**HERE IS YOUR RESUME**

**Summary**

* Over 8 years of experience in the field of Information Technology with solid experience in Data Analysis , System Analysis , Design and Development. Involved in providing production support to various Data Warehousing, Data Integration, in ETL source to target mapping.
* Using Facets for various health insurance areas such as enrollment, member, Products and other FACETS related modules
* Experience working on 4010 and 5010 HIPAA implementation guides relate to Claim Testing and Medical Billing.
* Strong understanding of various SDLC methodologies such as RUP, Waterfall and Agile with hands on experience in all of them
* Knowledge of the EDI transaction sets such as 837, 834, 835, 270, 271, 276, 277, 999
* Understanding of HIPAA Standards and Compliance issues, HIPAA Privacy policy, opt in/opt out policy.
* Developed Test Cases, Test Scripts and SQL to perform Unit Testing, System Testing and Load Testing. Worked with Operations and Platform teams to migrate ETL Code and DB objects from Development to Testing, UAT and Production.
* Experience in working with various data sources like Sequential file, Oracle, SQL Server, Teradata and Flat Files in Datastage designer.
* Extensive experience with Data Warehousing, Extraction, Transformation and Loading (ETL) and Business Intelligence (BI) tools.
* Hands on experience in all major facets of Project management – project planning, execution, milestone monitoring, resource utilization and driving a team with multi vendors and customer.
* Executed SQL queries and documented them as part of validating the Business Object reports and for testing purposes
* Experience in creating SQL queries to facilitate UAT and perform data validation.
* Experience in methodologies like Agile, Waterfall Model and Data Modeling; Creating Process mapping, Use Cases, Sequence diagrams, Activity diagrams
* Excellent experience in troubleshooting test scripts, SQL queries, ETL jobs, data warehouse/data mart/data store models.
* Experienced in HMO, PPO, Medicare (Part A, B, C, D), Medicaid systems, CMS regulations, Encounter data and also MCOs (Managed Care Organization) Plans.
* Solid understanding of Membership, Claims Processing, Billing, Benefit/Eligibility, Authorization/Referrals, COB, and have experience in HIPAA standards and corresponding EDI transactions.
* Detail oriented and strong project management skills coupled with excellent knowledge of SDLC, Agile Processes and SCRUM.
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Proficient in conducting System Testing, Functionality Testing, Regression Testing, User Acceptance Testing (UAT) and training of users
* Involved in maintaining Test Matrix and Traceability Matrix and performing GAP analysis
* Experience in Data Mining, Data mapping and Data modeling and good understanding of the ETL tools like AB Initio, SSIS and Informatica Power Center.

**Technical Skills:**

**Database Tools** SQL Plus, SQL Loader, SQL Developer, TOAD, Serena

**Testing Tools:** Teradata, ETL, Data Stage/Quality Stage, SAS Data Flux Informatics Data Quality,

**Programming Languages** SQL, PL/SQL, UNIX Business Intelligence shell Scripting, VBScript, PERL, AWK, SED

**Reporting Tools:** SQL Server Crystal Reports, Report Builder Reporting Services (SSRS) 2000/2005/2008/2008R2,

**Databases:** Oracle 11g/10g/9.x, DB2 UDB 8.x/7.x

**Operating Systems:** Windows /XPDOS, UNIX, Linux

**RDBMS:** SQL, Oracle, and MS Access

**Scrum Master** Agile Project Manager, UML, Visio, RUP, Waterfall

**Utilities/Application:** MS Project, MS Visual, MS Office 03/07 (MS- Access, MS-Outlook), MS-PowerPoint Word MS-Excel, MS-

**Professional Experience**

**Molina Healthcare, Charleston, WV Jun-2016-Feb 2018**

**Sr. Data Analyst/Business Analyst**

**Project Description**: Implemented FACETS Medical Plan, Dental Plan, and Provider and Pricing Profile configuration. Project involved manipulating service procedure, service revenue, supplemental procedure, supplemental revenue, utilization edits, service payment, limits, service rules, benefits summary, and class plan tables. FACETS product was integrated with external health record systems and databases for efficiently streamlined business processes.

