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***PROFESSIONAL SUMMARY:***

* Over **7 years** of professional experience as **Business /EDI Analyst** in various Integration and Business Applications like **Health Care and Retail domains.**
* Expertise in **B2B standards**, Implementation of **Integrated EDI and XML applications** and **Enterprise Application Integration (EAI)** for business processes **across applications**.
* Created **companion guides** for EDI transactions for both 4010 and 5010 versions and also created **crosswalks** and also experience in using **EDIFECS Specbuilder.**
* Strong knowledge on **HIPAA** standards, **ICD9/ICD10, EDI transactions & 4010/5010 versions, Medicare and Medicaid Services.**
* Extensively used **Facets 5.1/4.81** to test **Medical** and **Hospital Claims**.
* Strong Knowledge on claim processing and EDI transactions i.e. Claims Inquiry and Response **(276/277),** Receipt and Verification of claim forms **(837),** Claim Payment and advice **(835),** Eligibility Inquiry and Response **(270/271),** Certification Request and Response **(278),** Benefit Enrollment **(834),** Order and Payment Remittance **(820),** Functional Acknowledgement **(997/999).**
* Expertise in **Datamart testing.**
* Excellent knowledge on **837i, 837P, 837d, 835, 834, 276/277, 270/271, 278, 820** HIPAA transactions.
* Extensively used **Toad** to validate backend data.
* Used **EDIFECS Step-up/Step-down** to analyze and migrate from 4010 version to 5010 version.
* Worked on **Cognos Qual** Environment to validate many **Cognos reports**.
* Used various Cognos functionalities like Business Insight Advanced, Report Studio, Query Studio for Enterprise Quality Management purposes.
* Expertise in **Rational products** like **Rational Team Concert**, **Rational Quality Manager**.
* Experience in writing **Test cases** and **Test plans** based on use cases and involved in **manual testing of EDI applications**.
* Extensively worked on **HP Quality Center** for tracking various defects that arise during submission of claims.
* Performed various types of testing like **Functional Testing, Unit testing, Integration Testing, System Testing, Performance Testing, Regression Testing, User Acceptance testing (UAT), End to End Testing** and **Smoke Testing.**
* Experience in working on Automation testing tools like **HP Quality Center, Test Director, Quick Test Pro, Win Runner, Load Runner and Rational Suite.**
* Worked on **837 (I, P, D), 834, 835, 820, 270, 271, 276, 277, 278** transactions and BRCs of the transactions.
* Hands on experience in creating RTM, defect status report, Change requests form, test plans and Project Plans.
* Experience in working on **HIPAA Edits** using **EDIFECS Specbuilder.**
* Knowledge of **HTTP, AS1, AS2, FTP, SFTP, FTPS, SSH** protocols and connectivity.
* Hands on experience using **Oracle 8i/9i/10g and extensive experience in writing SQL Queries, PL/SQL, Procedures, Functions, Triggers**, Exception Handling, and Cursors.
* Good Knowledge in **extraction, transformation and loading (ETL)** process.
* Design & development using Java, Oracle, JavaScript, XML, HTML, UML & Rational Rose

***TECHINCAL SKILLS:***

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| **EDI Mapping Tools** | GIS 4.2/4.3, Gentran Server 5.1/5.3/6.0/6.1, Ecmap 4.1.7/5.1.6 |
| **EDI Standards** | ANSI X12, EDIFACT, HIPAA |
| **QA Testing/ Modeling/ Defect Tracking Tools** | WinRunner 6.0/7.0/7.5/7.6, LoadRunner  6.5/7.8/8.0, Test Director 6.0/7.0/7.6/8.0,  Quality Center9.0/10.0, QTP 6.0/6.5/8.0/9.2,  Clear Quest, Bugzilla, TOAD, Rational. |
| **EDI X12 Transaction sets**  **(Versions 4010 and 5010 as applicable)** | 835, 837, 270/271, 276/277, 834, 210, 820, 824, 830, 832, 204, 850, 990, 214, 856, 860, 315, 867, 875, 180, 858, 867, 812, 844, 845, 846, 849, 940, & 997 |
| **BI & ETL Tools** | Cognos 10.2/10.1, Informatica Power Center 9.01/8.6/8.5, Informatica Power Mart 7.2/6.2, |
| **Internet Technologies** | JavaScript, XML, XSLT, XPATH, DTD, Schemas, HTML |
| **Databases** | Oracle 10g/8i, SQL Server 2005/2000, MS-Access, DB2, MySQL |
| **Operating Systems** | Windows Server 2003/2000/NT, UNIX, Linux |
| **Tools** | Crystal Reports 7.0, XML Spy, Xpath Visualizer, Macromedia Dream weaver |

