**SUMMARY**

* 6+ years of professional experience as a Business Analyst in **Healthcare Domain**.
* Skilled in gathering business and application requirements, Business Processes, identifying risks, impact analysis, UML modeling, and Sequence and Activity Diagrams using Rational Rose and Microsoft Visio.
* Extensively worked on analysis & compliance of **ICD 9 to ICD 10** and **HIPAA (Health Insurance Portability and Accountability Act) 4010** and **5010 EDI transactions.**
* Experience with Medicare, Medicaid and commercial insurances in **HIPAA ANSI X12** formats including **270/271,276/277,820, 835, 837, 997**
* Proficient in authoring **Business Requirement Document**, Narrative Use Cases, creating Use Case diagrams, Sequence Diagrams, Activity Diagrams and other UML based diagrams using MS Visio, Rational Rose.
* Experienced as a **Facets Business** **Analyst** in gathering the business requirements from the existing stored procedures, supporting the Interfaces and reports development in explaining the functional requirements, proposing technical solutions, supporting the unit testing and system integration testing with the functional flow.
* Commanding knowledge of various development methodologies like Waterfall, SDLC, Rational Unified Process, Agile and Scrum.
* Extensive experience in gathering Business and System Requirements and documenting **BRD** and **FRD**.
* Experience with **FACETS MEMBERSHIP AND CLAIMS DATA MODEL**
* Extensive knowledge about the various types of health insurance programs such as **: Medicaid, Medicare, PPO (Preferred provider organization), HMO (Health maintenance organization)**
* Experience with **claims process and adjudication** in the Medicare, Medicaid & Private Insurance Sectors
* Worked on the **MMIS (Medicaid Management Information Systems) for State governments.**
* Extensive Experience in all the phases of **Software Development Life Cycle** including: **Requirements Gathering, Feasibility study, Analysis, Design, Development, Testing, Deployment and Maintenance**.
* Demonstrated skills in critically conducting the **GAP Analysis** throughout the projects in evaluating/ analyzing the existing standards and policies to determine the improvements
* Expertise in **Business Modeling** and **UML Diagrams** (**Use Case Diagrams, Activity Diagrams, Sequence Diagrams**) using **MS Visio** and **Rational Rose**.
* Expertise in reviewing Test Procedures, creating Test plans, defining System & Integration Test Cases, executing Test Cases, Test Data reviewing and maintaining and executing detailed Test scripts for User Acceptance Testing **(UAT),** analyzing bugs, interacting with team members in fixing.

**TECHNICAL SKILLS**

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

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| --- | --- |
| **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 |

**PROFESSIONAL EXPERIENCE**

**Florida Healthcare Plans, Holly Hill, FL** ‎ **Jan 2014 – Present**

**Sr. Business Analyst**

Florida healthcare plans is an HMO that provide services to Volusia and Flager counties in Florida. The goal of 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 (837) Claims Enquiry and Response (276/277), Adjudication, Healthcare Claim Remittance/Payment Advice (835). Part of the project was to migrate all application functionality and convert data from a mainframe-based system to an open systems environment with Up-gradation of HIPAA 4010 transaction to HIPAA 5010. The 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.
* Managed Financial Processing that served as primary lead for corporate financial systems, including accounting processes for accounts receivable and accounts payable systems. Manage financial spreadsheets and vendor accounts. Spearhead collection processes and manage accounts receivable personnel.
* Identified and removed impediments to the success of the sprint by working with every single team member.
* Conducted JAD sessions, workflow diagrams, UML diagrams, process models, activity diagrams, use cases, for incorporating design changes in the order creation/ management system.
* Worked on EDI-file load to Facets through MMS (Membership maintenance sub-system).
* Actively participated on creating Migration strategy from existing PDE (Microsoft Access files) to G­old Data Repository.
* Worked on various modules of **Facets like Claim, Work Flow, Member, Plan and Benefit**.
* Primarily support **FACETS Enrollment, Billing and Fulfillment systems** for Individual and Group products
* Followed Workgroup for **FACETS Electronic Data Interchange standards** for testing that need to comply with the HIPAA guidelines.
* Created Use-Cases and Requirements documents to document business needs.
* Requirements were gathered through interactions and meetings and periodic walkthroughs with loan analysts, credit analysts and other potential users of the application.
* Set claim processing data for different **FACETS** Module.
* 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.
* Created T-SQL objects such as tables, views, joins and store proceduresto meet client requirements.
* Prepared the Business requirement Document (BRD) and functional requirement document (FRD) for the enhancement of the existing services.
* Analysis and Design of existing transaction sets, and modification of these transaction sets to ensure HIPAA compliance.
* Uploaded traceability. Opened and closed tickets as needed during UAT, tracked issues and planned sprints with JIRA.
* Did data analysis, created data mapping and data interface documents and kept the documents updated with changes in requirements and functional specifications.
* Prepared UAT plan, communicated testing requirements to users participating in UAT efforts.
* Extensively used SQL scripts/queries for data verification at the backend.
* Worked on developing the business requirements and use cases for Facets batch processes; automating the billing entity and commission process.
* Assisted in developing the Test Plan, Test Cases and Test Scenarios, based on business requirements and technical specifications. Collaborated with the QA team to ensure adequate testing of software by conducting UAT.
* Coordinated the upgrade of Transaction Sets 837P, 835 to HIPAA compliance.
* Wrote SQL queries for data Validation.
* Worked on the EDI 834-file load to **Facets** through MMS (Membership maintenance sub-system).
* Did gap analysis for HIPAA 4010 837P and 835 transactions and HIPAA 5010 837P and 835 transactions.
* Involved in impact analysis of HIPAA 5010 835 and 837P transaction sets on different systems.

