**Experience Summary:**

* 7 years of enhanced **functional** experience in **Business analysis** in **Health care, with FACETS** and extensive interaction with client.
* Insightful knowledge of business process analysis and design, domain & technology expertise with strong integration skills.
* Experienced as a **Facets Business** **Analyst** in gathering the business requirements from the existing stored procedures, supporting the Interfaces and reports development in explaining the functional requirements, proposing technical solutions, supporting the unit testing and system integration testing with the functional flow.
* Experience in mapping business requirements, designing customized solutions with strong analytical skills and ability to analyze business practices and define optimal procedures.
* Knowledge and experience in implementation of **HIPAA and NCPDP standards.**
* Experience with **Claim/Encounter Management,** claim data collection, claim quality check, filter claims, etc.
* Experience on Working with the **Trizetto FACETS 4.31, 4.51, 4.71, 5.01** **Data models.**
* Immense knowledge in Health care payer operations, Interfaces, Reports, Letters and system Migrations, Health Administration – Claims processing (auto adjudication), Claims pricing and testing, HIPAA, enrollment, Medicare, Medicaid, etc
* Expertise in HealthCare Administration/Managed Care Systems working with various Claims Systems/Applications with multiple healthcare client systems, with prime focus on claims adjudication, provider, eligibility.
* Worked with **TriZetto Facets**Application Groups: Claims Processing, Customer Service, Guided Benefit Configuration, Medical Plan, and Enrollment, Pricing Profile, Provider, Subscriber/Member, and Workflow Configuration.
* Expert in **SDLC (System Development Life Cycle) methodologies like the RUP and the waterfall.**
* **Knowledge of the following HealthCare EDI Transactions for 4010/5010 like (278) Referral Certification and Authorization, (834) Benefit and Enrollment, (835) Payment & Remittance Advice, (837 I & P) Institutional and Professional HC Claim**
* Functional experience with concentration on Use Case modeling using UML, Business Process Modeling, Data Modeling, Change Management, Technical Training, Software Development methodologies, QA testing, and Systems Testing interfaces, Reports, Letters.
* Good expertise in creating Test Cases on the basis of product features, client requirements and technical documents.
* Developed, executed and maintained Test Scripts, Reviewed and documented system and implementation Test Strategy Documents for Parallel Testing, and system integration testing.
* Great communication skills, client relations, presentation and negotiations with creative approach to problem solving through use of excellent analytical skills.
* Involved in building the Health care center of Excellence across by involving in creating and sharing the knowledge base and conducting sessions across the organizations.
* Managing requirements traceability information and tracking requirements status throughout the project.

**TECHNICAL SKILLS:**

|  |  |
| --- | --- |
| **Skill Sets** | **Description** |
| Data Base | MS Access, Oracle (SQL Series), SQL server 2005, Sybase |
| Operating Systems | MS-DOS, Windows95/98/NT/2000/XP/2007 |
| Software | MS Office Suite (Word, Excel, Access, PowerPoint &  Outlook), MS Visio, Adobe Acrobat, Crystal Reports, SharePoint. |
| Requirement Tools | Requisite Pro, RTM |
| Healthcare Domain | Claims, Providers, Membership, etc. |
| HealthCare System | **Facets** **4.71 to 5.01**, Trizetto, **Facets** **4.51/4.71/4.81/5.01** Applications and Configuration |
| Project Methodologies | SDLC, Agile, Rational Unified Process (RUP), UML , JAD, JAR |

**Professional Experience:**

**Client: The Hanover Insurance Group, Worcester, *MA* Duration: Jan 2014 – Present**

**Role: Sr. Business Analyst**

I-CRM (ICD Crosswalk and Reimbursement Mapping) tool is used by the US Healthcare Payers and Providers for ICD 9 to 10 code conversion and mapping. These ICD codes are used both in the Institutional and Professional claim forms. Payers use these codes for the claim payout. It was a proprietary tool created by our team to cater to the ICD 10 mandate for October 2014.

