**PROFESSIONAL SUMMARY**

* 8+ years of strong experience in healthcare EDI transaction set
* Solid experience with EDI maintenance, analytics and troubleshooting, QNXT
* Clear understanding and working knowledge of HIPAA EDI protocols; in-depth understanding of X12 specifications
* Exceptional analytic and troubleshooting skills; ability to juggle multiple requests at once
* Superior customer service skills; ability to work independently and collaboratively as member of team
* Clear and concise verbal and written communication skills; proficient in MS Word, Excel and Outlook
* Proactive with people skills and strong sense of urgency
* Highly motivated team player, possessing strong communication and interpersonal skills with detail-oriented analytical abilities
* Worked with HL7, EDI ANSI 4010 and 5010 Standards
* Solid background in Agile methodology and processes, knowledge of SQL, ICD 9, ICD 10, and General Equivalence Mappings (GEM)
* Strong knowledge and working experience of industry standards such as HIPAA, HL7, SOX
* Experience with testing, maintaining, enhancing, and supporting HIPAA EDI (820, 834, 835, 837) transactions and applications and 999 Implementation Acknowledgement
* Knowledge of Medicare, Medicaid, and Affordable Care Act (ACA)
* Excellent project management skills and ability to ensure effort is being kept on task and time; critical thinking and planning abilities
* Experience in assisting quality assurance team to functional-test the new HL7 interfaces always keeping in mind HL7 and HIPAA guidelines and coordinated user acceptance testing using derived test data
* Experience in Healthcare Industry, with good operational knowledge of Health Insurance Portability and Accountability Act (HIPAA)
* Experience in Healthcare/Claims adjudication with knowledge of industry compliance standards like EDI X12 transactions (820, 834, 835, and 837)
* Facilitated User Acceptance Testing (UAT), regression testing, and test strategies with developers and testers, and participated in manual front-end testing to check all functionalities of different modules
* Involved in development and testing of Test Plans, Test Cases, and prepared Requirement Traceability Matrix (RTM)
* Ability to create and analyze Functional Requirement Documents (FRDs)

**TECHNICAL SKILLS**

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| --- | --- |
| **Microsoft Technologies** | MS Project, Visio, Excel, Word, Outlook, PowerPoint |
| **Requirements Management Tools** | Rational Requisite Pro, Rational Rose, MS Visio, SharePoint |
| Operating System | Windows 2000/7/XP, DOS, Unix |
| **Business Skills** | Business Process Analysis & Design, Process Improvement and Implementation assessment, Requirement Gathering, Use Case Modeling, JAD/JRP Sessions, Gap Analysis, Impact Analysis |
| **Office Tools** | MS Office (Package), MS Visio, MS Project, MS FrontPage, Outlook |
| **Languages/Standards** | SQL, XML, HTTP, HIPPA 4010/5010, ICD9/10, ANSIX12, CPT, CMS form |
| **Methodologies** | Rational Unified Process (RUP), Agile, Waterfall, Rapid Application Development (RAD) |
| **Other Tools** | Axiom Transcend, Informatica, Cognos, Visual Basic, Mainframe, QNXT, Trizetto |

**PROFESSIONAL EXPERIENCE**

**Health New England, Springfield, MA Dec 2016- Till Date**

**Sr. EDI Analyst**

Health New England provides consumers directed healthcare products, including medical, pharmacy, dental, behavioral health, GIC, long-term care and disability plans, and medical management capabilities. This is an Enterprise Reporting Conversion Project for Anthem Government Business Division (GBD). This is a major migration project from MCO to ACO implementation for identified Medicare and Medicaid markets and also worked on another project to implement and provide support for HIPAA ANSI X12 standard transactions 277, 278 and support 834, 835 and 837 (Encounters)HIPAA EDI transactions and integrating the functionalities to the web portal for Electronic Claim Submission process.

