perform data analysis in order to generate reports, analyse data feeds from external sources.
* Conducted the User Acceptance Testing procedures.
* Worked With HIPAA compliant ANSI X12 837 formats for both professional claims and institutional claims.
* Considered HIPAA rules while data validation and testing
* Analyzed the mainframe reports for member/eligibility/claims and mapped the fields with FACETS batch jobs and reports.
* Participate in the scrum meeting and also represented the team  during the meeting
* Working through the phases of SDLC using the Agile methodology
* Reviewed ETL and Business Objects defects and proposed fix for defects as per the scheduled timeframe
* Authored progress and completion reports which were then submitted to project management on a weekly basis in MS project.
* Used SQL to query the database for performing data analysis and data modeling using Erwin.
* Worked on different modules of **Facets** such as Members/subscriber, commissions, provider, billing, plan and Case management.
* Worked on defect related to EDI 837, 835, 277 and 999 transactions
* Worked on new requirements (Change Request) and modifications on various reports that were determined as critical by the Client.
* Met the high expectation from the Client to deliver on tight deadlines
* Worked with Waterfall methodology during the beginning of the project then transitioned to Agile methodology
* Validating member’s benefits against the benefits matrix.
* Involved in the transition of the reporting team, provided necessary Knowledge Transfer sessions to the Cognizant Solution Team for the takeover
* Validating member’s accumulator track right member’s benefits and making sure that Claims gets paid according to the SEPY’s rule.

**Environment:**Informatica, Toad for Oracle Version, SQL Developer, Agile, Waterfall, , MS Office tools, Facets, HP Quality Center, Windows 7, SharePoint, MS Visio.

Coventry Health Care, Fargo, NDMar-2009-Nov-2010  
**Business Analyst**  
**Project Description** Coventry health care is a diversified and dedicated national health care company that provides high-quality healthcare solutions at an affordable price. The project scope included ICD 10 Care Management Impact Analysis where care Management utilizes multiple software systems to support the intake and processing of authorization requests. There is exchange of data between the payer and vendors contracted to perform services on our behalf to manage Case and Disease programs and provide robust reporting and decision support which facilitate their business processes. The authorization requests are based on ICD 9 codes which need to be replaced by ICD 10 codes to meet the mandate date.

**Roles & Responsibilities:**

* Involved in gathering requirements as per the consensus meetings between Humana and providers.
* Created domain models and made them an integral part of multiple FRDs that I created for various aspects of the project.
* Recommended changes for system design, methods, procedures, policies and workflows affecting Medicare/Medicaid claims processing in compliance with government compliant processes like
* Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system)
* Developed Use Case diagrams and process flow diagrams using Rational Rose and MS Visio.
* Actively prioritized and managed requirements throughout SDLC with all key stakeholders
* Did data analysis for various version changes of EDI messages on different sub-systems.
* Created Test Plan, Test cases and test scripts for implementation of test cases in Quality Center
* Negotiated and managed multiple priorities, project plans, time frames and trade-offs while ensuring the clinical and administrative staff understood the final results of the projects, sharing detailed vision of cost-benefit analysis.
* Worked on solving the errors of EDI 834 load to **Facets** through MMS.
* Provide input to estimates for project management and change management activities through analysis of requirements effort, resources, and technology.
* Worked on EDI 834, 835,837 as per HIPPA guidelines.
* Performed the detail comparison between 4010A and 5010 especially in regard to EDI 837.
* Used the Rational Unified process methodology for the application development and created Use cases, activity diagrams and drafted UML diagrams using the Rational Rose.
* Worked on cross-functional team to deliver software systems as per the customer expectations.
* Updated the requirements and prepared comprehensive Business Requirements Document (BRD) that provided the appropriate scope for the users and management to make appropriate decisions.
* Involved in data analysis and returned a report with charts, descriptive statistics, Cross Tabulations, Tests and conclusions.
* Developed associated project documentation, schedule, design specifications, test plan, test scenarios/scripts, performed gap analysis, and test tracking reporting/monitoring for all phases of testing including B2B user acceptance testing.
* Created Data Flow Diagrams (DFDs) and ER diagrams for domain modeling.
* Played a key role in planning UAT and implementation of system enhancements and data migration and conversions.

**Environment**: Microsoft Visio, Windows XP, **Facets**, MS Office, Rational Requisite, Rational Rose, Quality Center, SQL.

**Health Springs Nashville, TN Sep-2007-Feb-2009**

**Business Analyst**

**Project Description:** Based in Nashville, Tennessee, Health Spring got its start in 2000 and is now one of the country’s largest and fastest-growing coordinated care plans whose primary focus is Medicare Advantage plans and prescription drug plans. The project was in Coordination of Benefits (COB), a Federal Health Care Financing Administration (HCFA) Program. Medicare Coordination of Benefits is the process for ensuring that payment of Medicare beneficiaries’ claims is properly shared among insurers when the beneficiary is covered by private insurance in addition to Medicare. By coordinating benefits, the COBC assists Medicare in paying claims more accurately the first time, which saves costly follow up and mistaken payments.

