**Career Summary:**

* Business Analyst with 6+ years of experience in **State Healthcare Industry.**
* **Documented enhancements to the EDI Claims processes (EDI 834, 835) to ensure accurate enrollment and processing of Members claims.**
* **Provided SDLC Methodology for developing HIPAA EDI applications used by State Government to completely automate payments posting for Medicare, Medicaid and commercial payers.**
* Business Analyst with hands on experience in business consulting in health care and application development with excellent skills in client interfacing, requirement gathering, user support, quality assurance, problem solving, and documentation.
* Skilled in determining system requirements and specifications for complex application development projects. Past **experiences** of leading and interacting with business teams, programmers and technical staff at all levels.
* Ensured accurate Transmission of the eligibility file and membership file to vendors and delegates as a result of the annual benefit changes.
* Experience in Forward mapping and backward Mapping analysis of ICD 9 –ICD 10 conversion for CM (Diagnosis Codes) and PCS (Procedure Codes).
* Expertise in various software testing tools and utilities such as Quality Center (QC), Quick Test Professional (QTP), and HP ALM.
* Adding multiple checkpoints, parameterized points, recovery scenario points within the application with QTP.
* Performed Functional and Regression testing using automation tool QTP.
* Expertise in EDI HIPAA 4010-5010 project to convert EDI x12 healthcare 4010 transactions into 5010 complaint transactions.
* **Experience withICD9/ICD10, NDC, DRG, CPT, NCPDP codes and NSF formats for interfaces & images to clearing house / trading partner’s applications.**
* Proficient in gathering business and technical requirements from both formal and informal sessions through interviews, NetMeeting, questionnaire, video conferencing, JAD sessions and conference calls.
* Strong knowledge of Use Cases, Sequence Diagrams, Collaboration Diagrams, Activity Diagrams, and Class Diagrams.
* Experienced in creating **Use cases**, Cross-functional flowcharts, activity diagrams and sequence diagrams.
* Extensive experience in **Functional, Integration, Regression, User Acceptance (UAT), System, Load** and Black Box Testing.
* Knowledge of complex SQL queries to create the data-warehouse for analysis of DATA.
* Used extensive SQL for Data validation and data analysis.
* Well versed in using **Defect Tracking Tools** including **Mercury Quality Center, QTP** and **Test Director**.
* Good Management, Execution and Documentation skills.
* Expert in application/system development life-cycles; concurrent development strategies, process streamlining, iteration modeling, rapid application development (RAD/RUP/UML), and legacy/waterfall methodologies.
* Participated in Data Analysis and Design and data mining with the Data analyst in defining data sources and required data content for the data warehouse component.
* Excellent knowledge of MS Office especially MS Excel, Power Point, Word etc

**Technical Expertise:**

**­Modeling Methodologies Agile, Rational Unified Process (RUP), and Waterfall**

**Process / Modeling Tools Rational Rose, MS Visio**

**Testing & Management Tools HP ALM, QTP, QC**

**Databases MS Access, SQL Server**

**Languages SQL HTML, C, C++**

**Operating System WINDOWS Vista/7/8**

**Office Tools Microsoft MS Word, MS Excel, MS PowerPoint, MS Access, MS Project, MS Outlook, SharePoint**

**Project Management MS Project, SharePoint, JIRA**

**PROFESSIONAL EXPERIENCE**

**Hewlett Packard/ State of Massachusetts Medicaid Management Information System (MMIS),**

**Quincy, MA**

**Mar. 2015 – Sep. 2015**

**Sr. Business System Analyst /Quality Analyst**

The MA MMIS is an integrated group of procedures and computer processing operations (subsystems) developed at the general design level to meet principal objective. The MassHealth Data Warehouse receives MA HCentive census data file extract for member data from HIX/HCentive platform to make data available for reporting during the consumer application intake process beginning with the 2015 Open Enrollment period. Execution of the State implementation model (SIM) grant to evaluate MassHealth PCPR program. MassHealth provides claims and member data extracts to RTI on a quarterly basis for RTI to study MassHealth data as EHS Data Warehouse will design and develop data extracts based on this specification approved.

