**Professional Summary**

* Over 6 years of IT industry experience with a proven skill in the field Business Analyst, Software Testing and Business Analysis. Medicaid Management Information System (MMIS). Expertise in various subsystems of MMIS-
* Solid Experience in documentation of User Requirements, as well as organizing interviews, User meetings, workshops, JAD sessions and requirement elicitation sessions.
* Possess strong knowledge of healthcare terminology and extensive experience working on healthcare projects. Specialized experience in healthcare insurance domain. Profound understanding of insurance policies like HMO and PPO and proven experience with HIPPA 4010 EDI transaction codes such as 270/271(inquire/response health care benefits),276/277(Claim status), 834(Benefit enrollment), 835(Payment/remittance advice),837(Health care claim)
* Using Facets for various health insurance areas such as enrollment, member, Products and other FACETS related modules
* Performed data stage designing, extracting data packages, transforming and loading data packages, stored procedures, process design and implementation.
* Experience in testing Facets applications and EDI transactions
* Experienced working with x12 version 5010 transactions and ICD -10-CM and ICD-10-PCS Code set changes analysis, design and migration strategy.
* Have excellent knowledge of HIPPA 4010 /5010 versions.
* Experience working and testing mapping for X-12 transactions using Integration tools like SYBASE, TIBCO, EDIFECS and Sterling GIS suites..
* Well versed with code set rules such as 837-Institutional, 837-Professional, 835-Claim Payment/Remittance Advise, 270/271-Eligibility Benefit Inquiry/Response, 276/277-Claim Status Inquiry/Response Transactions and testing in Client Server systems.
* Having experience in ISO, CMM, CMMI, RUP, EDI, HIPAA, HL7, IEEE standards.
* Worked in the performance tuning of the programs, ETL Procedures and processes.
* In depth knowledge Rational Unified Process (RUP) methodology, Use Cases, Software Development Life Cycle (SDLC) processes, Object Oriented Analysis and Design (OOA/D).
* Experienced in conducting GAP analysis, User Acceptance Testing (UAT), SWOT analysis, Cost benefit analysis and ROI analysis
* Sound knowledge of test management tool HP Quality Center, HP Application Lifecycle Management and Rational Clear Quest tools.
* Expertise in writing SQL scripts used in manual testing both front-end and back-end
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Extensive experience in writing and executing complex SQL queries using TOAD to validate data within SQL Server database.
* Experienced in Object Oriented Analysis, Data Analysis, Requirement Analysis, Business Modeling and Use Case development using UML methodology

**Technical Skills Inventory**

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| --- | --- |
| **Healthcare Tools** | EDI 834, Tested Section 508,HIPPA, Facets,MMIS,ICD,10 To ICD 9 |
| **Modeling Tools** | Rational Rose, MS Visio, Waterfall, RUP, Agile, UML |
| **Requirement Management Tool** | Rational Requisite Pro, CMMI |
| **Testing and defect tracking Tools** | Rational Robot, Rational Clear Quest, Rational Clear Case, Quality Center**,** Win Runner, Load Runner, and Quick Test Pro (QTP) |
| **Project Management Tool** | MS Project |
| **Operating System** | Windows Vista/XP/2000/98/95, Dos, Unix |
| **Integration/ Middleware Tools** | TIBCO, STERLING-GIS, PERVASSIVE |
| **Languages** | JAVA, JAVA Script, .Net, VB, COBOL, C, C++ |
| **DBMS** | MS SQL Server 2005/2000/2008/2012, Oracle, MS Access 7.x, PL/SQL |
| **Web Technologies** | ASP, .CSS, HTML, DHTML, XML |

**Professional Experience:**

**State of Oregon Healthcare Department – Salem, OR Jan-2018-Till Date**

**Business Analyst**

The Oregon Health Plan (OHP) provides health care coverage to low-income Oregonians through programs administered by the Division of Medical Assistance Programs (DMAP). Currently, more than 600,000 people each month receive health care coverage through the Oregon Health Plan. MMIS project is a large IT project replacing the Medicaid claims payment system. I participated in all aspects of testing and gathering requirement for the MMIS system project. My primary responsibilities is to ensure that the system functions as designed, meets the requirements of the business community and conforms to all applicable Federal and State laws. I have worked on the claims and provider modules of the MMIS system.

