**Objective:**

Business/Data Analyst with 6+ years of experience in supporting business solution software and analyzing business operations. Aiming to utilize my strong analytical ability and prioritization skills to achieve the goals of your company.

**Professional Summary:**

* Excellent communication skills, writing skills as well as presentation skills. Experience working with business users as well as senior management.
* Trust in teamwork, dedication, and professional ethics within the working environment.
* Capable of multitasking with exceptional problem solving and sound decision making skills.
* Flexibility in adaption to a wide range of work environments.
* Solid understanding of all phases of **Software Development Life Cycle (SDLC).**
* In-depth knowledge of **Rational Unified Process (RUP), Agile, Scrum, and Waterfall.**
* Extensive experience in gathering **Business/Functional user requirements**, creating **Use Cases** as per user requirements, developing/designing diagrams such as **Activity, Class, and or Sequence diagrams**, and in addition to creating **Business Requirement Document (BRD)and Functional Requirement Document (FRD).**
* Experienced in web services in **XML and JSON file formats.**
* Strong technical skills and in-depth understanding and hands on experience on **Web logic portal development using RESTFUL API Web services.**
* Extensive experience in conducting **Joint Application Development (JAD) sessions** for project definition.
* Created **Requirements Traceability Matrix (RTM)** to keep the stakeholders informed of the progress of the project.
* Excellent knowledge of **HIPAA (Health Insurance Portability and Accountability Act) and EDI transaction codes such as 270/271 (inquire/response of benefits), 276/277 (claim status), 835 (payment or remittance advice), 837 (claims) and 834 (benefit enrollment).**
* Analysis done to determine if the system abides by the **HIPAA regulations.**
* Extensive knowledge of Medicaid, Medicare, Procedural and Diagnostic codes, Claims Process, **Health information Exchange (HIE), Electronic Health Record (EHR) and Electronic Medical Record (EMR).**
* Well versed with**Facets, claim adjustments, claim processing** from point of entry to finalizing, claim review, identifying claims processing problems, their source and providing corresponding solutions.
* Proficient in developing statistical reports and **analyzing & visualizing data** to explore relationship between data variable utilizing **SAS.**
* Experience in writing **queries/scripts for data analysis using SQL queries & SAS and QA report testing.**
* Expert knowledge in working with **Data Warehousing ETL using Informatica.**
* Proficient in writing **SQL queries for data manipulation, management, report generation, and analysis.**
* Hands on experience in **Business Intelligence (BI) tools such as SAP Business Objects, IBM Cognos BI, SAS, MicroStrategy, and Tableau.**
* Excellent knowledge of data analysis working with **MS SQL, T-SQL, and Business Intelligence tools (SSIS, SSAS and SSRS).**
* Proficient with **Data Warehouse** (analysis, design, development, testing and implementation of the reporting) and **ETL components.**
* Strong knowledge of **RDBMS and Data warehousing concepts.**
* Expertise in designing **Ad hoc, Drill-Down, Drill-Through, Matrix, Pivot and Tabular reports** to match the needs of the end users.
* Experience in **User Acceptance Testing, Smoke Testing, Regression Testing, Performance Testing, and Functional Testing.**
* Ability to inculcate new relevant skills with ease in a time sensitive frame.

**TECHNICAL SKILLS:**

|  |  |
| --- | --- |
| **Business Modeling Tools:** | MS Visio, MS Word, MS Excel, MS PowerPoint, Outlook express, MS Project |
| **Methodologies**: | Rational Unified Model, SDLC, Agile, Scrum, Waterfall |
| **Testing tools:** | Jira, Quality Center, Quick Testing Professionals, SoapUI, Selenium |
| **Requirement Managerial Tools** | Requisite Pro, Doors |
| **Database** | MS SQL Server, MS Access, SAS |
| **Business Intelligence** | SAP Business Objects, IBM Cognos BI, SAS, MicroStrategy, Tableau, Informatica, SSIS, SSRS |
| **Language** | SQL, Java, C++, HTML, XML, T-SQL |

**PROFESSIONAL EXPERIENCE**

**Department of Health and Human Services, Concord, NH**

**July 2015 – Present.**

**Business System Analyst/Data Analyst**

The project was to Support and assist MMIS Coordinator staff in determining the requirements for enhancements, conversion of ICD-9 to ICD-10 codes, and claims of the current MMIS system. Also, the objective of the project was to create a Data Mart for Senior Management. This Data Mart allows the Management to view Pattern and Sequence in the region with various perspectives of Business and Research.   
**Responsibilities:**

