**SUMMARY:**

* Specific expertise in **Business Analysis, GAP Analysis, Data Analysis, Business Rules and developing and creating business process documents**.
* Detailed knowledge of the **Software Development Life Cycle (SDLC) phases**.
* Expert knowledge in Health Care eligibility programs, using Independent Verification and Validation (IV&V) systems
* In depth knowledge and hands on experience working with SDLC methodologies like **Waterfall, RUP and Agile**.
* Expertise and experience in preparing **Business Requirement Documents, Use Case Specifications and Functional Specifications**.
* Good knowledge of important and frequently used **UML diagrams such as Use Case Diagram/Template, Activity Diagrams and Sequence Diagrams**.
* Experience in using **Joint Requirement Planning (JRP) and Joint Application Deployment (JAD)** sessions for gathering requirements and brainstorm ideas.
* An excellent knowledge of **ICD-9 and ICD-10 structures** and formats.
* Well experienced with the complex tasks of **ICD 9 to ICD 10** conversion and mapping.
* Strong understanding of EDI Claims, Member Enrollment, Eligibility, and HIPAA 5010 (X12) standards
* Knowledge of different modules within Healthcare Claims Adjudication Process (Membership process, billing process and enrollment & Claims process).
* Excellent experience various EDI files such as 837 Claims processing, 834 Benefit Enrollment, 820 Payments.
* Understanding of HIPAA EDI inbound and outbound transaction, and HIPAA 4010-5010 conversion analysis.
* Involved in EDI 834 (Enrollment and Maintenance), 837 (claim processing and clam adjudication including COB), 835 (Claim Payment and Remittance), and 820 (Payment Order and Remittance).
* Extensive experience in full HIPAA compliance lifecycle from **GAP analysis and** migration of HIPAA ANSI X12 **4010** to ANSI X12 **5010** and translation of ICD-9 codes into **ICD-10** codes.
* Involved in mapping using **General Equivalence Mapping (GEM).**
* Experience with HIPAA compliance in the Healthcare systems. Experience providing analysis for business processes running on EDI (Electronic Data Interchange) standard.
* Knowledge and experience working with **FACETS 4.71 & 5.0** claims processing.
* Ability to supervise and make sure testing is done with regards to requirements of the project.
* Experience in defect management using **Quality Center**.
* Hands on experience in writing **SQL** queries for data gathering.
* Excellent project management skills and hands on experience working with software like **Microsoft Project**.
* Experience creating testing documents such **Test Plan, Test Cases, Test Strategy**
* Excellent working knowledge of requirement management tools like **Microsoft SharePoint.**
* Excellent presentation and communication skills, can act as an excellent mediator between business and technical teams.
* Experience with handling **UAT**.

**TECHNICAL EXPERTISE:**

|  |  |
| --- | --- |
| **Methodologies:** | Waterfall, Scrum, Agile |
| **Management Tools:** | SharePoint, Quality Center (ALM), Requisite Pro, .NET, Team Foundation Server (TFS) |
| **Languages:** | XML, VB Script, IIB/ WMB |
| **Office Tools:** | Word, Excel PowerPoint, Access, Project |
| **Business Modeling Tools:** | MS Visio, Rational Rose |

**EDUCATION:**

Bachelor of Commerce, Accounting Option

**PROFESSIONAL EXPERIENCE:**

**Optima Health, Norfolk, VA July 2013 –June 2015**

**EDI Analyst**

The project was based on the implementation of an Enrollment & Reconciliation process using X12 EDI 820/834/837 transactions. I worked on various HIPAA transactions, like **820**, **835** and **837**.My daily responsibilities included conducting meetings related to the code conversion process and document them to create the business requirement document. Additionally, I also worked on the database part by helping the team identify the right data sources, verify the data integrity and creating production scrubs for testing purposes. I was also involved in **payment reconciliation, payment balancing, payment adjustments**, and **pending payments**.

