**Professional Summary:**

* Business System analyst with strong healthcare industry experience in business data modeling, software requirement analysis, process modeling, process flow and quality assurance skills
* Exceptional knowledge in testing phases with state HIX projects.
* Thorough knowledge of ICD-9, ICD-10 codes and CPT codes for both Mental and Medical Health.
* Very good experience on EDI testing and ITS systems.
* Excellent knowledge of HIPAA standards, EDI (Electronic data interchange) Transaction syntax like ANSI X12, Implementation and Knowledge of HIPAA code sets and HL7.
* Familiar with HIPAA EDI transactions such as 835, 837 (P, D, I) 276, 277, 278 etc.
* Strong understanding of project life cycle and SDLC methodologies including RUP, RAD, Waterfall, Scrum and Agile.
* Experience in using test management and defect tracking tools Quality Center, and JIRA for tracking the defects and reporting the defects.
* Experience in executing the test cases and test scripts in different phases of testing like GUI testing, functional, regression, integration testing, system and user acceptance testing.
* Experience in executed all test cases in all phases of testing like GUI testing, functional testing, regression testing, integration testing, system testing, end-to-end testing and user acceptance testing.
* Experience in QA verification and QA validations to ensure the quality assurance control.
* Proficient in writing the QTP scripts using VB script and executed through QTP.
* Organized many joint application developments (JAD) sessions and joint requirement planning sessions (JRP), walkthrough, Interviews, workshops and rapid application development (RAD) sessions with end-user/clients/stake holders and the IT group.
* Extensive experience in reviewing and understanding of business and testing requirements and writing detailed test plans, test cases, and test scripts.
* Experience on web services like SOAP UI and WSDL elements and knowledge in SOA.
* Involved in entire QA life cycle (SDLC), which includes design, development and implementation of the entire QA process for the relational database, web and client/server, IBM mainframe applications.
* Performance testing expertise in developing performance test plans, test strategy, load modeling, performance metrics and performance analysis

**Technical skills:**

**Business Tools:** Rational Suite, MS Visio, MS Project, MS Access, MS Office Suite, and Business Object (Crystal Reports).

**Business Skills:** Business Definition Requirements, Business Process Analysis, Gap Analysis, Use Case Modelling and Analysis, Business Environment and Market Research Analysis.

**Methodologies:** RUP, Agile, Waterfall, UML and Business/Data Modeling.

**Testing Tools:** Soap UI, ALM, MDE, Compass, UFT, FACETS, Quality Center, Quick Test Pro (QTP), QNXT, PR Tracker, PowerStepp

**Operating Systems:** Windows 7/XP, Mac OS X and Linux.

**Databases:** SQL Server 7.0, Access 2000, MS SQL Server

**Languages:** UML, C, C++, HTML, Java, and SQL

**Professional Experience:**

**NYCHHC – MetroPlus**

**Sr. Business System Analyst**  **March 2015 - October 2015**

**MHP is a city managed care health plan serving, Manhattan, Queens, Brooklyn, and the Bronx. Their lines of business include Medicaid, Medicare and NY state exchange.**

**Responsibilities:**

* Analyzed Business Requirements, use cases, screen shots and developed test plan, and test cases for complete end-to-end testing.
* Gather requirements from DST Subject Matter Experts to understand input information to DST PowerStepp.
* Responsible for testing web application used by state and providers for claims maintenance.
* Query the system and pull data for both HCFA and UB claims file which contains both paper and electronic pended claims from Companies 1 through 6 and 8 based on data range and percentage.
* Organize JAD sessions to consistently meet DST and MetroPlus’ project standards.
* Query system to pull out claims containing hold codes and re-adjudicate them to verify it is being paid.
* Conducted backend testing for Provider EFT flag in Oracle database.
* Generate EOBs and EOPs through AWD claims management tool for members and providers.
* Held weekly meeting with business people and developers on open defects.
* Create a template and map hold codes to the most accurate claim adjustment reason code (CARC) which is then mapped to similar remittance advice remark codes (RARC).
* Test model system claims and configure the benefits and verify it is accurate to its respective claim.
* Used SOAP UI for web service testing like validating the response of claim processing
* Examined the test environments that will support the various testing capabilities, highlighted testing schedule across all testing capabilities.
* Create and assign work/issues to BA team using JIRA and manage project on confluence

