**Inna Atabayeb**

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# Professional summary

* EDI /Business Analyst with Almost 6 years of experience in business process analysis/modeling, business requirements gathering, database design and development.
* Good Knowledge of software development methodologies (Waterfall and Agile) including client interaction, requirements gathering, analysis and tele-conferencing with the client during the progress of the project.
* Consistent experience in the following areas: Ability to Elicit, Analyze, Gather and Document Business Requirements, and experienced in writing Use Cases.
* Extensive experience in gathering business requirements, business processes, identifying risks, GAP analysis and UML modeling including Use Cases, Sequence, State and Activity Diagrams using tools such as Microsoft Visio.
* Experience in creating and maintaining the Requirements definition documents that included Business requirements and Functional requirements.
* Experienced in conducting Requirement Analysis, Use Case Design, Designing Test Plans and developed database schemas based on the logical models.
* Excellent skills of developing Use Case diagrams, Sequence diagrams, State Chart diagrams, and Class diagrams.
* Working knowledge of UAT, including documenting SME needs, conducting training to smooth out the user experience when onboarding upgraded systems
* Experience in using Joint Requirement Planning (JRP) and Joint Application Deployment (JAD) sessions for gathering requirements and elicitation.
* Highly analytical in developing the methods and measures to meet requirements and solve any issues that arise during the project
* Responsible for EDI strategies (EDI 835, 837, […] 278) enabling Health Care Providers and Insurance Careers to communicate effectively.
* Medicare and Medicaid Claims processing, Membership, Eligibility Verification and knowledge of HIPAA, X12, and HL7 guidelines, and Medicaid provider best practices.
* Good knowledge of ICD10 project: ICD9 to 10 crosswalks, gap analysis, worked on mapping the ICD 10 codes.
* Good Knowledge on HIPAA […] versions, Regulations, ICD 9/10, Facets and Claim Processing.
* Skilled in track environment build release level at various point in the software building process
* Proficient in writing SQL queries and in creating complex SQL Queries using Joins and Sub-Queries

# Technical skills

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| Operating Systems: | Windows 10 |
| Testing tools | ALM, Quality Center, Helix-ALM, |
| Database | MS SQL Server, Oracle, MS Access |
| Other Tools/ Applications: | Tableau, Weka |
| Methodologies: | UML, RAD, RUP, JAD, Agile, Waterfall |
| Other tools | MS Visio, Balsamiq , Smart Draw, MS Project |

# Professional Experience

Emblem Health (GHI+HIP) – (New York, NY) January 2016 – Present

EDI Specialist/Government Programs

The Centers for Medicare & Medicaid Services (CMS) developed a model national contract, called the Coordination of Benefits Agreement (COBA), which standardizes the way that Eligibility and Medicare Claims payment information within a Claims crossover context is exchanged. As an EDI Specialist, I facilitate secure transfer of Eligibility data, from Trading Partner (States of Medicaid’s, MCO/CCO and other entities) to CMS contractor, and the subsequent transfer of Title XVII Claims Files containing Medicare Part A and B Adjudicated Claims data to the Trading Partner for use in the coordinating of benefits and other permitted re-uses specified in Article IV.