**Environment: Facets**, Agile, Microsoft Office, HTML, Microsoft Visio, Share Point, Mega, XML schema, SQL Query, J2EE, UML,MS SQL Server, UAT, Quality Center

**HCA Health Care, Nashville, TN Oct 2012- Dec 2013**

**Sr. Business Analyst**

Project: Physician Finder (Find a Doctor) is a website that integrates technology into care delivery, with the goals of increasing operational efficiency and improving satisfaction for members by providing an ability to find their physicians easily. It also provides members a convenient single point of access to health information, online tools and services in the context of their physician's home page. The project involved Web Design/ **Mobile** Web for Find a Doctor.

**Responsibilities:**

* Gather requirements from business owners, perform system analysis & create business and functional requirement documents /user stories in Rally for the Change Request/Enhancements. Created around 20 BRD/FSD & 110 User stories so far. Worked on Responsive Web Design/ **Mobile** Web for Find a Doctor.
* Analyze SQL Server databases, Query database to extract a set of data for the required condition to support analysis and manipulate using excel to arrive at a conclusion
* Work with user-experience leads in the development of interactive design deliverables (i.e. wireframes, prototyping, visual design)
* Analyze the website accessibility, usability impacts and performance needs for every business requirement
* Being a scrum master conduct/host daily scrums.
* Host weekly change request & enhancement meeting with business.
* Conduct bi-weekly iteration planning meeting with the team.
* Maintain requirements status update log
* Give requirement document walkthroughs to developers during story time.
* Ensure all changes in requirements are documented & communicated to required folks
* Create process flow diagrams, use cases, test cases, defect log in HP Quality Center & provided testing support in QA, staging & production
* Contribute in defining timelines and project plans; monitored estimates, feasibility, effort, time and compatibility
* Suggested & implemented processes within the project
* Create Release Notes for every production release.
* Organized JAD/JAR Sessions to collect requirements from system users and prepared business requirement that provided appropriate scope of work for technical team to develop prototype and overall system.
* Identified end to end requirements for all systems and business units that may be impacted by the project.
* Established and maintained traceability matrix until business requirements were signed off.
* Using MS-Visio analyzed business requirements and process through Use Cases, Class, Sequence, and Activity diagrams, and adapted UML standards to define modularized Data Process Models.
* Ensured Use-Cases were consistent and covered all aspects of the Requirements document.
* Developed a Business Acceptance testing strategy and plan.
* Created test files and analyzed test results using MS-Excel.
* Owned issues resolution and worked as a liaison between Business and IT for clarification of the project business requirements and change controls.
* Involved in project status meetings, QA review meeting, and System Test meeting.
* Coordinated and facilitated the execution of User Acceptance testing.

**Environment:** Windows, DB2, **SQL**, UML, RUP, MS Project, MS Office (Word, Excel, PowerPoint, Outlook), XML, MS **Visio**.

**Wellcare Health Plans, Tampa FL Jan 2011 - Sept 2012**

**Business Systems Analyst**

HIX (Health Insurance Exchange) Changes: This Business requirement is addressed by the HIX Project. This project deals with WellCare HIX Integration with Dell Financial Management System (FMS). This Project involves 834 Enrollment, Claims Processing and Subscriber Billing. 834 Inbound/Outbound: As part of HIX Enrollment, 834 Inbound and Outbound file is generated. 834 EDI file is converted to Dell’s XML format by Wellcare. This XML is dropped to corresponding Trading Partner folder In UNIX Midtier and the xml is processed as per design and configuration. 834 Errors are corrected by Wellcare and XML errors are fixed using HIP Module. 834 Inbound is received from the state and the subscriber is effectuated and outbound file is generated and sent to State.

**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
* Analyzed and worked with HIPAA specific EDI transactions for claims, membership enrollment, billing transactions.
* 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**
* Comprehend HIPAA X12 EDI transactions codes such as 834 (Benefits enrollment), Payment (820), 835(Payment/remittance advice/ Explanation of benefits), 837 (Health care claim).
* Reviewed state documents (policies, manuals, business processes, systems documents, banners, bulletins) from various divisions.
* Analyzed and performed quality assurance to determine areas impacted by ICD-9 related data.
* 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).
* 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.
* 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.
* Assisted Project Manager to complete the project approval process.

