**Name** Hima Hindu **Phone : 408-306-5414 E mail : mhbindu@gmail.com Visa :GC**

**SUMMARY:**

* Over 6 + years of Business Analyst /EDI Analyst experience of web-based, client server and Healthcare development, testing and implementation of business process through software development life cycle (SDLC).
* Strong domain knowledge in Healthcare industry related to HIPPA, EDI, Claims Processing, ICD\_9 and ICD-10
* Strong knowledge in Software Development Life Cycle (SDLC) with specialization in test planning, preparation, execution and defect management
* To obtain a challenging position in fast paced environment in the field of Software Quality Assurance and EDI Analysis that would best utilize my technical and interpersonal skills
* Having good experience working with HIPAA EDI (837I/P/D, 270/ 271, 276/ 277, 278, 820,834,835) X12 Transactions for both versions (4010A1 and 5010)
* Experience in HIPAA EDI transactions 837, 270/271, 276/277, 277CA, 277P, 999, 835, 277U
* Possess In depth Knowledge of HIPAA 4010/5010 and ICD-9/10.
* Familiar with new HIPAA 5010 and ICD-10 code sets. Experience in all phases of SDLC process.
* Experience in conducting Joint Application Development (JAD) and Rapid Application Development (RAD) sessions, Requirement Gathering Sessions (RGS).
* Interviewed Subject Matter Experts (SME’s) for understanding detailed functionality aspects of the business process and carefully transforming information into requirements in an easily comprehensible format.
* Comprehensive knowledge on Waterfall, Rational Unified Process (RUP) and Agile methodologies.
* Hands on experience in analyzing and documenting Business Requirements Document(BRD) and System Functional Specifications (SFS) including Use Cases.
* Well experienced in working on MS Word, MS PowerPoint, MS Excel, MS Visio and MS Project.
* Proficient in Rational Suite including Rational Rose, Requisite Pro and Clear Quest.
* Extensive experience in using Unified Modeling Language (UML) tools to create Activity, Sequence, Use Case, Class, and Collaboration diagrams.
* Experience in Electronic Data Exchange (EDI) testing with great knowledge of QA methodologies.
* Experience in working with windows and UNIX, environments.
* Experience in working with Different databases like SQL, Oracle, and DB2 using SQL.
* Experience in Data Driven Testing using basic SQL queries.
* Experience in all aspects of testing such as Use Case analysis, Test Plan creation, Test Case preparation, Test Reports and Defect Tracking.
* testing, User Acceptance Testing (UAT) and Regression Testing
* Solid Back End Testing experience by writing and executing SQL Queries using My SQL, MS Access, MS SQL Server, and DB2 & Oracle Database

**TECHNICAL SKILLS:**

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| Test Management / Defect Tracking Tools | Enterprise Tester, Unified Functional Testing(UFT), Test Manager, Remedy |
| Test Automation Tools | Unified Functional Testing(UFT) |
| Programming Languages | C, C++, VB, HTML, XML, SQL,TOAD, TIBCO |
| EDI Tools | ANSI X12, EDI 837, 834, 835, 276, 277 transactions |
| Operating Systems | Windows (NT, 2000, 2003, XP, 7) |
| Database | MDM, MS Access, MySQL, MS SQL, DB2, Oracle, UNIX /LINUX |
| Domains | API Testing, EDI, HIPPA ANSI X12 4010/5010, ICD 9/10, FACETS, Ensemble, Enabler |

**WORK EXPERIENCE:**

**MultiPlan, Inc., NYC Role**: **Business Analyst /EDI Analyst Sep-2013-Till now**

**Project Name**: ALC/HEOS Claim Receive and Deliver

**Description:**  MultiPlan acquired American Life Care (ALC) and Heathens (HEOS) and as a part of overall ALC/HEOS implementation, ALC/HEOS Claim Receive and Deliver project is focused on business process of receiving, validation, loading, packaging and delivering American Life Care (ALC) and Health EOS (HEOS). provider and payee to translate application files to X12/EDIFACT and HIPAA standards, and to support file conversion from 4010 to 5010 and vice versa.

