# SPECIFIC EXPERTISE

* 7 years of comprehensive experience as a **Business Systems/Data Analyst** in the **Healthcare/Insurance Industry** including **Payer, Provider, etc.**
* Exposed to using **ICD 9/ICD 10/ANSI/4010/5010 coding standards in**the healthcare systems and industry for both inpatients, outpatients,  Reimbursement methodology, etc
* Extensively involved in **Data warehousing administration and metadata management** responsibilities.
* In debt **understanding and experience** in **data mapping and ETL process**.
* Experience in **RDBMS including Conceptual/Logical & physical Database Design and Model using ERWIN**.
* Extensive knowledge of EMR (Electronic Medical Record), EHR (Electronic Health Record) and healthcare reforms like the Patient Protection and Affordable Care Act (PPACA), Emergency Medical Treatment and Active Labor Act (EMTALA).
* Excellent knowledge of Health Insurance Portability & Accountability Act (HIPAA) standards, Electronic Data Interchange (EDI), HL7 and ICD-9 to ICD-10 coding.
* Comprehensive knowledge of **Software Development Life Cycle (SDLC)**, having  thorough understanding of various phases like **Requirements, Analysis/Design,  Development and Testing**
* Exposure in Forward **Mapping and Backward Mapping analysis of ICD 9 – ICD 10**
* Have exposure to**EDI, Web Portal, DSS and System documentation**
* Experience in conducting **UAT (User Acceptance Testing) and documentation of test  cases,**ability to **communicate both on a business and technical level**and experience in**coordination with business and technical resource**
* Good control on**MS Office suite, MS Visio and MS Project.**
* **Designed, developed and tested an Access database to document and track corporate audit results. The database included custom developed tables, queries, forms, reports, macros and VBA coding.**
* **Worked with business team to test the reports developed in Cognos.**
* 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**
* Comprehensive knowledge of **RUP, Agile, Scrum, FDD, Waterfall** Methodologies
* Extensive experience in **gathering, managing and documenting business  requirements and functional requirements**, communicating effectively with upper  management, senior BAs, developers and QA engineers
* Excellent track record for meeting deadlines and submitting deliverables on time
* Excellent documentation, communication and interpersonal skills

**TECHNICAL SKILLS**

**Project Methodologies** Rational Unified Process (RUP), UML, Agile

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| **Bug Reporting Tools** | Mercury Quality Center, Test Director, Rational Clear Quest, Bugzilla |
| **Operating Systems** | Windows XP/2000/Vista, UNIX |
| **Databases** | MS Access, MS **SQL** Server, Oracle |
| **Project Management** | MS Office, MS Project, |
| **Methodologies** | RUP-Rational Unified Process, UML, Waterfall, Incremental |
| **Design Tools**  **Data Analysis** | Rational Rose, MS Visio, Rational Requisite Pro  **Cleansing, Data Transformations, Data Relationships, Source Systems Analysis** |

**PROFESSIONAL EXPERIENCE**

**Amerigroup Corporation, Virginia Beach Feb 2014 – Present**

**Business Systems Analyst**

Amerigroup Corporation is a multi-state managed healthcare insurance company focused on serving people who receive healthcare benefits through publicly sponsored programs, including Medicaid, Medicare, State Children’s Health Insurance Program (SCHIP), Family Care and Special Needs Plans (SNP). There were multiple ongoing projects at Amerigroup where multitasking was a key to success. Primary role on this project was working on conversion of ICD-9 CM and PCS codes to ICD-10 (Clinical Modification and Procedure Coding System) codes and conversion of all EDI HIPAA X12N-4010 transactions to HIPAA X12N-5010 version and prepare necessary supporting mapping/crosswalk documents as part of project deliverables.

