**Swapna Patnam**510-304-5913  
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**SUMMERY:**

* Over 6+ years of extensive experience in Business/Data Analysis, Software Validation and business process re-engineering with proven ability to articulate business values.
* Extensive experience in Healthcare sectors.
* Functional experience with concentration on Use Case modeling using UML, Business Process Modeling, Data Analysis, Data Modeling, Change Management, Technical Training, Software Development methodologies, QA testing, and Systems Testing of client server and web-based systems.
* Extensive experience with Medicare/Medicaid processing as well as the Claims /Billing.
* Solid Experience in authoring Business Requirement Document (BRD) by documenting the User Requirements, as well as organizing interviews, User meetings, workshops and JAD sessions.
* Strong knowledge of Healthcare industry including HIPAA with emphasis on Business Requirements and Functional Requirements.
* Experience in development methodologies like RUP, SDLC, AGILE, SCRUM and Waterfall
* Experience in Medicaid Management Information System (MMIS). Expertise in various subsystems of MMIS- Claims, Provider, Recipient, Procedure Drug and Diagnosis (PDD), Explanation of Benefits (EOB).
* Experienced in data warehouses and data marts for business intelligence reporting and data mining along with developing and documenting process flows for business processes.
* Good knowledge on UML diagrams, business process flows, business documentation, claims processing & testing and claims adjudication for Medicare and Medicaid, data mapping / modeling, Trizetto Facets 4.x and medical billing.
* Familiar with HIPAA EDI transactions such as 834, 835, 837 (P, D, I) 276, 277, 278 etc
* Used Query Analyzer, Execution Plan to optimize SQL Queries.
* Results-oriented Joint Application Development (JAD) Facilitator and meetings coordinator with excellent interpersonal skills.
* Experienced in developing reporting application using ETL (Informatica) and Cognos Business Intelligence Suite with multiple data sources like Oracle, MS SQL and DB2 database.
* Expertise in broad range of technologies, including business process tools such as Microsoft Project, MS Access, MS Visio, technical assessment tools, Data Warehousing concepts and web design and development.
* Working knowledge of implementing software development projects using methodologies such as Waterfall, Rational Unified Process, Agile/Scrum.
* Extensive experience working in back end tester by writing SQL Queries and PL/SQL scripts on large data warehouse systems involving Terabytes worth of data.
* Hands on Agile implementation experience in handling multiple teams to help Scrum teams focus on the delivery goals adhering to industry best practices
* Good working knowledge of Claims processing, HIPAA Regulations and 270, 834, 837P, 837I, 837D EDI Transactions for health care industries.
* Knowledge in the ETL (Extract, Transform and Load) of data into a data ware house/date mart and Business Intelligence (BI) tools like Business Objects Modules (Reporter, Supervisor, Designer, and Web Intelligence

**Software/Hardware:**

Rational Rose Enterprise Suite, Rational Requisite Pro, MS Visio, Test Director, Test Manager, Rational Clear Quest, Agile, MS Office, MS Project, MS Publisher, ETL, Performance Studio, EDI, Mercury Win Runner, Load Runner, SQL, PL/SQL, Crystal Reports, Micro strategy, Visual Basic, Access, Excel, MS-SQL Server, Oracle, Sybase, SQL\* Plus, SSIS, UNIX (Solaris/Linux), MS-DOS, Windows 95/ 98/ 00/NT/XP.

**Professional Experience:**

**Humana Inc - Louisville, KY Nov 2013-Present**

**Sr. Data Analyst**

Humana Inc. is a Louisville, Kentucky -based for-profit American managed healthcare company that markets and administers health insurance in the United States. Humana has over 13 million customers in the U.S.The project was involved in migration from Diamond software to Facets 4.71 including configurations, claims auto adjudication scope and definitions, financial transactions ID cards, Membership, Enrollment. EDI 835, 837I, 837P, 276/277, 278 and proprietary conversions utilizing Facets extensions and development of new scripts and extensions to meet proprietary origination formats and reformat them into HIPAA standardized formats. Implemented Facets Extended Enterprise(TM) administrative system, a new core system, with updated technology to allow for more efficient claims processing, membership enrolment and provider data maintenance. Facets was highly efficient, automated, customizable, and flexible, to help affinity tackle new business opportunities and compete successfully in a dynamic healthcare industry. Moreover, Trizetto provided ongoing support and training.