* Worked as primary liaison between business partners, clients and application development teams to resolve business and Client queries related to Client Reporting
* Designed and reviewed various documents including the Business requirements document (BRD), Use Case Specifications, Functional Specifications (FSD), Requirement Traceability Matrix (RTM) and testing documents.
* Translated business requirements and assisted IT with the development of technical specifications.
* Conducted gap analysis of the current functionality with the to-be business processes to provide recommendations and finalize business requirements.
* Designed and developed test cases based on functional requirements for Service Authorization, Dental, Institutional and Professional claims.
* Knowledge of HIPAA and EDI transactions 837/835, 834, 276/277, 270/271.
* Performed testing for Medicare and Medicaid claims for Medicaid Management Information System (MMIS).
* Experienced in working with electronic medical record management system (EMR) and electronic health record (EHR).
* Knowledge of Stage 2 Meaningful Use of the Medicare and Medicaid EHR Incentive programs.
* Responsible for the Extraction, Transformation and Loading (ETL) Architecture & Standards implementation.
* Contributed IT deliverables associated with project lifecycle and also performing data validation and process validation by executing SQL queries.
* Participated in data collecting, processing, interpreting and analyzing data in a fast paced environment.
* Served as the in-department Business intelligence and SQL expert in project reporting and management analysis.
* Designed SSIS package to manage DML (update, insert and delete) actions on source tables in SQL server.
* Conducted data cleansing to remove unnecessary columns, eliminate redundant and inconsistent data with SSIS transformations.
* Provided Oversight in managing Business Intelligence and data warehousing Applications and the in-house products.
* Involved in pre-load and post-load data analysis, data mapping, data integrity and completeness, data cleansing and quality and gap analysis and data profiling.
* Used Business Intelligence tools like Tableau and MicroStrategy for data visualization and analytics.
* Prepared detailed analysis on data requirements and mapping of data fields from legacy systems and processes to ensure needs of business owners are met by new consolidated system.
* Supported team with using Talend as ETL tool to transform and load the data from different databases.
* Conducted workflow, process diagram and gap analysis to derive requirements for existing systems enhancements using UML.
* Lead through UAT procedure and also conducted training sessions for the end users along with the necessary documentation.
* Developed the systems implementation project management plan with milestones and steps from procurement of vendors to project implementation and maintenance.
* Created issue logs, work request template, change request template and problem request template for the users.
* Analyzed data and investigated service related issues to identify root cause of problem(s)

**Environment:** EDI, HIPAA, Microsoft Excel, SSIS, Visio, One note, SQL, Windows Service Bus, Tableau,Talend, QC/ALM, MMIS, Sharepoint, Informatica.

**Emblem Health, New York, NY    December 2013 – July 2015**

**Business/Data Analyst**

I worked with the Enterprise Project Management Office (EPMO) as a Business Analyst. Implemented several projects involving Enrollment, Pharmacy, Claims adjudication, Mainframe systems, Delegates and Vendor Relationsprocesses. My project involved Medicare Plan Changes based on the CMS approved changes. Other projects involved Automated Letter Generation for Medical Management Users and UAT assessments for the organization.

**Responsibilities:**

* Involved in documenting changes to the Benefits Administration, Enrollment Processing and Claims Processing Systems based on the Medicare Plan Changes initiative.
* Gathered Business Requirements from the Subject Matter Experts (SMEs) and documented the requirements in the BRD. Utilized data flow diagrams, use case diagrams and process flow diagrams using MS Visio to represent information provided by the Business Owners.
* Organized meetings and led JAD sessions to ensure legal and compliance deadlines of CMS (Centers for Medicare and Medicaid Services) are met.
* Executed data processing, data analysis, prepare Reports using Excel, Access and PowerPoint
* Designed ETL mappings and process using Informatica Designer to load the data from various source databases and flat files to Target data warehouse in Oracle.
* Created SSIS packages to load raw data generated from ERP system into the developer database.
* Worked with Business Owners of Market Prominence the Enrollment Processing System, to ensure that the enrollment process for the new members is updated with changes.
* Worked with Business Owners for the claims adjudication system, and documented updates and enhancements to the application.
* Validated Response with the XML Schema during Web Service Testing Worked with Top down Systems, a vendor specialized in automated letter generation, to convert manual letter generation to automated generation of the Medical Management Letters.
* Effectively elaborated the current process and gave a clear picture of the proposed process for the projects in the organization.
* Perform data analysis activities to appropriately source and document new data points to be provided over interface with the team to create sample XML scenarios to provide to application delivery team (DEV and QA) with data reflective of planned data source (new sourced data points).
* Mapped the clinical editing tool related data elements to the internal XML elements.
* Perform data analysis activities to appropriately source and document new data points to be provided over interface with the team to create sample XML scenarios to provide to application delivery team (DEV and QA) with data reflective of planned data source (new sourced data points).
* Performed the analytics using SAS to provide information, critical for making decisions.
* Worked with SAS code to load the Excel raw data into SQL tables, thus fed as an input to the Tabular model.
* Involved in the Change Control Process for changes submitted for the BRD once the document was submitted to IT department.
* Worked with Development Team to resolve issues and clarify Business Requirements from the Business Owners.
* Documented the UAT Plan for the project and worked with the UAT Team to ensure every acceptance criteria for the requirements has been included in the UAT task plan.

