# SPECIFIC EXPERTISE

* 7 years of comprehensive experience as a **Business Systems/Data Analyst** in the **Healthcare/Insurance Industry** including **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
* Extensively involved in **Data warehousing administration and metadata management** responsibilities.
* In debt **understanding and experience** in **data mapping and ETL process**.
* Experience in **RDBMS including Conceptual/Logical & physical Database Design and Model using ERWIN**.
* 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**
* Have exposure to**EDI, Web Portal, DSS and System documentation**
* 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**
* Expertise in data modeling for data warehouse/data mart development, data analysis for Online transaction processing (OLTP) and data warehousing (OLAP)/Business Intelligence application (BI).
* Good control on**MS Office suite, MS Visio and MS Project.**
* **Designed, developed and tested an Access database to document and track corporate audit results. The database included custom developed tables, queries, forms, reports, macros and VBA coding.**
* **Worked with business team to test the reports developed in Cognos.**
* Extensively used **Data warehouse ETL methodology** for supporting data extraction, transformations and loading processing, in a corporate-wide**-ETL Solution using Informatica,** Data stage, 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**
* 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

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| **Bug Reporting Tools** | Mercury Quality Center, Test Director, Rational Clear Quest, Bugzilla |
| **Operating Systems** | Windows XP/2000/Vista, UNIX |
| **Databases** | MS Access, MS **SQL** Server, Oracle |
| **Project Management**  **Business Intelligence/Reporting** | MS Office, MS Project,  Business Objects XIr3(Designer, Reports), MicroSrategy |
| **Methodologies** | RUP-Rational Unified Process, UML, Waterfall, Incremental |
| **Design Tools**  **Data Analysis** | Rational Rose, MS Visio, Rational Requisite Pro  **Cleansing, Data Transformations, Data Relationships, Source Systems Analysis** |

**EXPERIENCE**

**BCBS, Durham, NC April ‘13 – Present**

**Sr. Business Systems Analyst**

**Blue Cross and Blue Shield of North Carolina (BCBSNC)** has offered its customers high quality health insurance at a competitive price and has led the charge toward better health and health care in our state.They used Facets for managing and processing healthcare claims. This application helps its Membership and Claims Management Information Tracking System, Finance and Utilization management System modules. As a BA I worked on a conversion project to upgrade their claims system **FACETS 4.71 to FACETS 5.01**. The objective is to conduct a gap/impact analysis in order to adhere to HIPAA Compliances required by CMS for the years 2013.

**Responsibilities:**

* Involved in gathering, documenting and verifying business requirements.
* Organized JAD 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.
* 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 Mapping Document for ICD9 Codes to ICD 10 Clinical Modifications and Procedural Codes.
* Worked closely with stakeholders and SME’s for requirements gathering.
* Reconciled the Relation **tables** to ensure the dependencies does match with **Health products** selected.
* Worked with **Operational** and **Implementation** team to built a system where loading Providers and Eligibility checks can be made successfully which overcomes efforts of keying records through GUI.
* Did **Post load Chec**k through**GUI** to make sure provided **updates/Demographic information** is loaded accurately.
* Designed, developmented, implemented and rolled out Micro-strategy Business Intelligence applications.
* Involve in drafting **System Requirements & Data Requirements** documents and getting them approved by the intent director.
* Create Source to **Target (End to End) mapping documents where data requirements are mapped to entities in Logical and Physical Data Model.**
* Worked on **EDI transactions: 834, 835, and 837 (P.I.D) to identify key data set elements for designated record set. Interacted with Claims, Payments and Enrollment hence analyzing and documenting related business processes.**
* **Designed and Developed ETL (Extract, Transformation & Load) strategy to populate the Data Warehouse from the various source systems feeds.**
* 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.
* **Performed Data Analysis, writing SQL Queries for Testing and Troubleshooting against Data Warehouse.**
* Use Data Modeling (Physical & Logical), Data Analysis and wrote High level and Low level Design Specifications for ETL **and Business Intelligence (BI).** Work with ETL team for data mart modeling to design complex OBI repositories & BI solutions.
* Worked closely with the Enterprise Data Warehouse team and **Business Intelligence** Architecture team **to** understand repository objects that support the business requirement and process.
* **Designed, developed and tested data mart prototype (SQL 2005), ETL process (SSIS) and OLAP cube (SSAS) for Computer Maintenance Management System (CMMS)**
* Wrote Test Cases for **EDW - Data ware house (Source to Target) and Cognos Standard Reports, OLAP and CUBE.**
* Validated Cubes, Adhoc Reports and Standard Reports built from **Cognos.**
* Involved in project status meetings, QA review meeting, and System Test meeting.
* Coordinated and facilitated the execution of User Acceptance testing.
* Was involved in writing SOP’s for various projects/processes.

**Environment:** Agile methodology, **Informatica Powermart, Cognos**, Rational Suite (RequisitePro, DDM, ClearQuest, ClearPro), MS Office Suite, MS Visio, MS Project, SharePoint, JIRA, Rally, SoapUI, Windows 7, MS Access, Oracle

**CVS Caremark, Scottsdale AZ                      May ’11 – April ‘13**

**Sr. Business Systems Analyst**

**CVS Caremark** is the largest pharmacy health care provider in the United States with integrated offerings across the entire spectrum of pharmacy care. The project was to convert of ICD-9 CM and PCS codes to ICD-10 (Clinical Modification and Procedure Coding System) codes and conversion of all EDI HIPAA X12N-4010 transactions to HIPAA X12N-5010 version and prepare necessary supporting mapping/crosswalk documents as part of project deliverables.