**Responsibilities**

* Wrote business requirements identified to process the census data extract file Received by MassHealth IT department from Optum.
* Worked with PM to prepare Project charter, Project plans, daily, weekly and monthly team deliverables for each phase, drafting WBS and RBS systematically using MS Project.
* Served as a Peer review member to verify, validate and modify necessary changes made considering technical and business aspects, in the deliverable documents and thereby uploading it on SharePoint. Consolidated individual Statistical Summary from the team deliverables, various reports, jobs, files and Inventory documents to present it in weekly status meetings
* Loading this census data file to the Mass Health data warehouse.
* Conducted UAT (User Acceptance Testing) with the users before formally releasing the product.
* Created page checkpoints to test the properties and contents of the web page Quick Test Pro.
* Ran the scripts on multiple environments (QA, UAT and Production) to ensure that requirements were still met.
* Maintained the effective Data intake which aims to bring HCentive data into existing EHS

DW Infrastructure and environment to meet EHS short term business need

* Managing query capabilities for HCentive data to EHS IT Analytic Power Users
* Facilitate ad-hoc reporting and data analysis.
* Create evolving data intake processes which involved Data Dump, Independent new subject area in DW like Encounter and batch.
* Meet current reporting expectation and View , understand Data and Bring it at STG/ODS levels, also Understand Business data usages, report needs , data behavior, business edits and also update the data layout
* Created and Executed SQL statements to check if the data integrity has been maintained and also queries or data validation.
* Used Data Mining extensively to analyze data from different perspectives and summarizing it into useful information
* Determined user/business/functional requirements. Created Business vision, scope, and Use Case documents; Business Process Models, Use Case diagrams, Activity Diagrams, and Sequence Diagrams using MS Visio to clearly define the data process model, and the business process model

**Environment:** SQL, MS Word, Excel, MMIS, ACCESS, QC, File Viewer, TFS, Clear Quest, Requisite Pro, MS Visio, SharePoint.

**NeDHHS (Dept. of Health and Human Services), Lincoln, NE**

**July 2013 – Feb 2015**

**Business Analyst**

DHHS provides payment and Primary Care Case Management administration duties to the State of Nebraska. It is dedicated to helping low income families, children and elderly people to improve their health, well-being and security. As a Business Analyst for the Business System Delivery (BSD) team, I'm engaged in providing support through the entire lifecycle for multiple projects involving web service and user interface development, covering Provider, Claims and Reimbursement Processing domains.