**Environment:** Web Portal: Heads Down & PEPs, QCARE, MS Access, Informatica, SQL, ORACLE, MS Word, Excel, and PowerPoint.

**Florida Healthcare Plans, Holly Hill, FL ‎  August 2012-November 2013**

**Business Analyst**

The project was to make enhancements to the Claims processing module of the Group Approval Process.  The claims processing module incorporated the Receiving and Verification of Claim Forms (EDI 837), Claims Enquiry and Response (EDI 276/277), Adjudication, Healthcare Claim Remittance/Payment Advice (EDI 835). Project followed Agile Scrum methodology.

**Responsibilities:**

* Facilitated all aspects of the scrum framework, including sprint-planning sessions, backlog grooming sessions, daily scrums, product demos, sprint reviews and sprint retrospectives.
* Supported and consulted product owner in developing, maintaining and grooming product backlog.
* Maintained the capacity plan, iteration board, sprint backlog, and burn down charts.
* Identified and removed impediments to the success of the sprint by working with every single team member.
* Communicated dependencies and potential risks to the completion of the sprints including resources, costs and systems.
* Conducted JAD sessions, workflow diagrams, process models, activity diagrams, and use cases, for incorporating design changes in the order creation/ management sys
* Actively participated on creating Migration strategy from existing PDE (Microsoft Access files) to Gold Data Repository.
* Clearly understood coding standards required for all Medicare Part D Users transactions involving electronic data interchange as provided by department of health and human services and incorporated at every stages of the project wherever found necessary.
* Analysis and Design of existing transaction sets, and modification of these transaction sets to ensure HIPAA compliance.
* Did data analysis, created data mapping and data interface documents and kept the documents updated with changes in requirements and functional specifications.
* Worked on developing the business requirements and use cases for Facets batch processes; automating the billing entity and commission process.
* Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system).
* Involved in impact analysis of HIPAA 5010 835 and 837P transaction sets on different systems.

**Environment:** Rally, Agile, Microsoft Office, HTML, Microsoft Visio, Share Point, Mega, XML schema, J2EE, UML, and Quality Center

**Anthem, Indianapolis, IN                                                                                                                    August 2011- June 2012**

**Business Analyst**

Anthem Inc. is a health maintenance organization (HMO) that focuses on Medicaid and Medicare contracting. The project mainly focused on Healthcare project management and systems analysis experience in both the Provider and Payer Sectors. I was involved in project management experience in SDLC and system implementation including gap, current/future state analysis, workflow design, optimization, and training and large-scale data migration activities.

