**Summary of Skills:**

* 8 years of experience in the field of healthcare industry, helped me to learn, understand, review different health care system like American Vs Indian Vs European.
* Highly proficient & Strong experience in NASCO Benefit coding using NASCO Benefit Grids.
* Good experience in NASCO NPS System (Benefits Enrollment & Claims).
* Experience of the full Software Development Life Cycle (SDLC) and Methodologies & Validations to ensure the Quality Assurance Control.
* Strong experience in GAP analysis, System Analysis and documentation for end users.
* Strong experience with Project Planning, Controlling and Budgeting using MS Project and MS Excel.
* Experience in Analysis, Documentation and Designing Business Process Model.
* Proficient knowledge and experience in ICD-9/ICD-10, CPT codes, Medicare G-codes to process the claims.
* Expert in functional areas of pharmacy benefits management claims processing, benefits administration, capitation, EDI (HIPAA) transactions, ICD 9/10, NCPDP D.0, and provider contracting from systems and operations standpoint.
* Gained good knowledge and experience in various programs like Multi Ingredient Claim Processing and Medicare Part D programs.
* Effective analytical skills to assess the efficiency of teamwork, project status and stake holders requirements.
* Proven ability to quickly learn new technologies and apply them in business solutions and excellent client interaction skills and proven experience in working independently as well as in a team.

**Clients:**

|  |  |  |
| --- | --- | --- |
| **Client Name** | **Title** | **Period** |
| Excellent Care PT PC | Business analyst(business) | July 2013-curent |
| Cigna | Sr. Business Analyst PBM | Nov 2012 – June 2013 |
| D.R.Physicaltherapy& Rehab INC | Business Analyst – Health care | April 2012 – Sep 2012 |
| BCBS New jersey | System Analyst – Health care | July 2011 – March 2012 |
| Covenant Healthcare | Business Analyst – Health care | Dec 2010 – May 2011 |
| Hewlett Packard | Business Analyst | Jan 2010 – Nov 2010 |
| Niyamath Solutions | Business Analyst – Health care | March 2007– Nov 2009 |
| SBC Communications | Business Analyst | May 2005 – Feb 2007 |

**Technical Proficiency:**

**Technical Skills**

* Excellent knowledge about Microsoft Office Suite, SQL and basic language programs.
* Efficient knowledge about of different phases of **SDLC,** implementing and coordination between the phases.
* Strong understanding of software development methodologies like **Agile, SCRUM, RUP and Waterfall.**

**Healthcare Industry Skills**

* Proficient knowledge about American health care system and Medicare Programs including new health care reforms.
* Experience in functional areas of Pharmacy Benefit Management like – Pricing, Coverage, Co-pay, Indemnities, Dispensing, and DUR etc.
* Worked extensively on coding (ICD-9/10& CPT codes) and billing.
* Understand medical terminology and workflows.
* Good understanding and knowledge about the different diseases conditions and management.

**Soft Skills**

* Excellent Communication, Analytical, Interpersonal, Presentation, Negotiating and Leadership Skills.
* Exemplified ability in managing time and prioritizing tasks.

**Professional Experience:**

**Client: Excellent Care PT PC July2013 - Current**

As a **Business Analyst (Business)** working directly with BcBs, Medicare & United health care on claim processing and reimbursement.

**Responsibilities include:**

* Preparing excel sheets and detail analysis of spending and company reimbursement
* Claim processing and negotiating with Insurance companies for the reimbursement.
* Prepare flow charts and work sheets on quarterly progression

**Client: Cigna Nov 2012 - June 2013**

As a **Sr. Business System Analyst– PBM** worked on Medicaid, Medicare Part D business and Multi ingredient claim processing.

**Responsibilities include:**

* Enhancing ‘Claim Adjudication’ system for processing multi ingredient compounds claims with respect to Pricing, Benefit Evaluation and Drug Utilization Reviews.
* Documenting existing business rules and writing new business rules for multi ingredient claim processing, Medicaid and Medicare Part D programs.
* Creating and designing Business Processes Modeling for multi ingredient claim processing.
* Working with business partners in distinguishing compliance needs from business value needs.
* Moderating JAR sessions with various business and IT stakeholders. Creating Business Functional and Non-Functional Requirements Specifications Documents.
* Creating Business Context diagram/flows, providing solution definition, and functional decomposition to IT execution team.
* Creating mock ups of user interfaces.

