**Sylvester Souza**

Extensive professional experience as Business Systems Analyst with expertise in Software Development Life Cycle (SDLC) and Business Process Reengineering in Health Care Sector with prime focus on claims adjudication, provider, eligibility and prior authorization for Medicaid and Medicare programs in web environments .

**Summary:**

* Expert at using the MS office suite, Excel, Word, Visio, Project, LYNX, PowerPoint.
* Expertise in Healthcare billing with attention to billing levels, cycles, fee’s, discounts, volume, rating and other features.
* Exposure to Six Sigma and Value Management process.
* Certified Scrum Master
* Experience in documenting and testing the Obama Care and other EDI’s like 834, 835, 270/271, 277, 837.
* Experience with TriZettos Facets Application Groups: Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management.
* Comprehensive understanding of Medicare, Medicaid, ICD 9, ICD10 and Claims adjudication process.
* Good understanding of the applications on Windows, UNIX and Linux environment.
* Detailed knowledge of Software Development Life Cycle (SDLC) with emphasis on the Waterfall, Kanban and Agile Methodology.
* Worked in all phases of Software Development Life Cycle (SDLC).
* Skilled in reviewing and creating project related documents like BRD, FRD, Use case and UML Diagram.

Have a good understanding of various SDLC for Business and Quality analysis Methodologies. Identified gaps and developed improvement projects.

* Experienced in Creating BRD’s, FRD’s, TDD’s, Test Strategy, Test Processes, Test Plans, Test Cases, Test Scripts, Test Scenarios and Test Reports.
* Excellent Backend Database testing skills with SQL queries for data validation and verification.
* Experienced in tools like HP Quality Center, Clear Quest, Jira, Atlassian and Bugzilla.
* Extensive experience working with onsite/ off site team model, aware of the cultural issues, aware of the issues in terms of planning efforts/ schedules etc.
* Ability to learn new technologies and challenging concepts quickly and implement them.
* Extensively used Desktop Applications like MS word, Excel and Power point.
* Excellent analytical, Problem solving, decision-making and presentation skills with ability to co-ordinate activities in a fast paced environment individually as well as in Team.

**Technical Skills:**

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| **Defect Tracking** | | ALM, Quality Center, Bugzilla, Rational Clear Quest, SBM |
| **Languages** | | SQL, Visual Basic, TFS, Facets, Java, .Net |
| **Platforms** | | Windows, UNIX, LINUX |
| **Database** | | Oracle, MS Access, SQL Server, MySQL |
| **Browsers** | IE, Mozilla Firefox, Google Chrome, Safari, Dolphin, Puffin, Mercury | |
| **Web Technologies** | | HTML, XML, HTTP, SOAP, Web Services |

**Professional Experience:**

**Assurant Health, Milwaukee, WI**

**June 2015- Present**

**Business System Analyst**

Assurant Health is part of Assurant, a premier provider of specialized insurance products and related services in North America and selects worldwide markets. It is the brand name for a family of health insurance products focused on providing a variety of affordable plan choices to consumers. The portfolio of health care products includes major medical, supplemental and fixed-benefit plans for individuals, families and small employers. Also integrate the Medicare (Part A, Part B, Part C, Part D) data all in one single system for a smooth flow through the claims processing system. I was also involved in providing support through the entire lifecycle for multiple projects involving web service and user interface development, covering Provider, Claims, modifying MMIS (Medicaid Management Information Systems) and Reimbursement Processing domains.

### Responsibilities:

* Performed a project analysis on new projects, including requirements, personnel, and costs.
* Developed and maintained a work plan for system projects.
* Facilitate daily scrum, sprint planning and sprint retrospectives meeting.
* Worked on release on multiple sprints after successful completion of sprints.
* Performed Gap Analysis for HIPAA 5010.
* Met with Supervisors and business users and defined the scope of the project, gathered business requirements, and conducted gap analysis.
* Managing and Billing Medicare, Commercial HMO/PPO claims on a daily basis.
* Involved in the documentation of extraction, of the data from various tables in the Data warehouse.
* Worked closely with Business Team, SME’s, Infrastructure team, and coordinated with Offshore Team.
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet portals.
* Work with solutions/delivery teams to implement data quality processes during acquisition, ETL, and delivery stages for Business Intelligence solutions and changes to Data Warehouses.
* Used FACETS Analytics for fast and easy retrieval, display and grouping of information for performing queries and generating reports.
* Tested the changes for the front end screens in FACETS related to following modules, test the FACETS batches (membership, Billing, Provider, etc).
* Worked on the MMIS (Medicaid Management Information Systems).
* Designed Claims Inquiry screen within the MMIS and executed Testing Scenarios, Cases & Conditions involving User Acceptance testing, Regression, Integration and System testing
* Wrote BRD’s for 834(member Eligibility),Provider files and Claims tracking system, Use-Case Narratives including business process workflow diagrams and Requirements Traceability based on any of the projects need.
* Worked on Business requirement for payer information in geographical area and contact payers to facilitate contracting.
* Documented and gathered Functional specifications for 837 (claims), 278(Authorizations) and 270/271 (Eligibility and Benefit Response)
* Conducted Requirements Walk-Thru JAD Sessions and resolved all issues/findings.
* Lead & Facilitated numerous meetings to help answer any question on requirements during Design, Development, Testing and Implementation phase.
* Organized brainstorming and JAD sessions with stake holders, business users, technical teams, testing team to analyze and validate the business requirements, system life cycle and explained the key performance indicators and documented the specifications.
* Analyzed the mainframe reports for member/eligibility/claims and mapped the fields with **FACETS** batch jobs and reports.
* Created Use Case diagrams by analyzing the business process followed by Activity diagrams using MS-Visio and participate in production of HIPAA 5010 EDI Test data.
* Developed use case Designed process flow diagrams using MS-Visio and also Business Context Diagram.

