**PROFESSIONAL SKILLS**

* 6 years of comprehensive experience as a **Business Analyst** in the **Healthcare/Insurance Industry** including **Claims**, **Payer, Provider, etc.**
* Exposed to using **ICD 9/ICD 10/ANSI/4010/5010 coding standards in**the healthcare systems and industry for both inpatients, outpatients,  Reimbursement methodology, etc
* Have **Process documentation** creation experience and ability to **facilitate requirement  sessions** and proof of concept sessions
* Have strong experience in **requirements gathering**by **conducting interviews** with end  users
* Comprehensive knowledge of **Software Development Life Cycle (SDLC)**, having  thorough understanding of various phases like **Requirements, Analysis/Design,  Development and Testing**
* Exposure in Forward **Mapping and Backward Mapping analysis of ICD 9 – ICD 10**
* Immense knowledge in Health care payer operations, Interfaces, Reports, Letters and system Migrations, Health Administration – **Claims processing** (auto adjudication), **Claims pricing and testing**, HIPAA, enrollment, Medicare, Medicaid, etc
* Knowledge of the following HealthCare EDI Transactions for 4010/5010 like (278) Referral Certification and Authorization, (834) Benefit and Enrollment, (835) Payment & Remittance Advice, (837 I & P) Institutional and Professional HC Claim
* Experience in conducting **UAT (User Acceptance Testing) and documentation of test  cases,**ability to **communicate both on a business and technical level**and experience in**coordination with business and technical resource**
* Proficient in writing SQL queries to assist in UAT, data validations and data analysis.
* Good control on**MS Office suite, MS Visio and MS Project.**
* Adept at **creating and transforming business requirements** into functional  requirements and designing business models using **UML diagrams – Context, Use  Case, Sequence, Activity diagrams in MS Visio and Rational Rose**
* Organized many **Joint Application Developments (JAD) sessions, scrum meetings and  Joint Requirement Planning sessions**(JRP), walkthrough, Interviews, Workshops and  Rapid Application Development (RAD) sessions with end-user/clients/stake holders and the IT group
* Excellent presentation skills with **MS Power Point,** which was extensively used in different JAD sessions and to track progress. Communication ability with prospective  vendors
* Assisted the project manager with activities like **development of business processes,  effort estimation, resource management, issue/risk analysis, milestone tracking and  associated documentation**
* Comprehensive knowledge of **RUP, Agile, Scrum, FDD, Waterfall** Methodologies
* Extensive experience in **gathering, managing and documenting business  requirements and functional requirements**, communicating effectively with upper  management, senior BAs, developers and QA engineers
* Excellent track record for meeting deadlines and submitting deliverables on time
* Excellent documentation, communication and interpersonal skills

**TECHNICAL SKILLS**

**Project Methodologies:** Rational Unified Process (RUP), UML, Agile

|  |  |
| --- | --- |
| **Bug Reporting Tools** | HPALM/ Quality Center, Rational Clear Quest, JIRA. |
| **Operating Systems** | Windows, UNIX |
| **Databases** | MS Access, SQL Server, Oracle, |
| **Project Management** | MS Office, MS Project. |
| **Methodologies** | RUP-Rational Unified Process, UML, Waterfall |

**EXPERIENCE**

**Client: Center Light Health Care, New York, NY            Duration: July 2013 – Current**

**Role: Business Analyst**

Multiple process Implementation and Maintenance projects (PCP, MCO Provider Transfer and Claim Encounter Maintenance and Module) by handling individual requests from business requirements and simultaneously worked on writing and improving test plans, test cases and execution using quality center before delivering completed and quality checked test result documents to the clients. This includes the files and data conversion and migration of all application functionality from the legacy system to the **COTS Claims adjudication application** (Trizetto QNXT system)

