***Summary***

* *Over (7) years of experience as a* ***Sr Business Analyst*** *in all phases of Software Development Life Cycle with solid understanding of Business Requirement Gathering, Business Process Workflow and Business Process Modeling*
* *Good understanding of health care industry, Claims Management process, Medicaid and Medicare Services and insurance sector*
* *Using Facets for various health insurance areas such as enrollment, member, Products and other FACETS related modules*
* *Experience in testing Facets applications and EDI transactions*
* *Experience working on 4010 and 5010 HIPAA implementation guides relate to Claim Testing and Medical Billing.*
* *Experienced with ITIL process workflow Incident management, Change management and Problem management*
* *Knowledge of the EDI transaction sets such as 837, 834, 835, 270, 271, 276, 277, 999*
* *Understanding of HIPAA Standards and Compliance issues, HIPAA Privacy policy, opt in/opt out policy.*
* *Extensive experience with Object oriented Analysis and Design using Rational Unified Process (RUP), Waterfall methodology and Agile Modeling*
* *Requirements gathering in compliance with HIPAA 4010 and 5010 standard.*
* *Proven ability to analyze complex problems, identify risks and develop effective solutions to improve productivity, reduce cost and track progress through all phases of SDLC*
* *Expert in analyzing, elicitation and management of requirements. Highly experienced in creating Business Requirement Document (BRD) and Functional Requirement Specifications (FRS) document.*
* *Excellent understanding and hands on experience with HL7 Messaging Standards, HL7 Message Validation, HIPAA and EDI transactions. Knowledge of Electronic Medical Record (EMR), Electronic Health Record (EHR) and Facets*
* *In depth knowledge of Medicare/Medicaid Claims processes, HL7, HIX (Health Insurance Exchange), EMR/EHR, Health Care Reform and Patient Protection and Affordable Care Act (PPACA), Medicare (Part A, B, C, D), /Medicaid, Trizetto Facets. MMIS, Health Care Reform*
* *Designed High level design, for New process, integrating with legacy and Facets*
* *Facilitating one on one interviews, Joint Requirement Planning (JRP) and Joint Application development (JAD) sessions*
* *Experience in creating SQL queries to facilitate UAT and perform data validation.*
* *Experience in methodologies like Agile, Waterfall Model and Data Modeling; Creating Process mapping, Use Cases, Sequence diagrams, Activity diagrams*
* *Solid understanding of Membership, Claims Processing, Billing, Benefit/Eligibility,*
* *Good knowledge and extensively worked in healthcare insurance domain including Medicare, Medicaid and commercial Insurance. Proven experience with HIPPA ANSI X12 EDI transaction codes such as 270/271(inquire/response health care benefits), 276/277, 810, 834(Benefit enrollment) 835(Payment/remittance advice), 837I (Health care claim) and 837P, 997.*
* *Authorization/Referrals, COB, and have experience in HIPAA standards and corresponding EDI transactions.*
* *Experience in Health Care Industry with exposure to Electronic Medical and Health Records (EMR & EHR)/Automated Health Care Systems.*
* *Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.*
* *Proficient in conducting System Testing, Functionality Testing, Regression Testing, User Acceptance Testing (UAT) and training of users*
* *Experienced in ICD 9 to 10, EDI Transaction, HIPAA 4010/5010, Affordable Care Act, Health Care Claim Submission, Health Care Claim Adjudication, Rx Claim, E-Prescription, E-Lab, PBM (Pharmacy Benefit Management), HIE (Health Information Exchange), HIX (Health Insurance Exchange), Medicare (Part A, B, C, D), Medicaid, EMR (Electronic Medical Record), Revenue Cycle Management and Different Health Insurance Plan and Benefits.*
* *Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.*

***Technical Skills***

**Process/Modeling Tools:** Business Process Analysis & Design, Requirement Gathering, Use Case Modeling, JAD/JRP Sessions, Gap Analysis, and Impact Analysis.

