**PROFESSIONAL SUMMARY**

* 7 years of experience in business system analysis, development and implementation of Business Applications.
* Strong understanding of Healthcare terms and experience of Claims management process.
* Diversified experience in the following areas: Ability to Elicit, Analyze, gather and document Business Requirements, experienced in writing Use Cases. Proficiency in SDLC life cycle, understands the workflow concept, ability to gather and document the 'As-Is' and 'To-Be' processes
* Expert skills in gathering and documenting business requirements, business process flows, use cases using different business techniques such as interviewing customer & stakeholders, workshop facilitation, conducting seminars, presentations, storyboards, JAD sessions.
* Good experience working with **Claims Processing Enrollment, Billing, Finance, Fulfillment and Reporting.**
* Experience in creating and maintaining the requirements definition documents that included 5010 business requirements and functional requirements.
* 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**
* **HIPAA Business Analyst / EDI x12N/** **Affordable Care Act, HIX experienced Consultant.**
* Experience in developing Use Case diagrams, Sequence diagrams, State Chart diagrams, and Class diagrams.
* Experience facilitating JAD (Joint Application Design) sessions and maintenance of Test Matrix and Requirements Traceability Matrix.
* Performed planning and development of test plans, test cases and test scenario to meet product’s business requirements.
* Knowledge in the **ETL (Extract, Transform and Load)** of data into a **Data Warehouse**/date mart and **MIS** **Business Intelligence (BI)** tools like **Microstrategy etc.**
* Excessive use of documentation to avoid any form of miscommunication or misinterpretation during the entire software development process. Prepared Systems Proposal Reports, Change Request Forms and Business Plans.
* Use of UML/RUP for modeling views in Microsoft Visio
* Involved in maintaining Traceability Matrix and performing GAP analysis.
* Conducted User Acceptance Testing (UAT).
* Good knowledge of SQL queries.
* Creative and aggressive self-starter with integrative thinking skills, capable of forming and maintaining positive and productive working relationships in internal, external, independent, and team environments

**TECHNICAL SKILLS:**

**Operating Systems:** Windows XP, Windows 7, Windows 8

**Databases**: MS Access, SQL Server.

**MS-Suite:** MS-Word, MS Excel, MS outlook, MS Power-point, MS SharePoint

**Testing Tools** Rational Requisite Pro, HP Quality Center/ALM

**Methodologies:** Rational Unified Process, Agile, Waterfall.

**Design Tools:** Microsoft Visio, Rational Rose

**PROFESSIONAL EXPERIENCE:**

**Dean Health, Madison, WI             June 2014 – Present**

**Sr. 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.
* Gathered data requirements for systems and overseen **ETL processes using Informatica**
* Coordinated **data profiling/data mapping** with business subject matter experts, data stewards, data architects, **ETL** developers, and data modelers, Identified opportunities for business process improvement and initiate efforts to make improvements.
* 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 Microstrategy, Microsoft Office package, MS Share point, **Oracle 8/9i**

**Health Alliance Plan, MI Jan 2013 – May 2014**

**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.

**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’s 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’s 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

**QSSI Inc., Columbia, MD            Feb 2011 – Dec 2012**

**Business Analyst**

Quality Software Services, Inc.is an established CMMI® Level 3 organization with a proven track record delivering a broad range of solutions with particular expertise in Security & Privacy, Software Engineering, and Health IT. QSSI collaborates with both the public sector and private sector to maximize performance and create sustainable value for our customers. I handled here multiple enhancements for **HIX** EOB, plus some minor patches like:

* Multiple file output needed result in identical XML file headers
* Resolving Pharmacy totals not having been added into Subscriber annual totals
* The extract needed to log to database tables, down to the claim level
* Implementing the use of customized explanations for EXCD\_ID values
* Implementing configuration file application settings for included and excluded subscribers