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

**Molina HealthCare, Boise, ID Nov 2009 –Dec 2010**

**Business Analyst**

Idaho Base MMIS project is to provide the Base component of the MMIS, which receives and processes **prior authorizations, referrals, claims, and remittance advices** for medical and dental services. The project also manages provider enrollment for all Idaho Medicaid providers along with Idaho Medicaid Member. This includes the files and data conversion and migration of all application functionality from the legacy **MMIS system** to the client-server application **(Health PAS system).**

**Responsibilities:**

* Gathered requirements from **Business** Managers, Supervisors, stakeholders, Data Governance Team and the subject matter experts through meetings to understand needs of the system.
* Wrote **HLR** (High Level Requirements)**, DBR (**Detail **Business** Requirements), and **Test Scenarios, Test Cases** for the functional and non-functional aspects of both **Web Application** and **Reporting jobs**.
* Reviewed DBR with other technical team members in order to develop report.
* Did final testing/validation for data of reports developed by Vendor using Win **SQL**.
* Intensively involved in project testing efforts by doing **Integration Testing**, **Regression Testing** and by helping UAT team in **User Acceptance Testing**.
* Reviewed vendor solutions designs and assist in coordinating testing between vendor and client for product enhancements.
* Worked with **Third Party Vendor** to define Data Elements for the Data Extract and validated prior to loading into the Warehouse.
* Responsible for co-coordinating with different vendors during integration & end to end testing.
* Participated in the weekly team meeting to discuss the upcoming work, schedules and status.
* Heavily worked on **Application Change Request**(ACR) by Creating HLR, DBR for the ACR and working with developer to develop the functionality, and working with  UAT team for testing within the time and budget(250 hours).
* Analyzed and Documented **business** processes and requirements for **Share Point Development** project.
* Worked on **QNXT Security Rules** to provide security solutions to State of Idaho.
* Worked on QNXT Configuration and Maintenance/QA Activities (i.e. **Addition/Removal of AUTHs/CPT/HCPCS/Rev/ICD 9/Procedure codes/Custom fees/Restriction and Service Groups**) in a Benefit/Contract term. Also worked on addition and updating of Contract Terms (Change in reimbursement fees like daily rates) with the state specific revised rates of fee schedules.
* Claim validation and Pend/Denied ClaimsAnalysis for the Health plans **Medicaid programs**.
* Involved in evaluating the scope of application, defining relationship within and between groups of data.
* Effectively communicated user acceptance test results between users and development team and provided recommendations for Application change requests (ACR).
* Supported the **business** and the technical team in the product development and delivery process with successfully managing cross- departmental relationships.

**Environment:** **MS Access, Mainframe, SQL, Business Object, Share Point, UNIX, Windows XP, QNXT 3.4, .NET,  MS office, PowerPoint, Word, Excel**

**Davita, Nashville, TN Dec 2008 – Oct 2009**

**Business Analyst**

I worked as a Business analyst to work closely with project team to identify user's business requirements, interpret complex business needs and translate them into system requirements, write business specifications and forward to technical staff for system integration.

**Responsibilities:**

* Participated and organized requirement gathering sessions with the stakeholders to elicit and analyze requirements.
* Assisted in preparing Scope Document by analyzing - various business domains interdependencies, end to end business processes of claims adjudication, various business domains scope statement, current business process flows and current system documentations.
* Followed Workgroup for Facets Electronic Data Interchange standards for testing that need to comply with the HIPAA guidelines.
* Partnered with the Technical Areas in the research and resolution of System and User Acceptance Testing (UAT).
* Worked on **EDI transactions**, **HIPAA** standard transaction codes including **EDI 837, 835, 834**, and performed analysis and testing of such transactions.
* Managed requirement activities using an iterative and incremental methodology such as Agile using User stories and Acceptance Criteria
* Strong working experience with Agile methodologies
* Coordinated and worked with Project Manager to prepare Project Plan in MS Project for Process Claim Domain.
* Designed and implemented basic SQL queries for QA Testing and Report / Data Validation.
* Development of SQL queries as per the request from the business team in SQL server.
* Performed Business Process Modeling using Visio and customer data analysis.
* Used the Unified Change Management (UCM) tool, Used Rational ClearCase, a Configuration Management tool to maintain different builds of the application with description about all changes and Versions
* Wrote complex SQL queries in TOAD to perform Back-End testing.
* Executed complex integrated systems planning and solution alternative analysis and design.
* Executed business process analysis “As-Is” system & “To-Be” systems & perform gap analysis.
* Deeply involved & being a part of the solution delivery life cycle of enterprise solutions, including software and vendor selection, package implementation, and vendor management.
* Organized and participated in JAD sessions with the system architect, SMEs & project sponsor for a faster & effective system development.
* Developed solutions in compliance with the industry models / standards and implementation of Quality Management Systems & HIPPA regulation.
* Experienced creating design documentation related to system specifications including user interfaces, security support and control, performance requirements and data conversion.

**Environment:** SDLC, SQL, MS Visio, J2EE, MS Project, ClearCase, Web Based Application, MS Office (MS Word, MS Excel, MS PowerPoint, MS Visio), Etc.

**Education: Master’s in Business Administration**