**Environment:** PowerStepp, JIRA, Confluence, TestM, Process flows, AWD, Claims.

**United Health Group/Optum July 2014 - February 2015**

**Sr. System (Massachusetts HIX project)**

**Responsibilities:**

* Reviewed Business Requirement Documents and Functional Requirements.
* Prepared GAP documents involved with 834, 820 transactions in collaboration with other team members.
* Gathered requirements, developed Process Model and detailed Business Policies.
* Worked closely on 834 transaction code for Benefit Enrollment and was involved in Validation of HIPAA for 837, 270/271, 276/277,835,834 EDI transactions
* Maintained Requirement Traceability Matrix (RTM) to make sure that test plans were written for all the requirements
* Coordinate detailed End-to-End Test Cases and design steps walkthroughs and ensure signoff by stakeholders.
* Performed Static, functional and end-to-end testing on agent portals used for MA HIX.
* Analyzed XMLs extracted from executed E2E scenarios for data being sent and received from dell.
* Planned and prepared test scenarios for Qualified Health Plans and Non-Qualified Health Plans both ON/OFF Exchange for 2015.
* Checked EFT (Electronic Funds Transfer) payments to the Provider’s and checking and saving account.
* Attended daily UAT stand-up meetings with internal UAT Analysts, Leads, Managers and PMs
* Experience with test setup, defect management and maintenance in HP quality Center
* Extensive knowledge working with tracks that included Plan Management, Plan development, enrollment and Billing, and Regression testing.
* Produce daily and weekly testing status reports and communicate to upper management.
* Wrote test cases and test scripts, execute test scripts and analyzed outcomes.
* Performed defect testing for individual tracks that worked with notices, UI/UX and eligibility verification.
* Responsible for creating the test cases for provider remittance with EFT processes.
* Performed web applications testing such as functionality, usability, interface, compatibility, performance and security testing.
* Performed interface testing between serves to see if they were being executed properly.

**WellPoint (Amerigroup/Anthem) Virginia Beach, VA October 2013 - June 2014**

**Business Analyst**

**Responsibilities:**

* Reviewed Business requirement Documents and functional requirements.
* Involved in working with FACETS creating medical and institutional claims for various markets and also created members where needed.
* Participated in testing at various levels including System Integration Testing, User Acceptance Testing, and End-to-End Testing
* Claim Processing and Subscriber/Member module.
* Wrote test cases and test scripts, execute test scripts and analyzed outcomes.
* Large Data mapping and conversions of ICD-9 to ICD-10 codes.
* Intermediate in several platforms of FACETS configuration.
* Accountable for identification of test scenarios and test cases from business requirement documents and use cases.
* Participate in management of test data, collection of requirements, and evaluation of available data in repositories.
* Used SOAP UI for web service testing like validating the response of claim processing.
* Inspected and worked on HTTP web services application and on SOAP APIs.
* Created SQL scripts for different frames of testing
* Analyzed test results using reports and graphs generated in Quality Center.
* Set claim processing data for different Facets Module.
* Created members within MDE and performed member and provider conversion.
* Performed Reconciliation task within MDE- Claim Test Pro to existing claims in the failed status.
* Extensively worked with both Quality Center and Zephyr based on the project needs and leads choice.
* Worked in Compass and ran the test steps within Zephyr to perform the regression test execution for various state markets.
* Defined approach for documenting, tracking, and resolving issues found during testing, outlined approach for developing acceptance criteria.
* Classified any other potential risks that exist in the current authorization and claim process related to claims overpayment.
* Recommended improvements to standardize authorization and claim process in order to increase auto-adjudication of pended claims related to Authorization Mismatch.
* Wrote test cases and test scripts, execute test scripts and analyzed outcomes.
* Generated and maintained SQL Scripts to perform back-end testing on the oracle database.
* Organized summary reports of configuration changes, test results and recommendations.