**Responsibilities:**

* Studied existing business application and processes, collected end user requirements and suggested the improvised business process model.
* Reviewed new and modified program, including documentation, diagram, and flow chart, to determine if program performed according to user request and conform to guidelines.
* Involved in gathering, documenting and verifying business requirements
* Gathered requirements for impacted system and business areas for ICD-10 and their needs to embrace the changes
* Organized JAD Sessions to collect requirements from system users and prepared business requirement that provided appropriate scope of work for technical team to develop prototype and overall system.
* Design and review of various documents including the Software Requirement Specifications Worked on creating specifications for transitioning business from **HIPAA 4010A to 5010** and from ICD-9 to ICD-10.
* (SRS), Business requirements document (BRD), Project Requirement Document (PRD), Use Case Specifications, Functional Specifications (FSD), Systems Design Specification (SDS), Requirement Traceability Matrix (RTM), Requirements Management Plan (RMP) and testing documents.
* Involved in requirement gathering for ICD9 to ICD10.
* Analyzed and worked with HIPAA specific **EDI transactions** for **claims**, member enrollment, billing transactions.
* Develop, design & implement department plan to operationalize new **FACETS** integrated processing system, to include but not limited to, workflow, management oversight and performance analysis.
* Written and executed test cases **for ICD 9** codes and charges validation
* Worked closely with stakeholders and SME’s for requirements gathering.
* Worked on developing the business requirements and use cases for Facets batch processes; automating the billing entity and commission process.
* Extensively interacted with the QA Team in executing the Test Plans, Providing Test Data, Creating Test Cases, and Issuing MR upon detection of bugs and collecting the Test Metrics.
* Wrote Use cases and test cases for testing and the processing of member enrollment and benefits.
* Performed “UAT” for 5010 and ICD 10 codes.
* Designed and implemented basic SQL queries for testing and report/data validation.
* Worked with the QA (Quality Assurance) team for designing Test Plan and Test Cases for the User Acceptance testing - Defined test cases, creating test scripts, analyzing bugs, interacting with QA / development teams in fixing errors and User Acceptance Testing (UAT).
* Familiar in reviewing the legacy system and MMIS system documentation
* Developed requirements integrating Use Case diagrams and designed the testing process flows.
* Followed the RUP methodology for the entire SDLC.

**Environment:** MS Office, Facets, Agile, Rational Rose, MS VISIO, UML, SQL, Oracle, Business objectives, SQL, UAT , XML, HP Quality Center ALM.

**Dean Health, Madison, WI**

**May 2012 – Jan 2014**

**Business Analyst**

The project was to integrate the Dean Health Sales tool with the Exchange Market place hosted by CMS. The new Dean Health Plans and Benefits, designed as per the new health care rules, which were to be offered through Florida Blue’s sales tool, testing business requirements, data extraction; provided issue research and resolution to business partners. The goal of the project involved **HIX members’** enrollment, billing claims and customer services process that are required to participate in the federal health insurance exchange (HIX). This exchange was according to the compliance with **Patient Protection and Affordable Care Act (PPACA).**

**Responsibilities:**

* As a Business Analyst I worked with other Business Analysts liaison between customers and corporate staff and between IT and Business Units
* Perform detailed requirements gathering, analysis, design, configuration, and process and data flow diagramming for processes of high complexity. Understand and consider the relationship between processes and business policies.
* Prepared reports impact scoreboard matrix- to rank various reports for remediation and ICD10 upgrades.
* Responsible for updating the impact analysis document and requested for attestation from external vendors.
* Analyzed and worked with HIPAA specific EDI transactions for **claims, membership enrollment, billing transactions.**
* Worked on various modules of **Facets like Claim, Work Flow, Member, Plan and Benefit**.
* Primarily support **FACETS Enrollment, Billing and Fulfillment systems** for Individual and Group products
* Followed Workgroup for **FACETS Electronic Data Interchange standards** for testing that need to comply with the HIPAA guidelines
* Worked on **ICD-10** coding standard to meet the **HIPAA** compliances.
* Set claim processing data for different **FACETS** Module.
* Comprehend HIPAA **X12 EDI transactions** codes such as **270/271 (Inquiry/Response health care benefits), 276/277 (Claim status), 834 (Benefits enrollment), Payment (820), 835(Payment/remittance advice/ Explanation of benefits), 837 (Health care claim).**
* 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.
* Coordinated the project team for **JAD** andrequirements elicitation Sessions.
* Analyzed and translated high-level requirements into detailed system requirements.
* Performed **Gap Analysis** using ‘**Tracer’** tool, **created gaps** and **generated weekly reports** based on results.
* Verifies the plan’s pricing and illegibility of policy holders in regards to **ACA (Affordable Care Act).**
* Performed review of the mandates sent by **Center for Medicare and Medicaid Service for Medicare Part D** to figure out the updates needed to be made to meet the new mandates released on a quarterly basis.
* Created **EDI 834 mockups** for sending to vendors for testing enrollment integration success.
* **Data mapping, logical data modeling, used SQL queries to filter data.**
* Involve in drafting **System Requirements & Data Requirements** documents and getting them approved by the intent director.
* Created process flows and use case diagrams to provide user a comprehensive summary of the whole system in a single illustration.
* Supported IS Business Analyst in creating Functional Design Specifications (FRS) employing Use case scenarios, sequence diagrams and class diagrams.
* Documented the **Requirement Traceability Matrix** (RTM) for tracing the Test Cases and requirements in Blueprint.
* Assisted Project Manager to complete the project approval process.