**Roles & Responsibilities:**

* Involved 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.
* Created various database objects like views, tables, and procedures to extract data and support the end user reporting data ware house requirements.
* 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
* Wrote standard and complex SQL queries using MS SQL Server and also in Mainframe for data validation process.
* Prepared BRDs (Business Requirement Documents) supporting documents containing the essential business elements, detailed definitions, and descriptions of the relationships between the actors to analyze and document business data requirements from Data ware house.
* Performed GAP analysis of business rules, business and system process
* Worked on solving the errors of EDI 834 load to Facets through MMIS.
* The project involves creation of custom tables, developing custom forms to load data into the custom tables and creation of a XML report to compare sales values against the data in oracle. The custom tables are populated from a third party data ware house on a regular basis.
* Performed Data Analysis using procedures and functions in PL/SQL.
* Designed Activity, Sequence and process flow diagrams using MS Visio to simplify and elaborate certain selection and filter condition.
* Documented requirement using Use Case analysis
* Involve in testing the applications to carry out data validation

**Environment:** Rational Requisite Pro, MS Visio, SDLC, UML, Rational Clear Quest, Rational Clear Case, Rational Tools Suite, AGILE methodology, Windows, XML, HTML, Facets.

**Infocrossing HealthCare Services, Inc. Jan-2006-Jul-2007**

**Jefferson City, MO   
Business Analyst**

**Project Description:** The project was based on receiving, documenting, processing the claims including eligibility verification. Changes to the system were made based on the current policies, rules & regulations based on the business necessities. Other major activities included tracking and addressing the problems on timely manner faced by the providers, billers as well as the vendor companies, health plan group while generating 837 Professional, Institutional, and Dental claims, Acknowledgement 997, Claim Status Inquiry/Response 276/277, Remittance Advice 835, and Eligibility Inquiry/Response etc.

**Roles & 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
* Strong visual modeling and business process modeling skills in Rational Unified Process (RUP) and Agile Modeling with tools like MS Visio
* Worked with team leaders and supervisors to ensure project and organizational deadlines are met
* Used RUP-iterative process to conduct Data Analysis on the feed to be sent to PSGL to find missing data fields in application and aggregation rules.
* Coordinated updates with client's staff and implement efficiencies in documentation maintenance.
* Conducted JAD sessions to complete the prerequisite for the Business Requirement
* Created Use Case, Sequence, Activity and Entity-Relation Diagrams to illustrate for testing effort
* Responsible for doing the gap analysis for the interfacing system.
* Extensively worked with HIPAA Privacy **Facets** application groups.
* Documented the Business Requirements Document (BRD) and the Functional Specification Document (FSD).
* Used SQL queries for Data Validation and Verification
* Resolved/tracked production issues with Reports in Cognos and Mainframe.
* Facilitated requirements gathering activities, including meeting with users to discuss System Task Requests (STRs), Enhancements, and Project Assessment Quotations (PAQs) requirements.
* Documented issues and resolutions, and wrote specific requirements for system changes.

**Environment:** Windows, UNIX, Oracle, Requisite Pro, Mainframe, MS Office, Visio.

## Take Care Health, Nashville TN Sep-2004-Dec-2005

**Hartford CT**

**Business Analyst**

**Project Description:** Take care Health runs clinics at select Walgreens Locations that provide a wide range of healthcare services for patients 18 months and older. Take care health also runs clinics for a number of private clients

**Roles & Responsibilities:**

* Analyzing manual reports to figure out pieces that can or cannot be automated
* Eliciting procedures for calculations and client requirements about aesthetics and other specifications.
* Documenting the business rules and calculations and other client specific information.
* Communicating with the SME for in-depth understanding, of the capabilities and functionalities of the in house system to take feasibility decisions.
* Creating Mockups according to standard formatting (Next Gen) Reports in MS PowerPoint and getting approvals from CRAs and DSO/SAE (Client)
* Documenting all the requirements using Lean Methodologies in MS Excel
* Understanding legacy reports and mapping differences in methodologies and calculations
* Using Cognos and Report Manager and other SQL based tools to get raw reports from the Data mart.
* Communicating with the Director of Site operations, Strategic Accounts Executive and other stake holders and obtaining their approvals.
* Worked with HL7 CCD transactions and handled data mapping of transactions from FACETS database.
* Sourced procedure codes and medications from the data store of FACETS claims.
* Creating Process flow diagrams on Visio to gain understanding of processes and facilitate discussions with Project Management and other BAs to devise a Project Plan.
* Using Microsoft Project to keep a track of other ongoing peer assignments and reporting my project manager on their progress.
* Advised Key changes to Scope in order to fit all the Business User’s needs and to make the automation process meaningful.
* Communicating with BA team every week to discuss progress of individual assignments.
* Conducted walkthroughs with BI and clients to go over the mockups and requirements
* project process and phases whose end result will help them to reduce their cost significantly

**Environment:** MS SQL, EMR Prime Suite, OHM, Windows, MS Office, Lean Methodologies, Agile, Waterfall, SharePoint, Microsoft Project, Microsoft Visio.