**Responsibilities:**

* Experienced in gathering business requirements, JAD Sessions, Gap Analysis, UML diagrams, Process Flows, Business Documentation, Claims Processing & Testing and Claims Adjudication for Medicare and Medicaid, Data Mapping/Modeling, Facets and Medical Billing.
* Supporting all phases of the design, development and implementation of an enrollment resolution and reconciliation processes for health insurance exchanges.
* Participating in design sessions, report on project progress and identify potential risk and issues.
* Facilitated and led group discussions to elicit requirements in Joint Application Development (JAD) sessions by communicating with various background and skills, documented Scope Definition, Functional Specifications, and Software Requirements Specification (SRS) and created User Interface Mockups/Prototypes.
* Worked on 834 transaction including syntax and business rules for X12 HIPAA 5010.validations for loops, segments, qualifiers and code sets.
* Worked on Healthcare domain including Electronic Data Interchange (EDI), and Implementation and knowledge of HIPAA code sets, ICD-9, coding and HL7 standards.
* Validated the HIPAA/ EDI transactions, tested the claims processing and Adjudication (EDI 837 & EDI 835).
* Validated the X12 EDI format files 834 benefits and enrollment.
* 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.
* In-depth knowledge of Affordable Care Act (ACA) and Health Insurance Portability and Accountability Act (HIPAA) including Medicare, Medicaid and Health Insurance.
* Worked extensively on the EDI Transactions via EDI 270, EDI 271, EDI 276, EDI 835, EDI 837
* Worked on enhanced Encounter Data Processing System (EDPS) and Mass Health Encounter data flow and works within key regulator guidelines for acceptable data submission.
* Involved in documenting changes to the Benefits Administration, Enrollment Processing and Claims Processing Systems based on the Medicare Plan Changes initiative.
* Analyzes and interprets encounter data to identify potential issues and trends; Ensure compliance with regulatory bodies
* Responsible for dropping the 837 P & I Files according the Test Scenarios then dropping them into WTX Server & getting the DCN’s from the Claims Front End (CFE) then finally processing the claim in Blue Chip.
* HL7 testing included connectivity to the Database, validate inbound and outbound messages, validate ack and nack, generate values and test message from specification, repeat test plan and test scenarios and generate reports.
* Monitor daily administrative duties of Encounter Data. This includes direct response to internal and external customers’ issues ensuring resolution
* Involved in Medicare and Medicaid (CMS) pertaining to billing health plans
* Worked closely with stakeholders and SME’s for requirements gathering.
* Identified end to end requirements for all systems and business units that may be impacted by the project.
* Developed requirements integrating Use Case diagrams and designed the testing process flows.
* Done claims processing, benefits, provider reimbursement, provider set, billing and accounts receivable.
* Designing the Business Requirements Document and working with system developers to ensure that the requirements are effectively communicated and well understood.
* Coordinated User Acceptance and Quality Assurance testing of mainframe and GUI applications, identified test data, prepared user manual and conducted training seminars, installed applications on users.
* Updated EDI Inventory Control system greatly increasing data integrity.
* Assessment and documentation of current EDI programs to complete the migration of a new client server system.
* Analyzed data mining, and rebilling’s for Medicare, Medicaid and third party billings.
* Developed straightforward DBMS queries, knowledge of HL7 and xml interface messaging.
* Troubleshooting and resolving errors in 834 and 820 transactions for health insurance exchanges and performing root cause analysis.
* Analysis of discrepancies in the eligibility reconciliation process for multiple stakeholders and continuous process improvement of the reconciliation process.
* Worked in mainframe environment and used SQL to query various reporting databases
* Providing content and training to and for collaboration with training staff on training stakeholders on the transactions and the reconciliation process.
* Participation in all phases of testing.
* Perform testing and thoroughly document issues.
* Work with the technical and development team to resolve identified issues in a timely manner.
* Reviewed Stored Procedures for reports and wrote test queries against the source system (SQL Server) to match the results with the actual report against the Data mart.

**Aetna Inc., Hartford, CT August 2014- Nov 2016**

**EDI Analyst**

Aetna, Inc. is a Fortune 100 managed health care company, which offers health care, dental, pharmacy, group life, disability, and long-term care insurance and employee benefits, primarily through employer-paid (fully or partly) insurance and benefit programs, and through the Medicare. The project was about EDI related to the Enrollment Resolution and Reconciliation process for the Health Insurance Exchanges (HIX). It also included building a better health insurance marketplace via the synthesis of requirements for an effective HIX solution that could quickly adapt to comply with the evolving federal/state laws and regulations.

