### SUMMARY

* 7+ years of professional experience as a Business Analyst in **Healthcare Domain**.
* Skilled in gathering business and application requirements, Business Processes, identifying risks, impact analysis, UML modeling, and Sequence and Activity Diagrams using Rational Rose and Microsoft Visio.
* Extensively worked on analysis & compliance ofICD 9 to ICD 10 and HIPAA (Health Insurance Portability and Accountability Act) 4010 and 5010 EDI transactions.
* Experience with **Medicare, Medicaid** and commercial insurances in HIPAA ANSI X12 formats including 270/271,276/277,820, 835, 837, 997
* Proficient in authoring **Business Requirement Document**, Narrative Use Cases, creating Use Case diagrams, Sequence Diagrams, Activity Diagrams and other UML based diagrams using MS Visio, Rational Rose.
* Extensive knowledge about the various types of health insurance programs such as **: Medicaid, Medicare, PPO (Preferred provider organization), HMO (Health maintenance organization)**
* Experience with **claims process and adjudication** in the Medicare, Medicaid & Private Insurance Sectors
* Worked on the **MMIS (Medicaid Management Information Systems) for State governments.**
* Extensive Experience in all the phases of **Software Development Life Cycle** including: **Requirements Gathering, Feasibility study, Analysis, Design, Development, Testing, Deployment and Maintenance**.
* Demonstrated skills in critically conducting the **GAP Analysis** throughout the projects in evaluating/ analyzing the existing standards and policies to determine the improvements
* Expertise in **Business Modeling** and **UML Diagrams** (**Use Case Diagrams, Activity Diagrams, Sequence Diagrams**) using **MS Visio** and **Rational Rose**.
* Expertise in reviewing Test Procedures, creating Test plans, defining System & Integration Test Cases, executing Test Cases, Test Data reviewing and maintaining and executing detailed Test scripts for User Acceptance Testing **(UAT),** analyzing bugs, interacting with team members in fixing.

### Computer Skills

**Methodologies**: RUP, UML, SDLC, JAD, AGILE SCRUM

**Databases:** Oracle, SQL, MySQL server, MS Access,

**Tools:** MS Office (Word, Excel, Project etc.), Visio, Rational Rose, Requisite-Pro, Clear quest

**Platforms:** Windows, UNIX, Mainframe

**Reporting Tools**: Business Objects, MS Excel, Crystal reports, Cognos

### Projects

**Client: State of Maryland - Linthicum Heights, MD**

**Duration: Aug 2013 to Present**

**Role: Business Analyst**

Cognosante being the implementation partner is one of the leading Healthcare transformation enterprises. The changes it has implemented were relating to Health Insurance Exchange (HIX) and Eligibility and Enrollments in Compliance with Affordable care Act (ACA) to improve and access quality healthcare. The primary function of this role included scope definition, specification, requirement gathering and eligibility determination to fulfill the requirements of the Maryland Health Insurance Exchange (MD-HIX) which in turn will assist in determination of the eligibility of individuals enrolling on the Health Insurance Exchange portal.

**Roles and Responsibilities**

* Participating in reverse engineering method, comprising of documenting a FSD (Functional Specification Document), which outlines the Workflows, Use Case diagrams, Reports and Technical Requirements explaining the HIX application and portal for following needs from Business Units: functionality and its benefits; features and attributes; integration; Business Rules; processing new application, health plans and claims; frontend and backend interfaces.
* Gathering data and performing analysis on frontend and backend interfaces of HIX Web application/portal.
* Retiring MD21 legacy application and replacing it HIX Web Portal.
* Engaging in analysis and testing of 'as-Is' State of Payments data exchanged between MD 21 MMARS (Middleware) and MD 21, in comparison to 'To-Be' State of similar Payments processing flow in MD HIX.
* Organizing and evaluating data in regards to migration of data comprising of claims, payments and remittance from MD 21 to HIX.
* Analyzing and designing Integration workflow displaying HIX interaction with other systems consisting of MMIS (Medicaid Management Information System), Medicare Claims Processing Systems and other Healthcare Systems at State, Federal level as well as Third Party Companies.
* Interacting with EDI and ICD operations team and technologists in monitoring the conversion of these protocols and standards for HIPAA 4010 to 5010.
* Conducted Analysis and Design of existing transaction sets, and modification of these transaction sets to ensure HIPAA compliance.
* Performed data analysis, created data mapping and data interface documents and kept the documents updated with changes in requirements and functional specifications.
* Worked on developing the business requirements and use cases for automating the billing entity and commission process.
* Coordinated the upgrade of Transaction Sets 837 HIPAA compliance.
* Documented gap analysis for HIPAA 4010 837P Transactions and HIPAA 5010 837P Transactions.
* Involved in impact analysis of HIPAA 5010 835 and 837P Transaction sets on different systems
* Created mapping table for the Transactions accepted by the Sybase translator move into an Interface Database for 837 Transactions.
* Wrote SQL queries related to NPI and Data migration from ICD 9 to ICD 10.
* Collaborated with Business Units regarding different Work streams including: Infrastructure of Contact Center, Call Center and IVR; Enrollment and Eligibility; Contractual Policies; CRM; and Health Plan Policies.
* Writing Test Cases/Test Scripts for System, System Integration and UAT concerning HIX and its communication with other Systems.