**Responsibilities:**

* Engaging process in new Medicare Card (MBI) project (formerly known as SSNRI) testing with State Medicaid Agencies or their fiscal agents/intermediaries
* Monitoring, auditing and reporting on the processing of newly implemented Trading Partners to confirm their successful transition to the Testing and Production environment.
* Monitoring the Production environment and proactively prioritize, communicate, and resolve any EDI process or system issues.
* Managing the technical efforts associated with implementing complex EDI Trading Partners.
* Created specifications for EDI HL7 (A28, A31, ADT) and X12 (837/835) transactions that were transmitted between Claims Editor and Legacy Billing application and external Payers
* Responsible for attaining HIPAA EDI validation from Medicare, Medicaid and other payers of government carriers.
* Ensuring compliance with HIPAA regulations and requirements.
* Worked on EDI 834, 837, 835 and 278 files and validated the functionality according to HIPAA regulation.
* Worked on the EDI 834 inbound and 834 outbound data movement with our trading partners.
* Monitoring daily transmission and processing of eligibility and claims files from and to CMS and Trading Partners
* Preparing and maintaining documentation that defines operational procedures and describes requirements
* Facilitating monthly conference calls with States of Medicaid’s and Centers for Medicare & Medicaid Services (CMS)
* Ensuring State Medicaid’s MCOs, PIHPs or PAHPs sign up for the COBA Medicare crossover process and participate in the automated crossover process administered by Medicare.
* Building and maintaining positive working relationships with management, internal colleagues (including IT Department and Accounting Department) and external contacts
* Streamlined the claims payment process.
* Designed and implemented Mainframe EDI system utilizing ANSI X12 standards.
* Maintained the integrity of the Medicare trust funds.
* Testing, troubleshooting and supporting of EDI files.
* Troubleshooting Healthcare EDI transactions.
* Identifying situations where another payer may be primary to Medicare.
* Created Functional Requirements for the 834 enrollment files with their changed benefits in the Medicare program.
* Assisted JAD sessions to identify the business flows and determine whether any current or proposed systems are impacted by the EDI X12 Transaction, Code set and Identifier aspects of HIPAA.
* Responsible for HIPPA compliance maintaining PHI, PHI, FTI confidentiality for data security for GHP and NGHP to insure CMS/SSA/IRS agencies data sequencing.

**Univera Healthcare, Buffalo, NY**  **Jan2015 – Dec 2015**

EDI Analyst

**Project Description:** Univera Healthcare follows the version of the ANSI X12 835 transaction Implementation Guide. The project was to build a system for data maintained within the transactions to enable updating of membership systems. I was working on the Change Management module and focused on customizing it accordingly based on the functionality. The job involved extensive research of the existing processes and mapping out new ones to make this Change Management automation initiative efficient. The project involves financial transactions ID cards, Membership, Enrollment. EDI 835, 837, 276/277, 278 and proprietary conversions utilizing Facets extensions and development of new scripts and extensions to meet proprietary origination formats and reformat them into HIPAA standardized formats.

**Responsibilities:**

* Gathered and analyzed Business and System requirements with the customers.
* Analyzed results and EDI ANSI X12 file mapping and reported on standard analysis spreadsheet. Reviewed EDI companion guides for all payers to ensure compliance, edit integrity and maintain up-to-date list of payer contacts. Acted as a liaison between client and payer/intermediary.
* Coordinated with the developers and IT architects to design the interface of the new system according to the X12 (270, 276, 278, 834, 835, 837 (I,P,D) and 820) standards
* Creation of a Gap/Impact Analysis Document for changes of the EDI Transactions (837, 835, 276/277, 270/271)
* Re-engineering and capturing of EDI transactions with legacy systems [Enrollment -834, Eligibility Transaction (270/271), Claims (837), Claim Status Request and Response (276/277), Remittance (835)].
* Worked on EDI inbound and outbound encounters through HIPAA gateway. Worked on Line of Business related to States Medicaid and outbound encounters through HIPAA gateway.
* Created the requirement documents to channel 270/271, 276/277 as related to834 / 835/837 EDI transactions
* Involved in claim adjudication process of facets application.
* Experienced on Facets data model.
* Engaged on the loading EDI 834-file to Facets through Membership module.
* Worked on EDI inbound and outbound encounters through HIPAA gateway. Worked on Line of Business related to States Medicaid and outbound encounters through HIPAA gateway.
* Validated the following: 837 (Health Care Claims or Encounters), 835 (Health Care Claims payment/Remittance), 270/271 (Eligibility request/Response), 834 (Enrollment/Dis-enrollment to a health plan).
* Able to research and resolve claim/ encounter issues, pended claims and update system as necessary
* Met with business users and stakeholders to understand the 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.
* Extensively worked on Managed Care Provider Enrollment.
* Responsible for creating business work flows and processes and creating management reports based on the analysis.
* Developed and executed SQL queries on claim records to validate reporting data.
* Re-engineering and capturing of EDI transactions with legacy systems [Enrollment -834, Eligibility Transaction (270/271), Claims (837), Claim Status Request and Response (276/277), Remittance (835)].
* Worked in testing the professional, institutional claims processing and adjudication and validate data with facets.
* Used MS-Visio for model diagrams and Rational Rose for UML class modeling and Visual modeling.
* Actively participated in daily standups to announce completion of deliverables, updates and roadblocks, if any.

