*Jayesh Sarnaik.*[*jayeshsarnaik@gmail.com*](mailto:jayeshsarnaik@gmail.com)

*408-813-9057*

***Summary***

* *Over 7 years of IT industry experience with a proven skill in the field System Analyst Software Testing and Business Analysis.*
* *Solid Experience in documentation of User Requirements, as well as organizing interviews, User meetings, workshops, JAD sessions and requirement elicitation sessions.*
* *Possess strong knowledge of healthcare terminology and extensive experience working on healthcare projects. Specialized experience in healthcare insurance domain. Profound understanding of insurance policies like HMO and PPO and proven experience with HIPPA 4010 EDI transaction codes such as 270/271(inquire/response health care benefits),276/277(Claim status), 834(Benefit enrollment), 835(Payment/remittance advice),837(Health care claim)*
* *Using Facets for various health insurance areas such as enrollment, member, Products and other FACETS related modules*
* *Performed data stage designing, extracting data packages, transforming and loading data packages, stored procedures, process design and implementation.*
* *Experience in testing Facets applications and EDI transactions*
* *Experienced working with x12 version 5010 transactions and ICD -10-CM and ICD-10-PCS Code set changes analysis, design and migration strategy.*
* *Have excellent knowledge of* ***HIPPA 4010 /5010*** *versions.*
* *Strong experience in Mainframe Batch Cycles & Online Real-time Processing.*
* *Expertise technically with database development and data warehousing concept/tools.*
* *Worked in the performance tuning of the programs,* ***ETL*** *Procedures and processes.*
* *In depth knowledge Rational Unified Process* ***(RUP)*** *methodology, Use Cases, Software Development Life Cycle* ***(SDLC)*** *processes, Object Oriented Analysis and Design* ***(OOA/D).***
* *Experienced in conducting training sessions for users.*
* *Experienced in conducting GAP analysis, User Acceptance Testing (UAT), SWOT analysis, Cost benefit analysis and ROI analysis*
* *Sound knowledge of test management tool* ***HP Quality Center, HP Application Lifecycle Management*** *and Rational Clear Quest tools.*
* *Expertise in writing* ***SQL scripts*** *used in manual testing both front-end and back-end*
* *Expertise in TOAD, SQL Server Management Studio.*
* *Experienced in testing applications developed using PL/SQL, Java, J2EE, HTML, XML, ASP, Visual basic and C/C++.*
* *Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.*
* *Experienced in writing test queries/scripts for data analysis and QA report testing*
* *Extensive experience in writing and executing complex SQL queries using TOAD 9.0.1 to validate data within SQL* ***Server 2007 database.***
* *Experienced in Object Oriented Analysis, Data Analysis, Requirement Analysis, Business Modeling and Use Case development using UML methodology*
* *Expertise in developing QA Test Plan, Test Conditions, and Test Cases; ensuring adequate testing of software both before and after completion; conducting and documenting UAT.*
* *Expertise in the management of User Request Change, and handle User Conflicts*
* *Ability to organize, document and track changes and defects by Traceability Matrix, using Rational Requisite Pro, Clear Quest, Clear Case*
* *Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.*

***Technical Skills Inventory***

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| ***Methodologies*** | *Waterfall, RUP, Agile, UML* |
| ***Modeling Tools*** | *Rational Rose, MS Visio* |
| ***Requirement Management Tool*** | *Rational Requisite Pro* |
| ***Testing and defect tracking Tools*** | *Rational Robot, Rational Clear Quest, Rational Clear Case, Quality Center****,*** *Win Runner, Load Runner, and Quick Test Pro (QTP)* |
| ***Project Management Tool*** | *MS Project* |
| ***Operating System*** | *Windows Vista/XP/2000/98/95, Dos, Unix* |
| ***Integration/ Middleware Tools*** | *TIBCO, STERLING-GIS, PERVASSIVE* |
| ***Languages*** | *JAVA, JAVA Script, .Net, VB, COBOL, C, C++* |
| ***DBMS*** | *MS SQL Server 2005/2000/2008/2012, Oracle, MS Access 7.x, PL/SQL* |
| ***Web Technologies*** | *ASP, .CSS, HTML, DHTML, XML* |

***Professional Experience:***

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| ***Xerox, El Segundo, CA System Analyst Apr-2013-Till Now*** |

*The goal of the project was to make enhancements to the Claims processing module of the Group Approval Process.  The claims processing module incorporated the Receiving and Verification of Claim Forms (837) Claims Enquiry and Response (276/277), Adjudication, Healthcare Claim Remittance/Payment Advice (835). Part of the project was to migrate all application functionality and convert data from a mainframe-based system to an open systems environment with Up-gradation of HIPAA 4010 transaction to HIPAA 5010. The project followed Agile Scrum methodology.*