**Responsibilities:**

* Gathering requirements from **business** users based on new market rules and Desk level procedures.
* Worked with Architects to Create **Data flow model**for Government owned Facilities**,**and for new oncoming ROSTERS.
* Created **business requirements document** (BRD) **& functional requirements document** (FRD) to map the **business** rules as documented.
* Wrote Use cases and test cases for testing and the processing of member enrollment and benefits.
* Documented various key elements of HIPAA compliance and made sure that they are understood by the development teams. Test cases written for the project were HIPAA complaint.
* **ICD-9 and ICD-10 solution** for parallel processing and step-up or step down processing.
* Implementing and expertise in **ICD-9/ICD-10 and CPT related products (i.e. DSM IV-TR, DRG, APG, APC and HCC).**
* Worked closely with the Enterprise Data Warehouse team and Business Intelligence Architecture team to understand repository objects that support the business requirement and process.
* Created **Gap Analysis Document for changes of the EDI Transactions (837, 835, 276/277, 270/271)**
* Created **SQL** queries to check the updates in Oracle database and executed **SQL** queries in Oracle to check the redundancy of data.
* Setup of batch job with parameter to process claims from HIPPA Gateway
* EDI Processing, the retrieval of **Medicare/Medicaid claim files**, delivery of acknowledgement reports, **'835' Remittance Advice, '837' Professional and Institutional claim files**
* **Set up runbook for Inbound and Outbound EDI transactions.**
* Involved in data dictionary management, extraction, transformation and loading (ETL) of data from various sources. Participated in **ETL requirements process** during data transition from source systems to target systems
* Involved in **Data Analysis & Mapping** to track all data elements used in the application from the user interface through different interfaces to the **target databases** in which they are stored.
* Developed **tables, Views, Stored Procedures and Triggers using SQL Scripting**
* Established Inner Join, Outer Join and created Indexes whenever necessary
* Facilitated internal review sessions with the BI and ETL team and external review sessions.
* Extensively used **Informatica client tools**. The objective is to extract data stored in Oracle database, flat files to load finally into a single data warehouse repository, which is in Oracle.
* Created and Configured Workflows, Work lets, and Sessions to transport the data to target using **Informatica Workflow Manager.**
* Created Test data and test cases in MS Excel to test numerous scenarios, for setting up **Providers in FACETS.**
* Coordinated closely with **Business Intelligence** Architecture team and Enterprise **Data Warehouse** team to understand repository objects that support the business requirement.
* Worked with **Facets Architects** to get in-depth knowledge on **Providers life cycle** and how can **Members and Claims** get affected with Providers Network setups.
* Did **Reconciliation of Data on Providers** back-end table to gauge the quality and enhance quality of existing entities.
* Strong knowledge in BI (Business Intelligence) tools like SSIS, SAS and SSRS to perform ETL.
* Worked with Facilities to get the correct count on number of **Members/ Eligibility** and Demographic information to set **Groups/Subgroups/Subscribers/Members** accurately in **facets**
* Reconciled the Relation **tables** to ensure the dependencies does match with **Health products** selected.
* Worked with **Operational** and **Implementation** team to built a system where loading Providers and Eligibility checks can be made successfully which overcomes efforts of keying records through GUI.
* Reported Vendors about the data issues and required Data Quality.
* Created **Pivot tables** to show the oncoming **new adds Vs Terms** from new vendors.

**Environment: Informatica power mart, Facets, MS Office suite, SQL Server 08, Quality center,** Visio, Oracle, .Net, **SQL**, Quality Center, XML

**Molina HealthCare, Boise, ID Feb ‘09 – Apr‘11**

**ETL 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.
* Developed estimates, project plans (**Microsoft project), training material, BI reports using Microstrategy**
* Involved in designing and developing **Data Models and Data Marts that support the Business Intelligence Data Warehouse.**
* 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/Procedue 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, Data Stage, UNIX, Windows XP, QNXT 3.4, .NET,  MS office, PowerPoint, Word, Excel**

**US Health Group, Fort Worth, TX                  Mar ‘07– Jan ‘09**

**Business Systems 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:**

* Engaged in different phases of SDLC of the project executing RUP methodology of iterative software development from Inception to Transition phase.
* Performed the role of a liaison between **Business** Units and Technical Solution Developers.
* Understand and articulate **Business** Requirements from SME interviews and workshops and translate requirements into **Business** Requirement Specifications (BRS). Involved in conducting JAD with SMEs, Developers, Project Managers and Quality **Analysts** to discuss **business** requirements, test planning, resource utilization, and defect tracking sessions as a facilitator to gather requirements from the **business** area.
* Implemented Unified Modeling Language (UML) methodologies for process modeling and developing use cases. Developed Use Cases, Sequence diagram, State diagram, and Activity diagram.
* Involved in implementing Six Sigma practices to systematically improve processes and standards and by eliminating defects.
* Analyzed EDI ANSI X12 file mapping and reported in analysis spreadsheet. Performed validation of 837 (P, I, D) & 835 format files according to the EDIFECS engine. Management of Patient Profile Transfer (PPT) reports created by data team by verifying the associated data.
* Involved in creating Test Plans and created Test Cases from the BRD, FRD and design document to cover overall quality assurance. Conducted Functionality testing, Integration testing, Regression testing, UAT, and ETE testing. Generated weekly and monthly reports and submitted to the Team Leads and Manager for reporting status report and analyzing purpose.

**Environment**: Windows NT/2000, MS **SQL** Server, Rational Unified Process (RUP), UML, Rational Rose, Mercury Test Director, MS Office Tools, Lotus Notes, Java.

**EDUCATION**

**Master in Business Administration**

**Master in Information System**