***PROJECT DESCRIPTION:***

**Medco Health Solutions, NJ May’13 –Mar 15**

**Sr. Business /EDI Analyst**

**Responsibilities:**

* Writing **specifications for enhancements** by using existing legacy system documentation and procedures.
* Performed **GAP Analysis** and created **5010 Companion guides for HIPAA EDI** transaction sets, including the HIPAA 5010 837i, 837p, 837d, 835, 270/271, 276/277, 834.
* Created **crosswalks** by analyzing the base maps provided by the client.
* Used **EDIFECS Specbuilder** for creating specifications and also creating guidelines.
* Developed **test cases and test scripts** for the functional testing.
* Planned and developed **test cases using Quality center** defect-tracking tool.
* Participated in business requirements, user requests and defect analysis meetings.
* Extensively used SQL to perform **Data integrity** **testing.**
* Worked on **Health Care Claim Payment/Advice (835), Claims Inquiry and Response** **(276/277), Receipt and Verification of claim forms (837)** as per the HIPAA guidelines.
* nalysis and Design of HIPAA X12 834 and 820 EDI Transactions for Health Insurance Exchange (HIX).
* Worked on **upgrading the version 4010 to 5010 version and identifying the new ICD 10 codes to upgrade from ICD 9 codes**.
* Worked as **Team Lead** for **Enrollment** and **Claims** projects.
* Worked with **HIPAA** compliant **ANSI X12 837** formats for both **professional claims** and **institutional claims.**
* Experience in developing, implementing and testing EDI **ANSI X12, XML/XSLT** applications.
* Validating the Log Files (999, x12,) for 834/820,277CA, 837IB and 835 Transactions in UNIX and HTM (Healthcare Transaction Manager.
* **Manipulated data in X12 files** using **EDIFECS Specbuilder** to add valid qualifiers and also check for HIPAA edits.
* **Used EDIFECS transaction management to process and track enrollment file, 834.**
* Submitted claims and other 835 files and also checked the status in **Transaction Manager.**
* Regenerating the defects and resolved them and maintained log files for every test.
* Involved in **smoke testing** after each deployment and resolved the defects when required.
* Defining **test cases, creating test scripts, analyzing bugs**, interacting with QA / dev teams in fixing errors and **User Acceptance Testing (UAT).**
* Very good understanding of ORACLE B2B Health Care Adapters (**HIPAA EDI X12 834 / 820).**
* Resolved defects based on severity level in **HIPAA Edits** using EDIFECS Spec Builder.
* Prepared the **Test plans and Test cases** to successful perform the system integration testing, functional testing.
* Worked on **Transaction Management** to see if the X12 file has been generated and also to check for the acknowledgements.
* Developed **UNIX shell scripts** to automate file discards due to data errors.
* Wrote **Stored Procedures** to eliminate redundant data when converted.

**Environment:** HIPAA EDI X12, 820, 834, 835, 837, ICD9/ICD10, EDIFECS Spec Builder 7.0.5, Rational Unified Process (RUP), MS Visio, Microsoft Office, UAT, HP Quality Center 10.0, UNIX.

**Capital District’s Physicians Health Plan [CDPHP], NY Mar’11 –Apr’13**

**Business /EDI Analyst**

**Responsibilities:**

* Worked on **Facets** extensively to validate products.
* Created **medical claims** to test various services mentioned in the agreement configurator.
* Created **medical claims** to test co-insurance and copay amount limits for both individual and family members.
* Expertise in **Corporate Analytics** data mart testing.
* Worked on **Melissa Data Address Cleansing**. Validated the **cleansed addresses** of the respective providers.
* Validated **Enhanced Primary Care** performance **management** Cognos reports like **Emergency Room Efficiency** Utilization, Hospital Efficiency Utilization & **Population Risk** Reports.
* Created **hospital claims** to test deductible limits for both individual and family members.
* Validated **Cognos** reports that pull data from Facets and various data schemas like Enterprise Data Warehouse [EDW] and Analytical Data Warehouse [ADW] that are in house to CDPHP.
* Accepted inbound /outbound **EDI (X12) 837, 834, 820, 835, 999, 276, 277**(Claims, Provider, Portal, Billing, Benefits) transactions from multiple sources.
* Worked as test lead for a **Cognos** project called **Total Cost of Care**. Tested **Cognos Cube** [All three phases] extensively.
* Worked on **Cognos Business Insight Advanced** to test **Cognos Cube**.
* Used **Rational Team Concert [RTC]** tolog **defects**, track and close defects after resolution.
* Worked with **HIPAA** compliant **ANSI X12 834 formats.**
* Involved in preparation and update of system documentation for transaction **834, 820 278U, 278 and TCN for PAR.**
* Used **Rational Quality Manager [RQM]** to upload test cases, log and track testing process.
* Tested and verified several **Medical** and **Pharmacy Products** in **Facets**.
* Extensively tested **7 out of 12 ASO products** for 2014 health plan renewals.
* Experience in developing, implementing and testing EDI **ANSI X12** applications.
* Validated many **source** and **target** **backend tables** for data and dollar amount accuracy.
* Performed **regression testing** to make sure any changes to the products did not impact any existing functionalities.
* Expertise with **HIPAA** compliant **ANSI X12 820 formats.**
* Validated **In-Network** and **Out of Network** **Stoploss** amount for various products.
* Validated **Out of Pocket Max** limits for various products.
* Extensive knowledge of **diagnosis** and **procedure** codes those are necessary to test several layers of insurance plans.
* Created **master test plan**, **test cases** and created **test scripts** to successfully implement **system integration testing** in an effective and timely manner.
* Interacted with **Dev teams** and **Business Owners** to have better understanding of **Unit testing** and **User Acceptance Testing [UAT]**.

