## **Career Summary:**

* Healthcare Business Analyst with 5 years of experience in HealthCare.
* Expertise in documenting the Business Requirements Document (BRD), Technical Requirements 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.
* Facilitated and participated in JAD sessions for communicating and managing expectations with the business users and end users.
* Extensive Knowledge on **Facets.**
* Involved in using **FACETS** for various health insurance areas such as products, enrollment, members and other modules related to **FACETS.**
* **FACETS** support systems were used to enable inbound/outbound HIPPA EDI transaction in support of HIPPA 834/83/837//270/271 transactions**.**
* 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.**
* Worked with different Business Areas like Claims and Enrollment to document proposed ICD 9 – 10 Code changes.
* Writing Use cases and producing Use Case Model, Analysis model, Behavior diagrams (Sequence diagrams, Collaboration diagrams) and Class diagrams based on UML Methodology & Business process flow diagrams using Visio.
* Writing & documenting Business Plan, Requirements Document, Functional Specification Document, and Test Case.
* Extensively worked with testing and bug defect tools such as HP QC.
* Implemented GUI Testing and User Acceptance Testing (UAT) of Web Based Applications and **Client-Server Applications**
* Extensive knowledge on **HIPAA claims** and administration Planning.
* Good hands on experience with **EDI HIPAA transactions**.
* Analyzed test results to ensure existing functionality and recommend corrective action where necessary. Participated in UAT and wrote Test Cases for UAT.
* Generated periodic status reports, made presentations using Power Point, MS Word and excel and played a facilitator role in JAD & RAD Sessions.
* Strong Knowledge of all aspects of the Agile methodology of SDLC
* Proficient in manual and automated testing of applications on Windows and Unix environment
* Medical Claims experience in Process Documentation, Analysis and Implementation in **835/837/834/820/270/271/277/999(X12 Standards**) processes of Medical Claims Industry from the Provider/Payer side.
* Knowledge of health information and health care services regulatory environment including HIPAA, Medicaid/Medicare and EDI.
* Strong **HIPAA EDI 4010** and 5010 with **ICD-9 and ICD-10,** analysis & compliance experience from, payers, providers and exchanges perspective, with primary focus on Coordination of benefits.
* Very good experience in Back-End Testing using SQL on UNIX and Windows platform to validate the consistency of data
* Experience in conducting User Acceptance Testing (UAT) and documentation of Test Cases

## **Technical Skills:**

**Project Methodologies**: Agile,Waterfall,

**Business Modeling Tools**: Microsoft Visio, Rational Rose, IBM Blue Works

**Platforms** Windows

**Testing tools:** HP Quality Center/ALM,

**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

## **Professional Experience:**

**State of Delaware Health and Social Services, New Castle, DE June 2012 – Present**

**Business Analyst**

State of Delaware Health and Social Services Health Plan and Medical Services segment provides health plan commercial risk, Medicare advantage, and Medicaid for Resident. State of Delaware Health and Social Services Medicaid expertise helps communities around the nation support their Medicaid recipients gain control over their health challenges.

The project was to upgrade the system that currently uses HIPAA 4010 to comply with HIPPA 5010. Gap Analysis was performed and changes were identified in HIPPA 5010 so as to upgrade the Medicaid Management Information System (MMIS) to comply with the new standards mandated by HIPAA

**Responsibilities:**

* Responsible for the requirement gathering phase and project plan.
* Responsible for requirements analysis, design and developing technical requirements.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Responsible for gap analysis in changing old MMIS and involved in testing new MMIS.
* Involved in discussion with the **Subject Matter Experts (SME)** during creation of test plans and updating of business requirements.
* Acting as liaison between end use and Facets for user problems, outstanding issues, training needs and new software releases.
* Created and maintained different Diagrams using MS Visio.
* Worked in **Business Process for “as-is” and “to-be”** business functionality.
* Used HIPAA 4010 transactions to support the analysis of current business processes and work with management to improve and implement enterprise solutions to ensure compliance and got involved in designing future state processes for HIPAA 5010 transaction processing EDI’s 837, 835, and 834 and ICD-10 code set.
* Profound understanding of insurance policies like **HMO** and **PPO** and proven experience with HIPAA 4010 EDI transaction codes such as 270/271 (inquiries/response health care benefits), 276/277 (Claim status), 834 (Benefit enrolment), 835 (Payment/remittance advice), 837 (Health care claim).
* **Upgraded HMO Medicare EDI and reporting**.
* Managing and Billing Medicare, commercial HMO/PPO claims on a daily basis.
* Created BRD and FRD for Medicaid managed care requirements and documenting them.
* Acted as a SME for the application team and the Infrastructure team.
* **Analyzed HIPAA 5010 related to 837, 835, and 834**. Transactions and performed gap analysis between the 4010 and 5010.
* Gathered managed care specific requirements from several different managed care programs.
* Used Requisite Pro for writing/analyzing project business vision, goals, specifications and requirements.
* Performed manual testing using ALM (Application Lifecycle Management) and User Acceptance Testing (UAT).
* Performed gap analysis by matching the requirements for managed care program.
* Matched the requirements for programs such as Medicare and Medicaid, which are part of the Social Security Act.
* Worked with HIPAA compliant **ANSI X12 837** formats for both professional claims and institutional claims.