**Responsibilities:**

* Document management system was utilized in the access control and management of the requirement specifications produced in this role.
* Identified requirements and for business needs, communicated gaps and issues to management.
* Worked extensively on writing the Business requirements and making the user requirement documentation
* Managed requirement activities using an iterative and incremental methodology such as Agile using User stories and Acceptance Criteria.
* Translated the Business requirements to the Business Functional Requirements that is utilized by the development team for Design Document
* Reviewed state documents (policies, manuals, business processes, systems documents, banners, bulletins) from various divisions.
* Coordinated the project team for JAD and requirements elicitation Sessions.
* Analyzed and translated high-level requirements into detailed system requirements.
* Performed Gap Analysis using ‘Tracer’ tool, created gaps and generated weekly reports based on results.
* Verifies the plan’s pricing and illegibility of policy holders in regards to ACA (Affordable Care Act).
* Worked in implementing various areas in QNXT for Case Management, Provider, Member, Member Eligibility and Prior Authorization.
* Dealt resolving issues with member attributes, enabling multiple rules associated with member lookup process in QNXT**.**
* Executing SQL Queries  for the reports before mass and after mass reports to check for claims routing.
* Responsible for working with the State to review and modify process flows to increase productivity and effectively utilize QNXT features not provided by the legacy systems.
* Worked on modules related to **Providers, Contract & Claims and worked with Claims, Provider attributes, enabling EOB & Remit rules** associated with **Provider configuration** process in **QNXT.**
* Resolved issues like member duplicated in file, dealing with dependent transaction if subscriber is not found, failures in submissions in QNXT**.**
* Created **SQL queries** to check the updates in Oracle database and executed SQL queries in Oracle to check the redundancy of data. Setup run book for Inbound and Outbound **EDI** transactions.
* Analyzed the QNXT **(claims engine)** data and discussed with the Business team regarding the Requirement
* Performed review of the mandates sent by Center for Medicare and Medicaid Service for Medicare Part D to figure out the updates needed to be made to meet the new mandates released on a quarterly basis.
* Extensive analysis on conversion of Claims, Members and Providers files into QNXT system and troubleshoot the problems found within QNXT and SQL database testing while validating against the business rules.
* Created **EDI 834** mockups for sending to vendors for testing enrollment integration success.
* Worked on testing Oracle Datamarts, Enrolments and IVR and some parts of TDM
* Data mapping, logical data modeling, used **SQL queries** to filter data.
* Involve in drafting System Requirements & Data Requirements documents and getting them approved by the intent director.
* Created process flows and use case diagrams to provide user a comprehensive summary of the whole system in a single illustration.
* Documented the Requirement Traceability Matrix (RTM) for tracing the Test Cases and requirements in Blueprint.
* Tested the changes for the front end screens in QNXT related to following modules, test the QNXT batches (member load, Billing, Provider, etc).
* Analyzed the front end Customization requirements on QNXT applications (Member, Group/Subgroup application, Member maintenance, etc).

**Environment:** MS Visio, MS Project Professional, QNXT 5.1**,** MS Project, WebEx, and Microsoft Office package, MS Share point, Oracle and SQL

**Client: US Health Group, Fort Worth, TX                  Duration: Mar 12 - June 13**

**Role: Business Analyst**

The ‘e-Quote Advisor’ system is a set of Web based applications for US Health sales representatives to get **healthcare** premium quotation for health insurance and customer management. By entering the client's information in the application, the tools aid the sales representatives to help potential clients provide quotes and find products meeting individual client needs.

**Responsibilities:**

* Served as a liaison between the internal and external business community (**Claims**, Billing, Membership, Capitation, Customer service, membership management, provider management, advanced Healthcare management, provider agreement management) and the project team
* Coordinated the upgrade of Transaction Sets 837P, 835 and 834 to HIPAA compliance. Responsibilities include the analysis of inbound and outbound interfaces and extensions to FACETS claims processing system
* Completed Data Mapping for Group and detail Product analysis and report writing
* Analysis and Design of the FACETS data model to ensure optimal system performance and tuning
* Gathered Business Requirements from the Subject Matter Experts (SMEs) for “ICD 10 Project” and documented the requirements in the BRD.
* Performed Data Analysis of ICD 9 Procedure and Diagnosis Codes in accordance with ICD 10 CM and ICD 10 PCS Conversion Compliances.
* Creation of a Gap/Impact Analysis Document for changes of the **EDI Transactions (837, 835, 276/277, 270/271)**
* EDI Processing, the retrieval of Medicare/Medicaid HCFA and UB04 claim files, delivery of acknowledgement reports, '835' Remittance Advice, '837' Professional and Institutional claim files, and '999'/'277' response files daily, and the submission of Member, Provider and Encounter files (NCPDP, Dental, Prof, Institutional), using HIPAA compliant data transfer protocols.
* Creation of a Mapping Document for ICD9 Codes to ICD 10 Clinical Modifications and Procedural Codes.
* Creation of Gap/Impact Analysis Document for the Prescription Drug Point of Sale System
* Documentation for the Drug Utilization Review System
* Creation of Gap/Impact Analysis and Operational Analysis, document Medicaid Subrogation and the Drug Rebate Analysis and Management System
* Managed the encounter data collection effort between the health plan and the medical group.
* Researched, analyzed and resolved intricate **encounter data issues** in association with **EDI transaction errors.**
* Prepare requirement specifications such as Use cases and System requirement specifications and Supplementary specifications; Tag and trace system requirements to business requirements
* Develop functional design details and specifications through collaboration with development teams and using system architecture and other technical considerations
* **Use of SQL queries** to analyze the requirements and for testing the files and reports
* Maintain test data files and monitor system configuration to ensure data integrity; review data loaded and processed to identify gaps and data anomalies
* Analyzed the current Business Requirements gathering process with BPM and re-established/optimized the process JAR.
* Designed and implemented basic **SQL** queries for QA Testing and Report / Data Validation
* Used ClearCase to keep different versions of the documents and ClearQuest to report bugs or defect
* Used Rational RequisitePro as requirement gathering tool.
* Participated JAD sessions with developers to review Unit test results. Performed QA including functional testing, System testing and End to End testing.