**Responsibilities**:

* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for Medicaid Claims.
* Gathered requirements and developed use case specifications for the **HIX project** by following the state and federal standards.
* Worked extensively in validating the **X12 EDI 837I/P and 820 transactions** to check for HIPAA Compliance.
* Actively involved in updating internal processes (submit claims, check eligibility), updating data collection and data reporting.
* Coordinated with the stakeholders and project key personnel to gather functional and non-functional requirements during JAD sessions.
* Planned and documented procedures for data processing and prepared data flow diagrams for the application
* Studied the existing business process and created AS-IS workflow to illustrate the existing system.
* Assisting the project manager in creating the business case and project plan.
* Establish documentation for Agile methodology for implementation with a very water-fall-centric development team. Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims. Worked on EDI transactions: 270, 271, 834, 835, and 837 (P.I.D) to identify key data set elements for designated record set. Interacted with Claims, Payments and Enrollment hence analyzing and documenting related business processes.
* Developed and managed all aspects of quality improvement for behavioral health organizations, including licensure and risk management.
* Involved in requirement gathering and database design and implementation of star-schema, dimensional data warehouse using Erwin. Re-engineering and capturing of EDI transactions with legacy systems.
* Involved in the claims adjudication process of Facets. Responsible for creating business work flows and processes and creating management reports based on the analysis.
* Managed Commission-wide internal and external subject matter expert interviews with current product users to support analysis and requirements gathering effort utilizing Pega Systems CRM product
* Actively analyzed current business processes (Claims, Recipient eligibility and enrollment etc.) and worked with management to improve and implement enterprise solutions to ensure compliance.
* Recorded requirements in the Requirement Traceability Matrix (RTM) defining each technical requirement in detail from areas like: main hardware, application software, networks, servers, internet and desktop configuration.
* Developed System Test Plan (STP), test cases, test scripts and implemented them for the **HIX enhancements.**
* Worked on defects and change requests for the **HIX enhancements.**
* Defects and bug testing by using Rational Clear-Quest, Configuration management and Version control with Clear-Case.
* Interaction with underwriters to understand multiple data points. Prepared data flow diagrams using MS Visio for better clarity and to ensure documented process.

**Environment:** MS Project, ANSI X12- EDI, XML, HTML, JAD, .Net, Rational Requisite Pro, MS Word, Sharepoint, Visio, SQL, MS Excel, Java, Mercury Quality Center.

**Spotlite Inc - Chicago, IL Feb 2009 – Jan 2011**

**Business Analyst**

Spotlite Inc which is now a part of Rally Health is involved in providing EDI 834 Benefit Enrollment and Maintenance Support. The 834 has been specified by HIPAA standards for the electronic exchange of member enrollment information, including benefits, plan subscription and employee demographic information. As a Business Analyst, I reviewed and monitored project activities in the form of generating the tickets and analyzing the companion guides to prepare the feeds configuration.

**Responsibilities:**

* Interacted with stakeholders to get a better understanding of client business processes and gathered requirements.
* Collaborated with business analysis team members in understanding existing business processes and requirement management process.
* Gather information and aggressively interpret proprietary and 834 EDI specifications/layouts with carriers.
* Interpret/read health care EDI transactions, Liaison between Carriers and EDI Developers and ensure carrier specifications and EDI development specifications are in sync.
* Reviewed the test files sent over by the developers to identify the gap.
* Gathered relevant information on various products such as Dental, Vision, Medical, and HSA and completed a feed configuration based on the Companion Guide and Account Structure of the products.
* Works closely with project team and to ensure project deliverables are met in an efficient and timely manner. Work closely with EDI to ensure accuracy in data transmissions and shared processes. **Transaction sets processed (837P, 835, 834)**
* Manipulated paper, as well as HIPAA claim to test the required scenarios in the testing environment.
* Created documents on Member Interface and how it works from loading rates to staging and target tables.
* Documented all of the conducted test scenarios and test cases and logged the reported defects and updated their statuses using Quality Center.
* Worked closely with Business SMEs while creating test documentation and also while conducting the test. Reviewed and presented the test results to Business users.
* Trained Business users to use the newly build application such as Interims Payment Recapture. Provided post-production support to business users when the application went live.
* Created and executed Manual Test scripts to verify complex system requirements and database testing. Transaction Verified through Data Verification of Backend Database using SQL Queries through Toad.

**Environment:** HIPAA, Pharmacy Claims, ASP, VB, SQL SERVER, Windows

**EDUCATION: Masters of Business Administration**