**Responsibilities**:

* Conducted detailed and comprehensive Business Analyst by working with end users and other stake holders to identify the system, operational requirements, and proposed enhancements.
* Facilitated Joint Application Development (JAD) sessions with all IT group members for communicating & managing expectations.
* Analyzed requirements and reviewed use cases for the applications that used SSN and DOB as unique identifiers
* As a part of HIPAA 4010 - 5010 conversion analysis - involved in the documentation and execution of test cases related to HIPAA 5010 changes to EDI 837, 834, 835, 276, 277 transactions
* Validated EDI functionality as per HIPPA compliance for various inbound and outbound EDI transactions to FACETS
* Performed analysis of ICD 9 Procedure and Diagnosis Codes in accordance with ICD 10 CM and ICD 10 PCS conversion complianc
* Documented Test Cases in Quality Center based on Use-Cases and Requirements, and executed test Cases to verify actual results against expected results
* Performed GUI, System, Integration, Regression, UAT, End-to-End Testing
* X12 – Claims (837), Remittance (835), Referral (278), Eligibility (270)
* Wrote complex SQL queries in TOAD (Relational DB) to perform Back-End testing. Participated in data analysis for verification purposes using SQL queries, views and procedures
* Identified all necessary Business and System Use Cases from requirements, created UML diagrams including Use Case Diagrams, Activity Diagrams, and Sequence Diagrams using Microsoft Visio.
* Worked on transfer of electronic healthcare information.
* Implemented X12 interfaces for billing, remittance, eligibility and referrals.
* Involved in testing of the loading 5010 HIPAA Inbound Transactions (837I/P/D, 276) in Mainframe database.
* Validated Business rule Edits for 5010 HIPAA transactions 837I/837P/837D, 276/277 and 835
* Executed the 5010 system test scenarios for 5010 HIPAA transactions 837I/837P/837D, 276/277 and 835 after loading and adjudication.
* Involved in preparation and execution of Test Scripts using QTP
* Involved in peer Reviews and team walkthroughs for the project as per test methodology
* Developed maps for the EDI X12 transaction sets like 810, 850, 856, 860, 997 and EDIFACT transaction sets like DELFOR and DELJIT.
* Worked on UNIX /LINUX environment to monitor the components on pipeline to check whether they are working as expected, bring and up and deploy them, if they are down

**Environment**: ANSI X12, EDI ,FACETS, SQL, TIBCO ,TOAD, QC (Quality Center), QTP, MS Word, Excel, Power Point, Java, Clear Case, UNIX /LINUX, PUTTY

**Emblem Health, New York, NY Role: Business Analyst /EDI Analyst Jan-2012-Aug-2013**

**Description:**  The Independent Health Alliance was an electoral alliance which contested the 2002 Irish general election. The Alliance campaigned on the provision of health services in Ireland, which was a constant criticism of the Fianna Fail–Progressive Democrats coalition government. Medicare Advantage Preferred Provider Organization (MAPPO) is a health plan developed for senior citizens (age over 65) in order to provide them the best plan. MAPPO is a PPO which covers Part A, Part B and emergency services. Medicare Advantage Plans are called Part C and are offered by private companies approved by Medicare.

**Responsibilities**:

* Coordinated and conducted system requirements walkthroughs/sessions (JADs) with business Owner/stakeholders/SMEs as well as design/development teams.
* Worked with business area SMEs/analysts to develop and finalize test plans/scripts/use cases.
* Analysis of key business requirements and assisted in the development of Business Requirement Document (BRS), Functional Requirement Specification (FRS), and System Requirement Specification (SRS).
* Experience in a highly regulated environment of Healthcare.
* Responsible for analyzing and designing a system that would improve reporting of patient data.
* Created UML diagrams including Use Case Diagrams, Activity Diagrams, and Sequence Diagrams using Microsoft Visio and Rational Rose.
* Coordinated with Business Owner, Application Vendor, Business Project Teams, Payers and Clearinghouses to bring all processes to a level of execution to mitigate any impact to current revenue flow under the 5010-compliancy requirements.
* Worked on different EDI healthcare transactions like 837 for submitting claims, 835 for payments, 270/271 for health care benefits and eligibility, 276/277 for claims.
* Reviewed the Business Requirement Documents (BRD) and the Functional Specifications.
* Created Test Plans by going through the design and functional specifications.
* Experience working on various HIPAA Standards like 270/271,835, and 837 transaction sets for testing the EDI Transactions.
* Involved in developing Test Scripts as per the business requirements in Quality center
* Experience working on HIPAA 5010 claims
* Prepared use cases and data flow diagrams to analyze the impact of ICD 10 diagnosis codes embedded in different systems and applications.
* Extensive knowledge of working on Paper claims and testing the applications based on it.
* Involved in HIPAA/EDI Medical Claims Analysis, Design, Implementation and Documentation.
* Developed various test cases for testing HIPAA 837I/P (5010).
* Performed End to End testing and tracked the claim status in CIS.
* Prepared different kinds of claims based on the nature of test requirement.
* Involved in forward mapping from ICD 9 to ICD10 and backward mapping from ICD10 to ICD9 using GEM. Also performed gap analysis between ICD 9 and ICD 10.
* Validated the reports and files according to HIPAA X12 enforced standards.
* Worked on the claim routing and claim processing Scenario in MAINFRAME legacy system.
* Worked extensively and navigated the claim routing on EDI, CIS, MHS through the GUI
* Involved in Change Request process and performed System and UAT as the project is in Production.
* Performed Manual Testing of the entire MAPPO application (E2E testing).
* Identified defects while executing and reported the defects using HP Quality Center. So, used Quality Center as a defect tracking tool.
* Interacted with Business Analysts for UAT (User Acceptance Testing), and tested the possibilities of system failure with UAT.

