## SUMMARY

* Qualified professional with 7 years of extensive experience in the field of Business Analyst working with the technical staff to implement management and staff's business requirements into the software application in Healthcare. Extensive working experience with TriZetto’s Facets tool.
* Expertise in documenting the Business Requirements Document (BRD), Technical Requirement Document (TRD), generating the UAT Plan, maintaining the Traceability Matrix and assisting in Post Implementation activities.
* Good experience in the EDI transactions and knowledge on EDI transaction process flows.
* Strong experience and understanding of health care industry, claims management process, Knowledge of Medicaid and Medicare Services.
* Good documenting and excellent communication skills.
* Knowledge and Implementation experience in Eligibility System, Facets Data model, Configuration Implementation of FACETS module.
* Involved in using FACETS for various health insurance areas such as products, enrollment, members and other modules related to FACETS.
* Expertise in understanding and supporting the client with Project Planning, Project Definition, Requirements Definition, Analysis, Design, Testing, System documentation and user training.
* Used Rational Clear Case for Version Control of requirement documents.
* Experience with TriZettos Facets Application Groups/ Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management.
* Good knowledge of Workflows and Content Management Tools.
* For Executing Scripts manually, Involved in preparing data in FACETS.
* Expert in creating Use Cases, Use Case Diagrams, Class Diagrams, Sequence Flows using MS Visio and UML concepts.
* Experienced in EDI and HIPAA Testing Privacy with multiple transactions exposure such as Inbound 834Membership Enrollment, 837Institutional, 837Professional, 837 Dental, 835 Claim Payment/Remittance Advise, 270/271 Eligibility Benefit Inquiry/Response, 276/277 Claim Status Inquiry/Response Transactions and testing in Client Server systems and Mainframe Applications.
* Knowledge and expertise in working with Claims, Provider, Enrollment, Finance, Benefits, and Vendor Management Business Areas.
* Maintained the Traceability Matrix table to track the Business Requirements to the design to the testing keeping track of all requirements in the BRD/Experience in conducting User Acceptance Testing (UAT) and documentation of Test Cases
* Extensive experience in writing SQL and PL/SQL scripts to validate the database systems and for backend database testing.

## TECHNICAL SKILLS

Project Methodologies: SDLC, RUP, UML, Agile, Waterfall,

Business Modeling Tools: Microsoft Visio, Rational Rose

Healthcare Tools EDI X12,HIPAA, 4010,5010, Trizetto ,FACETS,ICD 10,To ICD9

Testing tools: Mercury Quality Center,

Change Management Tools: Rational Clear Quest

Office Tools: MS Project, MS Office, MS Visio

Version Control Systems: Rational Clear Case

Database: MS SQL Server, MS Access, and Oracle SQL, PL/SQL, HTML and XML

## PROFESSIONAL EXPERIENCE

**Blue Cross and Blue Shield, Eagan, MN Sr: Facets System Analyst May-2013- Mar-2015**

**Project Description:** FACETS is part of TriZetto's suite of enterprise administration Facets System Analyst. Functionality FACETS is a comprehensive healthcare management and administration suite of software designed exclusively for payers. FACETS manage all relationships between the payer organization and its members and providers Reporting, and Filing Claims through EDI (ANSI) X12 transaction sets in compliance with HIPAA standards which included the conversion of the 837 Benefit Enrollment and Maintenance EDI format from 4010 X12 formats to the 5010 X12 format as per HIPAA compliance.