**Responsibilities:**

* Utilized Rational Unified Process (RUP) to configure and develop process, standards and procedures.
* Prepared the business requirement document (BRD) and system requirement document (SRD).
* Facilitated Provider Enrollment, Setting up Provider profile & Trading Partner Agreement.
* HIPAA 5010: Worked on various transactions like Claims (837), Claim Payment/Advice (835), Claim Status Request (276), Claim Status Notification (277), Prior Authorization / Referrals (278), Eligibility Inquiry (270) Eligibility
* Created workflow diagrams, UML diagrams, use cases, swim lanes, process flow, and Provider Interface testing, Creating Test cases, Test Plans and Test Scripts.
* Prepared the Business requirement Document for the enhancement of the existing services.
* Wrote FRDs for the defects and enhancements and got approval from business for the developers.
* Worked on Technical design documentation (TDD) of the claims processing system.
* Analyzed HIPAA EDI transactions in XML and X12 responses and of 270 and 276 and looked for defects for amendment.
* Did data analysis for various version changes of EDI messages on different sub-systems.
* Extracted patients Electronic Medical Records (EMR), Patients Medical Records from the Medical Management system, for testing.
* Assist Medicaid staff in designing/modifying MMIS processing cycle reports.
* Designed, prepared and implemented test cases for system testing as well as for User Acceptance testing.
* Gathered requirements and involved in the testing of web portal of MMIS system.
* Experience with derived amounts on the claim both at header level and at line level.
* Involved in creating automated Test Scripts representing various Transactions, Documenting the Load Testing Process and Methodology. Created meaningful reports for analysis and integrated the Performance Testing in the SDLC
* Tested Section 508 compliance, HIPAA infrastructure EDI transactions for Claims (837P, 837I, 837D, 834, 835, 270/271,276/277 and 278)
* Ensured that application development is in compliance with HIPAA and CMMI Level 3 standard.
* Conducted integration testing and regression testing with developers in development and QA, also conducted user acceptance testing with UAT team. Safety reporting on system-based projects, acted as a liaison, writing documentation and increased project coordination.
* Involved in 508 compliance testing.
* Provided Production support/explained the changes to the business users/did one on one sessions/one to many sessions to make the business uses aware of the system changes.
* Did impact analysis for changing requirements and coordinated with business users for prioritizing the testing/release of the changes.
* Defined and developed quality assurance process and methodology for SDLC based on industry best practices such as ISO, CMMI.
* Involved in testing Medicaid eligibility rules extensively
* Created BPR charts for AS IS and TO BE processes of different business functionalities MMIS application

**DHHS State of Maine- Augusta, ME Sep-2015-Dec-2017**

**Business Analyst**

DHHS State of Maine/ Deloitte Worked on the implementation of MIHMS which is the new solution of MMIS (Medicaid Management Information System) for the state of Maine. Involved in the testing efforts of Claims. The project was in Coordination of Benefits (COB), a Federal Health Care Financing Administration (HCFA) Program. Medicare Coordination of Benefits is the process for ensuring that payment of Medicare beneficiaries’ claims is properly shared among insurers when the beneficiary is covered by private insurance in addition to Medicare. By coordinating benefits, the COBC assists Medicare in paying claims more accurately the first time, which saves costly follow up and mistaken payments.

**Responsibilities:**

* Involved in HIPAA/EDI Medical Claims, Design and Documentation
* Monitor and Analyzed activity report and transaction monitoring.
* Creating document and diagrams for membership enrollment according to HIPAA 834 compliance standard for membership enrollment.
* Responsible for checking Medicare eligibility and verifying claim payment.
* Coordinated updates with client's staff and implement efficiencies in documentation maintenance.
* Performed testing for Medicare, Medicaid for Medicaid Management Information System (MMIS)
* Created various database objects like views, tables, and procedures to extract data and support the end user reporting data ware house requirements.
* Conduct meeting with the development team to discuss any requirement changes.
* Checked inbound/outbound HIPPA regulated EDI transactions facets
* Wrote standard and complex SQL queries using MS SQL Server and also in Mainframe for data validation process.
* Prepared BRDs (Business Requirement Documents) supporting documents containing the essential business elements, detailed definitions, and descriptions of the relationships between the actors to analyze and document business data requirements from Data ware house.
* Experience working with RH, DV, MH, SA Claims, Eligibility, Status Inquiry, Authorization and Referral transactions for members with disabilities under the 508 Compliance Act provided by the Federal rules.
* Reviewed various Project Artifacts like High Level Design, Detailed Design, Unit Test Cases, and Integrated Test Plans.
* Regression Testing of Web applications and applications dealing with MEDICAID and MEDICARE Services
* Performed GAP analysis of business rules, business and system process
* Worked on solving the errors of EDI 834 load to Facets through MMIS.
* Analyzed and made specific recommendations on improvements that can be integrated into business processes
* The project involves creation of custom tables, developing custom forms to load data into the custom tables and creation of a XML report to compare sales values against the data in oracle. The custom tables are populated from a third party data ware house on a regular basis.
* Performed Data Analysis using procedures and functions in PL/SQL.
* Designed Activity, Sequence and process flow diagrams using MS Visio to simplify and elaborate certain selection and filter condition.
* Perform integration testing for a Medicaid Management Information System MMIS database conversion project.
* Documented requirement using Use Case analysis