**Responsibilities:**

* Responsible for writing Functional Requirement Specifications (FRS) and User Requirement Specification (URS).
* Responsible for defining the scope and implementing business rules of the project, gathering business requirements and documentation.
* Analyzed Business Requirements and segregated them into high level and low level Use Cases, Activity Diagrams / State Chart Diagrams using Rational Rose according to UML methodology thus defining the Data Process Models.
* Experience with Health Insurance Packaged Application like Facets. Providing US Health Insurance domain and TriZetto’s FACETS.
* Performed technical analysis for 834(EDI file for Enrollment and Benefits Maintenance) 4010A to 5010 version control.
* Created Data Stage jobs to extract, transform and load data into data warehouses from various sources like relational databases, application systems, temp tables, flat files etc.
* Identified the impacts the HIPPA 5010 & ICD 10 project had on enrollment Claims, (Medicare and Medicaid program).
* Performed PL/SQL Server Management Studio for T/SQL scripts to change and update SQL tables.
* Utilized the Networx-pricer to provide detailed data for healthcare claims and utilized SQL to develop basic queries.
* Created reports for the business team and higher management in JIRA and OTRS(Open-source Ticket Request System).
* Documented the Traceability Matrix for tracing the Test Cases and requirements related to them.
* Used senior level SQL query skills (Oracle and TSQL) in analyzing and validating SSIS ETL database data ware house processes.
* Fulfills requirements within defined Software Development Life Cycle (SDLC).
* Worked with Claims, enrollment, eligibility verification for members and providers, benefits setup, and backend payment cycle in facets.
* Wrote and executed ad hoc queries in SQL/T-SQL and UniQuery.
* Used SSIS to read source data from complex flat file structures (e.g. EDI 837 PID, 835, 270/271).
* Responsible for documentation of business requirements and system functional specifications, including BRD, FRD, and FSD.
* Worked on data modeling and produced data mapping and data definition documentation.
* Extensively involved in manual testing in Facets 4.71/4.51 with different modules like Subscriber/Member, Open Enrollment, Claims Processing, Networks, Provider and Billing Applications.
* Worked with SQL queries using MS Access for data manipulations.
* Developed SSIS Packages to transfer data between SQL Server databases and files.
* Used SQL Profiler for troubleshooting, monitoring, tuning of SQL Server and SQL code.
* Defined Functional Test Cases, documented, Executed test script in Facets system.
* Involved in full HIPAA EDI transactions such as 835, 837 (P, D, I) 276, 277, 278.
* Assigned tasks among development team, monitored and tracked progress of project following Agile methodology.
* Created Process Flow diagrams, Use Case Diagrams, Class Diagrams and Interaction Diagrams using Microsoft Visio and Rational Rosea

**Environment**: FACETS (4.71, 4.51) **,**Windows 7/Xp, MS Office, SSIS, Requisite Pro, Rational Rose, .Net Framework, T-SQL, SQL Server, Oracle, Sybase, XML, Agile, PL/SQL, HTML, MS Visio, EDI, UML,UAT.

**CIGNA Health-Care Insurance, PA Jun 2011-Sep 2013**

**Business/Data Analyst**

Cigna Healthcare is a company providing customers with benefits, expertise and service that improves the health, well-being and productivity. It is a global health services organization. Its insurance subsidiaries are major providers of medical, dental, disability, life and accident insurance and related products and services.

**Responsibilities:**

* Developed HIPAA EDI Transmissions. Work includes complete business cycle management and hands-on production as well. Create EDI Testing process, documentation, and performance matrices.
* Involved extensively in Trizetto Facets System implementation, Claims and Benefits configuration set-up testing, Inbound/Outbound Interfaces and Extensions, Load and extraction programs involving HIPAA 837 and proprietary format files and Reports development.
* Accurately process healthcare claims utilizing Trizetto Networx software.
* Worked on following applications Business Objects, Enterprise Architect, Toad, PlanView (project management), Microsoft Suite (Word, Excel, PowerPoint, Visio, Access, Project).
* Worked closely with multiple teams to improve the overall reporting of the Claims, payments, Real-time adjudication information.
* Worked on Facets 4.51 upgrade as well Provider contracting transition to NetworX.
* Identified gaps between standard FACETS functions and client specific requirements to write requirements for FACETS extensions.
* Developed user stories and acceptance criteria using JIRA to facilitate Agile application development.
* Used the Networx-pricer to provide detailed data for healthcare claims and utilized SQL to develop basic queries.
* Extracts data from mainframe/production server and/or client/server databases to be transfer and loaded to tables on the report databases using SSIS package SQL 2008 software.
* Used claims logging a plurality of navigation choices and the appropriate facet element item count by using facets.
* Assisted in the development, design and implementation of new relational or multi-dimensional databases, including the analysis of user needs.
* Tracked and resolved document/ System defects using JIRA tool.
* Worked extensively with MS Excel and MS access.
* Worked in Facets online modules such as Billing, Provider, Claims and Membership modules.
* Validated various applications with Memberships of Enrollment, Cancellation, Termination, Reinstatement etc. for commercial, Medical and Billing in Facets.
* Involved testing Facets upgrading from 4.31 to 4.51
* Validated the HIPAA/EDI transactions, tested the claims processing and Adjudication (EDI 837 & EDI 835).
* Undertook back end testing using SQL and wrote querieS.