**Responsibilities:**

* I Involved in FACETS Implementation Testing, involved end to end testing of FACETS Billing, Claim Processing and Subscriber/Member module/Set claim processing data for different Facets Module.
* System Integration testing for Facets core modules with external systems.
* Documented complex Business requirements and made process flow diagram for the 834,837, 270/271, 276/277 & 835Remittance transactions as per the 4010 to 5010 implementation for the Medicaid claim processing system enhancement.
* Used TriZetto HIPAA Gateway to comply with HIPAA standards (270/271, 276/277 & 837) for EDI transactions
* Analyzed the impacts of HIPPA 5010 project on inbound 837 claims
* Created extensive Dental claims in FEP for verification of EFT and ERA payments according to enrollments.
* Gathered requirements from the users and analyzed the requirements for RQ System, Facets etc.
* Extensively worked with FACETS Implementation, FACETS Billing, Claim Processing and Subscriber/Member module.
* Gathered and documented functional requirements for testing and verification of HIPAA.
* Prepared use case diagrams and use case description by studying the requirements and discussing them with the subject matter experts (SME) and users
* Worked on preparing Business Requirement Document (BRD), and Functional Requirement Document (FRD) to help aid the development team
* Used Agile model to ensure that all the requirements are met at the completion of the project
* Performed manual testing by building 837 claims, converting them into EDI file, uploading them into mainframe region and doing error resolution & testing for 5010 requirements& NPI crosswalk.
* Developed an implementation guide for Partners for HIPAA 5010EDI X12 transactions such as 837 (medical claims), 835 (medical claim payments), 270 (eligibility inquiry), 271 (eligibility response), 276 (claim status), 277 (claim status response), 820 (enrollment), and 834 (premium payments).
* EDI file testing for checking the HIPAA 5010 (X12) compliance of the inbound 837 claims.
* Used Extensively FEP Dirt web application to validate the professional, institutional and dental 837 files.
* Tested multiple Claim types like Professional, Crossovers, Outpatient, Inpatient, LTC, Dental and Pharmacy.
* Assisted in creation of the Functional Design Document from the Business Requirements Document which was used as the reference by the development team while preparing the design and held the responsibility of the required data setup for unit testing.
* Documented the UAT Plan for the project and worked with the UAT Team to ensure every acceptance criteria for the requirements has been included in the UAT task plan.
* Worked with different Business Areas like Claims and Enrollment to document proposed ICD 9 – 10 Code changes.
* Experience with Trizetto Facets System implementation, Claims and Benefits configuration set-up testing, Inbound/Outbound Interfaces and Extensions, Load and extraction programs involving HIPPA 837 and proprietary format files and Reports development.
* Tested the application by writing SQL Queries and creating pivot views as to perform back-endtesting.
* Write SQL queries to validate that actual test results match with expected results.

**Environment**: EDI ,MS Visio, Word, Excel, UML, Facets, PowerPoint, Rational Requisite. MS SharePoint, MS Project, MS Visio, SQL, Oracle, HTML, Business Objects, Business Intelligence

**South coast Health Systems, New Bedford, MA Business Analyst Jul-2011-Apr-2013**

**Project Description:** South coast is one of the leading non-profit health systems in the United States serving eastern Massachusetts. Project was to build a medical management system ‘HealthPlaNET’ that integrates Healthcare business like Eligibility and Claims hosting, Medical Management, Enterprise Web Services, Enterprise Data Warehouse, Electronic Data Interchange into Medical Management Tool used by South coast Hospitals, Health Plan Members, Health Plan Utilization Management, and Health Management.

**Responsibilities:**

* 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, FACETS for Claims Adjudication, Medical Management- Utilization Management, Case management and Provider Reimbursement- Provider Paymen
* Coordinated the upgrade of Transaction Sets 837P, 835 and 834 to HIPAA compliance.
* 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
* Configured facets modules such as Claims, Membership, Billing, Benefit and plan
* 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
* Include claims and enrollment testing as well as NPI and medical coding and ICD-9 EDI testing.
* Work closely with EDI to ensure accuracy in data transmissions and shared processes.
* Worked on Mapping documentation using the Implementation Guide for EDI HIPAA 834,835,837(D,P,I), 277/278 and other Health Care Transactions. Implemented Claims adjudication module facets in line with EMR/EHR in compliance with HIPPA approved transactions such as claim filing (837), Claim Remittance (835), and Health plan Eligibility (270/271).
* Extensive knowledge of ANSI X12 Healthcare transaction sets like Enrollment, Eligibility, Claims, and Premiums and Control.
* Utilized SDLC Methodology to configure and develop process, standards and procedures.
* Involved in writing extensive SQL Queries for back end testing oracle database.
* XML and SQL Server package configuration to make package dynamic using SSIS package Configuration Wizard and deploy packages to production Server
* Conducted JAD sessions with business users and Subject matter expert and stakeholders to define project scope, to identify the business workflows & task analysis and determine whether any current or proposed systems are impacted by the new development efforts.
* Designed Test Plans, Scripts after analyzing various scenarios/requirements & performed defect tracking using Test Director & Clear Quest.
* 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
* Configured facets modules such as Claims, Membership, Billing, Benefit and plan
* Work closely with EDI to ensure accuracy in data transmissions and shared processes.
* Involved in claim adjudication process of facets application

**Environment:** Facets SQL, Mercury Quality Center, Go To Meeting, MS Office Suit

**Independent Health, Buffalo, NY                         Business Analyst Jan-2010-Jun-2011**

**Project Description:** Independent Health will provide a higher standard of health care coverage and improves the quality of care for every member. It sets the standard for outstanding quality health care, service and value. It is the leader in access, affordability and quality in the competitive health insurance market.