**Blue Shield of CA, Eldorado Hills, CA Aug 2013 - Dec 2014 Business Analyst**

**Project Description:** Blue Shield of California is a health plan provider with main office based in San Francisco, California and is part of BCBS. I worked on multiple projects related to Co-accumulations (Out of pocket Maximum) for compliance purposes, Medicare HRA survey for predicting possible health risks in future, Billing for NITC letters, identify duplicate claims, App retirement for ITSFR/ Fast close process, Multiple Service requests.

**Responsibilities:**

* Gathered and analyzed Business and System requirements with the customers.
* Analyzed results and EDI ANSI X12 file mapping and reported on standard analysis spreadsheet. Reviewed EDI companion guides for all payers to ensure compliance, edit integrity and maintain up-to-date list of payer contacts. Acted as a liaison between client and payer/intermediary.
* Coordinated with the developers and IT architects to design the interface of the new system according to the X12 (270, 276, 278, 834, 835, 837 (I,P,D) and 820) standards
* Creation of a Gap/Impact Analysis Document for changes of the EDI Transactions (837, 835, 276/277, 270/271)
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**Coventry Healthcare, Bethesda, Maryland                     January 2012 - July 2013**

**Business Analyst**

**Project Description:** Coventry Health Care provides various high-quality health care solutions at affordable prices. I was hired to support the enhanced implementation of the NPI in EDI X12 transactions for incoming and outgoing EDI transactions, user acceptance testing for the online benefit and enrollment portal which is used by brokers to enter customer information to generate coverage quotes and enroll customers in appropriate health plans.

**Responsibilities:**

* Studied the Critical Business Process Flow and drafted documentation through various conferences, meetings, workshops, previous documentation etc.
* Gathered requirement on FACETS EDI 834 Benefit Enrollment and Maintenance subsystems.
* Used requirements for preparing the Business Requirements Document (BRD), for the implementation of the NPI in EDI X12 transactions as mandated by the Federal Regulation.
* Responsible for navigating and manipulating data in SAS format.
* Created the requirement documents to channel 270/271, 276/277 as related to834 / 835/837 EDI transactions
* Worked on Business Requirement Documents, Test Plan, and Test Strategy & Schedules. Updated the existing business process diagrams, for doing a partial re-documentation for ICD9-ICD10 conversion.
* Daily Status reports to the Project executives & Team and making sure the aggressive timeline of the project is maintained. Responsible for tracking issues that were detected and updated requirements based on daily meetings with on-site and off-site team. Resolved conflicts and scope creeps in project priorities.
* Worked with Facets, e-Billing and EDI HIPAA Claims (837/835/834) processing
* Created Use- Cases and Requirements documents for documenting business needs.
* Participated in UAT testing with UAT team. Performed Manual Testing. Used HP Quality Center to report defects and TEST result.
* Conducted testing defect analysis, regression testing and working with Configuration Teams to identify and define requirements.
* Participated in defect review board (DRB) meetings and provided technical expertise on how to resolve the issues related to configuration and/or test scenarios. Conducted gap analysis between the current system and new requirements to be implemented thereby mapping the business requirements to the application
* Involved in data mapping and data migration process with the help of SQL queries and MSOffice tools