**PROFESSIONAL SUMMARY**

* **A Progressive Business System Analyst with 7+ years of quality experiences in business process analysis/modeling, business requirements in HealthCare based Industries.**
* Extensive operational knowledge of **FACETS/ QNXT** enterprise system to enable inbound/outbound **HIPAA EDI** transaction in support of **HIPAA 834, 835, 837 270/271** transactions.
* Expertise in **Claims, Subscriber/Member, Plan/Product, Provider, Commissions** and **Billing Modules** of **Facets**
* Familiar with **HIPAA Standards** and Compliance issues, HIPAA Privacy policy.
* Requirements gathering in compliance with HIPAA 4010 and 5010 standard.
* Solid understanding of all phases of **SDLC (Software Development Life Cycle)**, including requirements gathering, analysis, design, development, testing and deployment as well as software engineering/project methodologies like **Waterfall, Agile/Scrum and RUP (Rational Unified Process)**.
* Understanding of insurance policies like **HMO/PPO** and with **HIPAA** **5010** **EDI transaction codes** such as 270/271(inquire/response health care benefits), 276/277(Claim status), 834(Benefit enrollment), 835/820(Payment/remittance advice), 837(Health care claim).
* Extensive experience in developing **Functional Requirements Document (FRD), Business Requirements Document (BRD**), **System Requirement Document (SRD)**, Functional Specifications & Control Matrix across the deliverables of a project.
* Sound proficiency in creating **Use Cases with Specifications**, **User Stories, Use Case Diagram, Sequence Diagrams, Activity Diagram, Class Diagram, Data Flow Diagrams** and **Business Flow Diagram** using **MS Visio** and **Rational Rose.**
* Organized many **Joint Application Development sessions (JAD), Joint Requirement Planning sessions (JRP),** and **Rapid Application Development (RAD)** sessions with Customer Groups and Project team members.
* Solid understanding on ETL (Extract Transform Load) Data mapping and data migration.
* Expertise in **Tracking and Managing** the Requirements using **Requirement Traceability Matrix (RTM)** that controls numerous artifacts produced by the teams across the deliverables for a project.
* Used **JIRA** for user story and updating user stories
* Facilitated **Change Request Management** across entire process from Project conceptualization to **Testing** through **Project Delivery,** Software Development and Implementation Management in diverse Business and Technical Environments.
* Strong Experience in conducting **User Acceptance Testing (UAT)** and documentation of **Test Cases**.
* Proficient in **Technical** and **Business writing**, **Business Process Flow**, **Business Process Modeling.**
* Broad knowledge of Medicare, Medicaid, PPO, POS, Diagnostic codes (**ICD-9-CM** and **ICD-10-CM/PCS)**, claims process, and Electronic Data Management System (EDMS).
* **Results-oriented** individual with very strong work **ethic** and ability to demonstrate **excellent leadership & influencing skills** in business analysis, **communication** and **problem-solving skills**.

**TECHNICAL SKILL**

**Microsoft Technologies:** MS Project, Visio, Excel, Word, Outlook, PowerPoint

**Requirements Management:** Rational Requisite Pro

**Database:** Oracle, MS SQL Server

**Business Modeling:** Rational Rose, MS Visio

**Defect Tracking Tools:** JIRA**,** HP Quality Center, Rational Clear Quest

**Languages/Standards:** SQL, XML, HTTP, Java, HIPPA 4010/5010, ICD9/10, ANSIX12

**Methodologies:** Rational Unified Process (RUP), Agile, Waterfall

**EDUCATION:**

**Tashkent University, Uzbekistan - Bachelor in Science in Engineering**

**PROFESSIONAL EXPERIENCE**

**Humana Health Care, Greensboro, NC**

**Sr. Business System Analyst Jan 2015- Sep 2016**

**Humana Health implemented Facets Enterprise administrative system, a new core system built by TriZetto, with updated technology to allow for more efficient claims processing, membership enrollment and provider data maintenance & getting access to customer records. X12 EDI and HIPAA standards were followed through the project**.

