**Jyoti Ghale**

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**571-402-2074**

**SUMMARY OF QUALIFICATIONS:**

* A Business Analyst with extensive experience in the field of Healthcare &Health Insurance.
* Diverse experience in Information Technology with focus on Business Analysis, Business Modeling, Requirement Gathering, Documenting Requirements (BRDs/FRDs/Use Cases), and Software Validation.
* Expertise in documenting the Business Requirements Document (BRD), Technical Requirement Document (TRD), generating the UAT Plan, maintaining the Traceability Matrix and assisting in Post Implementation activities.
* Experienced in working closely with project managers, SMEs, and staff to understand and brief the requirements and specifications for new applications along with re-engineering the existing applications.
* Good experience in the EDI transactions and knowledge on EDI transaction process flows.
* Strong experience and understanding of health care industry, claims management process, Knowledge of Medicaid and Medicare Services.
* Good documenting and excellent communication skills.
* Good knowledge of Pharmacy Benefit Management (PBM) adjudication and PDE reporting.
* Knowledge and Implementation experience in Eligibility System, Facets Data model, Configuration Implementation of FACETS module.
* Involved in using FACETS for various health insurance areas such as products, enrollment, members and other modules related to FACETS.
* For Executing Scripts manually, Involved in preparing data in FACETS.
* Expert in creating Use Cases, Use Case Diagrams, Class Diagrams, Sequence Flows using MS Visio and UML concepts.
* Experienced in EDI and HIPAA Testing Privacy with multiple transactions exposure such as Inbound 834Membership Enrollment, 837Institutional, 837Professional, 837 Dental, 835 Claim Payment/Remittance Advise, 270/271 Eligibility Benefit Inquiry/Response, 276/277 Claim Status Inquiry/Response Transactions and testing in Client Server systems and Mainframe Applications.
* Worked with different Business Areas like Claims and Enrollment to document proposed ICD 9 – 10 Code changes.
* Knowledge and expertise in working with Claims, Provider, Enrollment, Finance, Benefits, and Vendor Management Business Areas.
* Maintained the Traceability Matrix table to track the Business Requirements to the design to the testing keeping track of all requirements in the BRD.
* Change Control Process – Led the Change Control Process for changes submitted for the BRD once the document was submitted to IT department.
* Experience in conducting User Acceptance Testing (UAT) and documentation of Test Cases.

**TECHNICAL SKILLS:**

**Business Modeling Tools:** Rational Enterprise Suite, Requisite Pro, Rational Rose, Clear Case, Visio, UML, Share Point, Microsoft Office.

**SDLC Methodologies** Agile, Waterfall, Spiral, Spiral, Rup Process and Prototyping

**Project Management**

**/ Business Applications:** MS Project, MS Visio, MS Word, MS Excel, MS Access, MS PowerPoint.

**Operating System:** Windows 95/NT/2000/XP.

**Databases:** SQL Server, MS Access, MySQL.

**PROFESSIONAL EXPERIENCE:**

**Humana, Louisville, KY**

**Nov 2015- Present**

**Business Analyst**

I worked on a project involving Electronic Claims (EDI) Handling and Transaction Processing of Claimants' records. The project included enhancing applications to include duplicate claim numbers in various systems. I also worked on internet-based application to improve its health insurance claim processing by automating receiving and processing health benefit claims including Medicare.

