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| **Professional Summary** |

* Over 7**+ years** of experience in Business Analysis. Dynamic and Assertive team player with strong commitment. Possess excellent verbal and documentation skills complimenting a strong Business analysis background with excellent interpersonal and problem-solving skills.
* In-depth knowledge and experience in full **SDLC** with **RUP, agile** and **waterfall** methodologies.
* Functional experience in health Care Industry with vast knowledge on **Medicare** and **Medicaid.**
* Expertise in creating the **companion guides** on various **EDI transactions**.
* Specialize in **HIPAA 5010** implementation including **GAP analysis**
* Expertise in **impact analysis** on the key application systems (**claims processing, reporting, payments**) and business process of health insurance companies.
* Clear understanding of **ICD-9-CM** and **ICD-10-CM/PCS**
* Well versed with **ANSI X12, HIPAA** and **HL7** standards.
* **Facets** support systems were used to enable inbound/outbound **HIPAA EDI** transaction in support of **HIPAA 834, 835, 837 270/271** transactions.
* Medical Claims experience in Process Documentation, Analysis and Implementation in 835/837/834/270/271/277/997(X12 Standards) processes of Medical Claims Industry from the Provider/Payer side
* Exceptional ability to maintain and build client relationships with business owners to identify, prioritize and **document business requirements**.
* Extensively used SQL scripts/queries for data verification at the backend.
* Extensive experience in **Healthcare/Claims** adjudication with knowledge of industry compliance standards like **HIPAA** and **EDI X12** transactions **(834, 837, 835, 270/271, 276/277)**
* Experience in HEDIS Reporting Software and VIPS as per NCQA standards.
* Proficient in all phases of **Requirement Management**, including **gathering, analyzing, detailing, and tracking requirements.**
* Expertise in **Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions** and **Billing Modules** of **Facets**.
* Experience in Business Requirement and **System Specifications Analysis**.
* Specialized in creating **UML Diagramslike Use Case, Activity and data flow diagrams** using **Rational Rose** and **MS-Visio** and consistently translate business requirement into IT solutions.
* Expertise in **RDBMS concepts** and running **SQL queries.**

**SKILLS:**

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| **Microsoft Technologies:** | MS Project, Visio, Excel, Word, Outlook, PowerPoint |
| **Requirements Management** | Rational Requisite Pro |
| Business Modeling | Rational Rose, MS Visio |
| **Defect Tracking Tools** | HP Quality Center, Rational ClearQuest |
| **Languages/Standards** | SQL, XML, HTTP, HIPPA 4010/5010, ICD9/10, ANSIX12 |
| **Methodologies** | Rational Unified Process (RUP), Agile, Waterfall |

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| **PROFESSIONAL EXPERIENCE** |

**WellCare Health Plans, Tampa, FL Nov 2013 – Feb 2015**

**Sr. Business Analyst**

Worked on “ICD-10 implementation” project. “ICD-10 project” intended to accommodate the ICD-10 standards and enhance the current system to incorporate the CMS mandated ICD-10 .Involved in a parallel project team that implemented migration of HIPAA 4010 transactions to 5010 transactions as well as ICD-9 to ICD-10 code sets.