**Responsibilities:**

* Managed and developed EDI specifications, to follow ANSI X12 5010 formats including 820, 834, 835, and 837 to meet and exceed HIPAA requirements set forth by federal government; experience with 999 Implementation Acknowledgement
* Ensured our business applications (QNXT) are configured to be accurate and efficient in setup and functionality
* Led claims system integration and claims configuration activities for core claims administrative systems, including QNXT
* Analyzed, modeled, designed, developed and implemented EDI & QNXT Data components and X12 transaction sets
* Designed, developed and implemented customized functionality to accommodate business processes related to EDI & QNXT Data component
* Identified the need for and develops new EDI & QNXT Data functionality to accommodate new business processes and procedures as they are introduced to the solution
* Assisted and mentored peers with understanding EDI & QNXT Data components, technical architecture, custom development, and operations support
* Shared HIPAA-compliant expertise with trading partners requesting clarification on EDI standards, file mapping rules, and system logic
* Ensured proper setup of EDI tools and systems that support file transfer between MPI and new trading partners
* Conducted necessary testing and in-depth analysis to resolve any potential issues prior to rolling trading partners into production environment
* Supported both inbound EDI issues with issuer and outbound issue with FFM; worked with electronic vendors for quick issue resolution
* Tracked status of assigned tickets to ensure timely completion, maintained communication with customer regarding progress of work, and notified appropriate parties when open issues got resolved
* Monitored Send File failure and file rejection (from the Monitoring team) from /to client
* Worked on 820, 834, 835, and 837; analyzed 999 Acknowledgement and worked on resolving rejection; ensured compliance with HIPAA regulations and requirements
* Tracked trends and issues, validated with in-depth data and analysis; and applied solutions quickly
* Monitored, audited, and reported on processing of newly implemented trading partners to confirm their successful transition to production environment
* Stayed up to date with changing technical protocols and Healthcare regulations regarding data exchange
* Continued to research and establish communication channels with industry-recognized organizations that provide EDI insights and direction
* Met with Provider Communities and Trading Partners to ensure that HIPAA transactions pass EDI gateway
* Supported all phases of design, development and implementation of Enrollment Resolution and Reconciliation process for health insurance exchanges with respect to Affordable Care Act (ACA) mandate
* Responsible for troubleshooting and resolving errors in 834 and 820 transactions for health insurance exchanges and performing root cause analysis
* Analyzed discrepancies in eligibility reconciliation process for multiple stakeholders and continuous process improvement of reconciliation process
* Provided content to and for collaboration with training staff on training stakeholders on transactions and reconciliation process
* Performed testing and thoroughly documented issues; worked with technical and development team to resolve identified issues in timely manner; performed Unit testing
* Prepared Test Cases based on business requirements and business rules for HIPAA EDI Transaction 820 and 834 transactions and X12 transactions; responsible for troubleshooting and resolving errors in 820 and 834
* Wrote test cases in HP Quality Center; executed test cases and test scripts for manual testing
* Logged defects in HP Quality Center (QC) for tracking and reporting bugs in application
* Coordinated with Project Manager to prioritize outstanding defects in QC or enhancement/system requests based on business requirements and available human resources, allowing sufficient time to ensure accuracy and consider deadlines
* Participated in Scrum, Daily stand-ups, and Iteration review meetings working in Agile development methodology
* Interviewed Subject Matter Experts (SMEs) to gather specific information while performing Requirements Analysis and translated information into detail specifications in Functional Requirement Document (FRD)
* Developed SQL queries to extract, manipulate, and/or calculate information to fulfill data and reporting requirements including identifying tables and columns from which data is extracted

**Ohio Department of Health (ODH), Columbus, OH Mar 2012-July 2014**

**EDI Analyst**

The Ohio Department of Health (ODH) is a cabinet-level agency with an executive team that helps the Director of Health formulate the agency’s strategic policy goals. It works to respond to the public health needs of Ohio’s 11.5 million residents. The state of Ohio has to comply with Centers for Medicare & Medicaid Services **(CMS)** mandated ICD-10 requirements within the timeline. The objective of this Project was to do the assessment of Medicaid Management Information System (MMIS) and other systems, followed by Implementation Phase, which included the actual conversion from ICD-9 to ICD-10.