**Environment:** MS Office; MS Visio; ICD-10 and ICD-9; GUI; Quality Center; Agile Scrum; XML; UAT; and SQL Server, HIX, MMIS, MMARS, ACA.

**Client: State Of Nebraska, Department of Health and Human Services - Lincoln, NE**

**Duration: June 2011 to July 2013**

**Role: Business Analyst**

As a Business Analyst, I was involved in multiple projects, primarily focused on ICD-9 to ICD-10 Mapping and Modeling Implementation process, claims processing (Medical/Dental), provider and Reimbursement segment. I provided support through the entire lifecycle for multiple projects involving web service and user interface development, covering Provider, Claims and Reimbursement Processing domains. Also the project aimed to extend and expand the Physical Health Managed Care to all counties in the State of Nebraska. As a part of this project, Coventry Cares of Nebraska and Arbor Health Plan were brought in along with the already existing Plan and Managed Care services were provided to all the counties.

**Roles and Responsibilities**

* Acted as a liaison between Business area Subject Matter Experts (SMEs) & development team throughout all phases of SDLC.
* Identified AS-IS process flow of ICD-9-CM and ICD-10-PCS compliance requirements using the gap analysis for the existing United HealthCare community Plan.
* Updated data processes, data reporting, data collection tools and other processes such as problem lists, writing orders, referrals according to ICD-10 code set.
* Worked for maintaining eligibilities for members with Medicaid and Medicare with support of the Medicaid Management Information System (MMIS).
* Reviewed state documents (policies, manuals, business processes, systems documents, banners, bulletins) from various divisions. Analyzed and performed quality assurance to determine areas impacted by ICD-9 related data
* Generated numerous Business Requirement Documents & Functional requirements specification documents, Use cases, system flow and work flow diagrams.
* Worked with the Managed Care Subject Matter Expert (SME) and Users to ensure that all the requirements for system change are covered.
* Developed business and detailed functional requirements related to changes to be made to the claim entry screens, including Practitioner, Crossover Practitioner, Dental and Hospital Claim Entry Screens.
* Involved in remediation of the legacy MMIS to meet the minimal functionality necessary to electronically send, receive and process the HIPAA compliant standard transactions, and fully implement all components of NPI Compliance.
* Incorporated and updated all MMIS screens for NPI Implementation within the MPS1 subpart used for paying claims
* Created new screen layouts and identified locations for new fields being added and existing fields which are being moved.
* Developed business and functional requirements for the National Provider Identifier (NPI) Crosswalk and Crossover Claims Crosswalk solution.
* Developed Test Plans and Test Execution Procedure Document based on the Business & Functional Requirement Document and numerous Test Cases and Test Scenarios to cover overall aspect of quality assurance.
* Successfully tested all the test conditions, documented the defects and discussed with technical analysts the discrepancies between expected and actual results for the test conditions.
* Conducted knowledge transfer sessions which were used to make the users and other teams aware of all the changes being made in the system as part of various projects.
* Assisted End User in performing User Acceptance testing and performed testing of the end result files created by the development team to verifying whether all the User Requirements were catered to by the development effort.

