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| *Company:* | ***HAP – Health Alliance Plan, Southfield MI - USA*** |
| *Project* | ***EDW Implementation*** |
| *Duration:* | ***April ’11 – till date*** |
| *Position:* | ***Consultant – Business Analyst*** |

**Background**

Health Alliance Plan is a nonprofit, regional health plan based in Detroit that provides health coverage to individuals and companies, and is a subsidiary of the Henry Ford Health System, one of the nation’s leading health care systems. Celebrating over 50 years of stability and experience, HAP has nearly 470,000 members. The NCQA National Committee for Quality Assurance awarded HAP’s Commercial HMO and HAP Senior plus Medicare Advantage (HMO) Excellent Accreditation.

**Responsibilities**

Collaborates with IT and Business performing data profiling effort for building new Enterprise Data Warehouse across all subject areas such as Claims, Member, Provider, Benefits, Employer/Group and Code Sets to meet analytic needs of business users for new Enterprise Data Warehouse

Gather detailed business and technical requirements and participate in the definitions of business rules and data standards by using Rational Rose, Visio and Requisite pro - RUP

Conducted extensive Joint Application Development (JAD) sessions for all business related issues.

Created User story cards using **XP in agile** environment.

Responsible for integrating with Facets Designing test scripts for testing of Claims in Development, Integration and production environment.

Experienced with multiplepayer applications including AMISYS and FACETS and DIAMOND, XLESYS.

Managed Scope and change throughout the SDLC process of the product.

Performed detailed system analysis on source tables and fields spanning across multiple subject areas

Creating RACI model for Fact Dimension modeling. Visio models for explaining the data flow and right business logic to ETL and data modeling team, also creating a decision tree in Visio.

Interviewed SMEs and Stakeholders to get a better understanding of client business processes and gather business requirements

Created the SQL scripts for demonstrating the prototypes and for verifying the result sets

Created source to target mapping documents/data flow diagrams used by developers and data modeling team determining business logic and use for transformation rules

Map all attributes from source system to ODS and finally to EDW.

Developed test strategy and test scenarios used during QA testing throughout the SDLC addressing performance, data issues, identifying and tracking defects. Assisted with SIT, UAT testing and fact dimension modeling as needed

Assess current healthcare payer processing activities

Working knowledge of implementing software development projects using methodologies such as Waterfall, RUP, and Agile Scrum.   
Defined Functional Test Cases, documented, Executed test script in Facets system.

Conducted analysis of HIPAA compliance and took part in discussions for designing the healthcare transactions to be HIPAA 5010 compliant.

Assisted Project Management in developing Scope/ Vision Documentation and Project Plan, tracking project process, and developed Risk Mitigation Plan

Worked with Claims, enrolment, eligibility verification for members and providers, benefits setup, and backend payment cycle in facets.

Educate and offer recommendations according to current industry business analytics

Manage assignments and deliverables according to plan

Mentor and support project team members

Post implementation support

**Environment:**

RUP, UML, UAT, SDLC, SOA, Rational Rose, DataStage, COGNOS, Oracle SQL Developer, SQL TOAD, SQL Server, ODS, EDW, ERWIN, Visio, MS Access, MS Office 2011, Rational Requisite Pro, Rational Clear Case, Clear Quest, UNIX, Oracle, PL/SQL, DOS, Agile, Waterfall, Paradigm, Hedis, DEV, QA, PROD, XML File, Flat Flie

**Coventry Healthcare INC, Downers Grove, IL Apr 2012- Jun 2013**

**Business /System Analyst**

Coventry Health Care is a diversified managed health care company that offers a full portfolio of risk and fee-based products, including Medicare Advantage and Medicare Part D programs, Medicaid managed care plans, group and individual health insurance, coverage for specialty services such as workers’ compensation, and network rental services. At Coventry, I was involved in production readiness for 837 files in multiple environments. I was also responsible for gathering Business Requirements and conducting Risk Analysis/Impact Analysis.

**Responsibilities:**

Gathered requirements from stakeholders for provider management and member management.

Modeled the ‘as-is’ process flow and the ‘to-be’ process flow and analyzed the gap and developed the action steps to fill the gaps.

Responsible for the full HIPAA compliance lifecycle life cycle from gap analysis, mapping, implementation and testing for processing of Medicaid and Medicare Claims.

Conducted Risk analysis and developed mitigation plans.

Conducted Impact analysis when there is any change in the requirements and updated the Business Requirements Document (BRD) and Systems Requirements Specification (SRS).

Developed the User Interface (UI) prototypes to capture and validate requirements and spike solutions to the current problem.

In depth knowledge of Medicare/Medicaid Claims processes from Admin/Provider/Payer side which were later part of the training program to vendors.