***Testing Tools:***  *Rational Enterprise Suite, Test Director. Load Runner, QTP, Quality Center*

**Operating Systems:** UNIX, Windows, Linux, and MS-DOS

***Reporting Tools:*** *Quality Center, Rational Clear Quest*

M**ethodologies:** Agile, JAD, Waterfall, RUP, RUP, SDLC, Agile, Methodology, JAD

***RDBMS:*** *QL, Oracle, and MS Access*

***Utilities/Application:*** *MS Project, MS Visual, MS Office (MS-Word, MS-PowerPoint, MS-Excel, MS-Access, MS-Outlook)*

***Professional Experience***

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| ***Assurant Health Foundation, Inc, Milwaukee, WI Sr. Business Analyst Jan-2013-Till Now*** |

***Project Description:*** *It provides individual, group health, and specialty insurance plans for more than 1 million people in 45 states. Assurant Health is the brand name for products underwritten and issued by Time Insurance, John Alden Life Insurance, and Union Security Insurance. The company's products include individual medical, small business, and short-term health insurance products. The system primarily aimed at handling Medicare / Medicaid insurance claims and process exceptions. Database Migration from sources to the Data Warehousing database.* ***Roles & Responsibilities***

* *Conducted formal interviews, Live Meetings and JAD sessions with business users and matter experts.*
* *Designed and developed Use Cases, Activity Diagrams and Sequence Diagrams using UML.*
* *Involved in Backend Testing to verify data integrity by using T-SQL.*
* *As a AGILE Scrum master created and managed Product and Sprint backlog.*
* *Provide AGILE project management controls, project plans, timeline schedules, facilitate RAD sessions, and review software defects.*
* *Responsible for providing business requirements within an AGILE software development SCRUM environment.*
* *Was responsible for prioritizing user stories from Product backlog.*
* *Documented, identified, organized and tracked the requirements using Rational Requisite Pro.*
* *Created Data Flow Diagrams (DFDs), ER diagrams for data modeling and Web-page mock-ups using MS Visio for acceptance from end users.*
* *Defined project milestones, schedules, and monitored progress using MS-Project, creative pro office and modified, updated the project scheduled plans as required.*
* *Analyzed and tested Data Interface needs.*
* *Conducted Asset Management, Risk Analysis of the Requirements and Traceability focus areas of the various projects and worked with the project team to help them identify the high-risk areas.*
* *Worked extensively on both inbound and outbound transactions, creating test cases for multiple transaction types including 837, 835, 276, 277, 270 271*
* *Got involved in designing future state processes for HIPAA 5010 transaction processing EDI’s 837,835, 270, and 271.*
* *, assisting and leading various teams by complying with already going works in the health care domain and work with the conversion.*
* *Worked on new Pharmacy Benefit Management System Medical Claim Data feed, Data Dictionary layout and definition, Eligibility files and various File Transfer Specifications*
* *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.*
* *Worked with FACETS Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication).*
* *Worked intensively on FACETS for audit trails made on the used account and check and store information related to the HIPPA authorizations.*
* *Designing and customizing data models for Data warehouse supporting data from multiple sources*
* *Worked with FACETS to port the system from and check the system responds equally fast and also is complying with the standards of the institution all the time.*
* *Assisted with user testing of systems and maintained quality procedures and ensured appropriate documentation is in place.*
* *Maintained Requirement Traceability Matrix (RTM) and Utilized Clear Quest for change requests and defect tracking.*
* *Design & Code ETL graphs that transform & transport data between upstream, Central Data warehouse &. Downstream systems*
* *Claim validation and Pend/Denied Claims Analysis for the Health plans Medicaid programs.*
* *Worked closely with the technical team to look up for the best possible solution on requirements by keeping business needs and technical constraints in mind.*
* *Updating, transferring and sharing Files using FTP between Windows and UNIX machines.*

***Environment:***  *UML, Agile Scrum UML, MS Word, Rational Requisite Pro, Rational Clear Quest, Quality Center, SQL, FTP, TelNet*

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| ***ENGAGEPOINT, Fort Lauderdale, FL Business Analyst Sep-2011-Nov-2012*** |

***Project Description****: Engagepoint provides technology solutions and expertise to help government agencies and commercial and administrative insurance payers meet the challenging demands of healthcare reform. Engagepoint incorporate commercial Health Insurance Exchange (HIX), off-the-shelf software (COTS), service-oriented architecture (SOA), MITA frameworks, data management, and modeling, and reusable infrastructures. Project DESCRIPTION: Web portal- The main objective of project was to create web portal based on Health Insurance Exchange (HIX) to provide universal health insurance coverage information for health care consumers. Web portal allowed health care consumers to find health insurance plans based on their benefits, price, diagnosis, treatment, and demand.*