**Environment:** MS Office, SQL Server, MS Project, MS Visio, UNIX, J2ee, Java, XML, Windows XP

**Client: Humana-Louisville, KY**

**Duration: Jan 2010 to Jun 2011**

**Role: Business Analyst**

The scope of this project included offering OSB’s (Optional Supplemental Benefits) to Individual MAPD plans with higher Premiums, and also to plans that no longer offer any Dental/Vision benefits, or any other benefits such as, alternate medicine, international coverage etc. The advantage of offering these OSB plans is giving seniors the choice of selecting optional packages along with their base plan, which in turn allows them to customize their health care coverage depending on their individual needs.

**Roles and Responsibilities**:

* Analyzed, documented, and managed all project requirements and changes to requirements throughout the software development lifecycle.
* Created the architecture flow, rating modules structure and the database structure of the Optional Supplemental Benefits (OSB) which was used by the downstream systems
* Responsible for the team status meetings, reporting and updating reports in the eRoom Documentum
* Facilitated the group discussions with the architects on the ways of structuring the benefits, benefit codes, rate type codes, package keys and OSB relationships
* Developed all the required documents (SRS, Design Document, Use cases, Data Flow diagram, Test Plan, Test Cases, UAT testing template etc.) using MS Visio and MS Office
* Developed the design specification, testing information (use cases), installation instructions, and user documentation which provided end-to-end IT Service Management based on ITIL
* Responsible for scheduling meetings, one on one sessions and facilitating System testing and UAT with all systems and business partners
* Prioritized defects, Service desk tickets and enhancement requests from business partners
* Created and monitored various departmental metrics and new project impact reports
* Designed and implemented cost and staffing models
* Assisted in transition from ICD 9 Code set to ICD 10 code set and also documented the draft
* Documented the workflow structure of creating the questions for the benefits, approving the benefits and rates from CMS, enrolling customers and groups to the benefits, billing cycles, claims and information printed on the ID cards
* Responsible for the overview of the production support (maintenance, support and improvement)
* Responsible for managing, updating and reporting the project status on the weekly project management meeting
* Facilitated the User Acceptance Testing process, developing rollout plans and procedures
* Created various business process quick reference guides and process flowstop help business partners understand the CMS guidelines, their work and responsibilities
* Responsible for implementation and coordination of the automated testing tool – Certify for the regression testing of the renewal cycles, batch jobs and various screens in the mainframe system

**Environment**: MS Office, SQL Server, MS Project, MS Visio, Unix, J2ee, Java, XML, Mainframes, Windows XP.

**WellPoint Inc., Richmond, VA**

**Duration: Jan 2008 – Dec 2009**

**Business Analyst**

The purpose of the Clinical Programs Analytic and Reporting Platform (CIS) is to create an end-to-end solution, including **data**, application and reports, to meet requirements for medical management **data analysis** and reporting across the continuum of care for the WellPoint book of business. Analysis and reporting will be facilitated for member, provider and market segment dimensions and dovetail with other efforts such as Enterprise Client Reporting (ECR), HCM Provider Consumer Engagement – Transparency, Cost of Care and 360o Health.

The business and technical functionality of this project will be implemented over multiple phases:

**Responsibilities:**

* Based on the business requirements and conceptual data model created, as a BA I was responsible for **initial creation of a data mapping document**. I worked with Business SME to create the initial data mapping.
* Studied Oracle data elements and provide a mapping from the existing legacy system
* Responsible for the initial creation of data mapping document working with the Data Architect
* Responsible for providing answers to any data mapping related questions or clarification needed from the Design and / or Test teams.
* Used the data dictionary to ensure all data element-level requirements are accounted for and insure that the definitions match those that were accepted and signed off by business.
* Manually performed UAT by writing numerous SQL test cases and executing them to validate the results.
* Used SQL to validate data stored and retrieved in the database.
* Wrote complex SQL queries to perform the backend testing of the database.
* Created and added tables to the SQL database when required.
* Worked with business SMEs and other planners to assess current capabilities and identify high-level customer requirements.
* Participated in model reviews to ensure **understanding of the data model and how to manage the mapping document(s).**
* **Facilitated and Lead Mapping Meetings to insure completion of data mapping document(s).**
* Translated business need and source system data to the physical model to manage the mapping document(s).
* Possessed and delivered ability to decipher and pull put relevant / key information from business subject matter experts to complete data mapping document(s).

**Education**: Associates in Business, NOVA, VA