**Environment:** FACETS (4.71, 4.51),Windows 7/Xp, MS Office, SSIS, Requisite Pro, Rational Rose, T-SQL, SQL Server, Oracle, Sybase, XML, Agile, PL/SQL, HTML, MS Visio, EDI,

**Well Care, LA, CA Oct 2009-May 2011**

**Data Analyst**

Well Care Health Plans, Inc. provides managed care services exclusively for government-sponsored health care programs, focusing on Medicaid and Medicare. Headquartered in Tampa, Florida, Well Care offers a variety of health plans for families, children, and the aged, blind and disabled, as well as prescription drug plans. I was involved in enhancement for working on claims process, coordination of benefit & pricing process. I also managed Medicaid and Medicare Services, CMS and Health Assessment Systems.

**Responsibilities:**

* Facilitated review of Enrolment, Claims, Commissions, and membership portlets’ designs with architects and developers to ensure that the goals of the portal requirements were satisfied
* Designed and development of test cases based on functional requirements for Institutional and Professional claims for EDI and HIPAA Transactions 837/835, 834, 276/277, 270/271 testing.
* Reviewed the data model and reporting requirements for Cognos Reports with the Data warehouse/ETL and Reporting team.
* Knowledge in the ETL (Extract, Transform and Load) of data into a data ware house/date mart and Business Intelligence (BI) tools like Business Objects Modules (Reporter, Supervisor, Designer, and Web Intelligence).
* Data mapping, logical data modeling, created class diagrams and ER diagrams and used SQL queries to filter data within the Oracle database
* Gathered requirements and modeled the data warehouse and the underlying transactional database
* Introduced Agile and RUP methodologies to reflect liquid nature of front-office improving time-to-market
* Involved in designing and developing Data Models and Data Marts that support the Business Intelligence Data Warehouse.
* Worked closely with Business Intelligence Architecture team to understand repository objects that support the business requirement and process.
* Work as Business Analyst for the project to build a MS SQL data warehouse for complex wide profitability reporting.
* Established an agile mechanism for program modernization and evolution which is applied to both software
* Interacted with the business users in knowing the business views and gathered the reporting requirements to design the universes and business objects.
* Developed detailed Use Case to describe the functionality of the system including claims transactions.
* Tested the ETL Informatica mappings and other ETL Processes (Data Warehouse Testing)
* HIPAA EDI transactions such as 834, 837 (P, D, I) 276, 277, 278.
* Analyzed the specifications and identified the source data that needs to be moved to data warehouse.
* Communicated Oracle Business Practices to the organization and monitor process and approvals for full compliance
* Participate in the appropriate planning and development process steps, including the Agile steps of Sprint Planning, Scrum, Sprint Review, and Sprint Retrospective
* Designed and implemented basic SQL queries for testing and report/data validation
* Provide business intelligence analysis to decision-makers using an interactive OLAP tool.

##### Environment: Windows 2000/XP, Rational Requisite Pro, MS Office, SQL Server, MS Project, Agile/Scrum, MS Publisher, MS Access, EDI, Documentum ,UML

**Kindred Healthcare Louisville, KY Feb 2008-Sep 2009**

**Business Analyst**

Kindred Healthcare, Inc. is a healthcare services company that through its subsidiaries operates hospitals and nursing centers across the United States. The project was a web based Health care application. The system connected a group of doctors and gave them a forum to interact, both at the personal and public level, where they could discuss diseases and treatments, receive and offer advice, improve their knowledge levels and even access a remote database. Additionally, this enabled team members to securely access and print time-sensitive materials anywhere in our enterprise or over the Web regardless of file format.

**Responsibilities:**

* Extensively involved in maintaining requirements traceability and communicating any changes to these requirements to different business groups and programmers.
* Prepared Business Process Models that includes modeling of all the activities of the business from the conceptual to procedural level. Followed top down, leveled technique for building Business Process Models.
* Involved in HIPAA EDI transactions such as 270, 271,837 (P, D, I), 276, 277, 834, 820, 278,999/TA1, and 277 CA.
* Implemented Oracle Business Intelligence Toolsfor Data warehouse application.
* Worked with business intelligence tools and SQL server.
* Involved in the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Worked on data modeling and produced data mapping and data definition documentation by interacting with ETL programmers and ensured the implementation of the business requirements.
* Parsing high-level design specification to simple ETL coding and mapping standards.
* Worked with project manager, traders, and other stakeholders to define project scope, plan, and requirements.

**Environment:** UML, Clear Case, SQL, Agile, MS Office, MS Visio.