***Roles & Responsibilities***

* *Coordinated with Business Owners, Application Vendor, Payers and Clearinghouses to bring all processes to a level of execution to mitigate any impact to current revenue flow under the 5010-compliancy requirements*
* *Helped with building ICD 9 to ICD 10 crosswalk map by grouping thousands of codes and ranges in Clinical, Benefits, Financial, Medical policy waves*
* *Conducted working sessions to gather and document high level business requirements and*
* *detailed level business requirements for different business units impacted by* ***ICD 10 such as EDI Claims Intake****, Claims Adjudication, Medical Management- Utilization Management, Case management and Provider Reimbursement- Provider Payment*
* *Maintained and enhanced Next Gen Electronic Medical Records (EMR), Electronic Practice Management (EPM), and Imaging Control System (ICS) software.*
* *Organized impacted systems into high, medium and low impact to help business analyze the level of effort for remediation activities and ease resource allocation work*
* *Prepared use cases and data flow diagrams to analyze the impact of ICD 10 diagnosis codes, CPT and HCPCS codes embedded in different systems and applications*
* *Gathered and validated inventory of applications, interfaces, and reports that will need to be modified to comply with ICD-10 requirements*
* *Designed and developed Billing system from the ground up.*
* *Implemented 837P, 835, 270, 271, 997 HIPPA documents*
* *Successfully refined and implemented new and inherited projects for specialties or practices where the Next Gen KBM could not meet the client's needs or workflow.*
* *Performed extensive requirement analysis including Data analysis and Gap analysis.*
* *Designed and developed Business Rules Document about the Claim Component and HIPPA*
* *Developed and implemented weekly metrics management for availability management, capacity management and security management utilizing the ITIL process framework*
* *Designed, test, and customized EMR templates, documents and crystal reports.*
* *Used UML for Specifications, Documentation and Construction of systems*
* *Used HL7 guidelines and dictionary for defining business rules associated with pre-defined workflows according to business requirements.*
* *Worked closely on 834 transaction code for Benefit Enrollment and was involved in Validation of HIPAA for* ***837, 270/271, 276/277,835, 834 EDI transactions***
* *Successfully refined and implemented new and inherited projects for specialties or practices where the Next Gen KBM could not meet the client's needs or workflow.*
* *Analyzed the testing results to ensure that the results were in accordance with the Gap Analysis and expected results for 5010 compliance*
* *Involved in the creation of UAT test plan, UAT test scenarios and UAT test cases*
* *Performed backend database testing on oracle database using SQL*

***Environment*** ***EDIX12N 5010, EDIX12N 4010, ICD 10 FACETS*** *MS Project, MS SharePoint MS Access, MS SQL, EMR Prime Excel, MS Power Point, ITIL, MS Project, HP Quality Center, Agile Scrum*

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| ***State of NE, Lincoln, NE Business Analyst Feb-2010-Aug-2011*** |

***Project Description*** *The project modifies the MMIS to allow the processing and payment of claims processed by Value Options, implement the pricing methods for Inpatient, Home Health and outpatients services. MMIS (Medicaid Management Information System) also includes Medicaid Management Care support, the project also deals with Child Support Enforcement. (CHARTS).This application is updated daily by different Govt. and Federal offices.*

*ACA & HIX (Medicaid/CHIP):The project was to work on the implementations of the provisions specific to Medicaid and CHIP within Provider Payments, Children’s Health Insurance Programs, Prevention, benefits, Community based long term services and support and Eligibility.*