**Responsibilities:**

* Responsible for gaining a good understanding of User needs and accurately representing them in a well-documented software functional specifications document.
* Effectively managed the requirements and requirement change requests during various phases of project life cycle and initiated a repository to store change requests for future considerations.
* Conducted series of meetings, joint sessions, and interviews with the health insurance experts, operations experts, subscribers, and technical people to properly identify and understand the problems with claims management
* Gathered Business Requirements, Interacted with the Users, Designers and Developers, Project Manager and QA Team to get a better understanding of the Business Processes.
* Helped in preparing the training material of the providers and insurance companies using the software supporting ICD 10.
* Followed a structured approach to organize requirements into logical groupings such as requirements for Customer, Client, Group, Member, and Reporting that critical requirements are not missed.
* Involved in creating Business Process Documentation.
* Performed Data Mapping to map the EDI 834 data to XML.
* Profound understanding of insurance policies like HMO and PPO and proven experience with HIPPA 5010 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).
* Work closely with Health Insurance Trading Partners and with other contractor companies to ensure the quality of the cases.
* Reviewing and testing reported defects in the concerned applications in both UAT and Production testing environments
* Identified Use Cases from the requirements. Created UML Diagrams including Use Case Diagrams, Activity Diagrams, Sequence Diagrams, and Collaboration Diagrams using MS-Visio.
* For Project management purpose worked on Microsoft Project, used Microsoft Share Point for maintaining the updated Documentation.
* Perform Extensive EDI testing on X12 837,835, 270 etc, worked with state vendor to validate inbound /outbound EDI transactions to Facets.
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Microsoft Office (Outlook, Word, Excel, Visio, Access) at various phases of development for documenting the requirements.
* Facilitated JAD sessions with business and technical units to fine tune prioritize and detail requirements and use cases.
* Participated in daily defect meetings with team during UAT testing phase.
* Conducted JAD Sessions and discuss the UAT with developers on regular basis and also updated daily status report to the PM.
* Involved in Validation of HIPAA/EDI for 270/271, 276/277, 837, 837i and 835 claims used for professional, Institutional and Dental billings by Writing Test cases, Test Plans
* Performed Gap Analysis for 5010 enhancement using the TR3 implementation guides and side-by-side HIPAA guides provided by CMS (Center for Medicare &Medicaid Services)
* Identifying and understanding the business critical areas from the user perspective.
* Managed change of the requirements and associated requirements to other requirements for traceability using Enterprise Architect.
* Involved in drawing data flow diagrams and process flow diagrams using MS Visio for the Claim Adjudication module.
* Created Test Scenarios, Test Cases, Test Scripts in Quality Center.
* Involved in conducting Manual and Automated testing at various phases of the project development.
* Prepared test data for positive and negative test scenarios as per application specifications and application requirements and wrote test plans.
* Participated in the bug review meetings, updated requirement document as per business user feedback and changes in the functionality of the application.
* Organized meetings to discuss outstanding issues with QA team and developers.
* Coordinated with the development team in documenting End User Manual.

**Environment:** UML, JAD, RUP, BRD, FRD, Quality center, SQL, Oracle, MS-Visio, Oracle, SQL, MS Access, MS Visio, MS Office (PowerPoint, MS Word, MS Excel, MS Access).

**Celtic Health Insurance, Chicago, IL**

**Jan 2014- Oct 2015**

**Business Analyst**

Celtic Insurance Company is one of the leading health insurance providers in Chicago. The company currently runs its business on Facets for claims adjudication and billing and provides medical plans.

**ROLES AND RESPONSIBILITIES**

* Worked as a liaison between the business client and development team for the in compliance with HIPAA standards.
* Identified the business functions and processes, and prepared system scope and objectives based on user needs and industry regulations.
* Defined terms, conducted stakeholder analysis, elicited business needs, conducted business process modeling, and facilitated JAD sessions. Elicited, documented requirements and use cases. Analyzed, validated & prioritized requirements; traced requirements to related project documentation (process models, designs, test scenarios & scripts).
* Responsible for architecting integrated HIPAA, Medicare solutions, Facets.
* Documented the Requirements and circulated them to Business & Technical teams for Signoffs.
* Participated and led daily stand-up meetings in line with Agile Scrum methodology.
* Used agile methodology for gathering requirements and testing them.
* Involved in creating the UI design for the mobile applications for member portal.
* Created User Interface for displaying various information related to providers and claims.
* Gathered, documented and analyzed requirements on implementation of Obama Care Affordable ACT on ELIGIBITY, COVERAGE And PROCEDURE AUTHORIZATIONS.
* Gathered and documented Requirements on New Obama Care Health Insurance exchange pool and Laws governing the implementation.
* Created 837 I & 837 P claims using macro enabled claim spreadsheets.
* Order Process Management – Designed techniques to implement a new Billing and Inventory Management Tool to better track the expanding business' products.
* Processed EDI 837P, 837I, 834 and 837D transactions, verified 837 transactions were converted correctly to XML file format and verified the claims data loaded to Facets for further processing.
* Worked on analysis of FACETS claims processing system and gathered requirements to comply with HIPAA
* Conduct JAD sessions to gather and document requirements that enhance a wide range of functionalities including claims processing, eligibility and enrollment, provider networks, and electronic data interchange for our Facets core application.
* Created a new project using SoapUI and run request with input XML to receive a response XML for the request sent
* Identified testing scenarios and defined Test Cases for detailed functional testing and UAT.
* Performed Back End Testing by executing SQL queries.
* Used SQL Statements to extract Data from Tables to verify the output Data of the reports.
* Facilitated claims processing while passing 837 claims for a 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 of ICD 9 to ICD 10 and backward mapping of ICD 10 to ICD 9 using General Equivalence Mappings (GEM).
* 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.
* Performed testing of the health benefit claims receiving and processing system to ensure that the system adheres to project standards, performance criteria, and functional specifications
* Identified risk and project impact and performed risk assessment and mitigation.