**Responsibilities:**

* Involved in forward mapping of ICD-9 to ICD-10 and backward mapping of ICD-10 to ICD-9 using General Equivalence Mappings (GEM).
* Performed **IV&V** testing against interfaces for **MMIS** systems and claims processing applications.
* Worked with business users to understand the Eligibility Reconciliation and Payment Reconciliation process.
* Wrote requirements, business flow diagrams for **MMIS** systems and claims processing
* Created and maintained data mapping document(s) in reference to the HIPAA mandated X12 format EDI transactions 820, 834, and 835.
* Performed GAP Analysis on 4010 to 5010 (X12) transition
* Gathered business requirements, analyzed data sources, workflows by conducting interviews and meetings.
* Created business process models, flow diagrams, activity diagrams, use cases and wrote Business Requirement Documents (BRDs) and Functional Requirement Documents (FRDs) using tools and applications such as MS Word, MS Excel, and MS Visio.
* Represented the project manager perform when he had to be excused on personal emergencies
* Performed responsibilities of integrating network in IVR systems as required
* Modified and redesigned the document for Plan Type Codes, Reason Codes, Relationship Codes, and Language Codes as part of Electronic Enrollment/Reconciliation process updates.
* Analyzed EDI 820 (Payments and Remittances) and 834 transaction (Enrollment and Maintenance) for the conversion of health insurance enrollment.
* Validated process flows for inbound and outbound files on **HIX**. Verified enrollment on **Federally Facilitated Marketplace (FFM).**
* Verified various enrollment processes (Platinum, Gold, Silver, Bronze) on **HIX** as per **Affordable Care Act (ACA).**
* Conducted JAD sessions to make sure all requirements were well understood by the team.
* Implemented the suggested changes and finalized the design to be presented to the developers.
* Designed Information Flows for **Eligibility Reconciliation, Premium Payment Transactions**, and **Reconciliation of Enrollment Transactions** EDI Processing to outline updated processes.
* Wrote SQL queries to gather data required for supporting the application development.
* Held meetings and constantly updated the BRD and FRD as per the changes requested by the stakeholders and approved by the Change Control Board (CCB).
* Performed **QA activities** to support claims reporting , **MMIS** interphases and business process
* Actively conducted and participated in status report meetings and interacted with developers to discuss the technical issues.
* Extensively involved in demos and walkthroughs whenever required at various stages of SDLC.
* Coordinated the testing process while working with the QA team by helping them setup the test environment and users.
* Modified the file format and layout for Electronic Enrollment, Reconciliation Payments and **Billing**.
* Actively participated throughout the User Acceptance Testing (UAT) process and helped coordinate the application deployment process.

**Environment**: Waterfall, MS Office, SQL Server 5.0, .Net, QTP, Quality Center, EDI 820/834/837/X12

**MMIS State Govt. of Nebraska (DHHS - Medicaid)                                    August 2010 – June 2013**

**EDI Analyst**

The Nebraska Medicaid initiated a MMIS HIPAA EDI X12 5010 Implementation project for making the Medicaid claim processing system compliant with the HIPAA 5010 regulations by enhancing from the current HIPPA EDI X12 4010 legacy system using EDI files and transactions. The ICD-9 to ICD-10 conversion Project is also undertaken for making the system compliant for the ICD-10 CM & PCS codes from the current ICD9 codes (VOL I, II, III).Worked specifically with **EDI 820, 837 (I, P, D**) and **834** files that affected the claims filing and processing.

**Responsibilities:**

* Interacted with the stakeholders and end users in order to define the purpose and scope of application and gather User Requirements.
* Developed Process/workflow analysis by understanding the process modeling.
* Validated business requirements by facilitating JAD sessions.
* Designed and documented Business Requirements (BRD) by using ASCI ASX X12 EDI guides, reviewed and interviewed business process owners and companion guides.
* Analyzed and confirmed the source and target data in the database using Oracle SQL Developer. Updated Electronic Enrollment/Reconciliation Data Form.
* Created mapping for EDI transactions, specially 820 and 834. Outlined the updated processes for Payment Reconciliation, Eligibility, and Premium Payment Transactions.
* Prepared business requirement documents and functional requirements using Rational Requisite Pro.
* Application integration with EDI-X12, EDI-820/834 , Payment Reconciliation
* Facilitated meetings with users for requirement collection, design changes and feedbacks.
* Escalated issues and reported them as appropriate to Project management for support and guidance.
* Identified issues and worked with application and data team to resolve.
* Prepared Project Plan and Production deployment schedule using MS office tools (Word & Excel).
* Created and Designed SDLC Methodology for developing EDI applications used by hospitals to completely automate payments posting for Medicare, Medicaid and commercial payers electronic payments files.
* Followed UML based methods using MS Visio to develop use cases and activity diagrams; assisted developers in creating sequence diagrams and collaboration diagrams.
* Prepared user instructions and use cases to conduct User acceptance testing (UAT).
* Facilitated the requirement changes and fixes along with the release management team.

**Environment:**IBM Mainframe, Power Builder 12, UltraEdit-32 Professional, File Viewer, MS Office 2010, MS Visio, Sybase HIPAA X12 translator, MS Access (RTM & Test Cases), Team Foundation Server, Lotus Notes, EDI 820/834/837.

**Cardinal Health, Dublin, OH Jan 2009 – July 2010**

**EDI Analyst**

The project involved gathering business requirements for the claims business area and updating **EDI Transactions like EDI 837, 835, and 820 with the HIPAA 5010(X12)** changes. I was involved in implementing HIPAA EDI transactions (837 P/I/D, 835) in the application; also involved in modules: Pre-pricing claims, claims adjudication, claims payment, coordination of benefits (COB) and adjustments.Also, there was implementation of the Enrollment Processing System (EPS) responsible for the automated processing of incoming 834 transitions in HIPAA 5010 (X12) format.