**Responsibilities:**

* Responsible for collecting and analysing Business Requirements, Process Modeling and preparation of Functional Design Specifications by employing use case scenarios, sequence diagrams.
* Created use cases, activity diagrams and process diagrams using Microsoft Visio.
* Gathered requirements for HIPAA 5010 migration.
* Followed the Business Rules, and ensured that HIPAA compliant Rules are followed to display minimum benefit information that the Provider is required to pass on the EDI transactions.
* Managed the privacy and security environments of healthcare data that was governed by HIPAA and other government mandates.
* Validated the EDI 837-claim billing (professional, institutional and dental claims) & 835 (remittance advice or payment) claims adjudications.
* Management of few departmental projects including programming for HEDIS measures for NCQA accreditation through FOCUS and SQL programming.
* Prepared high level and detailed system requirements documents for the application
* Analyzed ICD-10 standards for 837 transactions, related to providers, payers, subscribers and other related entities.
* Identified the requirements for accommodating ICD-10 standards for 837 transactions and captured these requirements to create BRD.
* Participated in the walkthroughs and meetings specifically for Claims and Membership modules.
* Validated the process flow for “AS IS” system and understand where exactly ICD-9 Procedural and Diagnosis Codes are used.
* Translated the requirements gathered during interview with SME’s and created process flow diagram based on the requirement captured.
* Identified various points of integration among the new and existing applications and required integration with other IT components.
* Practical experience on claims processing system and different types of claims such as 837I (Institutional), 837P (Professional), 837D (Dental) and Pharmacy Claims (NCPDP D.0.
* Good experience with FACETS Claims Adjudication.
* Develop ad-hoc reports on data from the MMIS on Medicaid claims, benefit plan, provider and financials using Business Objects Enterprise XI, Desk Intelligence, SQL Developer, MS Access and Excel, SQL, and Oracle.
* Extract claims detail including ICD-9, procedure codes, diagnosis codes; member eligibility data for analysis, claim overpayment projects as part of recent MMIS implementation.
* Validate data analysis and extractions against MMIS front-end system.
* Manage membership analysis; MMIS claims analysis and ad-hoc reports.
* Compile SQL Queries to validate the data integration between the various Database tables.
* Involved in mapping and validation of different EDI transaction used for claims filing like ANSI X12 837 (I, P, D) for claim submission, ASC X 12 270/271 for the eligibility/benefit inquiry and response, ASC X12 276/277 for the claims status enquiry and response and ASC X12 835 for the healthcare claim payments.
* Involved in mapping data from different EDI files onto database using different routing transformations.
* Performed gap analysis for migration of HIPAA transactions from 4010 standard version to 5010 standard version.
* Work together with the architects and team responsible for supporting rules processing tools during the project to assist with the required support.
* Work closely with the business team, development team and the Quality Assurance team to ensure that desired functionalities have been achieved by the application
* Assisted the project with Change requests and held responsible for weekly changes to the applications. Maintained and recorded the ticket numbers for request changes on CR manager tool.
* Provide business and technical suggestions and recommendations during the project life cycle.

**Environments:** UML, RUP, Rational Requisite Pro, Rational Rose , Rational ClearQuest, Excel, SQL, DB2, Crystal Report, HP Quality Center

**MVP Healthcare, Schenectady, NY Oct 2011 – Sep 2013**

**Business Analyst**

The National Provider Identifier Project’s objective is to comply with the mandate that effective with the federal compliance date, all Providers who conduct electronic business via HIPAA Transactions with Mercy Health will be required to obtain and use an NPI. I was also involved in integration of FACETS with legacy and third party vendor applications.

**Responsibilities:**

* Conducted user interviews at both in-house and client locations, gathering and analyzing requirements using Requisite Pro and Requisite Web
* Extensively used Agile Methodology in the process of the project management based on SDLC.
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, Object Oriented Design (OOD) using UML
* Gathered and documented Business Requirements, created Functional specifications and translated them into Software Requirement Specifications.
* Prepared Business Context Diagram, Use Case diagrams and corresponding Activity Diagrams using Rational Rose to depict the workflows to be incorporated into the development of Pega Business Process Management (BPM) tool.
* Facilitated the User Acceptance Testing (UAT) with Pega System Administrators and Business Users, documented any issues or defects and eventually got sign off from the right parties.
* Gathered requirements from the clients and developed crosswalks for 820, 834, 835, 837 P/I claims.
* Developed test cases based on the crosswalks and compliance guidelines for 270/271, 276/277, 820, 834, 835, 837 Professional, Institutional and Dental claims and for 270/271 eligibility benefit inquiry and response.
* Generated test data using X12 generator for transactions 270/271, 276/277, 820, 834, 835, 837P/I/D. Conducted Gap Researched and understood the claims adjudication and reimbursement systems based on HIPAA X12 4010 standards.
* Performed Gap analysis by identifying existing technologies, documenting the enhancements to meet the end state requirements.
* Worked extensively on Business Requirements, Functional Specification, Data-Integration, Data Mapping, and Data Warehouse access using SQL and Crystal Reports, ETL process, use cases modeling (UML) using MS Office (Word, Excel, Access, Visio) and dashboards.
* Developed test cases and test scripts and assisted Quality Assurance activities, with system integration testing and user acceptance testing (UAT), developing and maintaining quality procedures and ensuring that appropriate documentation is in place.
* Involved in process of FACETS claim adjudication of application.
* Responsible for the creation, maintenance and reporting all HEDIS (healthcare effectiveness data and information set) measures for NCQA accreditation.
* Interacted with Subject Matter Experts (SME), claimers, customers; Conducted detailed interviews with them, recorded the requirements, and reviewed the gathered requirement by both technical and business people.
* Responsible for identifying and documenting business rules and creating detailed Use Cases
* Involved in data dictionary management, extraction, transformation and loading (ETL) of data from various sources. Participated in ETL requirements process during data transition from source systems to target systems
* Involved in Data Analysis & Mapping to track all data elements used in the application from the user interface through different interfaces to the target databases in which they are stored.
* Developed functional specifications for the existing WEDI software enhancements (enhanced security &privacy rules, transaction standards, code sets, identifiers) ensuring the system is HIPPA complaint.
* Managed implementations involving multiple health, dental and life plan.
* Created an issue log document and documented all User Acceptance Testing (UAT) issues using HP Quality Center.
* Extensive knowledge of Electronic Medical Records (EMR) and Electronic Health Records (EHR).
* Responsible for working with the State to review and modify process flows to increase productivity and effectively utilize FACETS features not provided by the legacy systems.
* Responsible to meet the information demands of our business users by delivering timely, accurate, meaningful and standardized data and reporting
* Participated in creating logical and physical data models, their enhancement. Based on the data models, worked with business architect, to create the software solution models.