**Responsibilities:**

* Independently studied ICD-10 requirements and studied the changes to be implemented using the General Equivalence Mapping (GEM)
* Performed forward and backward mapping between the two standards and documented the required changes.
* Conducted meetings, Joint Application Development (JAD) sessions and interviews with the business users to gather requirements.
* Worked on analysis of FACETS claims processing system and gathered requirements to comply with HIPAA 5010 requirements.
* Involved in the processing of the claims on Facets and then sharing the test results with the business according to test acceptance criteria during their UAT phase.
* Created Business Requirement Document (BRD) for the whole project.
* Created use case diagrams, activity diagrams, and flow charts to depict the interaction between the various actors and the system.
* Analyzed HIPAA 4010 and 5010 standards for 837I/P and 835 EDI X12 transactions, related to providers, payers, subscribers and other related entities
* Assisted in Data File Definitions and Data mapping activities for the data gathered during the process of development and implementation.
* Responsible for data analysis, project plan, gap analysis, data mapping, all business analysis functions/artifacts, documentation and implementation.
* Worked on EDI 834, 835,837, 276/277, 278 as per HIPPA guidelines
* Actively involved in preparing and writing the business requirement documents, functional requirement documents and ETL data mapping documentation.
* Validate transaction records using SQL queries.
* For user stories and for bug tracking and for diagrams used JIRA
* Worked on the database analysis part by helping the technical team in identifying the data sources required for the application and coordination with the IT team in migration of the data within the databases.
* Developed non-functional requirements and documented them to be presented to the technical team
* Helped the QA team in writing the Test Plan and conducting the quality assurance phase.
* Worked with the QA team in testing the application using HP QTP.
* Intensive use of SQL within the Teradata platform.
* Logged application bugs and was involved in all stages of the bug life cycle.
* Dealt with Project lead, stakeholder and end users regarding any issues encountered during the project.

**Excellus BCBS, Rochester, NY May2012- Dec 2014**

**Facets Configuration Analyst/System Analyst**

**Excellus BCBS is one of the leading health insurance providers in US. Application such as Facets has been widely used across their network for the claim adjudication and claim processing. Facets are a fully integrated CLAIMS data processing and Medicaid and/or Medicare Management information system for managed healthcare. Facets uses the data feed for the claims adjudication, claims error processing and to prepare the auto- generated reports and correspondence using the Batch Cycle. I was involved in various kinds of System and UAT testing of the Facets application modules like Configuration, Membership, Providers, Finance and Claims.**