**Responsibilities:**

* Part of the solutions team. Worked with the domain experts and **SME's on the ICD 9 to 10** crosswalk and reimbursement mapping tool for the **US Healthcare Payers** to create a HCL proprietary tool.
* Translated the business needs into system requirements and communicated with the businesses on a non-technical level and advocated for change.
* Review and Analysis of User and Business requirements.
* Developed detailed user specifications.
* Documented user requirements using standard UML diagrams, use cases using MS Visio.
* Performed Use Case specification, Business Type specifications, and capturing all work products in the Rational Unified Process (RUP).
* Developed Use Case Diagrams, **Object Diagrams and Functional Diagrams** using MS Visio.
* Participated in detailed reviews of product Impact Analysis to ensure the features being developed matches the product requirements.
* Facilitated and managed meeting sessions with committee of SMEs from various business areas including Payer network, payer path.
* Participation in the analysis and/or resolution of IT and Business issues.
* Acted as liaison between customers and the technical team to facilitate coordination.
* Responsible for program design and modifications, test planning, and Documentation.
* Worked in writing **SQL Queries in Oracle** for data manipulations
* Worked on **TriZetto Facets** **Payor** Data Model
* Conducted CR “Change Request” walk-thru and approved **FSD, BRD, Artifacts, & CR** Sign-offs.
* Monitored and assisted in designing and development of Use Cases, Activity Diagrams, and Sequence Diagrams using UML.
* Created test cases to validate that the configured **Trizetto Facets** product configuration functions as intended and to uncover any risks or issues with the solution.
* Developed the test plans and test cases for GUI, Functionality Testing, System Testing and User Acceptance Testing.
* Transitioned to new **FACETS Claims** and Enrollment System, documented outcome FACETS platform.
* Involved in major part of Software System Development Life Cycle – Requirement Analysis, Testing, Implementation and Support.
* Experienced in creating Test Plans, thorough hands on experience with designing test cases covering all test conditions and eliminating redundancy and duplications.
* Extensive use of **MS Office tools like MS Access, MS Word, MS Excel, and MS PowerPoint**.
* Data validation using database tools such as **SQL queries** and following up with the development and QA team for the same.

**Environment:** TriZetto Facets, Windows, XML, SQL, MS Office (MS Word, MS Excel, MS PowerPoint, MS Visio), Claredi and Faciledi

**Client: BCBS, Durham, NC Duration: March 2012 – Dec 2013**

**Role: Business Analyst**

**National Council of Prescription Drug Plans (NCPDP)** and Center of Medical Services (CMS) has created a new transmission standard used to transmit our third party pharmacy claims called **NCPDP D.0**. The payer sheet data will come from different health care providers that will dictate how data will be transmitted from different pharmacies. **NCPDP** is implementing this new standard to standardize real-time data transmission. Participation is mandatory for all pharmacies in the US and Puerto Rico.As a Business Analyst and a part of the gap analysis and implementation team, the role is to understand the **EDI Transactions, Pharmacy Transactions from an NCPDP perspective** and **current ICD9/10 codes** being used. The objective is to conduct a gap/impact analysis in order to adhere to HIPAA Compliances required by CMS for the years 2012 and 2013.