**Roles & Responsibilities:**

* Handled all self insured business and system configuration.
* Conducted departmental meetings reviewing benefits sold.
* Addressed claim payment issues with Claims department regarding Facets system setup.
* Lead on Dental products, working with management to make business decisions and then implementing decisions into Facets.
* Responsible for the Plan/Product configuration with focus on CMS guidelines to ensure CMS compliance.
* Created back end data loads through Microsoft Access to upload tables into Facets system.
* Retrieved data through table queries within Facets.
* Appointed as Lead for the self insured line of business. Worked closely with Sales, interpreting benefits sold into business decisions and system configuration.
* Extensively worked with SQL/PL-SQL queries for data validation, analysis and manipulation, and maintaining the integrity of the database.
* Analyzed data and created reports using PL-SQL and SQL queries.
* Oversaw implementation with TriZetto consultant for a year; revamped and implemented preventive and mental health configuration, worked daily through conference calls, providing business decisions and reviewing completed work before going to production.
* Checked the data flow through the front end to backend and used SQL Queries to extract the data from database.
* Run SQL queries to retrieve the data for data analysis and reporting.
* Performed Backend Testing using SQL queries.
* Involved with requirement gathering and analysis for the data marts focusing on data analysis, data quality, data mapping between ODS, staging tables and data warehouses/data.
* Experienced in data warehouses and data marts for business intelligence reporting and data mining along with developing and documenting process flows for business processes.
* Worked closely with onsite physicians and nurses to discuss issues regarding coding, medical and regulatory guidelines, pricing and non covered benefits.
* Appointed as the point person for preventive Facets configuration, worked closely with on-site physician for approval of preventive procedures.
* Implemented and executed the first dental consultant contract to help determine alternate procedure setup within Facets.
* Tested, loaded and configured business decisions into system. Team lead for recent upgrade of Facets system. Tested and implemented quarterly fixes to Facets.
* Organized meetings with all department management to review benefits in depth discussing the payment type, coding and pricing before implementing Facets configuration.

**EMBLEM HEALTH , New York City NY Jan-2014-May-2016**

**Data Analyst**

**Project Description:** Worked for the team that is responsible for receiving, documenting, processing the claims including the eligibility verification. The team is also responsible for making the system changes if there are any changes need to be made in the current policies, rules & regulations due to the business necessities

**Roles & Responsibilities:**

* Modified existing program logic to improve overall system performance.
* Created ensuing use cases, report requirements/templates, scope documents, issue tracking and project plans in an Agile environment
* Worked with the development team to ensure successful implementation of the project in a fast-paced agile environment.
* Involved in extensive DATA validation by writing several complex SQL queries and Involved in back-end testing and worked with data quality issues.
* Handled Source to Target Data Mapping, Technical Specs documentation, and ETL
* Used Data warehousing for Data Profiling to examine the data available in an existing database.
* Designed and developed matrix and tabular reports with drill down, drill through and drop down menu option using SSRS.
* Worked With HIPAA compliant ANSI X12 837 formats for both professional claims and institutional claims.
* Used FACETS Analytics for fast and easy retrieval, display and grouping of information for performing queries and generating reports.
* Experience in calling a Web Service, through SSIS Package through the
* Analyzed the mainframe reports for member/eligibility/claims and mapped the fields with FACETS batch jobs and reports.
* Working through the phases of SDLC using the Agile methodology
* Worked closely with Development team on ETL process, data infrastructure, data modeling, business intelligence reporting and dashboards
* Responsible for Data mapping testing by writing complex SQL Queries using WINSQL
* Dealt with the EDI transaction 835 claims payments and remittance advice, which deals the payment from payer to provider.
* Worked with Waterfall methodology during the beginning of the project then transitioned to Agile methodology

**Environment:** Waterfall, Agile (Scrum)framework, Windows XP Toad for Oracle Version , SQL Developer, Warehouse Agile, Waterfall, Oracle , MS Office tools, Facets, HP Quality Center,

**Commonwealth of Kentucky Nov 2011- Dec 2013**

**System Analyst**

Project Description: -The project focused on replacement of current KYMMIS by MEMS. Kentucky’s vision was to implement a web based; flexible and real time MMIS that aligned with MITA to supports Medicaid’s dynamic environment and rapid policy changes. I worked on member, claims and provider modules of MMIS to maintain current updates of state Medicaid policies and regulations. I worked in Provider Portal project to improve online provider enrollment and maintenance. I was also responsible for validation of claims workflow, member enrollment and benefits into MMIS. Also worked on ICD-10 enhancement, encounter data and managed care.

