**Background Summary**

* Over **6+ years** of Information Technology as **Business Analyst with a focus in Healthcare** including **MMIS, Medicaid, Medicare, FACETS, HIPAA, EDI**, and other supporting applications for insurance providers & service providers.
* Worked for the team that is responsible for receiving, documenting, processing the claims including the eligibility verification. Responsible for making the system changes if there were any changes needed to be made in the current policies, rules & regulations due to the business necessities.
* Involved in requirements analysis, design and testing phases of Software Development Life Cycle (SDLC) and also in agile methodology.
* Managed key deliverables through the project lifecycle from requirements gathering to design, development, testing and deployment within allocated timeline and budget.
* Executed the project life cycle, including requirements gathering, design, testing, implementation and documentation, as required.
* Responsible for converting the programs from 4010 to 5010 version for HIPPA standards, there was also included the **NCPDP 5.1** conversion for drug claims.
* Involved in claim adjudication process of facets application.
* Responsible for migrating the codes from ICD9 to ICD10.
* Experience with Trizetto QNXT/Facets System implementation, Claims and Benefits configuration set-up testing, Inbound/Outbound Interfaces and Extensions, Load and extraction programs and proprietary format files and Reports development.
* Conducted walkthroughs with the end users and stakeholders to gather the modification requests from the user to upgrade or change the business specification for the product.
* Assisted in modeling and documenting the end-user's AS-IS workflow and TO-BE business processes.
* Strong writing skills in preparing Business Requirement Documents (BRD), System Requirement Specifications (SRS), Software Requirement Specifications (SRS),Use Case Specifications, Functional Specifications (FSD),Requirement Traceability Matrix (RTM) and Technical Design Document (TDD).
* Strong Data Warehousing, Data Marts, Data Analysis, Data Organization, Metadata and Data Modeling experience in RDBMS databases.
* Strong experience in using SQL Profiler for troubleshooting, monitoring, tuning of SQL Server and SQL code.
* In depth knowledge of RUP’s Iterative Software Development Life Cycle process also the experienced in managing project with Agile methodology.
* Good experience with XML files and manually created XML files from Excel spreadsheets.
* Handled the clinical data to implement to different systems.
* Helped the business users to perform the UAT.
* Experienced with document management system using FILE NET.
* Worked on FACETS up-gradation project.

**Knowledge of Tools**

Medicare, Medicaid, MMIS, HIPAA EDI 4010/5010, 270/271, 276/277, 278, 820, 834, 835 837, Amisys, Facets, NASCO, HCPCS, ICD-9, ICD-10, ME Codes, PDD Codes, MS Office Suite, MS Project, JAD, OOAD, UML, RUP, Agile, Extreme, Waterfall, Rational Rose, RequisitePro, Clear Case, Clear Quest, 21CFR Part II, Informatics, Business Objects, SQL, RedGate SQL Dependency Tracker, BRD, FRD, Visio, Test Director, Win Runner, Load Runner, Informatics, HP Quality Center, Business Modeling,Erwin4.1/3.5, Data Modeling, Oracle, DB2, COBOL, Windows, MS Office Suite, Java/J2EE, SharePoint, XML, Spec Builder, EDIFECS, File Net, Ingenix Suites, JIRA, Lotus, SnagIt.

**Experience:**

**Assurant Health, Milwaukee, WI   Dec 2014 – Till date**

**Business Analyst**

**Description:** Assurant Health is part of Assurant, a premier provider of specialized insurance products and related services in North America and selects worldwide markets. It is the brand name for a family of health insurance products focused on providing a variety of affordable plan choices to consumers. The portfolio of health care products includes major medical, supplemental and fixed-benefit plans for individuals, families and small employers.  The project was to incorporate the changes proposed in HIPAA 5010 and upgrading the current system from HIPAA 4010 to HIPAA 5010 converting ICD-9 to ICD-10 so that the system is in accordance with the new standards mandated by Health Insurance Portability and Accountability Act (HIPAA). Also, had to integrate the Medicare (Part A, Part B, Part C, Part D) data all in one single system for a smooth flow through the claims processing system Facets 4.71.