* Responsibilities:
* Performed complex business and product requirement analysis and translated them into the Facets configuration specifications.
* Created and executed test plans for Facets configuration
* Handled all Medicare, Medicaid, Anthem, BlueCross, BlueShield, CT Husky, Health New England, Tufts, Cigna, CHP, Aetna, and BMC Health plan for Facets configuration processes.
* Analyzed and interpret benefit requirements in the form of service coverage grids, limitations, exclusions, cost share, service code ranges, and create facets configuration from these requirements.
* Work and triage Facets configuration issues and route work back for correct processing.
* Document step by step Facets configuration steps for Quality Assurance team.
* Maintaining knowledge of Medicare and Medicaid rules and regulations pertaining to the Facets configuration and evaluating the impact of proposed changes in rules and regulations.
* Facilitated JAD sessions with the Configuration Team and the Project Manager for brainstorming to arrive at best practices for the process of Facets configuration.
* Analyzed business Processes, Subscribers - group - plan - county structure, current processes, Facets configurations and Facets backend processes.
* Worked as a part of FACETS configuration/implementation team.
* Design, build and test Facets configuration in support of business requirements.
* Demonstrated a high level of competency in utilizing data analysis and query tools such as MS Access, SQL, and MS Excel in order to identify Root-Cause Issues and enhanced thedevelopment of FACETS system changes with Trizetto's FACETS Configuration Off-shore Team & Service Oriented Architecture (SOA) Team.
* Created Facets configuration summary documents related to New York State Mandates and Exchange Products for each benefit category such as Vision, Dental, Home Health, DME, Radiology, Lab, Inpatient/Outpatient Service
* Wrote SQL procedures and Batch Processes.
* Wrote Test Plans, Test Scenarios, Test Cases and the Test Matrix.
* Testing of EDI X12 820, 834, 835 and 837 Transaction sets for claims processing
* Analyzed and worked with MS SQL Server Test databases.
* Created T-SQL statements and procedures for data mining related to 837 transactions.
* Involved in testing various healthcare applications and migration of plans from legacy system to FACETS application.
* Involved in ETL process testing
* Prepared the 837 I&P Claims and validated these in Facets 4.5.1 System.
* Set Automation standards, practices Design the framework Procedures to analyze test results.
* Manual Testing for checking the flow of the application functionality.
* Investigated application bugs, reported and tracked testing process in the bug tracking using Test Director.
* Used FACETS Analytics for fast and easy retrieval, display and grouping of information for performing queries and generating reports.
* Developed design specifications, wrote Test Reports and documented test results.
* GUI, Performance, and Backend Testing for Pulse application developed in Java on Oracle Database.
* Assisted with FACETS Implementation, such as end to end testing of FACETS billing and Enrollment Claim Processing.
* Created data mapping documents based on client specifications which involved working with Facet claims, membership & plan data model.
* Defined scope for Claims Business area and update EDI Transactions with HIPAA 5010 Changes and participated in full life cycle implementations (SDLC) from project initiation to final deployment.
* Checked the data flow from front end to backend and used SQL queries to extract the data from the database.
* Practiced agile methodology, led sprints, and prioritized line items based on key business initiatives
* Wrote SQL queries to test application for data integrity and verified contents of data table.
* Worked with senior-level business executives, IT personnel, and business program resources to analyze, gather and execute requirements and manage stakeholder expectations

**AmeriChoice, Vienna, VA July 2009 - Jan2012**

**BSA**

**AmeriChoice, a business unit of UnitedHealth Group, is one of the leading providers of medical, dental and life insurance services. Company provides solutions to both individual and groups by providing broadest selection of leading health insurance plans.**

**The project was creating the application where customers can compare individual health insurance plans by providing zip code, date of birth and gender.  I was involved in testing and analyzing the application that was used for checking the eligibilities, claim processing and claim status. My responsibility was to test the EDI database based on ICD9 standards.**

* Responsibilities:
* Involved in HIPAA/EDI Medical Claims Analysis, Design, Implementation and Documentation
* Involved in HIPPA Complaint X12N837 Transaction testing.
* Developed and implemented EDI applications to process Health Care transactions as per the HIPAA implementation.
* Conducted Black Box Testing on the application and validated the dataflow in the application.
* Involved in preparing the Test Scenarios for Health Care Claim Payment/Advice.
* Written multiple Test Cases (System, Integration) for multiple transactions include 837I, 837P, 835, (both inbound and outbound) transactions.
* Performed thorough analysis of the companion guides from each trading partners both Medicaid as well as Commercial clients and identified the changes that specific clients need.
* Used QTP to perform Regression Testing.
* Reviewing the Use Case Requirement, Functional Design Documents and Technical Specification documents.
* Creating Test Cases after analyzing the BRD’s.
* Performing Functional and GUI testing on Facets.
* Used General equivalence Mappings (GEM) to convert ICD 9 to ICD 10.
* Prepared test matrices based through defect status in Quality Center.
* Involve in testing of FACETS Implementation, involve in end-to-end testing of FACETS Claims. Processing module, Membership and benefits.
* Analyzed FACETS data model to ensure optimal system performance and tuning.
* Logged defects in Quality Center and interacted with the developers to resolve technical issues.
* Performing Backend Testing extensively by writing validation queries on DB database.
* Worked with Datastage ETL and Cognos reporting.
* Maintaining knowledge of Medicare and Medicaid rules and regulations pertaining to the Facets configuration and evaluating the impact of proposed changes in rules and regulations

**Environment:** Configuration and Testing Management (In house Tool), Facets 4.71, Cognos, Interactive SQL, MS Word, MS Project, MS Excel , Quality Center, QTP.