**Responsibilities:**

* Served as a liaison between the internal and external business community (Claims, Billing, Membership, Capitation, Customer service, membership management, provider management, advanced Healthcare management, provider agreement management) and the project team
* Completed Data Mapping for Group and detail Product analysis and report writing
* Understanding and assessment of the current **Pharmacy Transactions** from an **NCPDP 5.1 perspective**
* Involved in **EDI** HIPAA 5010 Gap Analysis for **ANSI ASC X12**.
* Experience with **TriZetto Facets and HIPAA** Gateway - supported new business requirements by extending the functionality of the core Facets system using the **Facets** extensibility architecture feature.
* **Gathered Business Requirements from the Subject Matter Experts (SMEs) for “ICD 10 Project” and documented the requirements in the BRD.**
* **Performed Data Analysis of ICD 9 Procedure and Diagnosis Codes in accordance with ICD 10 CM and ICD 10 PCS Conversion Compliances.**
* Creation of a Gap/Impact Analysis Document for changes of the **EDI Transactions (837, 835, 276/277, 270/271)**
* Configured Membership and Billing, ID Cards, **Vendor Eligibility Electronic files, Facets,** and Adult Basic.
* Creation of a Gap/Impact Analysis Document for changes to **Pharmacy Transactions** (real time and batch) based on **NCPDP 5.1 to NCPDP D.0**, specifically concerning the data elements
* Defined Functional Test Cases, documented, Executed test script in **Facets system**.
* EDI Processing, the retrieval of **Medicare/Medicaid HCFA and UB04 claim files**, delivery of acknowledgement reports, **'835' Remittance Advice, '837' Professional and Institutional claim files,** and **'999'/'277' response** files daily, and the submission of **Member, Provider and Encounter files (NCPDP, Dental, Prof, Institutional)**, using HIPAA compliant data transfer protocols.
* Creation of a Mapping Document for **ICD9 Codes to ICD 10 Clinical Modifications and Procedural Codes.**
* Experience with Health Insurance Packaged Application like Facets. Providing US Health Insurance domain and **TriZetto’s** FACETS (version 4.31).
* Creation of Gap/Impact Analysis Document for the **Prescription Drug Point of Sale System**
* Documentation for the **Drug Utilization Review System**
* Creation of Gap/Impact Analysis and Operational Analysis, document **Medicaid Subrogation** and the **Drug Rebate Analysis and Management System**
* Managed the **encounter data collection effort** between the **health plan and the medical group.**
* Researched, analyzed and resolved intricate **encounter data issues** in association with **EDI transaction errors.**
* Prepare requirement specifications such as Use cases and System requirement specifications and Supplementary specifications; Tag and trace system requirements to business requirements
* Develop functional design details and specifications through collaboration with development teams and using system architecture and other technical considerations
* Maintain test data files and monitor system configuration to ensure data integrity; review data loaded and processed to identify gaps and data anomalies
* Analyzed the current Business Requirements gathering process with BPM and re-established/optimized the process JAR.
* Designed and implemented basic **SQL** queries for QA Testing and Report / Data Validation
* Used ClearCase to keep different versions of the documents and ClearQuest to report bugs or defect
* Used Rational RequisitePro as requirement gathering tool.
* Participated JAD sessions with developers to review Unit test results. Performed QA including functional testing, System testing and End to End testing.

**Environment:** TrizettoFacets, Windows, XML, SQL, MS Office (MS Word, MS Excel, MS PowerPoint, MS Visio), RUP, RequisitePro, ClearCase, Clear Quest

**Client: Geisinger, Danville, PA Duration: January 2011 - Feb 2012**

**Role: Business Systems Analyst**

As a BA, I was involved in developing fully automated, real-time claims processing system for complete, on-line mediation of medical, dental, vision, and disability claims and encounters as per HIPAA guidelines. System allowed the efficient and timely management of all relevant data clinical, financial, and administrative throughout the organization enabling the sharing of information between subsystems.

**Responsibilities**

* Extensively involved in implementation of effective requirements practices, including gathering User Requirements, and analyzing User Requirement Document (URD), and functional specification document (FSD), use and continuous improvement of a requirement gathering processes.
* Applied RUP methodology with its various workflows, artifacts and activities to manage life cycle from Inception to Transition phase.
* Acted as liaison between external clients and SMEs to generate and standardize product requirements specification documents such as URS/FRS/Use Cases.
* Responsible for documentation of different **Medicare Benefit terms** and **Programs** **Configuration library.**
* Analysis and Design of the **FACETS** data model to ensure optimal system performance and tuning.
* Employed UML methodology in creating UML Diagrams such as Use Cases, Sequence Diagrams, State Diagrams, Activity Diagrams and **business** process and workflows.
* Was engaged in applying CMM standards which provided guidance for improving organization's processes and the ability to manage the development, acquisition, and maintenance of products or services was providing to its clients.
* Assisted JAD sessions to identify the **business** flows and determine whether any current or proposed systems are impacted by the **EDI X12** Transaction, Code set and Identifier aspects of HIPAA. Involved in GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims.
* Worked on **EDI transactions: 270, 271, 835, and 837 (P.I.D) to identify** key data set elements for designated record set.
* **Coordinated the upgrade of Transaction Sets 837P, 835 and 834 to HIPAA compliance. Responsibilities include the** analysis of inbound and outbound interfaces and extensions to **FACETS claims processing system.**
* Involved in designing & determined 3-tier architecture for the claim processing system.
* Assisted team lead in developing Requirements Traceability Matrix (RTM) to trace the relationship between **business** and functional requirements to test cases. Prepared and executed different Test Cases and Test Scripts.
* Involved in conducting Functionality testing, Integration testing, Regression testing and User Acceptance testing (UAT). Provided analysis and insight to QA Team in defects and bugs tracking.

**Environment:** Windows, MS SQL Server, Rational Unified Process (RUP), CMM, UML, Rational Rose & RequisitePro, Mercury Quality Center & Test Director, Clear Quest, MS Office Tools, MS Outlook, Java

**Client: Florida Blue, Jacksonville FL Project Duration: May 2009 – Dec 2010**

**Role: Business Systems Analyst**

Florida blue earlier known as Blue cross Blue Shield of Florida is a leading health care provider with affordable and wide range of health care benefits.