**Responsibilities:**

* Conducted JAD sessions with business units and stakeholders to define project scope, to identify the business flows and determine whether any current or proposed systems are impacted by the new development efforts.
* Prepared the Business Requirement Document (BRD) and Functional Requirement Document (FRD) for the enhancement of the existing services.
* Conducted daily SCRUM meetings during the Sprint Development as a part of Agile Methodology. Also captured and addressed concerns from IT to Product Management or Business Team as needed
* Gathered requirements from users and stakeholders using different elicitation technique such as JAD session, work session, interviews, and brainstorming and document analysis.
* Performed analysis on enterprise data/report integration and provided functional specification to development team to build Enterprise Reporting Systems.
* Performed the GAP analysis to find the Root Cause of the issues.
* Successfully used Agile/Scrum Method for gathering requirements and facilitated user stores workshop.
* Collected business requirements to set rules for proper data transfer from Data Source to Data Target in Data Mapping.
* Hands on experience on electronic medical record management system (EMR) and electronic health record (EHR).
* Helped create test scenarios for EMR/EHR systems and executed those tests cases and evaluated the results.
* Developed an implementation guide for Partners for EDI X12 transactions such as 834, 835,837,270 and 271.
* Validated Medical and Hospital claims in FACETS, verified Codes with description and requirements, verified adjudication process of Claims in FACETS.
* Configured Membership application on Facets to enroll new members as per customers’ requirements
* Involved in gathering requirements, configuration, and data conversion of the Facets application modules like Enrollment, Membership and Claim
* GAP Analysis: Analyzed the client’s applications programs to determine the impact of the HIPAA final rule on EDI Transaction Set and Code List implementation and defined the changes to bring the affected systems into HIPAA compliance.
* Gathered requirement on FACETS EDI 834 Benefit Enrollment and Maintenance subsystems.
* Using tools such as SAS/Access and SAS/SQL to create and extract oracle tables
* Designed High level design, for New process, integrating with legacy and Facets.
* Developed test cases and performed UAT testing for all the files and reports also performed Facets regression testing.
* Conducted Functional Walkthroughs, User Acceptance Testing (UAT), and supervised the development of User Manuals for customers.
* Performed complex ad hoc SQL queries from BAs in both SSMS and Teradata SQL Assistant.
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet portals. This includes HIPAA 837, 835, 270/271, and others.
* Researched the existing client processes and guided the team in aligning with the HIPAA rules and regulations for the systems for all the EDI transaction set.
* Created and executed test plans that improved data warehouse report quality using Word, Excel and Access.
* Prepared UATs, Reviewing System Test Plans and defect monitoring.
* Data mapping, logical data modeling, created class diagrams and ER diagrams and used SQL queries to filter data within the Oracle database.
* Validated data integration by developing and executing test plans and scenarios including data design, tool design, data extract/transform, networks, and hardware.
* Conducted meetings for creating and execution of test cases, developing and maintaining test plans, defining QA stories for work breakdown structures and work assignment.
* Worked on the FACETS front end and backend for testing and for documenting the Business requirement documents.

**Environment**: Agile, Microsoft Office, MMIS, Facets, HTML, Microsoft Visio, Share Point, PL/SQL, UML, Quality Center.

**McKesson, Atlanta, GA December 2010-July 2011**

**Jr. Business Analyst**

McKesson provides pharmaceuticals; medical supplies and health care information technologies helping health care providers deliver better, safer care. The project involved developing a web-based medical claims application, which is HIPAA compliant. This application automates the health insurance claims process from the time a claim is received to the time when the claim is adjudicated and fully paid. The implementation of this quality system involved the use of the following ANSI X12 transaction sets: 837, 835, 276, and 277.

**Responsibilities:**

* Facilitated JAD sessions, which focused on the definition of business requirements associated with McKesson’s claims process.
* Created Use Cases that defined the role of users who receive claims, users who process claims, and users who adjudicate claims. Used MS Visio to develop UML diagrams
* Used Rational Requisite Pro for gatheringand documenting requirements from business users.
* Determined eligibility benefits for customers with EDI Health Care Eligibility/Benefit Inquiry (270).
* Utilized EDI Health Care Claim Payment/Advice Transaction Set (835) to make payments, send an explanation of benefits (EOB) remittance from a health insurer to a health care provider.
* Authored data flow diagrams, sequence diagrams,andbusiness process models that describe how the EDI Health Care Claim Transaction set (837) is used to submit health care billing information and encounter.
* Collected test metrics weekly from the Clear Quest in RUP suite database that reflected the current status of the test execution and the state of the defects. Used Rational Clear Case for managing the version changes across all stages of the SDLC
* Worked with the technical architect to design security, interaction, andinterface of the application. Also worked with architects to create logicalandphysical data models.
* EDI Health Care Claim Status Request (276) was used as part of the implementation by McKesson to request a status of a health care claim.
* Performed manual testing of the functional items by checking a summary of all claims entered and submitted.

**Environment:** Windows XP/2000, Rational suite (Rational Rose, EDI, Rational Requisite Pro, Rational Clear Quest, Rational Clear Case), RUP, MS Office 2000, UML.

**Education**

* Bachelors in Mathematics
* Bachelors in Business Administration
* Masters in Business Administration