**Environment:** Agile, UAT, MS Office (MS Word, MS Excel, MS PowerPoint, MS Visio), MMIS, Facets 4.71/5.01, HP ALM, SQL Server.

**Care Source, Dayton, OH**

**Jan 2014- May 2015**

**Business Requirement Analyst**

Care source is one of the leading health insurance providers in US. Application such as Facets has been widely used across their network for the claim adjudication and claim processing. Facets are a fully integrated CLAIMS data processing and Medicaid and/or Medicare Management information system for managed healthcare. Facets uses the data feed for the claims adjudication, claims error processing and to prepare the auto- generated reports and correspondence using the Batch Cycle. As Business Analyst, I was involved in various kinds of Requirement Gathering and UAT testing of the Facets application modules like Membership, Providers, Finance and Claims.

**Responsibilities:**

* Responsible for the requirement-gathering phase and project plan.
* Responsible for requirements analysis, design and developing technical requirements.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
* To create a single point of contact for all Medicare related communications between Care Source and CMS through the application MBE designed using off the shelf product Market Prominence (MP)
* Used HIPAA 5010 transactions to support the analysis of current business processes and work with management to improve and implement enterprise solutions to ensure compliance and got involved in designing future state processes for HIPAA 5010 transaction processing EDI’s 837, 835, and 834 and ICD-10 Code sets.
* Profound understanding of insurance policies like HMO and PPO and proven experience with HIPPA 4010 EDI transaction codes such as 270/271(inquire/response health care benefits),276/277(Claim status), 834(Benefit enrollment), 835(Payment/remittance advice), 837(Health care claim).
* Upgraded HMO Medicare EDI and reporting.
* Designed enhancements and workflows for a Market Prominence system.
* Create named provider groupings for various business purposes using Market Prominence system.
* Managing and Billing Medicare, Commercial HMO/PPO claims on a daily basis.
* Created BRD and FRD for Medicaid managed care requirements and documenting them.
* Acted as a SME for the application team and the Infrastructure team.
* Gathered managed care specific business requirements from several different managed care programs.
* Involved in the testing of web portal of New MMIS system.
* Performed Back-end Testing using PL/SQL for Database Validation.
* Performed gap analysis by matching the requirements for managed care programs.
* Matched the requirements for programs such as Medicare and Medicaid, which are part of the Social Security Act.
* Held regular JAD meetings with the system architects, developers, database developers, quality testers during the entire project to assure that the critical as well as the minute details of the project were discussed and issues were resolved beforehand.
* Worked With HIPAA compliant ANSI X12 837 formats for both professional claims and institutional claims.

**Environments:** UML, Excel, SQL, HP ALM, Facets, MMIS, JAD, SDLC.

**Well Care Health Plans, Tampa, FL**

**July 2012- Dec 2013**

**Business System Analyst**

Worked with WellCare Health Plans for upgrading an existing EDI system, to use for dual purposes; first this EDI system is used as a National HIPAA 5010 EDI testing tool and for 5010 test-data generating, typically for Medicare, Medicaid or Commercial Payer HIPAA 5010 Projects or HIPAA Training and the second use to provide affordable 5010 desktop solution for Providers. WellCare Health Plans, Inc. provides managed care services targeted to government-sponsored health care programs, focusing on Medicaid and Medicare.

**Responsibilities:**

* Responsible for the requirement-gathering phase and project plan.
* Responsible for requirements analysis, design and developing technical requirements.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Performs in-depth investigation, analysis, and evaluation to determine project feasibility.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
* Used HIPAA 5010 transactions to support the analysis of current business processes and work with management to improve and implement enterprise solutions to ensure compliance and got
* Involved in designing future state processes for HIPAA 5010 transaction processing EDI’s 837, 835, and 834 and ICD-10 Code sets.
* Acted as a SME for the application team and the Infrastructure team.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
* Used Requisite Pro for writing/analyzing project vision, goals, specifications and requirements.
* Conduced Joint Application Development (JAD) sessions and walk in interview with the business users to gather requirements.
* Interacted with database developers for formulating the ER diagrams and data flow diagrams.
* Responsible for GAP analysis of ICD9-ICD10.
* Held regular JAD meetings with the system architects, developers, database developers, quality testers during the entire project to assure that the critical as well as the minute details of the project were discussed and issues were resolved beforehand.
* Worked With HIPAA compliant ANSI X12 837 formats for both professional claims and institutional claims.

