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## **CAREER SUMMARY**

* Qualified professional with 6+ years of extensive experience in the field of Business Analysis working with the technical staff to implement management and staff's business requirements into the software application in Healthcare. Extensive working experience with TriZetto’s Facets tool.
* Expertise in documenting the Business Requirements Document (BRD), Technical Requirement Document (TRD), generating the UAT Plan, maintaining the Traceability Matrix and assisting in Post Implementation activities.
* Good experience in the EDI transactions and knowledge on EDI transaction process flows.
* Strong experience and understanding of health care industry, claims management process, Knowledge of Medicaid and Medicare Services.
* Knowledge and Implementation experience in Eligibility System, Facets Data model, Configuration Implementation of FACETS module.
* Involved in using FACETS for various health insurance areas such as products, enrollment, members and other modules related to FACETS.
* Experience with TriZettos Facets Application Groups Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management.
* For Executing Scripts manually, Involved in preparing data in FACETS.
* Expert in creating Use Cases, Use Case Diagrams, Class Diagrams, Sequence Flows using MS Visio and UML concepts.
* Experienced in EDI and HIPAA Testing Privacy with multiple transactions exposure such as Inbound 834Membership Enrollment, 837Institutional, 837Professional, 837 Dental, 835 Claim Payment/Remittance Advise, 270/271 Eligibility Benefit Inquiry/Response, 276/277 Claim Status Inquiry/Response Transactions and testing in Client Server systems and Mainframe Applications.
* Worked with different Business Areas like Claims and Enrollment to document proposed ICD 9 – 10 Code changes.
* Maintained the Traceability Matrix table to track the Business Requirements to the design to the testing keeping track of all requirements in the BRD.
* Experience in conducting User Acceptance Testing (UAT) and documentation of Test Cases

## **TECHNICAL SKILLS**

**Project Methodologies**: SDLC, RUP, UML, Agile, Waterfall,

**Business Modeling Tools**: Microsoft Visio, Rational Rose

**Healthcare Tools** EDI X12,HIPAA,4010,5010, Trizetto ,FACETS,ICD 10,To ICD9

**Testing tools:** Mercury Quality Center,

**Change Management Tools:** Rational Clear Quest

**Office Tools:** MS Project, MS Office, MS Visio

**Version Control Systems:** Rational Clear Case

**Database:** MS SQL Server, MS Access, and Oracle

## **PROFESSIONAL EXPERIENCE**

**Affinity Health Plan, Bronx, NY  Business Analyst Apr-2013-Dec-2014**

I have participated in full software development life cycle implementations (SDLC) from project initiation to final deployment. The project involved gathering Business Requirements for the Claims Business Area and updating EDI Transactions like EDI 837, 835, 276 and 277 with the HIPAA 5010 Changes. Affinity Health Plan implemented Facets Enterprise administrative system, a new core system built by TriZetto, with updated technology to allow for more efficient claims processing, membership enrollment and provider data maintenance & getting access to customer records. X12 EDI and HIPAA standards were followed thorough the project.

**Responsibilities:**

* Gathered Business Requirements from the Subject Matter Experts (SMEs) and documented the requirements in the BRD.
* Expert in ICD 9 – 10Conversion Analysis.
* Documented complex Business requirements and made process flow diagram for the 837, 270/271, 276/277 & 835Remittance transactions as per the 4010 to 5010 implementation for the Medicaid claim processing system enhancement.
* Full knowledge of the Diagnosis and Procedural Code changes for Healthcare Entities like Payers, Employer Groups, and Providers. Worked on ICD 9 codes and gathered future requirements based on ICD 10 codes. Managed creation of sample mappings for the conversion of EDI X12 transactions code sets version 4010 to 5010 and translation of ICD 9 codes into ICD 10 codes.
* Used TriZetto HIPAA Gateway to comply with HIPAA standards (270/271, 276/277 & 837) for EDI transactions
* Analyzed the impacts of HIPPA 5010 project on inbound 837 claims
* Gathered requirements from the users and analyzed the requirements for RQ System, Facets etc.
* Extensively worked with FACETS Implementation, FACETS Billing, Claim Processing and Subscriber/Member module.
* Gathered and documented functional requirements for testing and verification of HIPAA.
* Web Portal Development – Worked as a Business Analyst gathering requirements to develop a referral portal.
* Worked on As-Is To-Be analysis of ICD9 to ICD 10 conversion for the new qualifiers used in the 837 claims for the diagnosis and procedure/HCPCS codes.
* Performed manual testing by building 837 claims, converting them into EDI file, uploading them into mainframe region and doing error resolution & testing for 5010 requirements& NPI crosswalk.
* Created process flow diagrams describing provider and member access to the web portals.
* Analyzed and evaluated User Interface Designs, Technical Design Documents and the performance of the application from various dimensions.
* EDI file testing for checking the HIPAA 5010 (X12) compliance of the inbound 837 claims.
* Created Business Requirement Documents as a result of meetings with the Business Areas. Obtained business sign offs on the documents after reviewing the final documents with them.
* Assisted in creation of the Functional Design Document from the Business Requirements Document which was used as the reference by the development team while preparing the design and held the responsibility of the required data setup for unit testing.
* 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.
* Maintained the Traceability Matrix Table to uniquely trace the identified business requirements to general design to testing as proof that requirements requested have been developed into a solution and that it has been tested and tracked.
* Experience with Trizetto Facets System implementation, Claims and Benefits configuration set-up testing, Inbound/Outbound Interfaces and Extensions, Load and extraction programs involving HIPPA 837 and proprietary format files and Reports development.