***Roles & Responsibilities***

* *Performed Requirement Gathering & Analysis by actively soliciting, analyzing and negotiating customer requirements and prepared the requirements specification document for the application using MS Word.*
* *Involved in Independent verification and validation of requirements (IV and V) to ensure that all the requirements are satisfied and meet the security objectives.*
* *Assumed ownership of Use Case Diagrams, Use Case narratives and other various artifacts.*
* *Identified opportunities for business process improvement through various meetings with business users and developers and initiated efforts to make improvements.*
* *Interacted with users for verifying User Requirements, managing Change Control Process, updating existing Documentation.*
* *Identified system integration requirements, coordinated the collection and verification of business needs to reach the Requirement Analysis (Requirement Validation Specification), Detailed System Design Documentation Milestones.*
* *Provider inquiry about the status of claims. This involved checking the MMIS claims subsystem to see the status of claims sent and informing the providers if the claims have been suspended / denied or paid*
* *Developed the project plan with assistance from the management, and included provisions for project scope changes and issues and initiated efforts to make improvements.*
* *Working within a growing knowledge of X12 5010 HIPAA 837 I, P, D, 835, 834, 820, 270, 271, 276, 277, 278, EDI, Privacy, Security, and Medicaid.*
* *Collaborated with management and senior-level engineers to develop code for new features used within a Health Information Exchange(HIE).*
* *Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.*
* *Responsible for architecting integrated HIPAA, Medicare solutions, Facets.*
* *Identify Member, Provider, Coverage, Medicare, and Medicaid.*
* *Conducted project kick off meetings with team members to explain roles / responsibilities, relationships with other groups, deliverables, timelines, assignments and status reporting.*
* *Utilized Mercator as an EDI mapping tool to map the claims data that passes through the EDI gateway to the Facets claims processing application.*
* *Designed and developed Use Cases, Use Case Diagram, Activity Diagrams, Sequence Diagrams, Data Flow Diagrams using Object Oriented Design (OOD) concepts and UML using Rational Requisite Pro.*
* *Perform IV&V of developer unit tests.*
* *Reviewed the Defects entered by the QA team and prioritized the defects and assigned them to the development team*
* *Validated the following: 837 (Health Care Claims or Encounters), 835 (Health Care Claims payment/ Remittance), 270/271 (Eligibility request/Response), 834 (Enrollment/Dis-enrollment to a health plan).*
* *Provider inquiry about the status of Remittance Vouchers (RVs). This involved checking the MMIS provider subsystem and checked the setup of their Remit Media*
* *Mapped the codes from ICD-9 to ICD-10.*
* *Analyzed the changes made to different EDI ANSI X12 transactions (837 I and P, 278, 270 and 271) under HIPAA 5010.*
* *Developed plan for data feeds and data mappings for integration between various systems, including XML, to follow ICD 10 Code set and ANSI X12 5010 formats.*
* *Involved in creating 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.*
* *Developed and conducted statewide HIPAA 5010 and ICD-10 awareness program for all IDS staff in State.*
* *Involved in meetings with product manager, project manager, onsite and offshore team members to resolve issues and roadblocks during the project.*
* *Worked Consistently recognized and tasked to improve organizational effectiveness and efficiency through expertise that aligns the business processes and EDI applications design to realize cost savings, accelerate performance, and sustain strategic flexibility to create a competitive advantage for the organization.*
* *Prepared Demo on MS SharePoint 2007 for various Business to get new approvals like the Therapist and Nursing divisions.*
* *Involved in evaluation of CPT codesand CMS-1500 claim forms used for billing.*
* *Involved with the coders in evaluation of CPT and ICD-9 codes to ensure that the diagnosis meets medical necessity for the specific CPT code.*
* *Identifying and modeling Use case diagrams, Sequence diagrams, Activity diagrams, Collaboration diagrams using UML.*
* *Involved in requirement gathering and database design and implementation of star-schema, dimensional data warehouse using Erwin.*
* *Created requirements analysis and design phase artifacts using, Rational Software Modeler and MS Visio to create DFDs, ER diagrams, Use Case, Activity/State chart, Sequence, Collaboration and Deployment Diagrams.*
* *Coordinated with EDI team, developers and production support team at various stages of the project*
* *Wrote PL/SQL statement and stored procedures in Oracle for extracting as well as writing data.*
* *Requirements Elicitation, Analysis, Communication, and Validation according to Six Sigma Standards.*
* *Created RUP activity diagrams and sequence diagrams to analyse the requirements and recommend solutions.*
* *Develop Logical and Physical data models that capture current state/future state data elements and data flows using Erwin.*
* *Conducted user interviews, gathered requirements, analyzed the requirements by using Rational Rose, Visio and Requisite pro - RUP*
* *Prepared scenarios, Use Cases & UML State Diagram for scenarios using Rational Rose.*
* *Prepare presentation slides in MS Project, which was extensively used in different JAD sessions and to track progress.*
* *Assisted the technical team in translating application functionality into application architecture.*
* *Participated in the bug review meetings, updated requirement document as per business user feedback and changes in the functionality of the application.*
* *Clarified QA team issues and reviewed test plans and test scripts developed by QA team to make sure that all requirements will be covered in scripts and tested properly.*
* *Organized meetings to discuss outstanding issues with QA and developers.*

**Environment:***Rational Suite (Rose, Requisite Pro), Dreamweaver, Rational Unified Process (RUP), Windows NT/XP/2000, UML, UNIX, MS-Project, MS-Office Suite,Casewise Corporate Modeller, Win Runner, Test Director*

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| ***Coventry Health Care, Fargo, ND******Business Analyst****/* ***System Analyst-Jun-2008-Dec-2009*** |