**Environment:** SQL, MS Access, Software/Tools Micro-Strategy, Visio, agile, HIPPA, 5010, Quality Center, MS Project.

**Emblem Health, New York, NY**

**March 2012- Dec 2013**

**Business Analyst**

Emblem Health is the largest health insurer based in New York State serving nearly 3.4 million people with over 92,000 providers in 150,000 locations across the tri-state region. Emblem Health's Care Management System provides a solution in simplified and a smart way to manage the health of members, which improves the quality and affordability of care.

**Responsibilities:**

* Business Analyst involved in documenting changes to the Benefits Administration, Enrollment Processing and Claims Processing Systems based on the Medicare Plan Changes initiative.
* Gathered Business Requirements from the Subject Matter Experts (SMEs) and documented the requirements in the BRD. Utilized data flow diagrams, use case diagrams and process flow diagrams to represent information provided by the Business Owners.
* Maintained the Traceability Matrix table to track the Business Requirements to the design and testing, keeping track of all requirements in the BRD.
* Organized meetings and led JAD sessions to ensure legal and compliance deadlines of CMS (Centers for Medicare and Medicaid Services) are met.
* Managing and Billing Medicare, Commercial HMO/PPO claims on a daily basis.
* Matched the requirements for programs such as Medicare and Medicaid, which are part of the Social Security Act.
* Created and maintained the interface requirement document for different modules of e-CW(e-Clinical Works) like pharmacy, Patient and providers.
* Worked aggressively towards timely completion of High Priority Tasks.
* Worked with Development Team to resolve issues and clarify Business Requirements from the Business Owners.
* Documented the UAT Plan for the project and worked with the UAT Team to ensure every acceptance criteria for the requirements has been included in the UAT task plan.
* Worked with Business Owners of Market Prominence, the Enrollment Processing System, to ensure that the enrollment process for the new members is updated with changes.
* Worked with the UAT and QA teams to conduct an assessment and determine how effective UAT and QA guidelines can help the company achieve timely completion of projects.
* Worked with Top down Systems, a vendor specialized in automated letter generation, to convert manual letter generation to automated generation of the Medical Management Letters.
* Effectively elaborated the current process and gave a clear picture of the proposed process for the projects in the organization.

**Environment:** JAD, MS Access, ORACLE, MS Word, Excel, and PowerPoint.

**Kaiser Permanente, Falls Church, VA**

**Aug 2010- Feb 2012**

**Business Analyst**

I worked for the Kaiser Permanente as a Business 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.

The project involved gathering Business Requirements for the Claims Business Area and updating EDI Transactions like EDI 834, 837, 835, 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.

**Responsibilities:**

* Conducted user interviews at both in-house and client locations, gathering and analyzing requirements using Requisite Pro and Requisite Web
* Extensively used Agile Methodology in the process of the project management based on SDLC.
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, Object Oriented Design (OOD) using UML
* Gathered and documented Business Requirements, created Functional specifications and translated them into Software Requirement Specifications.
* Performed Gap analysis by identifying existing technologies, documenting the enhancements to meet the end state requirements
* Responsible for checking member eligibility, provider enrollment, member enrollment for Medicaid and Medicare claims.
* Developed test cases and test scripts and assisted Quality Assurance activities, with system integration testing and user acceptance testing (UAT), developing and maintaining quality procedures and ensuring that appropriate documentation is in place.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Involved in claim adjudication process of FACETS application.
* 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.
* Responsible to meet the information demands of our business users by delivering timely, accurate, meaningful and standardized data and reporting

**Environment:** Windows, MS Project, MS Office MS Visio, SQL, Facets, Quality Center.

**Education:**

University of South Alabama

Bachelors in Business Administration

Major: Management