**Responsibilities:**

* Worked as a liaison among business client and development team for the implementation of 4010 to 5010 transition in compliance with HIPAA standards.
* Identified the business functions and processes, and prepare system scope and objectives based on user needs and industry regulations.
* Defined terms, conducted stakeholder analysis, elicited business needs, conducted business process modeling work, facilitated work sessions (JAD), elicited requirements, wrote requirements and use cases, analyzed requirements, validate & prioritize requirements, trace requirements to related project documentation (process models, designs, test scenarios & scripts).
* Gathered requirements by using interviews, observation, JAD, brainstorming sessions, and documents analysis.
* Determined user/business/functional requirements. Created Business vision, scope, and Use Case documents; Business Process Models, Use Case diagrams, Activity Diagrams, and Sequence Diagrams using MS Visio to clearly define the data process model, and the business process model.
* Documented the Requirements and Approach and circulate to the Business & Tech teams for Signoffs using Clear Quest.
* Worked on different testing on NCPDP D.0 claims.
* Created 837 I & 837 P claims using macro enabled claim spreadsheets.
* Identified testing scenarios and defined Test Cases for detailed functional testing.
* Facilitated claims processing while passing 837 claims for compliance check and running through load processing.
* Created and maintained data mapping document(s) in reference to the HIPAA transactions: 270/271, 276/277, 837, and 835
* Involved in forward mapping from ICD 9 to ICD 10 and backward mapping from ICD 10 to ICD 9 using General Equivalence Mappings (GEM).
* In order to extract, transform and load data into staging tables used Informatica as an ETL tool to create source/target definitions.
* Responsible for the analysis, design, development, testing, and support of data extract, transform, and load processes within the enterprise data warehouse
* Developed complex SQL queries to create OLAP cubes inside the data-warehouse.
* Setting of timelines to meet the required time and designing project plans using Microsoft project.
* Documented standard procedures for developing and designing all BI solutions.
* Work closely with the team members to identify any bugs, fixes, any issues regarding the development and designing.
* Used Data Mining extensively to analyze data from different perspectives and summarizing.
* Used MDM tool to support Master Data Management by removing duplicates, standardizing data (Mass Maintaining), and incorporating rules to eliminate incorrect data and filter data as per requirements.
* Involved in Data mapping, logical data modeling used SQL queries to filter data within the database tables.
* Participated in Data Analysis and Design and data mining with the Data analyst in defining data sources and required data content for the data warehouse component.
* Maintained the research database, renew and improve it from time to time and make sure safe storage of data
* Worked with the ETL tool like Informatica for data integration and data quality services.
* Developed a Schedule and identified project milestones.
* Analyzed business scenarios to track possible business outcomes for the functions which could be incorporated into more detailed test scripts.
* Reported project progress to the team, senior management and all stakeholders periodically.
* Identified risk and project impact and performed risk assessment and mitigation.
* Reviewed various Re-engineering techniques with Technical Experts to finalize the Approach. Reviewed functional test cases to confirm the expected outcome and behavior.

**Environment:** SQL, MS Word, Excel, MMIS, NCPDP, ACCESS, Lotus Notes, File Viewer, Web Client, Clear Quest, Requisite Pro, GEM, MS Visio, SharePoint.

**Health Net, Chicago, IL**

**Jan 2011 – June 2013**

**Business Analyst**

I worked for the Health Net as a Business System Analyst. I have participated in full software development life cycle implementations (SDLC) from project initiation to final deployment. I have worked with various Business Areas like Enrollment, Claims, Finance, Providers, and Benefits Admin.

My recent project involved gathering Business Requirements for the Claims Business Area and updating EDI Transactions like EDI 837, 834, 835, 270, 271, 276 and 277 with the HIPAA 5010 Changes. I have experience in development of Web Portals in the Healthcare Industry. I developed a Referral Web Portal that was used by providers and members to view their referral information. I was also involved in the documentation of ICD 9 – 10 Conversion's Impact Analysis of the Diagnosis and Procedure Codes.