**Environment:** MS Visio, Word, Excel, UML, Facets, PowerPoint, Rational Requisite.

**SCAN Health Plan, Long Beach, CA      Business Analyst Jun-2011-Mar-2013**

SCAN Health Plan, Long Beach, CA The merger includes development of flexibility in the MHS claims adjudication processing engine and allows for large scale data migration from ESI to Facets Enterprise administrative system, a new core system built by TriZetto, with updated technology to allow for more efficient claims processing, membership enrollment and provider data maintenance & getting access to customer records

**Responsibilities:**

* Involved in meetings with Business process owners, SME (subject matter experts) and IT professionals for requirements gathering and definition.
* Participated in all phases of the Facets Extended Enterprise administrative system implementation to include the planning, designing, building, validation, testing, and Go-live support phases
* Instrumental role in introducing and enforcing new Scrum methodology in MHS with the Express One methodology, a new approach to requirements gathering, software development life cycle (SDLC) process and software testing life cycle (STLC).
* Designed models by Data mapping business needs using Power play Transformer and created multi-dimensional cubes, Power Play reports.
* Highly proficient in Business Process Redesign (BPR), developing Business Process Flows, preparing graphical depictions of Use Cases including Use Case diagrams, Activity diagrams, Sequence diagrams, Class diagrams and Collaboration diagrams based on UML methodology.
* Worked closely with Development team on ETL process, data infrastructure, data modeling, business intelligence reporting and dashboards
* Developed DTSX packages to extract, transform and load into the Campaign database from OLTP database using of SQL Server Integration Services (SSIS).
* Used Teradata SQL Assistant to run SQL queries and validate the report's data.
* Expert in ICD 9 – 10 Conversion Analysis. Full knowledge of the Diagnosis and Procedural Code changes for Healthcare Entities like Payers, Employer Groups, and Providers. Worked on ICD 9 codes and gathered future requirements based on ICD 10 codes. Managed creation of sample mappings for the conversion of EDI X12 transactions code sets version 4010 to 5010 and translation of ICD 9 codes into ICD 10 codes.
* Designed SSIS Packages to extract, transfer, load (ETL) existing data into SQL Server from different environments for the SSAS cubes.
* Experience in Data Warehousing and Business Intelligence area in various domains.
* Intensive working on the current ICD code conversion from ICD 9 to ICD 10, assisting and leading various teams by complying with already going works in the health care domain and work with the conversion.
* Led and managed the User Acceptance Testing (UAT) for the implementation of Facets Extended Enterprise administrative system with emphasis on ensuring that the HIPAA regulation are met across all the modules
* Utilized RUP (Rational Unified Process) to create use cases, activity, class diagrams and workflow process diagrams.
* While working on requirements of the 835 HIPAA project, jumped half way in the 820 report project, continued working on 835, 276 / 277 and HIPAA EDI Transactions across enterprise, meanwhile new project initiation of 4010 to 5010 migration began
* Used TriZetto HIPAA Gateway to comply with HIPAA standards (270/271, 276/277 & 837) for EDI transactions
* Tested the ANSI X12 Version 4010 / EDI transactions (HIPAA) like 270, 271, 837P, 837I, 835 remittances)
* Wrote Test scenarios and test cases for testing the migration of EDI 4010 to 5010 and the processing of member enrollment and benefits, batch jobs corresponding to the claims (837) and real time transactions like 270/271/276/277.