**Responsibilities:**

* Conducted JAD sessions with Subject Matter Experts (SME's).
* Incorporated Rational Unified Process (RUP) and analyzed User Business Requirement Document (BRD), Technical Requirement Specification and Functional Requirement Specification (FRS) using Requisite Pro, Rational Rose and MS Visio.
* Did Presentations making Stakeholders understand how the changes would affect different modules with respect to Medicare and Medicaid?
* Performed Gap analysis for better understanding of transition from HIPAA 4010 to HIPAA 5010 inside trizetto QNXT different modules.
* Revised HCFA-1500 and MCS-1500 forms with stakeholders.
* Designed and developed Use Cases, Activity Diagrams and Sequence Diagrams using UML.
* Documented, organized and tracked the requirements using Rational Requisite Pro.
* Worked on changes for HIPAA Transaction and proposed changes to be made in the current system for an easy transition from version 4010 to 5010.
* Documented the detailed business as well as technical requirements to upgrade the current system to 5010 transactions.
* Created master test plan for validating the data in ODS database and Business Objects reports using PLSQL developer and BO BI.
* Involved in technical analysis/assessment of upgrade of Healthcare payer functionality from mainframe to QNXT.
* Conducted User Acceptance Testing (UAT) prior to and after implementation phase.
* Got involved in designing future state processes for HIPAA 5010 transaction processing EDI's 837,835, 270, and 271.
* Analyzed HIPAA 5010 related to 835, 837, 270, 271, 276 and 277 transactions (both inbound and outbound) and performed gap analysis between the 4010 and 5010.
* Worked on ICD conversion from 9 to 10 with respect to the claims related to Medicare (Part A, Part B, Part C, Part D).
* Worked with Source system Subject Matter Experts (SMEs) to ensure that the extracts are properly mapped. Used SQL for data mapping and querying.
* Created test cases to validate that the configured Trizetto Facets or QNXT product configuration functions as intended and to uncover any risks or issues with the solution.
* Tracked and maintained Stakeholder requested enhancements and changes using Requirement Traceability Matrix (RTM).
* Played a key role in planning UAT and implementation of system enhancements and data migration and conversions.
* Designed and Developed the Business Objects Universes which suit the standard, analytical and ad-hoc reporting requirements of the Business Objects users.
* Troubleshoot any problems found within QNXT/QMAC and when testing the SQL data database while validating against the business rules.
* Participated in Data Mapping, Data Conversion, creation of the Data model and used SQL and Toad to extract, filter and validate data.
* Integrated Requisite Pro with Rational Rose to provide all teams visibility and maintain tractability among requirements, use cases and change requests.
* Completed a review of existing documentation for orders, referrals and reports and compared it to the clinical details needed for ICD-10.
* Performed PL/SQL Server Management Studio for T/SQL scripts to change and update SQL tables.
* Assisted in writing test case scenarios for unit testing, integration testing and compliance testing.
* Involved with ICD10 implementation testing.
* Assisted with user testing of systems and maintained quality procedures and ensured appropriate documentation is in place.
* Used ERwin for data modeling.
* Assist end users and IT staff in the use of data to satisfy informational and reporting requirements and implementing and using SQL and DBMS.

**Environment:** MS Office, Trizetto, QNXT, RUP, SQL, Agile, Oracle MS Visio, XML, Erwin, Business objectives.

**WellPoint, Inc. Thousand Oaks, CA   Jan 2012 – Nov 2013**

**Business Analyst**

**Description:** WellPoint, Inc. is one of the largest health benefits companies in the United States.The project was involved in migration from Diamond software to Facets 4.7.1 including configurations, claims auto adjudication scope and definitions, financial transactions ID cards, Membership, Enrollment. EDI 835, 837I, 837P, 276/277, 278 and proprietary conversions utilizing Facets extensions and development of new scripts and extensions to meet proprietary origination formats and reformat them into HIPAA standardized formats. The project involved in building a solution, which integrates Wellpoint existing claims processing systems and extends their functionality for web-based access by the company's countrywide network. The solution was developed using Microsoft .NET Framework.

**Responsibilities:**

* Responsible for writing Functional Requirement Specifications (FRS) and User Requirement Specification (URS).
* Responsible for defining the scope and implementing business rules of the project, gathering business requirements and documentation.
* Analyzed Business Requirements and segregated them into high level and low level Use Cases, Activity Diagrams / State Chart Diagrams using Rational Rose according to UML methodology thus defining the Data Process Models.
* Experience with Health Insurance Packaged Application like Facets. Providing US Health Insurance domain and TriZetto’s FACETS (version 4.31).
* Tested Accumulation Rules in Model Office of NASCO Processing System (NPS).
* Analyzed CMS comparison documentation highlighting changes of 5010 format and ICD10 diagnosis and procedure codes.
* Created DTS Packages for migration of data between MS SQL Server database and other databases like MS Access, MS Excel and Flat Files.
* Create reports and analysis from various leveraging tools such as Salesforce, SQL Assistant, Excel, Access, and Business Objects.
* Involved in the reporting analysis and configuration in Trizetto QNXT System.
* Documented the Traceability Matrix for tracing the Test Cases and requirements related to them.
* Worked with Claims, enrollment, eligibility verification for members and providers, benefits setup, and backend payment cycle in facets.
* 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.
* Produced Gap Analysis documents for both HIPAA 5010 and ICD-10 Enhancements.
* The project team used “agile” methodology, MS SQL server, TFS, and .NET framework.
* Collaborated directly with business users and software development team to bring legacy system enhancements from initiation to successful completion during the conversion effort from Sybase to SQL Server.
* Responsible for documentation of business requirements and system functional specifications, including BRD, FRD, and FSD.
* Used SQL Server 2005 tools like Management Studio, Query Editor, Business Intelligence Development Studio (BIDS) including SSIS and SSRS.
* Provided recommendations for improving testing approaches and techniques including integration testing, functional testing and user acceptance testing expertise to ensure that the configured Trizetto products and services are functioning as expected and will meet end user requirements.
* Extensively used MS-Office (i.e MS-Word,MS-Project,MS-Excel,Powerpoint and MS-Access).
* Met daily requirement of working the claims queue processing pended claims or claims with errors in the Facets systems and routing them to the appropriate area.
* Involved in testing QNXT Member, Provider, Claims Processing, Utilization Management, Accumulators, Contracts and Benefits.
* Extensively involved in manual testing in Facets 4.71/4.51 with different modules like Subscriber/Member, Open Enrollment, Claims Processing, Networks, Provider and Billing Applications.
* Facilitated a weekly client call designed to provide assistance to offshore operations when problem existed with clearinghouse and/or payer claim denials/rejections, issues with adjudication and/or collections.
* Responsible for architecting integrated HIPAA, Medicare solutions, Facets.
* Configured Membership and Billing, ID Cards, Vendor Eligibility Electronic files, Facets, and Adult Basic.
* Expertise in broad range of technologies, including business process tools such as Microsoft Project, Primavera, MS Access, MS Visio, technical assessment tools, Data Warehousing concepts and web design and development.
* Worked with SQL queries using MS Access for data manipulations.
* Used SQL Profiler for troubleshooting, monitoring, tuning of SQL Server and SQL code.
* Defined Functional Test Cases, documented, Executed test script in Facets system.
* Involved in full HIPAA EDI transactions such as 835, 837 (P, D, I) 276, 277, 278.
* Assigned tasks among development team monitored and tracked progress of project following Agile methodology.
* Created Process Flow diagrams, Use Case Diagrams, Class Diagrams and Interaction Diagrams using Microsoft Visio and Rational Rose.
* Used Test Case distribution and development reports to track the progress of test case planning, implementation and execution results.