**Responsibilities**

* Gathered analyzed, documented business and technical requirements from both formal and informal sessions and validate the needs of the business stakeholders.
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Health Insurance Claims. Worked on HIPAA Standard/EDI standard transactions: 270, 271, 276, 277, 278, 834, 835, and 837 (P.I.D), 997 and 999 to identify key data set elements for designated record set. Interacted with Claims, Payments and Enrollment hence analyzing and documenting related business processes.
* Designed and developed Use Cases and Use Case scenarios, Activity Diagrams, Sequence Diagrams, High Level and Low Level Process Flow Diagrams, OOAD using UML and Business Process Modeling.
* Responsible for creating test case scenarios, creating test data plan and writing test scripts for the UAT using testing tool and defect management for Policy Management Systems, Payables/Receivables and Claims processing.
* Conducted surveys, interviews, and JRP, JAR and JAD sessions and translated them into system Requirements. Suggested measures and recommendations to improve the current application performance of the system.
* Expert in ICD 9 – 10 Conversion Analysis. Full knowledge of the Diagnosis and Procedural Code changes for Healthcare Entities like Payers, Employer Groups, and Providers. Worked on ICD 9 codes and gathered future requirements based on ICD 10 codes. Managed creation of sample mappings for the conversion of EDI X12 transactions code sets version 4010 to 5010 and translation of ICD 9 codes into ICD 10 codes.
* Supported new business requirements by extending the functionality of the core Facets system using the Facets extensibility architecture feature.
* Gathered requirements from the users and analyzed the requirements for RQ System, Facets etc.
* Worked with Facets Application Groups: Claims Processing, Customer Service, Guided Benefit Configuration, Medical Plan, and Enrollment, Pricing Profile, Provider, Subscriber/Member, and Workflow Configuration.
* Worked with HIPPA compliance 5010 and EDI transaction set 270/271/276/277/997.
* Gathered and documented functional requirements for testing and verification of HIPAA.
* Data mapping on Enrollment Module (EDI 834) of FACETS.
* 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.
* Lead requirements analysis and inspection, ensuring that requirement statements and business rules are complete, consistent, concise, comprehensible, traceable, feasible, unambiguous, and verifiable, and that they conform to standards.
* Facilitated various brainstorming, requirement gathering sessions, and provided training on HIPAA Compliance, HIPAA Standard transactions and current version of X12 HIPAA 4010A1.
* Managed requirements traceability information and tracked requirements status throughout the project. Also managed changes to baseline requirements through effective application of change control processes and change management tools.

**Environment**: RUP, COBOL, IBM AS/400, CICS, Citrix, DB2, MS Excel, MS Word, MS Access, MS Project, MS Visio.

## State of Delaware, Wilmington, DE

## Oct 2009 – Dec 2010

## Business Analyst

My Project with State of Delaware was on E-care a web-based technology uses databases to provide an extremely cost effective tool to validate patient demographics and verify insurance eligibility in real-time conforming to HIPAA standards. The features of E-care include online appointments, Medicare/Medicaid Eligibility, Billing Verification, Self-Pay/Commercial Eligibility, Real Time Processing, Billing Address Verification with Address History and Insurance Eligibility Verification.

**Responsibilities:**

* Followed all the phases in the project management life cycle.
* Acted as a liaison between the business users and technical teams to build applications based on the business requirements - provided a single point of contact for user communication (managed issue tracking, prioritization and resolution).
* Developed the scope and vision document that defines the primary goals and objectives.
* Worked closely with the business users to gather the functional requirements for the investment banking application.
* Coordinated with developer and testers for transition of EDI X12 4010 series to 5010 series. Maintained traceability BUR and FRD through updates to RTM using Requisite Pro.
* Provided SDLC Methodology for developing HIPAA EDI applications used by State Government to completely automate payments posting for Medicare, Medicaid and commercial payers electronic payments files.
* Worked with OWM Team to write up Requirement Documents (define user and system interfaces –actors with the help of use case diagrams).
* Refined the requirements (use-cases) and Business Process Models to detailed level appropriate for technical analysis and system design.
* Participated in sessions to define the solution approaches, and identifying assumptions, constraints, risk and issues. Analysis and specification of system changes.
* Revealed unidentified requirements, evaluated changes to requirements, and assessed impact of changes.
* Recommended process or system changes intended to eliminate identified risks or gaps.
* Developed functional requirements and specifications.
* Provided regular verbal and written status reports to IT management and business community; published meeting minutes and maintained project plans.
* Coordinated with the project team and testing team to revise project artifacts (such as use-case specifications, test scripts, and so on) to reflect requirement changes.
* Worked independently with minimum supervision as part of a dynamic IT team.

**Environment:** MS Word, MS Excel, MS Visio, QTP, SQL Server, MS Project 2002, MS Visio, MS Word, MS Excel, Windows NT/2000, EDI, Quality Center

**EDUCATION:**

MBA – Virginia International University