***Responsibilities:***

* *Conducted user interviews, gathered requirements to help create Business Requirement Documentation, using MS Word and MS Visio*
* *Extensively used Agile Methodology in the process of the project management based on SDLC.*
* *Performed Use-Case analysis using UML. Worked on the Flowchart and process diagram along with sequence diagram using Microsoft Visio.*
* *Conducted JAD sessions with Stakeholders, Project directors and Subject Matter Experts and developed business requirements.*
* *Worked with Claims, enrollment, eligibility verification for members and providers, benefits setup, and backend payment cycle in Facets.*
* *Prepared business documents like User Requirements Specification, Functional Requirement Specifications Document, System Impact Specifications, Process Flow diagrams Requirement, and Traceability Matrices etc.*
* *Provided key initiatives in working with users in defining business and system requirements.*
* *Extensively worked with HIPAA Privacy Facets application groups*
* *Researched and understood the claims adjudication and reimbursement systems based on HIPAA X12 4010 and 5010 standards*
* *Coordinated management responsibility and information requirements for member enrollment, claims, and encounters.*
* *In depth knowledge of Medicare/Medicaid Claims processes.*
* *Worked on 837, 835, 276 and 277 Institutional and Professional EDI Gateways.*
* *Validated X-12 files sent by external vendors to ensure that they are passing EDI Gateway level using Spec Builder.*
* *Worked on multiple 837 and multiple Eligibility (270/271) and healthcare claim status (276/277).*
* *Worked extensively with CPT/ ICD Codes, ICD-9 and ICD-10*
* *Performed Impact and Gap analysis pertaining to 4010 – 5010 conversion to accommodate the ICD-10-CM and ICD-10-PCS code sets.*
* *Prepared and Created Test Cases /Test Data according to 5010 Business requirements.*
* *Conducting business validations, covering the following deliverables FACETS Providers, Facets Claims and Facets Membership and Operational reports*
* *Tested all HIPAA transactions for multi version support (4010 and 5010) and validating the database to file elements.*
* *Conducted Claims and HIPAA Compliance training to run the test case.*
* *Involved in the Daily Standup Meetings.*
* *Analyzed business Requirements, performed gap analysis and segregated them into high level and low level Use Cases.*
* *Identified and documented issues, risks, gaps and their impact to the project life cycle. Provided recommendations and alternatives.*
* *Involved in testing Facets for Group Information, Enrolling Subscribers, adding members, Related Entities, Class/Plan definition, Premium Rate Tables etc.*
* *Maintained and submitted periodic/monthly status reports to the Program Manager to serve as the teams assessment of the project and its schedule*
* *Provided key input in working with users in defining project and system requirements.*
* *Used SharePoint to store document and version control.*
* *Performed Data analysis, Data Warehousing, Data Modeling, Data Mapping and Reports analysis.*
* *Wrote Test scenarios and test cases for testing the migration of EDI 4010 to 5010 and the processing of member enrollment and benefits, batch jobs corresponding to the claims (837) and real time transactions like 270/271/276/277.*
* *Sourced procedure codes and medications from the data store of FACETS claims.*
* *Created Source to target Mapping Matrix for the ETL developers.*
* *Created Requirements v/s Test Case Matrix in Excel Spread Sheet template.*
* *Analyze and implement the type of testing to be performed (Manual / automated) based on the re-usability of test scripts and ensured that test cases and automation scripts are traced to requirements.*
* *Worked on different modules of Facets such as Members/subscriber, commissions, provider, billing, plan and Case management.*
* *Executed test cases and test scripts for manual and automation testing. And raised Defects in HP Quality Center/HP ALM for logging, tracking and reporting bugs in the application.*
* *Developed and executed SQL queries to verify the proper insertion, deletion and updates into the data Warehouse supporting tables.*
* *Assisted business users in defining UAT test cases and plans; Established and maintained test cases and test data in Quality Center.*
* *Performed User Acceptance testing, developed Test logs and opened/closed as and when the issue is fixed and Quality checked with the assumed company data with all the possible Test Scenarios.*
* *Involved in developing Test plan and Test cases based on Use cases and Functional Specifications Documented, reviewed, and verified testing procedures for compliance to Interface Quality Assurance and Development standards and policies.*

***Environment:*** *FACETS EDI X12N 4010, EDI X12N 5010, ICD 10, Requisite Pro, Uses cases, Rational Rose, MS Outlook, MS Visio, UNIX, Windows95/98/NT/2000/XP, Toad EDIFECS SharePoint, HP Quality Center, Oracle .*

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| ***Health Springs Nashville, TN System Analyst Aug-2011-Feb-2013*** |