**Responsibilities:**

* Conducted meetings with business process owners, SME (subject matter experts) and Trading Partners for requirement gathering during the definition stage.
* Updated the file format and layout for Electronic Enrollment & Reconciliation Payments.
* Analyzed data/workflows, defined the scope, and performed GAP analysis.
* Analyzed the data movement between systems in order to validate the Business Requirements.
* Implemented and maintained existing data interfaces including ANSI X12 834, FSA, COBRA
* Worked on data mapping to bring data from one system and reside in another system.
* Ensured that EDI files were in compliance with new ICD-10 standards
* Carried out forward/ backward mapping when necessary.
* Worked with business users to understand the Eligibility Reconciliation and Payment Reconciliation process.
* Created mapping for EDI transactions, specially 820 and 834. Outlined the updated processes for Payment Reconciliation, Eligibility, and Premium Payment Transactions.
* Created Use Cases and maintained the traceability matrix.
* Worked on FACETS claims processing, payment adjustments, claims inquiry, benefits,
* Conducted JAD sessions to understand the detailed requirements.
* Actively participated in status report meetings and interacted with developers to discuss the technical issues.
* Helped developers with the following list of HIPAA-EDI Transaction Code Sets: (837, 835,820, 834)
* Conducted walkthroughs and defect meetings periodically to assess the status of the testing process.
* Responsible for reviewing testing documents in Functional & SIT phases of testing.
* Worked as an advisor to the testing unit and helped them write test cases and validate defects.
* Followed workgroup for EDI standards for testing that need to comply with the HIPAA guidelines.
* Conducted UAT (user acceptance testing).

**Environment:** Facets 4.71, MS office, Oracle, MS-Visio, Team Foundation Server, Microsoft Project, Quality Center,X12, EDI, 820/834/835/837

**HealthNet, Woodland Hills, CA August 2007 – Dec 2008**

**Business Analyst/EDI Analyst**

Health Net is among the largest publicly traded health insurers in the U.S. The project entailed creating a Care Engine, an interactive care management solution which administers more than 12,000,000 members nationwide. It provides members with online access to personal information, including individual personalized messages and alerts, detailed health history, and integrated information and resources to help members make informed decisions about their health care. The application implemented followed ASC X12 Standards and to ensure the Electronic Data Interchange is within compliance.

**Responsibilities:**

* Analyzed the impacts of HIPPA 5010 project on enrollment, Claims and Benefit.
* Gathered, defined and documented highly complex business requirements for NPI crosswalk implementation.
* As part of validation process for EDI 820, outlined the discrepancies in eligibility reconciliation process and updated the process after discussion with stakeholders.
* Created mapping for EDI transactions, specially 820 and 834. Outlined the updated processes for **Payment Reconciliation, Eligibility,** and **Premium Payment Transactions**
* Worked on functionalities such as Premium Payments, Enrollments and Claims.
* Responsible for documenting As-Is and To-Be systems.
* Worked on end to end Payment Reconciliation scenarios.
* Designed process flow for data archival, data purging, delta calculation during batch jobs to outline XML file triggers in Inbound & Outbound folders using transaction X12 EDI 820 and834.
* Interacted with Business Analysts and developers for the requirement clarification.
* Performed Gap Analysis for HIPAA 5010 enhancement using the TR3 implementation guides, Washington Publications and side-by-side HIPAA 4010 to 5010 (X12) guides provided by CMS (Center for Medicare & Medicaid Services).
* Review and understand the claims process and complex requirements for the enhancement of the current system created under the Requirement Specification Documents after conducting interviews with End Users, JAD Sessions and analyzed their current systems.
* Writing the General System Design Documents that demonstrate current and proposed/solution business design and changes to the current Legacy System.
* Documented complex Business requirements and made process flow diagram for the EDI transactions EDI 837, 835, 820, and 834 as per the 4010 to 5010 implementation for the Medicaid claim processing system enhancement.
* Worked on Data Mapping documents explaining flow of data from one-to-another table for the system enhancement purpose required by HIPAA 4010 implementation.
* Worked with technical staff and business users to problem-solve and identify workable solutions.
* Worked as an Interface between the users and the different teams involved in the application development for the better understanding of the business and IT processes.
* Maintained Requirements Traceability Matrix (RTM) throughout the project.
* Developed Companion Guides for the business users.
* Written test cases, test scenarios, test scripts and prepared test data to conduct the manual testing of EDI files and the online screens.
* Performed manual testing by building 837 claims, converting them into EDI file, uploading them into mainframe region and doing error resolution & testing for 5010 requirements & NPI crosswalk.
* EDI file testing for checking the HIPAA 4010 compliance of the inbound 837 claims.
* Working on the GAP Analysis of PHASE I and PHASE II rules of AS-ECS (As Simplification Electronic Claims Status).
* Conducted User Acceptance Testing and User Training for the HIPAA 5010 Project.
* Worked with the users for the enrollment process.

**Environment**: Windows XP, MS Visio, SQL Server, MS Access, MS Project, HP QC, X12, EDI 820/834/837.