**Environment:** HIPAA, EDI, Clear Case, HTML, Oracle, DB2, SQL, SOAP, IBM Mainframe, UNIX, Share point, UML, Windows, MS Visio, MS Project, MS Officeand Rational Requisite Pro

**Alliance Healthcare Services Inc., Newport Beach, CA Business Analyst /EDI Analyst May-2010-Dec-2011** One of the top US Health Insurers, Alliance covers nearly 12 million people with its various Medical Plans, which include PPO, HMO, Point-of-Service (POS), Indemnity, and Consumer-directed Products. Alliance also offers specialty Health Coverage in the form of Dental, Vision, Pharmacy, and Behavioral Health Plans, and it sells Group, Accident, Life, and Disability Insurance. The Claims System was a Web-based Application that the Providers can use to manage Patient information and file Claims electronically. The scope of the project also involved testing the conversion of the 837 EDI format from 4010 X12 formats to the 5010 X12 format as per HIPAA Compliance. Project was Up-gradation of HIPAA X12 4010 transaction to HIPAA X12 5010 and ICD 9-CM (Clinical modification) to ICD-10-CM/PCS (Clinical modification/procedure coding system) simultaneously.

**Responsibilities:**

* Analyzed current business process flow by understanding preset business rules and conditions through requirement gathering.
* Addressed all aspects of the claim processing lifecycle, starting from identifying a claim right up to closure.
* Established a business Analysis methodology around the Rational Unified Process.
* Conducted formal interviews, Live Meetings and JAD sessions with business users Subject Matter Experts(SME’s)
* Gap Analysis: Analyzed the client’s applications programs to determine the impact of the HIPAA final rule on EDI Transaction Set and Code List implementation.
* Defined the changes to bring the affected systems into HIPAA compliance.
* Designed and developed Use Cases, Activity Diagrams and Sequence Diagrams using UML.
* Understood and analyzed differences between 4010 and 5010 formats for each segment
* Verified crosswalk for understanding major changes from ICD-9 to ICD-10. Drafted the major changes that would appear in ICD-10 version
* Verified the EDI raw data as per 5010 formats
* Identified the field level changes on the application and the database for the impact of 5010 formats
* Worked with IT teams regarding EDI transaction X12 837/835/270/271 for Claims Processing
* Worked with TA1/999 (Acknowledgement) while testing for EDI transactions 837
* Involved in designing Test Plans, creating and running Manual Test Cases, and identifying the defects in Quality Center
* Prepared the Test plan and Test cases by review the HIPAA 5010 & 4010A1 documentation for 837I/837P/837D, 276/277, 835 HIPAA transactions.
* Experience in Conversion of HIPAA X12 4010 codes to X12 5010 codes and ICD 9 codes to ICD 10 codes
* Conducted review meetings with the Development team to set a hard-freeze date and gather input for creating the Test Plans and Test Specifications
* Conducted UAT with Business Users, and retested defects discovered via Regression Testing
* Used MS Visio to create process flowcharts and workflowDiagrams
* Managed Traceability Matrix to trace Business Requirements, Functional Requirements, and Use Cases
* Identified opportunities for business process improvement and initiated efforts to make improvements
* Assisted in designing test plans, test scenarios and test cases for integration, regression and User Acceptance Testing

**Environment:** EDI, X12, HIPAA, 5010, ICD 9 codes to ICD 10 HP Quality Center, Windows XP/Vista/ Mac, SQL, MS Access

**CIGNA, Sunrise FL Role: QTP Analyst/ Tester May-2008-Apr-2010**this project was to calculate the rate and get the premium based on the input data from the Data file. Premium will change depending on the agent code, classification code, zip code, and policy term. Active directory was extensively used to secure the information.

**Responsibilities:**

* Database Validation (SQL) to check the updated data in the Database using Toad (Data Query Tool).
* Testing and Reporting the Bugs in product releases and performed the Root Cause Analysis for the Defects raised.
* Successfully implemented Mercury Quality Center for Test Planning, Test Case writing, Test Execution and Requirement Mapping with Test Cases.
* Coordinated test execution efforts such as test data and support team provision, defect tracking and management, ensuring resolution of testing issues.
* Recorded the Test cases using Quick Test Pro(QTP) for web based application and performed regression testing of the application for every release
* Created QTP scripts for provider portal, Member Portal
* Analyzed test results traced and troubleshoot performance bottlenecks
* Analyzed various graphs generated by Load Runner Analyzer including database Monitors, Network Monitors graphs, User graphs, Error Graphs, Transactions graphs and Web Server Resource Graphs.
* Used TOAD GUI tool for querying oracle database.
* Involved in whole process of Black Box Testing (User Acceptance Testing, Integration testing, end-to-end
* Documented the errors using Quality Center and tracked them to completion by communicating and coordinating with the development as well as the support group
* Used Quality Center as bug tracking and reporting tool and followed up with development team to verify bug fixes and update bug status
* Involved in logical and physical data modeling during the database design phase.
* Developed and executed SQL Queries for data transaction and database integrity
* Participated in weekly status meetings, conducted walkthroughs, documented proceedings
* Provided the management with test metrics, reports and schedules

**Environment:** QTP, Quality Center, Load Runner, SQL, UNIX, Oracle , HTML, JAVA, J2EE, UNIX, Windows XP