***Project Description*** *Coventry health care is a diversified and dedicated national health care company that provides high-quality healthcare solutions at an affordable price. The project scope included ICD 10 Care Management Impact Analysis where care Management utilizes multiple software systems to support the intake and processing of authorization requests. There is exchange of data between the payer and vendors contracted to perform services on our behalf to manage Case and Disease programs and provide robust reporting and decision support which facilitate their business processes. The authorization requests are based on ICD 9 codes which need to be replaced by ICD 10 codes to meet the mandate date.****Roles & Responsibilities:***

* *Involved in gathering requirements as per the consensus meetings between Humana and providers.*
* *Created domain models and made them an integral part of multiple FRDs that I created for various aspects of the project.*
* *Recommended changes for system design, methods, procedures, policies and workflows affecting Medicare/Medicaid claims processing in compliance with government compliant processes like*
* *Worked on the* ***EDI 834-file load to Facets through MMS (Membership maintenance sub-system)***
* *Developed Use Case diagrams and process flow diagrams using Rational Rose and MS Visio.*
* *Actively prioritized and managed requirements throughout SDLC with all key stakeholders*
* *Implemented the ITIL application management tool to improve the overall quality of IT software development and support through the life-cycle of software development projects, with particular attention to gathering and defining requirements to meet business objectives.*
* *Did data analysis for various version changes of* ***EDI messages*** *on different sub-systems.*
* *Created Test Plan, Test cases and test scripts for implementation of test cases in Quality Center*
* *Provide input to estimates for project management and change management activities through analysis of requirements effort, resources, and technology.*
* *Worked on* ***EDI 834, 835,837*** *as per HIPPA guidelines.*
* *Performed the detail comparison between 4010A and 5010 especially in regard to* ***EDI 837.***
* *Used the Rational Unified process methodology for the application development and created Use cases, activity diagrams and drafted UML diagrams using the Rational Rose..*
* *Updated the requirements and prepared comprehensive Business Requirements Document (BRD) that provided the appropriate scope for the users and management to make appropriate decisions.*
* *Developed associated project documentation, schedule, design specifications, test plan, test scenarios/scripts, performed gap analysis, and test tracking reporting/monitoring for all phases of testing including B2B user acceptance testing.*
* *Played a key role in planning UAT and implementation of system enhancements and data migration and conversions.*

***Environment****: Microsoft Visio, Windows XP, Facets, MS Office, ITIL, Rational Requisite Pro Quality Center, SQL.*

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| ***Infocrossing HealthCare Services, Inc. Jefferson City, MO -Business Analyst Mar-2007-May-2008*** |

***Project Description:*** *The project was based on receiving, documenting, processing the claims including eligibility verification. Changes to the system were made based on the current policies, rules & regulations based on the business necessities. Other major activities included tracking and addressing the problems on timely manner faced by the providers, billers as well as the vendor companies, health plan group while generating 837 Professional, Institutional, and Dental claims, Acknowledgement 997, Claim Status Inquiry/Response 276/277, Remittance Advice 835, and Eligibility Inquiry/Response etc.*

***Roles & Responsibilities:***

* *Involved in various meetings with business user and SME to define Business*
* *Worked as the communication line in between the technical groups and the business group*
* *Strong visual modeling and business process modeling skills in Rational Unified Process (RUP) and Agile Modeling with tools like MS Visio*
* *Worked with team leaders and supervisors to ensure project and organizational deadlines are met*
* *Used RUP-iterative process to conduct Data Analysis on the feed to be sent to PSGL to find missing data fields in application and aggregation rules.*
* *Coordinated updates with client's staff and implement efficiencies in documentation maintenance.*
* *Conducted JAD sessions to complete the prerequisite for the Business Requirement*
* *Created Use Case, Sequence, Activity and Entity-Relation Diagrams to illustrate for testing effort*
* *Responsible for doing the gap analysis for the interfacing system.*
* *Extensively worked with HIPAA Privacy Facets application groups.*
* *Documented the Business Requirements Document (BRD) and the Functional Specification Document (FSD).*
* *Used SQL queries for Data Validation and Verification*
* *Resolved/tracked production issues with Reports in Cognos and Mainframe.*
* *Facilitated requirements gathering activities, including meeting with users to discuss System Task Requests (STRs), Enhancements, and Project Assessment Quotations (PAQs) requirements.*
* *Documented issues and resolutions, and wrote specific requirements for system changes.*

***Environment:*** *Windows, UNIX, Oracle, Requisite Pro, Mainframe, MS Office, Visio.*