**WellPoint, Richmond, VA Feb-2013-Aug-2015**

**Business Analyst**WellPoint, Inc. is one of the largest health benefits companies in the United States. Through its networks nationwide, the company delivers a number of leading health benefit solutions through a broad portfolio of integrated health care plans and related services, along with a wide range of specialty products such as life and disability insurance benefits, dental, vision, behavioral health benefit services, as well as long term care insurance and flexible spending accounts.

**Responsibilities:**

* Analyzed the current software used to manage health claims.
* Designed requirement specification document. Bridged the gap between development team and end users.
* Responsible for business analysis, requirement specifications, project planning and identifying the resources and implementation of the project.
* Performed impact analysis and gap analysis for ICD 10.
* Developed business scenarios and acceptance criteria to analyze roles and processes of the departments,.
* Analyzed and translated business requirements into system specifications utilizing UML and RUP methodology
* Performed Data analysis, Data Warehousing, Data Modeling, Data Mapping and Reports analysis.
* Created Source to target Mapping Matrix for the ETL developers.
* Performed Data Analysis using procedures and functions in PL/SQL.
* Prepared report templates and reports using SSRS and Crystal Reports
* Developed Use cases, Use case models, Activity models, sequence diagrams and other UML’s to define the functioning and desirability of the application.
* Assisted with building the EDI 837, 835, 270/271, 276/277, 278, 820 and 834 transactions processing flow from the Trading Partners to the translator.
* Maintained a requirement traceability matrix throughout the project.
* Facilitated review of Enrolment, Claims, Commissions, and membership port designs with architects.
* Conducted working sessions to gather and document high level business requirements and detailed level business requirements for different business units impacted by ICD 10 such as EDI Claims Intake, FACETS- Claims Adjudication, Medical Management- Utilization Management, Case management and Provider Reimbursement- Provider Payment.
* Created SQL tables with referential integrity and developed queries using SQL and SQL\*PLUS.
* Sourced procedure codes and medications from the data store of FACETS claims.
* Designed Test Plans for Manual Testing, System Testing, Integration Testing and Performance Testing, of the applications and used EDIFECS spec builder to look for the severity of HIPAA Edits.
* & reviewed their consistency with the business requirements
* Understand rules and regulations of HIPAA as imposed during Electronic Data Interchange (EDI).

**Siemens Healthcare, Philadelphia, PA Jul-2012-Jan-2013**

**Business Analyst**

Siemens Healthcare is a sector of Siemens AG, is a leading healthcare solutions provider worldwide. The company is known for bringing together innovative medical technologies, healthcare information systems, management consulting, and support services. The portfolio of innovative products and professional services ranges from clinical and administrative IT solutions, diagnostic imaging systems, laboratory diagnostics, and hearing instruments.  
**Responsibilities:**

* Participated in project planning activities to determine testing scope.
* Created Test plans, Test conditions, Test scripts, and execution of scripts, validation of results.
* Responsible for creating Test cases and executed based on functional requirements and design documents.
* Prepared Traceability Matrix and mapped Requirements and Test cases
* Performed regression, integration and functional testing on the builds of the application
* Conducted Backend test using SQL queries to verify the Integrity of the Database.
* Designed, implemented, reviewed, and improved local performance related processes.
* Executed and managed various test types including Functional, Regression and Integration testing during scheduled phases of test development cycle
* Executed test cases on each build of the application and verified the actual results against requirements using Mercury Quality Center.
* Used Oracle SQL Developer for writing SQL Queries to verify and validate the uploaded data in database.
* Performed impact analysis for deadliness of ICD-10 conversion.
* Worked with FACETS Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication).
* Created ICD-9-CM/ICD-10-PCS comparison document and dealt with Diagnosis Related Groups (DRGs).
* Involved in creating flow charts and record layouts for 271 transaction sets.
* Designed and developed eligibility (270/271), claim status (276/277), service review and response (278), enrollment (834), and claim submission (837).
* Detected Defects, communicated to the developers using Bug Reporting Tool and tracking the Defects using Quality Center.
* Understanding Business requirements, creating test scenarios, test cases and defects from MS Excel, MS Word to Quality Center.
* Worked with Claims, enrollment, eligibility verification for members and providers, benefits setup, and backend payment cycle in Facets