**Environment:** MS Visio, MS Project Professional, **FACETS,** MS Project, WebEx, and Microsoft Office package, MS Share point, **Oracle 8/9i**

**WellPoint Inc., Richmond, VA**

**Apr 2010 – Apr 2012**

**Business System Analyst**

The project dealt with development of a Health Care Cost Containment System and implementation of an automated inter-operable web application that tracks patient medical history and health care plans via Viewer application and Electronic health records. I was also involved in the implementation of Medicare program to include Claims, and member/subscriber modules in the 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.
* Consulted with healthcare insurance company to develop conversion specifications for other insurance **Coordination of Benefits (including Medicare).**
* Performed In-Death analysis of systems and business processes of **Medicare Part D** as per CMS rules and procedures.
* 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.
* 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

**Pfizer Inc., Minneapolis, MN**

**Aug 2008 - Mar 2010**

**Business Analyst**

Pfizer Inc. is the one of the world's largest Pharmaceutical Company, which discovers, develops, manufactures, and markets leading prescription medicines for humans and animals and many of the world's best-known consumer brands. The project was to make enhancements to the existing Content Management System - Documentum to store the patent information, drug details, research and development and sales information. The basic objective of this project was to migrate to a new system that offers the opportunity to clean up the system-remove redundancy, separate or combine repositories, update object models, taxonomy and security, and review data anomalies. The project followed Agile Scrum methodology.

**Responsibilities:**

* Responsible for facilitating the identified risks, and issues, by tracking these through the SDLC, scheduling, and recapping team meetings.
* Assisted business analysts in leading JAD sessions, and developing documentation of technical requirements, functional specifications for all automated workflow using Visio.
* Involved in gathering requirements and translated the business details into the functional specification documents that described the different types of processes.
* As Scrum Master assisted team with making appropriate commitments through story selection, sizing and tasking.
* As Scrum Master proactively identified and removed blockers, facilitate frequent retrospectives, sharing metrics to identify and implement improvements.
* Provided coaching on Agile values and practice to other teams within the company.
* Obtained detailed understanding of data sources, Flat files and various schemas and modeling.
* Extensively worked with Facts and Dimension tables - architecture to produce source to target mappings based upon business specs.
* Developed test plans, test scripts and use cases for testing of workflow automation tool in conjunction with business users and IT development staff.
* Reviewed necessary technical specifications, requirements and work breakdown structure documents using Visio.
* Prepare Functional requirement specification documents which includes flow charts, formulas, definitions, sample tables with real data, well designed color Graphs including drilldown views and mockup screens.
* Strictly followed the change control methodologies while deploying the code from development, Quality Assurance and Production.

**Environment:** Agile, UML, MS Visio, MS Project, Windows 2000, MS Office, Oracle, SQL, Erwin, Documentum, Quality center.

**Education**: Masters in Business Administration