**Environment:** **Facets,** Windows, XML, SQL, MS Office (MS Word, MS Excel, MS PowerPoint, MS Visio), RUP, RequisitePro, ClearCase, Clear Quest

**Client: Geisinger, Danville, PA Duration: January 2011 - Feb 2012**

**Role: Business Analyst**

As a BA, I was involved in developing fully automated, real-time claims processing system for complete, on-line mediation of medical, dental, vision, and disability claims and encounters as per HIPAA guidelines. System allowed the efficient and timely management of all relevant data clinical, financial, and administrative throughout the organization enabling the sharing of information between subsystems.

**Responsibilities**

* Extensively involved in implementation of effective requirements practices, including gathering User Requirements, and analyzing User Requirement Document (URD), and functional specification document (FSD), use and continuous improvement of a requirement gathering processes.
* Applied RUP methodology with its various workflows, artifacts and activities to manage life cycle from Inception to Transition phase.
* Acted as liaison between external clients and SMEs to generate and standardize product requirements specification documents such as URS/FRS/Use Cases.
* Responsible for documentation of different Medicare Benefit terms and Programs Configuration library.
* Employed UML methodology in creating UML Diagrams such as Use Cases, Sequence Diagrams, State Diagrams, Activity Diagrams and business process and workflows.
* Was engaged in applying CMM standards which provided guidance for improving organization's processes and the ability to manage the development, acquisition, and maintenance of products or services was providing to its clients.
* Assisted JAD sessions to identify the business flows and determine whether any current or proposed systems are impacted by the **EDI X12 Transaction**, Code set and Identifier aspects of HIPAA. Involved in GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims.
* Worked on **EDI transactions: 270**, 271, 835, and 837 (P.I.D) to identify key data set elements for designated record set.
* Created and executed Manual Test scripts to verify complex system requirements and database testing. Transaction Verified through Data Verification of Backend Database using SQL Queries through Toad.
* Involved in designing & determined **3-tier architecture for the claim processing system**.
* Assisted team lead in developing Requirements Traceability Matrix (RTM) to trace the relationship between **business** and functional requirements to test cases. Prepared and executed different Test Cases and Test Scripts.
* Involved in conducting Functionality testing, Integration testing, Regression testing and User Acceptance testing (UAT). Provided analysis and insight to QA Team in defects and bugs tracking.

**Environment:** Windows, MS SQL Server, Rational Unified Process (RUP), CMM, UML, Rational Rose & RequisitePro, Mercury Quality Center & Test Director, Clear Quest, MS Office Tools, MS Outlook, Java

**Client: WellPoint Inc., Richmond, VA Project Duration: May 2009 – Dec 2010**

**Role: Business Analyst**

The project dealt with development of a Health Care Cost Containment System and implementation of an automated inter-operable web application that tracks patient medical history and health care plans via Viewer application and Electronic health records. I was also involved in the implementation of Medicare program to include Claims, and member/subscriber modules in the system

**Responsibilities**

* Gathering and documenting project requirements/specifications and experience with the System Development Life Cycle.
* Developing and executing SQL queries against data warehouses to support data mapping and ad-hoc analysis.
* Conducted one on one interviews with high level management team and participated in the JAD session with the SME’s.
* Transitioning design deliverables to the development team and supporting development team during build and unit test phase.
* Consulted with healthcare insurance company to develop conversion specifications for other insurance **Coordination of Benefits (including Medicare).**
* Performed In-Death analysis of systems and business processes of **Medicare Part D** as per CMS rules and procedures.
* Involved in project planning, coordination and QA methodology in the implementation of the Facets in the EDI transaction of the claims module.
* Executing system test scripts on query output and quantifying, analyzing, and summarizing test results.
* Gathering business requirements and converting them into functional requirement specifications and user requirement specifications. Used Rational RequisitePro for Requirement Document preparation.
* Conducting data driven analyses to help break down, prepare and analyze data for testing, auditing, and improvement of query performance.
* Involved in Testing the Member portal website and worked on the requirement gathering and Analysis for developing the Ad-hoc reports that are extracted from the consumer portal back end data.
* System issue resolution of critical problems/tickets through data analysis and root cause analysis
* Responsible for Report scheduling, Extracting and Distributing daily reports to the client leadership team.
* Actively working with business users, development, QA teams and onsite/offshore team.
* Conducting reviews of SRS written by peers and junior colleagues.
* Analyzed Business Requirements and segregated them into high level and low level Use Cases, Activity Diagrams / State Chart.
* Conducted and participated in walkthroughs to generate consensus, maintaining quality and resolve issues among different stakeholders in the SDLC.
* Created Process Flow diagrams, Use Case Diagrams, Class Diagrams and Interaction Diagrams.
* Created Use cases, activity report, logical components and deployment views to extract business process flows and workflows involved in the project. Carried out defect tracking.
* Maintained proper communication with the developers ensuring that the modifications and requirements were addressed and also monitored these revisions.
* Involved in compatibility testing with other software programs, hardware, Operating systems and network environments.

**Environment:** MS Office, MS Visio, Quality Center, PL/SQL, MS Project, SQL, SQL, Server, Rational RequisitePro

**EDUCATION**

* Masters in Business Administration.