**Responsibilities:**

* Worked with Branch Manager, Project Manager and Team Lead to assist with general capability and process documentation to support RFP.
* Created Business and system level specifications and worked closely with architects to define solutions.
* Worked with PMO on portfolio management to manage current or proposed projects.
* Developed functional cases, Flow and Activity Diagrams using MS Visio.
* Used Rational Requisite Pro application to handle business and technical requirements.
* Created end to end work flow processes, high-level models, various use-cases and user prototype interfaces.
* Wrote user stories/use cases and categorized business requirements accordingly in TFS.
* Tested diagnosis codes, procedure codes to the related fields in test environment to verify the changes related to ICD9 - ICD10 codes.
* Verified the field length & character, which was impacted by ICD-9 to ICD-10 changes.
* Tested EDI transactions processing: 270, 271, 834, 835 and 837 to identify key data set elements for designated record set.
* Used Edifecs Code Management, Impact Analytics and Test Management tool for coding, reporting and testing ICD codes and claims.
* Reviewed EDI 837 claims and flagged HIPPA non-compliant claims received from the Payer.
* Loaded EDI files in MMIS applications and electronically routing claims.
* Involved in data validations, data mapping, and data verifications process to ensure data input in MMIS tables is accurate, complete and complies with Medicaid eligibility guidelines.
* Used Microsoft SharePoint and Project Work Book for version change of the requirements and change control.
* Used DMS interactive portal to add and update various change orders, defects and releases related to KYMMIS, KHBE, Affordable Care Act and MCAPS.
* Worked on Audit/Edits reconciliation for claims codes to correct any configuration and documentation inaccuracies and updated KYMMIS Audit, Edit and Claim manuals as required.
* Actively participated in weekly IT/Encounter meeting with Managed Care Organizations.
* Worked closely with MCOs and State Medicaid Agencies.
* Generated various Ad hock reports from MMIS members, claims and providers table using business objects.
* Wrote various SQL queries for data warehousing consisting of various MMIS tables with large amount of data.
* Heavily involved in data mapping, data migration and XML schemas.
* Used business Object to deploy various reports into production.
* Worked as UAT test lead in testing MMIS interchange/I-track UI under IE10 migration.
* Extensively used SOAP UI for web services testing related to member modules.

**Environment:** KYMMIS, Test M 8.5, TFS, SOAPUI, CRM, Clear Quest, HIPPA, EDI 5010,Rational Quality Manager, Windows, Db2,PL/SQL, Oracle 9i, SharePoint

**Iowa Medicaid, Des Moines, IA (Remote) Nov 2009 – Oct 2011**

**System Analyst**

Iowa Medicaid Enterprise (IME) is the division of the Iowa Department of Human Services that administers the Medicaid program. The MMIS used in the IME is a federally certified claims processing and reporting system. The MMIS system is used to handle the entire suite of claims processed by the IME. As a Healthcare System Analyst, I was responsible for the Requirement gathering, maintenance and support of EDI Gateway system, and also the testing and implementation activities of the 5010 system for the client. These activities included providing support and generating builds for the EDI Gateway; design reviews, creating the test plans, performing System testing.

**Responsibilities**

* Worked closely with the customer to detail and convert business requirements into system and operations requirements.
* Addressed requirements as a liaison among stakeholders in order to elicit, analyze, communicate and validate the business processes.
* Performed independent validation and verification (IV&V) for products and upgrades delivered to the government client.
* Produced Initial Medicaid Information Technology Architecture (MITA) State Self-Assessment Report to support the current Medicaid Management Information System (MMIS) Replacement Project.
* Prepared monthly and quarterly business reports for Managed Care resource management.
* Coordinated with Project Managers to resolve risk issues and ensure compliance of Security System related to the HIPAA.
* Provided support for documenting CMS requirements and ongoing support as assigned.
* Worked on Data Mapping to map Facets data to outbound eligibility extracts.
* Provided documentation support of Medicaid Information Technology Architecture (MITA) in preparation for the Iowa Medicaid new claims system.
* Coordinated on phases of IV&V testing activities (test planning, requirement analysis, test case identification, test scripting, regression script identification, script execution, defect management).
* Extensively worked with Member/Subscriber and HIPAA Privacy Facets application groups.
* Formulated system design, procedures, policies and workflows affecting Medicare/Medicaid claims processing in compliance with government guidelines.
* Responsible for Medicaid Claims Resolution/Reimbursement for state healthcare plan using MMIS.
* Documented requirements using Use Case (UC) analysis, and created As-Is and To-Be process flows to conduct gap analysis.
* Performed System testing, Regression testing and UAT for several claim types and test scenarios.
* Assisted in Integration testing for various modules of MMIS such as Claims, Billing, Member and Provider enrollment, and pricing.
* Compared and validated 5010 system test results with 4010 results for the same test scenarios.
* Configured, set up and managed the automated build servers for EDI Gateway.
* Worked with the system administration team, technical leads, and project managers to release builds to production through EDI Gateway.
* In-depth Knowledge in EDIFECS, X12 and other formats compatible with EDI Gateway.

**Environment:** SQL, MS Access, MS Visio, MS Outlook, DB2, UNIX, Visio, agile, Quality Center, MS Project, Jira, Edifecs.