**Responsibilities:**

* Worked on various applications such as EAB mainframe, CARE, FACETS, FLEXX mainframe, HIPAA data enquiry, SIR, Look up.
* Worked on following applications to cut down the duplication.
* Solid expertise with MS Word, Excel, PowerPoint, and Project
* FACETS operational support member.
* Also worked on FACETS member’s implementation.
* As a part of operational production support team, received work request tickets for resolving on daily basis.
* Worked on various applications such as EAB mainframe, CARE, FACETS, FLEXX mainframe, HIPAA data enquiry, SIR, Look up.
* Troubleshoot any problems found within FACETS and when testing the SQL data database while validating the business rule.
* Provided weekly project status report to project manager and project presentation to the high level management on monthly basis.
* Worked on developing the business requirement and use cases for FACETS batch process, automating the billing entities and commission process.
* Interacted with developers to raise change requests for fixing errors in the X12 files.
* Developed SQL queries to interact with the lifecycle database and provide monthly capacity reports reflecting on the utilization of EDI infrastructure.
* Participated in various meetings and discussed enhancement and modification request issues.
* Facilitated Joint Application Development (JAD) Sessions for communicating and managing expectations.
* Involved in analysis of requirements for Medicaid and Commercial line of businesses.
* Scheduled the meetings with domain leads to determine the mapping parameters for each field.
* Followed agile methodology to gather the Business Requirements and designed Functional specifications.
* Highly involved in Gap Analysis to identify the deficiencies of the current system and to identify the requirements for the change in the proposed system.
* Played major role to create the Business Requirement Documentation (BRDs), using MS Word and MS Visio that provided appropriate scope of work for technical team to develop prototype and overall system.

**Environment:** Agile, SharePoint, MS Visio, MS project, XML, UML, Facets, Oracle, MS SQL Server, MS Office

**Independent Health, East Amherst, NY Business Data Quality Analyst May-2008-Dec-2009**

**Project Description:** Independent Health, East Amherst, NY tries to build up relationship to foster safer and more healthful American social life. This Data Warehousing project involved designing, developing, testing and implementing complex mappings and workflows using ETL strategies in order to facilitate the client and network partner details like health report distribution office wise, state wise and country wide. The basic purpose is to provide the business intelligence to DSHS decision-makers on their tips/clicks, interactively  
**Responsibilities:**

* Involved in creating logical and physical database design-using Erwin.
* Created Dimensional Tables and Fact Tables based on warehouse design.
* Used Data stage as an ETL tool to extract Data from sources like Oracle and DB2 and loaded to target database.
* Developed server jobs to load the data from flat files, text files, tag text files and MS SQL.
* Suggested various changes in the physical model to support the business requirements.
* Set various parameters in Data Stage Administrator for performance tuning.
* Used Data Stage Designer to develop various jobs.
* Coordinated data profiling/data mapping with business subject matter experts, data stewards, data architects, ETL developers, and data modelers.
* Maintaining and implementing Data Models for Enterprise Data Warehouse using ERWIN
* Create and maintain Metadata, including table, column definitions
* Wrote standard and complex SQL queries using MS SQL Server and also in Mainframe for data validation process.
* Involved with Business users and ETL to implement ETL Frame Work using Data stage Server/Parallel combination of jobs.
* Actors to analyze and document business data requirements from Data ware house.
* Used Data Stage Director to debug the jobs and to view the error log to check for errors.
* Implemented best practices in the development environment (code standards, code migration).
* Wrote PL/SQL stored procedures, functions and packages and triggers to implement business rules into the application.

**Environment:** Windows, Linux, DB2, UNIX, IBM Mainframe AGILE methodology, Windows, XML, HTML, ERWIN