*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:***

* *Involved in HIPAA/EDI Medical Claims , Design and Documentation*
* *Monitor and Analyzed activity report and transaction monitoring.*
* *Creating document and diagrams for membership enrollment according to HIPAA 834 compliance standard for membership enrollment.*
* *Created various database objects like views, tables, and procedures to extract data and support the end user reporting data ware house requirements.*
* *Conduct meeting with the development team to discuss any requirement changes.*
* *Checked inbound/outbound HIPPA regulated EDI transactions facets*
* *Conducting business validations, covering the following deliverables FACETS Providers, Facets Claims and Facets Membership and Operational reports*
* *Wrote standard and complex SQL queries using MS SQL Server and also in Mainframe for data validation process.*
* *Prepared BRDs (Business Requirement Documents) supporting documents containing the essential business elements, detailed definitions, and descriptions of the relationships between the actors to analyze and document business data requirements from Data ware house.*
* *Performed GAP analysis of business rules, business and system process*
* *Worked on solving the errors of EDI 834 load to Facets through MMIS.*
* *The project involves creation of custom tables, developing custom forms to load data into the custom tables and creation of a XML report to compare sales values against the data in oracle. The custom tables are populated from a third party data ware house on a regular basis.*
* *Performed Data Analysis using procedures and functions in PL/SQL.*
* *Designed Activity, Sequence and process flow diagrams using MS Visio to simplify and elaborate certain selection and filter condition.*
* *Documented requirement using Use Case analysis*
* *Involve in testing the applications to carry out data validation*

***Environment:*** *MS Visio, SDLC, UML, Rational Clear Quest, Rational Clear Case, Rational Tools Suite, AGILE methodology, Windows, XML, HTML, Facets.*

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| ***WellPoint, Richmond, VA System Analyst Feb-2010-Jul-2011*** |

*WellPoint, Inc. is one of the largest health benefits companies in the United States. Through its networks nationwide, the company delivers a number of leading health benefit solutions through a broad portfolio of integrated health care plans and related services, along with a wide range of specialty products such as life and disability insurance benefits, dental, vision, behavioral health benefit services, as well as long term care insurance and flexible spending accounts.*

***Responsibilities:***

* *Analyzed the current software used to manage health claims.*
* *Designed requirement specification document. Bridged the gap between development team and end users.*
* *Responsible for business analysis, requirement specifications, project planning and identifying the resources and implementation of the project.*
* *Performed impact analysis and gap analysis for ICD 10.*
* *Developed business scenarios and acceptance criteria to analyze roles and processes of the departments,.*
* *Analyzed and translated business requirements into system specifications utilizing UML and RUP methodology*
* *Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system)*
* *Performed Data analysis, Data Warehousing, Data Modeling, Data Mapping and Reports analysis.*
* *Created Source to target Mapping Matrix for the ETL developers.*
* *Performed Data Analysis using procedures and functions in PL/SQL.*
* *Prepared report templates and reports using SSRS and Crystal Reports*
* *Developed Use cases, Use case models, Activity models, sequence diagrams and other UML’s to define the functioning and desirability of the application.*
* *Assisted with building the EDI 837, 835, 270/271, 276/277, 278, 820 and 834 transactions processing flow from the Trading Partners to the translator.*
* *Maintained a requirement traceability matrix throughout the project.*
* *Facilitated review of Enrolment, Claims, Commissions, and membership port designs with architects.*
* *Conducted working sessions to gather and document high level business requirements and detailed level business requirements for different business units impacted by ICD 10 such as EDI Claims Intake, FACETS- Claims Adjudication, Medical Management- Utilization Management, Case management and Provider Reimbursement- Provider Payment.*
* *Created SQL tables with referential integrity and developed queries using SQL and SQL\*PLUS.*
* *Sourced procedure codes and medications from the data store of FACETS claims.*
* *Designed Test Plans for Manual Testing, System Testing, Integration Testing and Performance Testing, of the applications and used EDIFECS spec builder to look for the severity of HIPAA Edits.*
* *& reviewed their consistency with the business requirements*
* *Understand rules and regulations of HIPAA as imposed during Electronic Data Interchange (EDI).*

***Environment:*** *Facets, MS Office, Rational Requisite MS Project, MS Visio, MS SharePoint, iRise, MS Excel, Agile/Scrum, RUP, Quick Test Pro , Quality Center, SQL, SQL Server 2008, SSIS, SSRS, Crystal Reports,*

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| ***Siemens Healthcare, Philadelphia, PA Business Analyst / System Analyst Sep-2008-Dec-2009*** |

*Siemens Healthcare is a sector of Siemens AG, is a leading healthcare solutions provider worldwide. The company is known for bringing together innovative medical technologies, healthcare information systems, management consulting, and support services. The portfolio of innovative products and professional services ranges from clinical and administrative IT solutions, diagnostic imaging systems, laboratory diagnostics, and hearing instruments.*