Designing Functional Specifications for the target physical database.

Developed UAT test cases associated with the functional requirements.

Maintained a weekly status report for the requirements team and incorporated the same to the PMO status reports send to CMS.

Analyze EDI –X12 data elements captured by the existing system to validate it against the data elements required for new system.

Participated in developing test plan, test scripts, and test scenarios and designed user documentation.

Worked with BA Lead in reviewing the System Change Documents (SCDs) to identify the differences of IDX LIVE and IDX RM environment.

Developed User Requirements for proposed HIPAA 5010 EDI transactions including 834 (Benefit Enrollment), 835 (Remittance Notification) and 837 (Claims Submission) Transactions.

Generated difference reports based on pre-run and post-run AP reports.

Regenerated report (if required) using IDX EDI Automation report regeneration tool.

Converted HIPAA 835 and 837 X12 file format into flat file by using UltraEdit, EDI Environment Management Tool (EEMT), and dropping the files on SeeBeyond.

Produced member eligibility and valid provider extracts using Emdeon Office.

Ran files through HIPAA validator tool, Claredi to identify the errors.

Ran accept, reject, and pended cafes using IDX LIVE and IDX RM and used BeyondCompare to identify the differences.

Created ERAs and HIPAA 835 and HIPAA 837 Outbound files using EDI Queue Manager, and EDI EOB Run Manager.

Closed the runs for the current Release and generated email, reports, and other necessary documents for the upcoming Release.

**Environment:** **Windows 2003/2010, Citrix, IDX LIVE, IDX RM, MS Office suite, MS Outlook, MS Visio, MS SQL Server, SharePoint, HP ALM, ClarEDI, BeyondCompare, SeeBeyond, UltraEdit, EDI Environment Management Tool.**\_\_

**ealth Springs (Cigna Healthcare), Nashville, TN**

April 2012 to March 2013 (11 months)  
**Business System Analyst**Health Springs got its start in 2000 and grew into one of the country's largest and fastest-growing coordinated care plans whose primary focus is Medicare Advantage plans. Effective April 2012, Health Springs which owns and operates Medicare Advantage plans in various US states, had merged into Cigna Healthcare.

**Project Description:**

Health Spring has initiated a project called COMPASS. Within the COMPASS project, they wanted to migrate data in existing legacy system to FACETS.

**Responsibilities:**

Worked on Member Management, Eligibility, Claims, and Provider modules within FACETS.

**Conducted extensive analysis** on migration and conversion of Provider and Member data, Group configurations, premium billing, benefit set-ups, fee schedules, provider pricing, capitation set-ups, etc from Legacy system to FACETS.

**Clarified QA team issues** and **reviewed test plans** and test scripts developed by development team and QA team to make sure all requirements have been covered in scripts and tested properly.

Used **MS SQL Manager Studio 2008** to query the MS SQL database.

Involved in **documenting the business process** by **identifying the requirements** and also involved in **writing** the system requirements.

Worked in **creating interfaces** for various external vendors and **created Technical Specifications** for the 835 and 837 I and P files with their changed and new contents to create 5010 complaint files.

**Facilitated** Joint Application Development **(JAD)** sessions with all IT group members for communicating & managing expectations and to discuss various means for integrations with current system using an adoption through execution strategy.

**Performed the analysis** of the earlier systems, generated a detailed requirements document describing new system architecture through use cases diagrams and activity diagrams using **MS Visio.**

**Identified and documented the requirements** for 5010 conversion.

Collected the information related to ongoing application upgrade and their impact on ICD-10 implementation and impact, **benefits and risks** of ICD-10 code application.

Re-Organized the collected data and **prepared documentation** for implementation.

**Facilitated data mapping activities** and helped with the expansion of membership and provider data model.

**Created workflow diagrams**, process flow and data flow diagrams. Assisted team with Data Mapping and **Data Extracting Strategies** for data migration.

Involved in creating use case diagrams for the purpose of the team to understand the workflow of the system.

Analyzing the business needs for the reports and documenting the requirements in SSRS forms.

**Analyzed** EDI ANSI X12 file mapping and **reported in analysis spreadsheet**. Performed validation of 837 (P, I) & 835 format files.

Effectively communicated user acceptance test results between users and development team and provided recommendations for **change control requests** (CCR).

**Environment: Facets 4.8, MS Visio, Word Excel, PowerPoint, Rational Rose, Requisite Pro, SQL**. **PEGA.**

**Alfa Mutual Insurance Company, Montgomery, AL August 2011 – Dec 2013**

**Business Analyst**

**Project:** Alfa Mutual Insurance Company provides a range of health insurance and related products to some 375,000 members primarily in Alabama. Alfa Mutual’s plans include Managed Care services (HMO, POS, and PPO), indemnity, and Medicare Advantage plans. The project involved establishing an EDI system for claims submission and payments, patient eligibility, authorization and claim status checks.