**Environment:** Agile, SharePoint, MS Visio, MS project, XML, UML, Facets, Oracle, MS SQL Server, MS Office

**Humana, Louisville, KY Business Analyst Oct-2009-May-2011**

I worked in a project involving Electronic Claims (EDI) Handling and Transaction Processing of Claimants' records. The project included enhancing applications to include duplicate claim numbers in various systems.

**Responsibilities:**

* Responsible for gaining a good understanding of User needs and accurately representing them in a well-documented software functional specifications document.
* Worked with all Facets Provider of software development from requirements gathering to testing, configuration and international deployment.
* Followed a structured approach to organize requirements into logical groupings such as requirements for Customer, Client, Group, Member, and Reporting that critical requirements are not missed.
* Involved in creating Business Process Documentation. Identified Use Cases from the requirements. Created UML Diagrams including Use Case Diagrams, Activity Diagrams, Sequence Diagrams, and Collaboration Diagrams using MS-Visio.
* Experienced with Trizetto Facets System membership enrollment involving HIPAA EDI 834.
* Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system).
* Worked on solving the errors of EDI 834 load to Facets through MMS.
* Configured THG (Trizetto HIPAA Gateway), to receive EDI message for batch transaction into XC DB
* Reviewed various customer transactions using the FACETS application.
* For Project management purpose worked on Microsoft Project, used Microsoft Share Point for maintaining the updated Documentation.
* Microsoft Office (Outlook, Word, Excel, Visio, Access) at various phases of development for documenting the requirements.
* Worked on EDI X12 transactions, HIPAA standard transaction codes including 837, 835, 270, 271, 276, 277 and performed analysis and testing of such transactions.
* Conducted Business Analysis on 4010, data mapping and testing 837 and 835 transactions.
* Analyzed and optimized the process, Prepared Business Requirement Document and managed requirements using Rational Requisite pro.
* Facilitated JAD sessions with business and technical units to fine tune prioritize and detail requirements and use cases.
* Involved in working on the EDI Transactions 835, 837 and Request Response, 270, 271 HIPAA upgrade from 4010A to 5010.

**Environment:** MS Visio, Word, Excel, PowerPoint, CMMI, Rational Rose, Facets, Quality center, Requisite Pro, SQL, Oracle,

**CDPHP, Albany, NY Business Analyst Mar-2008-Sep-2009  
Project Descriptions:** CDPHP is the largest Health Maintenance organization in New York. There are nine different regions and a single common website linking all the regions. CDPHP is a consortium of three distinct groups of entities  
**Responsibilities:**

* Performed Requirements Gathering and Analysis, interviewed the SME (Subject Matter Experts), and ensured that contributors and all key stakeholders were motivated to complete assigned tasks.
* Facilitated Joint Application Development (JAD) Sessions for communicating and managing expectations.
* Use HIPAA transactions to interface with Third-Party Administrators (TPA) also various proprietary file interfaces for TPAs not supporting HIPAA transactions.
* Develop health and welfare fund and/or TPA to administer all member benefits and payment.
* Design Plans to pay provider based on specific reimbursement arrangement.
* Manage the Requirements (Business as well as System requirements), performed requirements analysis along with the creation of Use Case Scenarios. Modeling of the business and application using Rational Unified Processing (RUP) and Unified Modeling Language (UML).
* Responsible for Documentation in each phase of RUP Methodology, Risk Assessment, and Validation & Verification process.
* Created Process Work Flows, Functional Specifications, and responsible for preparing Functional Specification Document (FSD).
* Performed Gap Analysis to identify the deficiencies of the current system and to identify the requirements for the proposed system.
* Performed Defect Tracking and Change Control Procedures using Quality Center and Configuration Management and Version Control using Rational Clear Case.
* Provided assistance in other concurrent projects, especially in Regression Testing, in order for the team to gain time, before the clients could proceed to the system’s User Acceptance Testing (UAT)

**Environment:** M.S Word, Excel, PowerPoint, SQL, MS Visio, Rational Tools, MS Access