**Environment:**  UML, MS Word, IBM Main Frame, Rational RequisitePro, HP Quality Center, Facets, Excel, SQL, Rational Rose

**Blue Cross and Blue Shield, Portland, OR                                         May 2010 - Jun 2012**

**Business Analyst**

**The Regence Group** is a nonprofit Blue Cross Blue Shield licensed health insurance company headquartered in Portland, Oregon. The project involved implementation of new version of Facets from 4.51 to 4.71 and to implement the conversion of 837 P/835, 27x EDI transactions from 4010 to 5010. I was also responsible for preparing requirements documents for conversion of 834 4010 to HIPAA compliant 5010.

**Responsibilities:**

* Worked on **FACETS 4.51 & 4.71**as an operational support member; also worked on FACETS 4.71 member’s implementation.
* Worked with an iterative approach for the SDLC process.
* Used agile or scrum method for gathering requirements and facilitated user stories workshop.
* Gap Analysis of client requirements, generated workflow process, flow charts and relevant artifacts.
* Assisted the EDI team in the development and documentation of the test strategies for the EDI transactions which included all standard transactions, auditing and error correction processes, and the creation of the transactions.
* Workflow application to automate the process using Blue works live.
* Worked on **HIPAA Transactions** and **Code Sets Standards** according to the test scenarios such as **270/271, 276/277,837/835 transactions.**
* Involved in creating the BPM diagrams using Blue Works process.
* Responsible for importing and updating the UML diagrams from Visio to Blue works.
* Coordinated with the EDI team in developing and documenting the detailed testing work plans and created the various testing documents for the assigned EDI transactions.
* Defined and documented the vision and scope of the project.
* Gathered requirements, developed Process Model and detailed Business Policies, Worked on developing the business requirement and use cases for **FACETS batch process**, automating the billing entities and commission process.
* Experience in preparing and documenting the UAT plan and obtaining the necessary sign off’s from the concerned business units.
* Imported preexisting Microsoft Word and Excel-based requirements and tests for analysis in ALM-QC.
* Prepared **Test Cases** based on business requirements and business rules for **HIPPA EDI Transaction 834, 276/277, 270/271, 837/835.**
* Tested all HIPAA transactions for multi version support **(4010 and 5010)** and validating the database to file elements.
* Analyzed **HIPAA 4010 and 5010** standards for **837P EDI X12 transactions**, related to providers, payers, subscribers and other related entities.
* Set claim processing data for different Facets Module.
* Involved in FACETS Implementation, involved end to end testing of **FACETS Billing, Claim Processing and Subscriber/Member module.**
* Tested HIPAA regulations in Facets HIPAA privacy module.
* Actively participated in walkthroughs and sign off meetings
* Maintained Test Matrix and Requirement Traceability Matrix
* Experiences working in **ANSI x12 837-835 EDI Transaction.**
* Tested the **HIPPA EDI 834, 270/271, 276/277, 837/835** transactions according to test scenarios and verify the data on different modules.

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

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| State of Georgia Health and Social Services, Atlanta, GA Jan 2009 – April 2010 **Business Analyst** |

**State of Georgia** Health and Social Services Health Plan and Medical Services segment provides health plan commercial risk, Medicare advantage, and Medicaid for Resident. **State of Georgia** Health and Social Services’ Medicaid expertise helps communities around the nation support their Medicaid recipients gain control over their health challenges.

The project was to upgrade the system that currently uses HIPAA 4010 to comply with HIPAA 5010. Gap Analysis was performed and changes were identified in HIPAA 5010 so as to upgrade the **Medicaid Management information System (MMIS)** to comply with the new standards mandated by HIPAA.

**Responsibilities:**

* Responsible for the requirement-gathering phase and project plan.
* Responsible for requirements analysis, design and developing technical requirements.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Created and maintained **Business Process Model notation** Documents for AS-IS and TO-BE process.
* Responsible for gap analysis in changing old **MMIS and Involved in testing new MMIS**.
* Used HIPAA 4010 transactions to support the analysis of current business processes and work with management to improve and implement enterprise solutions to ensure compliance and got involved in designing future state processes for HIPAA 5010 transaction processing EDI’s 837, 835, and 834 and **ICD-10 Code sets.**
* Profound understanding of insurance policies like **HMO and PPO** and proven experience with HIPPA 4010 EDI transaction codes such as 270/271(inquire/response health care benefits),276/277(Claim status), 834(Benefit enrollment), 835(Payment/remittance advice), 837(Health care claim).
* **Upgraded HMO Medicare EDI and reporting**.
* Managing and Billing Medicare, Commercial **HMO/PPO claims on a daily** basis.
* Created BRD and FRD for **Medicaid managed care requirements** and documenting them.
* Acted as a SME for the application team and the Infrastructure team.
* Analyzed HIPAA 5010 related to 837,835, 834. Transactions and performed gap analysis between the 4010 and 5010.
* Gathered **managed care specific business requirements** from several different **managed care programs.**
* Used RequisitePro for writing/analyzing project vision, goals, specifications and requirements.
* Involved in the testing of web portal of New **MMIS system.**
* Performed gap analysis by matching the requirements for **managed care programs.**
* Matched the requirements for programs such as Medicare and Medicaid, which are part of the Social Security Act.
* Held regular **JAD** meetings with the system architects, developers, database developers, quality testers during the entire project to assure that the critical as well as the minute details of the project were discussed and issues were resolved beforehand.
* Conducted manual testing and UAT and documented test cases.
* Worked With HIPAA compliant **ANSI X12 837** formats for both professional claims and institutional claims.

**Environments:**UML, RUP, Rational Requisite Pro, Rational Rose, Facets, Rational ClearQuest, Excel,

SQL, DB2, Crystal Report, HP Quality Center

**Education:**

Bachelors of Science in Business Administration, Alexandria, VA.