**Client: D.R. Physical therapy and Rehab Inc April 2012 - Sep 2012**

As a **Sr.Business Analyst** worked directly with Medicare, Medicaid and other third party payers on claim processing and reimbursement.

**Responsibilities include:**

* Work on denial claims to appeal Medicare (ADR- additional document requirements), Medicaid and other third party payers for better reimbursement.
* Work on claim processing and negotiating with Insurance companies to increase the reimbursement.
* Preparing excel sheet for Medicare, Medicaid and other third party payers coverage and patient benefits to assess the financial efficiency of the services.
* Preparing annual/quarterly business reports, creating Business Context diagram/flows, providing solution definition, and functional decomposition to the board of directors.
* Working directly with medical staff and patient to give better understanding about the coverage, copayment, COB, deductibles and secondary insurance coverage.

**Client: BCBS July 2011 - March 2012**

As a **System Analyst- Health care**, worked on BCBS NJ applications such as EEC (EEC application for claim processing and unit testing), HIQK (online enquiry), HRUK (ded max categories maintenance), HURK (Procedure file maintenance and specification, PGE, mnemonics. documentation, PGE documentation files).

**Responsibilities include:**

* Working with Benefit Coding Tools such as super particular tables, sub particulars, Qualifier tables and accumulation rules.
* Implementing benefit file logic based upon benefit grids in Excel format.
* Gathering and documenting business requirements from Trading Partners, user groups and Agents via workshops, interviews and surveys.
* Work in close collaboration with the Project Manager and business users to gather, analyze and document the functional requirements for the project
* Working with NASCO NPS System and analyzing the business requirements for NASCO Benefits. Automation Process for Group Level as well as Member Level.
* Worked with Benefit file components using Benefit file Inquiry and Maintenance application.
* Uploaded Benefits data into NASCO Claims System.
* Responsible for migrating the test cases from excel spreadsheets to Rational Test Manager
* Tested Benefit file codes and uploaded to NASCO System
* Worked on Project Documentation using MS Office and MS Project.

**Client: Covenant Healthcare Dec 2010 - May 2011**

**As a Business Analyst** managed RFP initiatives, vendor selection and project team selection. Developed business processing, implementation of Medical Management and software solutions.

**Responsibilities include:**

* Case and Disease Management solution when brought “in house” represented a conservative $5M annual ROI.
* Health Risk Assessment solution which provided a foundation toolset for Corporate Wellness initiatives.
* Cost effective Pharmacy Benefit Manager with excellent reporting tools and ease of use.
* Web based Workers Compensation claims re-pricing solution.
* Interpreted and documented business partner functional business requirements and test cases for technical team. Provided post-implementation support for multi-site, multi-user business partners.
* Documented project SRS and Functional Design documents and developed use cases, adhering to SDLC.

**Client: Hewlett Packard Jan 2010 - Nov 2010**

As a **Business Analyst,** worked on Healthcare Payer solution is HP’s flagship claims processing engine of healthcare offering framework. This solution entails claims processing functionality for government and commercial healthcare payers.

**Responsibilities include:**

* Identifying, evaluating, and proposing Agile Methodology for solution delivery.
* Liaison with cross-functional teams to develop Healthcare Claims Processing system, Healthcare portal, Care Management solutions.
* Introduced the BPM methodology, and artifacts creation to streamline the requirement management process.
* Evaluating and implementing repository based Requirement Management approach using Caliber RM & Quality center & Requirement traceability matrix.
* Implementation of Business Rule engine and suggested techniques to define, document identify and segregate business rules.

**Client: Niyamath Solutions March 2007 - Nov 2009**

**Business Analyst – Healthcare (Life Insurance & Healthcare Adjudication)**

* Processing Monthly reconciliation on Billing reports and Quality Reports.
* Responsible for healthcare competency building and reviewing System/QA Test Plan

**Client: SBC Communications May 2005 - Feb 2007**

**Business Analyst**

* Perform analysis on application processing, coding, scripting, testing, validating, debugging, developing job flow, investigating, correcting error conditions manage technical investigations, troubleshoot problems.
* Achieve production commitments, diagnose and resolve problems for various applications.

**Academic Profile**

**Master of Science in Sport and Fitness Management**

*Troy University, Troy, Alabama*