**Health Partners Inc., Philadelphia, PA January/2012 – October/2013**

**Business System Analyst**

**Responsibilities:**

* Managed the team of consultants responsible for developing on-demand Medicaid Management System reports.
* Assisted JAD sessions to identify the business flows and determine whether any current or proposed systems are impacted by the EDI X12 transaction, code set and identifier aspects of HIPAA
* Designed and development of test cases based on functional requirements for Institutional and Professional claims for EDI and HIPAA transactions 837/835, 834, 276/277, 270/271 testing.
* Performed requirement analysis by gathering both functional and non-functional requirements based on interactions with the process owners and stake holders and document analysis, represented them in Requirements Traceability Matrix (RTM)..
* Prepared high level end to end use cases and individual use cases for each 5010 transaction.
* Facilitated four-hour long round table discussion with most HR directors, managers and analysts along with QA manager to get their input [ad-hoc UAT] in the project.
* Used SDLC (System Development Life Cycle) methodologies like the RUP and the waterfall.
* Prepared High Level Test Strategies for the both the 5010 Compliance and Facets 4.61.
* Reviewed technical specs together with the team of two developers.
* Executed all test cases in all phases of testing like GUI testing, functional testing, regression testing, integration testing, system testing, end-to-end testing and user acceptance testing.
* Involed in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Medicaid claims and NCPDP claims.
* Participating in processing of requests for medical services and pharmacy services submitted via DDE or HIPAA 837 EDI and NCPDP submissions testing, integration testing, system testing, end-to-end testing and user acceptance testing.
* Wrote test cases in MS Excel for user registration, access to training material, and activity log-in, reviewed the test cases and finalized.

**Environment**: Windows, Oracle, PL/SQL, MS-Project, MS-Office Suite, MS Visio, Rational Requisite Pro, Clear Case, Clear Quest, MS Visual Source Safe,

**Aetna Health Insurance, Philadelphia, PA  July/2009 – December/2011**

**Systems Analyst**

**Responsibilities:**

* Performed pivotal role as a Systems Analyst in multiple projects and handled three releases at the same time.
* Release one and two were web-based service application developed for streamlining office workflow processes involved in Electronic Data Interchange (EDI) transactions and benefits in claims management cycle based on HIPAA Guidelines.
* Release three was based on reporting the policy premium. There were seven reports, which were generated in Brio portal.
* Generated test cases in Claims Analyzer Editor Professional to ensure unification with CPT-4 and ICD-9 codes.
* Tested the claims system, Facets through the 837 HIPAA X12 Formats (837D, 837P, 837I).
* Involved in creating test cases for IDC-9 codes and 837,270,271,835,820 transactions and validating the EDI files.
* Performed manual testing as well as automation testing with SOA test tools such as SOAP UI.
* Worked on agile methodology using Scrum.
* Tested the universe functionality by writing complex SQL queries in Oracle and verifying the results against the Universe.
* Used Facets ITS sub system to easily send, receive and manage data regarding claims, provider, membership, and fee-for-service/capitation billing.
* Clarified QA team issues and reviewed test plans and test scripts developed by QA team to make sure that all requirements will be covered in scripts and tested properly.
* Worked with the EDI team to validate the input and the translated files based on the mapping guide.
* Identified effect of new changes on existing applications like Edifecs (X-engine, Spec Builder).
* Developed budget planning report and timelines of the project by conducting walk-through sessions and meetings involving various leads from development, QA and technical support teams.

**Environment**: Rational Suite (Rose, Requisite Pro), Windows XP/2000, SQL, XML, HTTP, MS-Project, MS-Office Suite, MS Visio, Agile/Scrum, , Java and Oracle.