**Responsibilities:**

Performed **effective project management** and resource allocation to ensure that the application being developed met the requirement of the customer in terms of quality and schedule

Conducting **user interviews for requirements gathering, analysis, and design.**

Created **functional** and **non-functional requirement documents** and technical specification documents and delivered within project timelines.

Conducted **user sessions**, created **user stories** using the requirements gathered in user sessions.

Used **MS Visio** to create **GUI** elements, **Workflow Diagrams**, **Activity Diagrams**.

Facilitated **JAD** (Joint application development) sessions and **walkthroughs** between technical and regulatory teams for meeting requirements

Solved problems on a daily basis such as, but not limited to, classifying and documenting new change requirements, dealing with multiple product teams, researching delays and documenting errors.

Interacted with system developers to resolve questions and discrepancies in Business Requirement Documents.

Created high level list of user requirements (**Product Backlogs**) and prioritized the list of product backlog items (**PBI’s**).

Organized and conducted **product-planning meetings, sprint planning meetings, mid-week meetings**

Facilitated **daily scrum meetings** to review the status of **sprint backlogs** and **sprint review meetings** to discuss the accomplishments and issues

Involved in reengineering of the application to increase performance and accuracy of the system

Conducted **GAP Analysis** and created the GAP Analysis document and performed paper prototyping for the interface and usability purposes.

Involved in **System, Regression, Performance, Integration and UAT testing** and **documentation of the project life cycle**

Conducted training sessions for the users and also prepared user manuals for better understanding of the designed system for the users.**\_\_**

**Health Springs, Nashville, TN Jan 2010- Feb 2011**

**Business Analyst**

Based in Nashville, Tennessee, Health Spring got its start in 2000 and is now one of the country’s largest and fastest-growing coordinated care plans whose primary focus is Medicare Advantage plans and prescription drug plans. **The project was in Coordination of Benefits (COB),** a Federal Health Care Financing Administration (HCFA) Program. Medicare Coordination of Benefits is the process for ensuring that payment of Medicare beneficiaries’ claims is properly shared among insurers when the beneficiary is covered by private insurance in addition to Medicare. By coordinating benefits, the COBC assists Medicare in paying claims more accurately the first time, which saves costly follow up and mistaken payments.

**Responsibilities:**

Used **UML diagrams** for data capture activities which required working with SMEs ensure consistency and accuracy of data during the data loading process and that the data passes validation and integrity constraints with corporate database repositories.

Clear understanding of **Medicare (Part A, Part B and Part D)** and **Medicaid benefits** as well as business processing.

Involved in process analysis and defined executed **data migration plans** for local data for global applications.

Worked with **837, UB92, UB04, CMS 1500 claims and HIPAA 835, 270/271, 276/277, 278** transactions.

**Database support** that includes activities required correcting, deleting or summarizing medical history of members as well as provider information.

Experience in **CMS and MMA Guidelines**.

Collaborated on the development of **user requirements and design specifications** using standard UML techniques such as **use case, activity, sequence, and class diagrams.**

Conducted **JAD sessions**, **Focus groups** and **individual interviews** to facilitate elicitation with regards to analysis, specifications, and design of the relevant business processes and systems.

Thorough understanding of health benefit products, assisted in consolidating the summary of Benefits.

**Involved in Smoke, Functional, Integration, End-to-end and Regressions Tests** in each environment by tracking the test status in Quality Center (Test Director).

Applied advanced Excel skills (pivot tables, macros, lookups, charts) and Access database querying skills in streamlining and automating accounting processes.

Documented detailed **business, functional, and User Interface system specifications** using standardized company templates for the business, development, and QA team.

Build relationships with Information Systems and other relevant business partners, balancing practicalities with innovative and efficient business systems solutions.

Knowledge of **HCFA 1500** and **UB 92 claim** forms.

Helped developers with the following list of **HIPAA-EDI Transaction Code sets: (837, 835, 270/271, and 276/277).**

Created test cases and participated with QA team in testing of the functionality of the application by inserting varying data on different test runs.

Documented **Requirement Traceability Matrix** in **Requisite Pro**for traceability of requirements through test cases.

Developed Forms using **MS Access** using Forms and Reports for reporting.

Produced clear user manuals & training guides for **User Acceptance Testing (UAT)** and deployment for end-clients with step-by-step instructions and created appropriate GUI screenshots.

**Environment:** SQL Server, UML, Rational Requisite Pro, Test Manager, Clear Quest, Windows XP, MS Visio, MS Access, MS Project, UAT, JAD, UML Diagrams\_\_