**Environment:** RUP, Java, UML, BPMN, Rational Requisite Pro, Rational Rose, MS-Visio, MS Office, SQL,Facets 4.71.

**SunTrust Banks Inc., Atlanta, GA Feb 2009 - Sep 2011**

**Business Analyst**

The project involves online services provide customers to manage their accounts, which includes the tab for processes like to obtain mortgage loan information, make online payments, manage personal and amortization schedules, obtain Documents, Forms, Payoff Statements and manage automatic account drafting.

**Responsibilities:**

* Facilitated JAD sessions to collect requirements from system users and prepared business requirement that provided appropriate scope of work for technical team to develop prototype and overall system.
* Involved in gathering, documenting and verifying business requirements.
* Utilized Rational Unified Process (RUP) to configure and develop process, standards and procedures.
* Met with report users and stakeholders to understand the problem domain, gathered customer requirements through surveys, interviews (group and one-on-one) along with JAD sessions.
* Involved in understanding the current business process, defining scope of the project along with position statement.
* Wrote BRD, FRD, use cases, test scenarios, test cases for testing the functional requirement.
* Validated business rules and all artifacts with users, got approval and sign off.
* Followed Unified Modeling Language (UML) methodology using Requisite Pro and Rational Rose to create/maintain: Use Cases, Activity Diagrams, Sequence Diagrams, and Collaboration Diagrams.
* Assisted Design Team in preparing SRS, Software Design Document (SDD), User Interface Design, and Application Architecture & Database Modeling.
* Helped in project testing efforts for doing integration tests, regression tests and user acceptance tests.
* Documented the dimensional models of ETL system.
* Used SQL to test various reports and ETL load jobs in development, QA and production environment

**Environment:** Java, MS Office Tools, Windows XP, MS Project, RequisitePro, Rational Rose, ClearCase, PowerPoint, SharePoint, MS-Word, MS-Excel, Informatica, IBM Process Modeler, Facets 4.21.

**Health-Net, Los Angeles, CA Oct 2007 - Jan 2009**

**Business Analyst**

Worked on a variety of projects for the company such as user acceptance testing for the online benefit and Membership enrollment portal which is used by brokers to enter customer information and to produce coverage quotes and enroll customers in appropriate health plans. I also worked on the implementation and enhancements to the COB (Coordination of Benefits).

**Responsibilities:**

* Involved in gathering the requirements that were critical to the business process flow and using those requirements for the Business Requirements Document (BRD)
* Conducted JAD sessions with Subject Matter Experts (SME’s) to obtain domain level information, interviewing and asking detailed questions and carefully recording the requirements in a format that can be reviewed an understood by both business and technical team.
* Prepared high-level logical data models and Business Required Document (BRD)and supporting document containing essential business elements, detailed definition and description of the relationship between the actors.
* Analyzed business requirements and organized high-level and low-level Use Cases.
* Adapted UML standards to define modularized Data Process Models.
* Followed a structured approach to organize requirements into logical groupings of essential business processes, business rules, and information needs, and insures that critical requirements are not missed.
* Involved in database interactions for retrieving appropriate data and generation of output file and reports.
* Facilitated collection of functional requirements from system users and preparation of functional specification documents that provided appropriate scope of work for technical team to develop prototype and overall system.
* Additional responsibilities included mapping the requirements in Caliber to the Test Cases and Scenarios in Quality Center.
* Involved in identifying dummy data for the testing scenarios for the QA team
* Used MS Access to create a time tracking tool for QA resources. This included estimations as well as actual worked hours on enhancements.
* Assigning defects detected by the Test Team to the relevant developers and escalating issues when and where required.

**Environment:** MS Office, Visio, SharePoint, UNIX, SQL, Toad, DB2, CMR, Citrix, Rational Suite, Windows 2000/XP.