**Environment:** HIPAA EDI X12, 820, 834, 835, 837, ICD9/ICD10, Facets 5.1/4.81, Rational Team Concert (RTC), Rational Quality Manager [RQM], IBM Cognos version 10.1, Microsoft Office, Oracle version 11g, Toad 11.0.0.116, Snag It 11, VMware Horizon View.

**Aetna Health Services, Nashville, TN Jun ’09 – Feb’11**

**Business Analyst**

**Responsibilities:**

* Responsible for defining the scope and implementing business rules of the project, gathering business requirements and documentation.
* Responsible for writing Functional Requirement Specifications (FRS) and User Requirement Specification (URS).
* Analyzed Business Requirements and segregated them into high level and low level Use Cases, Activity Diagrams / State Chart Diagrams using Rational Rose according to UML methodology thus defining the Data Process Models.
* Understand the As Is system and develop the To Be system concept and also prepare the System Process Maps
* Assigned to the **HIPAA 5010** project
* Developed the systems implementation project management plan with milestones and steps from procurement of vendors to project implementation and maintenance
* Gathered requirements for procurement of vendor applications for specific modules
* Successfully conducted **JAD sessions,** which helped synchronize the different stakeholders on their objectives and helped the developers to have a clear-cut picture of the project.
* Created Web-based reports using **SSRS**
* Conducted presentations of the Q/A test results with analysis to the stakeholders and users and documented modifications and requirements.
* Coordinating and Developing QA activities.
* Worked with **SQL Server 2005** Analysis Services **(SSAS)** for reporting and online analytical processing analysis
* Performed Data Mapping around **HIPAA EDI** transactions
* Created Process Flow diagrams, Use Case Diagrams, Class Diagrams and Interaction Diagrams using Microsoft Visio and Rational Rose.
* Wrote Test Cases and performed User Acceptance Testing, documented the in detail defects using the Defect Tracking report.
* Used Test Case distribution and development reports to track the progress of test case planning, implementation and execution results.
* Wrote PL/SQL statement and stored procedures in Oracle for extracting as well as writing data.
* Created Use cases, activity report, logical components and deployment views to extract business process flows and workflows involved in the project. Carried out defect tracking using **Clear Quest**
* Worked extensively with the **HIPAA EDI** transaction sets- **270, 835 and 837**
* Maintained proper communication with the developers ensuring that the modifications and requirements were addressed and also monitored these revisions.
* Involved in compatibility testing with other software programs, hardware, Operating systems and network environments.

**Environment:** Microsoft Office 2003 Professional (Outlook, Word, Excel, Visio, Access, etc.), Microsoft SharePoint 2003,UML, RUP, UAT, db2,Mercury Test Director, SQL, .NET, Clear Case

**Citrus Healthcare, Tampa, FL Jan ’08 – Jun’09**

**Business Analyst**

**Responsibilities:**

* Elicited demands from the stakeholders and analyzed them for consistency, flexibility and completeness.
* Conducted JAD sessions with Subject Matter Experts to obtain domain level information.
* Presented and conducted functional requirement reviews and walkthroughs with the designers, developers, and stakeholders.
* Identified Use Cases from Business Requirements and created UML diagrams like use case diagram and activity diagram using MS-Visio for various stakeholders.
* Worked with HIPAA compliant **ANSI X12 834, 837, 276/277, 999** formats for both professional claims and institutional claims.
* Used Query Analyzer, Execution Plan to optimize SQL Queries.
* Analyzed forms and successfully crosswalk details to corresponding **ANSI X12** formats.
* Involved with the quality assurance team to develop and design test plan and test cases.
* Involved in resolving and documenting issues related to these EDI transactions including **834** transactions, **837** transactions using Test Director.
* Managed change request and analyzed the impact of change request on the application in regards to Project Plan, Project Scope, and Project Schedule.

**Environment:** HIPAA EDI X12 834, 837, 276/277, 999, Rational Unified Process (RUP), UML, SQL, Rational Test Manager, Rational Clear Quest, Windows, MS Office, HTML, Windows