**Environment:** MS Office, Trizetto, QNXT, Agile, Rational RoseMS VISIO, UML, SQL, Oracle, Business objectives, XML, HP Quality Center ALM

**Delta Dental, San Francisco CA Feb 2010– Dec 2011**

**Business Analyst**

**Description:**  Delta Dental has been working to improve oral health and hygiene by emphasizing preventative care, because they believe that everyone deserves to enjoy a healthy smile. They offer national dental coverage—administering programs and reporting systems that provide groups and individuals with quality, cost-effective dental benefits and superior customer service.

**Responsibilities:**

* Involved in analyzing and writing test plan in accordance with business requirements
* Wrote test plan, test procedures, test scenario and triggers events.
* Studied the business goals that were reflected in the requirements.
* Performed Manual Testing of application identified the critical test scripts to be automated.
* Review of manual methods to design, develop and execute automated test cases using Win Runner
* Configured GUI maps for the standard and custom objects.
* Got involved in designing future state processes for HIPAA 5010 transaction processing EDI's 837,835, 270, and 271.
* Analyzed HIPAA 5010 related to 835, 837, 270, 271, 276 and 277 transactions (both inbound and outbound) and performed gap analysis between the 4010 and 5010.
* Worked on ICD conversion from 9 to 10 with respect to the claims related to Medicare (Part A, Part B, Part C, Part D).
* Gathered Requirements, Analyzed and Documented Business Requirements Document, Functional Specifications Document, SRS, FSD, Nonfunctional Specifications
* Used MS Access, MS Excel (Pivot tables), SQL for data analysis and data validation.
* Used agile methodology, and managed the iterative cycles through an effective project plan created.
* Worked with Source system Subject Matter Experts (SMEs) to ensure that the extracts are properly mapped. Used SQL for data mapping and querying.
* Designed and implemented basic SQL queries for testing and report/data validation.
* Tracked and maintained Stakeholder requested enhancements and changes using Requirement Traceability Matrix (RTM).
* Worked with SQL queries using MS Access for data manipulations.
* Gathered documents regarding HIPAA compliance, Local County and state compliance regulations.
* Executed test scripts to conduct UAT and System testing using Win Runner.
* Performed Front-End and Functionality testing using Manually
* Participated in Weekly meeting and discussed modification request with management team.

**Environment:** MS Visio, MS Office Suite, Facets, Agile, MS Project, Outlook, Oracle, ALM Quality Center

**Florida Healthcare Plans, Holly Hill, FL**‎**May 2008 – Jan 2010**

**Business Analyst**

**Description:**: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.
* As Scrum Master maintained the capacity plan, iteration board, sprint backlog, velocity charts and burn down charts
* Identified and removed impediments to the success of the sprint by working with every single team member.
* As Scrum Master communicated dependencies and potential risks to the completion of the sprints including resources, costs and systems.
* Conducted JAD sessions, workflow diagrams, UML diagrams, process models, activity diagrams, use cases, for incorporating design changes in the order creation/ management system.
* Actively participated on creating Migration strategy from existing PDE (Microsoft Access files) to Gold Data Repository.
* 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.
* Prepared the Business requirement Document (BRD) and functional requirement document (FRD) for the enhancement of the existing services.
* Worked on developing the business requirements and use cases for Facets batch processes; automating the billing entity and commission process.
* Coordinated the upgrade of Transaction Sets 837P, 835 to HIPAA compliance.
* 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** : Microsoft Office, HTML, Microsoft Visio, Share Point, Mega, XML schema, J2EE, UML, Quality Center, SQL.