**Environment:** Microsoft Word, Microsoft Visio, Microsoft Project, Microsoft Excel, MMIS, Facets, Load Runner, Test Director, TOAD, Oracle 9i, SQL and Windows XP.

**HMSA, Honolulu, Hawaii**

**Jan 2011– June 2012**

**Business Systems Analyst**

There were multiple projects that was being worked on, one of the main projects involved functional and non-functional testing of the website for the application. The website offers a one stop shop for the new healthcare reforms which include Medical, Dental, Vision and various combinations of benefits**.** It has been providing customers with price comparison and options of buying health and dental coverage. Web service was developed in various modules. The other project was focused on MMIS & the different interfaces involved in receiving and sending 834’s to state in the test environment. Moving from the legacy system to Facets in which I was involved in requirement verification, test plan creation, test case creation, test execution upgrading of internal systems, process changes and onsite offshore coordination. My projects followed agile mode and the others were based of the waterfall method, which worked of strict deadlines.

**Responsibilities:**

* Worked with QA members to define test requirements and developed test cases based on the Business requirements and System Requirement.
* Setting up test environment for testing.
* Knowledge of mainframe and claim adjudication processes
* Interacted with business owners to identify business system needs, evaluated solutions for business problems and proposed alternate methods to increase efficiency
* Analyzed and documented requirements and the corresponding impact on business processes
* Analyzed and transmitted the business requirements into detailed project plans.
* Analyzed business requirements and organized high-level and low-level Use Cases.
* Adapted UML standards to define modularized Data Process Models.
* Facilitated Joint Application Development (JAD) sessions with the Management and HIPAA team to make sure everyone are in sync with the business requirement processes.
* Attended and coordinated the Daily JAD meetings with Business Analyst, Development Team, Manager, SMEs and Third party Vendor.
* Was responsible for testing the changes for the front end screens in FACETS related to following modules, test the FACETS batches (membership, Billing, Provider, etc.).
* Was responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
* To create a single point of contact for all Medicare related communications between Care Source and CMS through the application MBE designed using off the shelf product Market Prominence (MP)
* Involved in the testing of web portal of New MMIS system.
* Designed Claims Inquiry screen within the MMIS and executed Testing Scenarios, Cases & Conditions involving User Acceptance testing, Regression, Integration and System testing
* Worked with outside vendor who is providing SAAS for JCT (Joint Company Testing), and offshore teams to integrate and promote code for validation.
* Validated checkpoint functionality in Tidal Scheduler.
* Used Synchronization, Call function, Parameterization, Checkpoints, Regular Expressions to enhance test affectivity also created reusable actions.
* Performed regression testing using Tidal Scheduler.
* Generated test data from Facets and Oracle DB.
* Generated graphs and reports with Quality Center and SBM.
* Involved in Test Driven development activities for analyzing and evaluating application modules.
* Promoted, synchronized and validated code from production to test and development.
* Used the in-house SharePoint and had access to third party SharePoint location to store all testing results, metrics, implemented Test plan, Documented Test Cases, Defect Tracking & Reporting.
* Responsible for the day-to-day monitoring and generating reports form SBM.
* Coordinated with the user for UAT and conducted user training classes.

**Environment:** Quality Center, MMIS, MS Office Suite, MS SharePoint, MS Access, MS Visio, Facets, BizTalk, Java, .Net, TFS.

**Cigna, Raleigh, NC**

**Oct 2009- Dec 2010**

**Business Systems Analyst**

The main purpose of this project was to create an integrated solution to deliver quality health care, enhanced process flows, and increased patient flows to the clinic and give excellent experiences in all services provided. The project worked on HIPAA Claims Processing.

**Responsibilities:**

* Worked on solving the errors of EDI 834 load to Facets through MMS.
* Constructed the Business Requirement Document and the Functional Requirement Document for Inbound (837-I, P, D, 270 and 834) and Outbound (835, 271) transactions.
* Tested the changes for the front end screens in FACETS related to following modules, test the FACETS batches (membership, Billing, Provider, etc.).
* Worked closely with Trading Partners to ensure that requirements were met.
* Contributed in the writing of 4010 Implementation, Companion Guides for all ANSI X12 transactions.
* Appointed as the point of contact in the HIPAA 4010 core team for responding to any queries.
* Performed impact analysis for conversion of ICD-9.
* Reviewing all codes and appropriately applying them.
* Assist in preparing the context diagram.
* Created EDI mapping guidelines.
* Analyzed the mainframe reports for member/eligibility/claims and mapped the fields with FACETS batch jobs and reports.
* Determined technical parameters for EDI by working with the development team for communication, security, and privacy.
* Create transaction sets requirements, usually with Microsoft Excel, for transactions such as: HIPAA 270/271, 835, 837-(I, P, & D), 835.
* Acknowledged HIPAA rules and regulations during Electronic Data Interchange (EDI) and also ensured that the development team kept up with it.
* Used MS Project regularly to monitor activities, schedules and communication during the project.

**Environment:** MS Office, FACETS, Agile, Toad, SQL server, .NET, JAVA, COBOL, MS Office Tools, MS Visio, HP Quality Center.