***Responsibilities:***

* *Participated in project planning activities to determine testing scope.*
* *Created Test plans, Test conditions, Test scripts, and execution of scripts, validation of results.*
* *Involved in both black box and white box testing*
* *Prepared Test Plan, Scenarios and supporting the Testing procedures.*
* *Responsible for creating Test cases and executed based on functional requirements and design documents.*
* *Prepared Traceability Matrix and mapped Requirements and Test cases*
* *Performed regression, integration and functional testing on the builds of the application*
* *Conducted Backend test using SQL queries to verify the Integrity of the Database.*
* *Designed, implemented, reviewed, and improved local performance related processes.*
* *Involved in functional, Integration, Regression and performance testing.*
* *Involved in creation and execution of test plans and test scripts.*
* *Executed and managed various test types including Functional, Regression and Integration testing during scheduled phases of test development cycle*
* *Executed test cases on each build of the application and verified the actual results against requirements using Mercury Quality Center.*
* *Used Oracle SQL Developer for writing SQL Queries to verify and validate the uploaded data in database.*
* *Performed impact analysis for deadliness of ICD-10 conversion.*
* *Worked with FACETS Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication).*
* *Created ICD-9-CM/ICD-10-PCS comparison document and dealt with Diagnosis Related Groups (DRGs).*
* *Involved in creating flow charts and record layouts for 271 transaction sets.*
* *Designed and developed eligibility (270/271), claim status (276/277), service review and response (278), enrollment (834), and claim submission (837).*
* *Detected Defects, communicated to the developers using Bug Reporting Tool and tracking the Defects using Quality Center.*
* *Understanding Business requirements, creating test scenarios, test cases and defects from MS Excel, MS Word to Quality Center.*
* *Generated Traceability Matrices to ensure that all the requirements are covered by the test cases.*
* *Worked with Claims, enrollment, eligibility verification for members and providers, benefits setup, and backend payment cycle in Facets.*
* *Recorded, maintained & tracked defects, assigned type & priority/severity levels.*
* *Involved in analyzing issues with Oracle configuration for enterprise applications.*
* *Facilitated change management across entire process from project conceptualization to testing through project delivery, Software Development & Implementation.*

***Environment:*** *EDI X12N 4010, EDI X12N 5010, ICD 10, Requisite Pro, Uses cases, Rational Rose, MS Outlook, UNIX, Windows95/98/NT/2000/XP, SOAP UI, EDIFECS ,FACETS , Quality Center Oracle, XML, IBM Mainframe.*

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| ***Tufts Health Plan, Boston, MA Business Analyst Jan-2007-Jun-2008*** |

*Tufts Health Plan is an Insurance provider for all the different kinds of memberships. It currently has a total membership of 735,000 members and is ranked as #3 in Commercial Policies and #4 in Medicare Preferred Policies.*

***Responsibilities:***

* *Coordinated with different teams and prepared Test Plans and Test Strategy documents and helped other QA members with Business Requirements.*
* *Reviewing Test plans, Test conditions, Test scripts, and Test results.*
* *Involved in both black box and white box testing*
* *Providing Test Case walkthrough with Business and obtaining business approvals.*
* *Supporting Team members in Preparation of Test Plan, Scenarios and the Testing procedures.*
* *Prepared Traceability Matrix and mapping Requirements and Test cases*
* *Performed regression, integration and functional testing on the builds of the application*
* *Conducted Backend test using SQL queries to verify the Integrity of the Database.*
* *Involved in preparation of Traceability Metrics, software metrics.*
* *Responsible for creating and uploading the project artifacts in Share point site and providing release support.*
* *Developed Test plans and scripts using Quality Center and utilized use cases as a basis for performing Integration and System testing.*
* *Reported defects and bugs to development team using HP Quality center.*
* *Assisted in user testing of systems User Acceptance Testing (UAT), developing and maintaining quality procedures, and ensuring that appropriate documentation is in place.*
* *Experienced and understanding of different types of performance testing, functional and nonfunctional testing*
* *Experienced in Health Informatics and HL7 standards*
* *Created SOAP UI test cases for web service testing.*
* *Worked on many WSDLS to test SOAP UI web services.*
* *Experience working with both versions of HIPAA i.e. 4010 vs. 5010*
* *Defined business requirements and X12 mapping requirements for several conventional and internet-based medical and claims products*
* *Involved in Testing Out-Bound Transactions (835 Health care claims Payment, 277 Claim Status Response).*
* *Extensively worked with 837 I and 837 P Claim files.*
* *Analyzed current production data to create real time simulation performance tests using SOAP UI.*

***Environment:*** *Oracle v9i/8i, Visual Basic, VB Script, JAVA, J2EE, XML, SQL, UNIX, Windows 2000/XP, HP Quality Center, Eclipse, XML,SQL,TOAD,MS SQL Server Management Studio, Oracle 8i, MS Office 2007,Sharepoint.*