**Responsibilities:**

* Validated the following: 837 (Healthcare Claims or Encounters), 835 (Healthcare Claims payment/ Remittance), 834 (Enrollment/Dis-enrollment to a health plan)
* Experience with Medicare, Medicaid, and commercial insurances in HIPAA ANSI X12 formats including 820, 834, 835, 837
* Conducted configuration of Medicaid/Medicare benefits within QNXT claim processing system
* Implemented new and updated existing Companion Guides and Trading Partner Agreements
* Created Functional Requirement Documents (FRDs) based on signed-off business requirements
* Prepared test plans and assisted QA team in UAT testing and regression testing
* Wrote tests cases on 820, 834, 835, and 837; tracked and detected bugs and created Reports using Rational Clear Quest
* Involved in writing Test Plan for testing effort of module
* Performed end-to-end testing on the release version of the software application and detected GUI bugs
* Tested ANSI X12 4010/5010 834, 835, and 837 transactions according to test scenarios
* Used Rational Clear Quest for version control, tracking defects, enhancement requests, assign work activities, and assess the real status of project throughout the Software Life Cycle
* Involved in forward mapping of ICD 9 to ICD 10 and backward mapping of ICD 10 to ICD 9 using General Equivalence Mappings (GEM)
* Conducted necessary testing and in-depth analysis to resolve any potential issues prior to rolling trading partners into production environment
* Monitored, audited, and reported on processing of newly implemented trading partners to confirm their successful transition to production environment
* Implemented process improvements to enhance efficiency of EDI processes
* Used MS Test Manger for functional, UAT, and regression testing
* Analyzed results of test scripts using Rational Log Viewer
* Used Rational Clear Quest for version control, tracking defects, enhancement requests, assign work activities, and assess the real status of project throughout the Software Life Cycle
* Provided feedback concerning completeness and accuracy of AUT
* Regularly met with team leads, other team members and developers to evaluate project progress
* Regularly met with team leads, other team members and developers to evaluate the project progress
* Participation in all phases of testing; performed testing and thoroughly documented issues
* Worked with technical and development team to resolve identified issues in timely manner
* Reviewed documented training material for accuracy and assisted in end user training and support
* Identified business functions and processes, and prepared system scope and objectives based on user needs and industry regulations
* Documented the Requirements and circulated them to Business & Technical teams for Signoffs
* Worked extensively with IT team on building architecture and underlying logics of system
* Created test plans and scripts, facilitated user acceptance testing and tested strategies with developers and testing team
* Reported project progress to the team, senior management and all stakeholders
* Conducted Backend database Testing using SQL Commands
* Extensively used SQL statements to query the Oracle Database for Data Validation and Data Integrity

**Cigna, Bloomfield, CT Apr 2010-Feb 2012**

**EDI Analyst**

Cigna is a global health services organization. Its insurance subsidiaries are major providers of medical, dental, disability, life and accident insurance and related products and services, the majority of which are offered through employers and other groups (e.g. governmental and non-governmental organizations, unions, and associations). Cigna also offers Medicare and Medicaid products and health, life and accident insurance coverage primarily to individuals in the U.S. and selected international markets. One goal of the project was to enable add, manage and terminate members via multiple channels, specifically through EDI.

**Responsibilities:**

* Processed, controlled, and troubleshoot EDI process to ensure efficient day to day operations
* Supported EDI (X12); concentrated on 820, 834, 835, and 837; ensured data was formatted correctly and researched errors; validated data was accurate by comparing it to source system
* Configured benefits/ providers in QNXT system
* Assisted JAD sessions to identify the business flows and determine whether any current or proposed systems are impacted by EDI X12 Transaction
* Audited daily EDI processes to ensure inbound and outbound documents were transmitted timely and accurately
* Organized and maintained EDI vendor files, reports and related documentation
* Reviewed electronic data received from providers/vendors to ensure presence and accuracy of critical data elements
* Responsible for testing, maintaining, enhancing, and supporting HIPAA EDI (820, 834, 835, 837) transactions and applications and 999 document
* Ensured compliance with HIPAA regulations and requirements
* Interfaced between users and diverse teams and was involved in application development to enhance understanding of both business and IT processes
* Utilized technical writing skills to create effective documentation and training materials
* Designed, developed, tested, and implemented new software applications and EDI programs, maps, and processes
* Created Test Plan, Test Cases, and Test Scripts
* Analyzed Business Requirements and segregated them into high-level and low-level Use Cases, Activity Diagrams, State Chart Diagrams using UML methodology; clearly defined Data Process Models
* Presented process improvement solutions to the client, performed Project Management Office (PMO) activities.
* Conducted meeting with EDI team and other stakeholders team members to discuss requirements
* Responsible for creating and updating project schedule and managing resources and timeline using MS Project
* Implemented best practices, facilitated meetings between business users and third party application vendors
* Used MS Excel/Word/MS Office for status reporting and planning
* Performed research on any possible EDI related issues; monitored EDI standard errors and provided resolution to issues
* Maintained up-to-date knowledge of business area being worked upon and continually reviewing how that business function interacts with other business functions that form entire business process
* Liaised between IT technical departments and external and internal customers to ensure error free EDI transactions
* Coordinated with business owners to insure business needs and EDI transaction format requirements were met and troubleshoot issues that arose
* Monitored, investigated and resolved EDI production problems; reviewed daily EDI error/exception reports; analyzed process and recommended improvements
* Communicated to resolve issues and retransmit missing documents to ensure customer's successfully received resolutions in a timely manner
* Maintained close communication with Operations Director on all EDI requests, problems and resolutions
* Acted effectively as point-of-contact on status of EDI transactions from internal and external customers
* Developed and prepared EDI documentation, as well as provided content and format testing for internal and external use