Currently working on multiple projects across the team with focus on processing health care claims in Diamond Claims Processing System also knows as Common Platform Claims Processing System

**Responsibilities**

* Gathering and documenting project requirements/specifications and experience with the System Development Life Cycle.
* Developing and executing SQL queries against data warehouses to support data mapping and ad-hoc analysis.
* Conducted one on one interviews with high level management team and participated in the JAD session with the SME’s.
* Transitioning design deliverables to the development team and supporting development team during build and unit test phase.
* Followed Workgroup for **Electronic Data Interchange** standards for testing that need to comply with the HIPAA guidelines.
* Involved in project planning, coordination and QA methodology in the implementation of the Facets in the **EDI transaction** of the claims module.
* Executing system test scripts on query output and quantifying, analyzing, and summarizing test results.
* Gathering business requirements and converting them into functional requirement specifications and user requirement specifications. Used Rational RequisitePro for Requirement Document preparation.
* Conducting data driven analyses to help break down, prepare and analyze data for testing, auditing, and improvement of query performance.
* Involved in Testing the Member portal website and worked on the requirement gathering and Analysis for developing the Ad-hoc reports that are extracted from the consumer portal back end data.
* System issue resolution of critical problems/tickets through data analysis and root cause analysis
* Responsible for Report scheduling, Extracting and Distributing daily reports to the client leadership team.
* Effectively communicating with internal teams and external clients to deliver functional requirements like GUI, screen and interface designs
* Actively working with business users, development, QA teams and onsite/offshore team.
* Conducting reviews of SRS written by peers and junior colleagues.
* Analyzed Business Requirements and segregated them into high level and low level Use Cases, Activity Diagrams / State Chart.
* Conducted and participated in walkthroughs to generate consensus, maintaining quality and resolve issues among different stakeholders in the SDLC.
* Created Process Flow diagrams, Use Case Diagrams, Class Diagrams and Interaction Diagrams.
* 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.
* 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:** MS Office, MS Visio, Quality Center, PL/SQL, MS Project, SQL, SQL, Server, Rational RequisitePro

**Client: Ohio Department of Insurance, Columbus, Ohio Duration: July 2008 - Apr 2009**

**Role: Business Systems Analyst**

The project was to create a Data Hub for processing the Medicare claims and adjudicate them. In order to process Medicare claims correctly it needs information about individuals eligible to receive medical insurance through Ohio care. The Data Hub will be the conduit through which eligibility data is passed from the state eligibility source systems to Ohio Department of insurance. Data Hub testing scope includes testing the Data Hub requirements, documenting and testing source system records, change requests and assist SMEs with validation of daily error files. The Data Hub delivery model included a structured iterative approach to design, development, testing and deployment where different parts of the solution are developed and delivered at different times and integrated as they are completed.

**Responsibilities:**

* Conducted user interviews, gathered requirements, and analyzed the requirements for existing legacy application for patient enrollment and care management
* Gathered high level requirements and created business use cases and functional requirements documents for care program administration ad patient enrollment using Microsoft Visio and word
* Conducted workshops with legacy teams as well as customer service teams around care management
* Created wire frames to visually represent specific functionality such as payer, patient and prescriber search and set up
* Worked closely with the Administration team to identify ,document and set up questions for care plans of various specialty diseases (Multiple Sclerosis, Diabetes, Cancer)
* Involved in documenting business processes such as setting up the care plan, enrolling the patient, initiating drug therapy management by identifying requirements and also finding the system requirements
* Worked with end users to identify reporting requirements
* Created and reviewed test cases and traceability matrixes for setting up and administering care plans
* Coordinated testing efforts and updated management on the test plan on a daily basis
* Provided full support to user community by preparing training documents and communication materials on the release processes.
* Researched and documented the laboratory’s existing business processes ensuring that a clear and accurate picture of the current state is captured prior to initiation of LIMS upgrading process
* Participated in laboratory engagements and workgroup kick-off meetings to help bridge the gap between the lab experts and the LIMS Implementation Specialists

**Environment:** **MS Office, SQL, Oracle, Microsoft Visio, Mainframe, Custom Java applications**

**Education: Bachelor’s in Computer Science**