**Full Name: Selva Thabenthiran Cell Phone #: 408 991 4680** [**nithyams12.cit@gmail.com**](mailto:nithyams12.cit@gmail.com)

**Professional Summary**

* Over 10+ years experiences as Sr Business Analyst with extensive experience in Healthcare domain with prime focus on claims adjudication, provider, eligibility and prior authorization for Medicaid
* Expertise in System and Gap analysis, conducting workshops, analyzing existing business processes, and determining project scope, risks and complexity.
* Experienced in Medicaid Management Information System (MMIS). Expertise in various subsystems of MMIS- Claims, Provider, Recipient, Procedure Drug and Diagnosis (PDD), Explanation of Benefits (EOB).
* Worked with Rational Suite of tools to create requirements documents (Requisite Pro), visual data models (Rose), manage and track defects (Clear Quest).
* Proficiency in developing and Managing Quality Business Requirements specifications, Use Case(s), Realization, Design Specifications, System Specifications, Operational Specifications, Risk Management Plan, Technical Specifications, Test Strategies, Test Cases and RTM.
* Written multiple Use Cases for EDI transactions (Inbound and Response) including 837, 276, 277, 835, 834, 820, 270, 271 transactions.
* Expertise in EDI HIPAA 4010-5010 project to convert EDI x12 healthcare 4010 transactions into 5010 complaint transactions.
* Extensive experience in writing SQL and PL/SQL scripts to validate the database systems and for backend database testing.
* Comprehensive knowledge of Software Development Life Cycle (SDLC), having thorough understanding of various phases like Requirements, Analysis/Design, Development and Testing
* Familiar with HIPAA EDI transactions such as 834,835, 837 (P, D, I) 276, 277, 278 etc
* Adept at creating and transforming business requirements into functional requirements and designing business models using UML diagrams – Context, Use Case, Sequence, Activity diagrams in MS Visio and Rational Rose.
* Extensive knowledge of all phases of the software development life cycle (SDLC) and the iterative Rational Unified Process (RUP).
* Implemented various HIPAA codes (270 and 276) used for Billing and Eligibility purposes of patient records.
* SME for Oracle Letter generation based on the HIPAA guidelines involved in protecting the patients information
* Organized many Joint Application Developments (JAD) sessions, scrum meetings 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
* Excellent presentation skills with MS Power Point, which was extensively used in different JAD sessions and to track progress.
* Good experience in performing Gap Analysis using AS-IS and TO-BE business processes.
* In depth knowledge of SDLC and implementation of the Rational Unified Process (RUP) in all four phases of a project: Inception, Elaboration, Construction and Transition.
* Comprehensive knowledge of RUP, Agile, Scrum, FDD, Waterfall Methodologies

**Technical Skill-**

**Operating System**: Windows 2003 Server, Windows 2000 Server, Windows NT / XP and Windows 2000

**Languages:** C++, HTML 5, Java Script, XML, XSD, CSS, jQuery.

**Databases**: Oracle, MS SQL server, MS Access

**Tools**: MS Office, MS Project, TOAD, MS Visio, Rational Rose, Rational Requisite Pro, Clearquest, Clearcase.

**Business Tools:** Rational Suite (Requisite Pro, Rose, Clear Quest, Clear Case)**,** MS Visio,MS Project, MS Access, MS Office Suite, Visual Paradigm, Doors Erwin Data Modeller 4x, Business Object (Crystal Reports)

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

**Tools Experience** Test Director, JIRA, Rational Clear Quest, Quality Center, MS VISIO, SQL Developer, Toad, Agile

**Packages:** MS Office Suite, Dream Weaver, Adobe Photoshop.

**Project Experience**

**State of Oregon Healthcare Department – Salem, OR Lead Business Analys Feb-2013-Jan-2015**The Oregon Health Plan (OHP) provides health care coverage to low-income Oregonians through programs administered by the Division of Medical Assistance Programs (DMAP). I participated in all aspects of testing and gathering requirement for the MMIS system project. Like Eligibility Request/ Response, Request and Response for Claims Status, Prior Authorization, Claims Vision and Claims Payment. Reporting, and Filing claims through EDI X12 format transaction sets in compliance with HIPAA and the ACA standards  **Responsibilities:**

* Analyzed HIPAA EDI transactions in XML and X12 responses and of 270 and 276 and looked for defects for amendment.
* Defined Process for GAP Analysis that can be done in legacy modernization project.
* Working within a growing knowledge of X12 5010 HIPAA 837 I, P, D, 835, 834, 820, 270, 271, 276, 277, 278, EDI, Privacy, Security, and Medicaid.
* Arranged JAD sessions with Business users and development team to differentiate the new guidelines with old (NCPDP version 5.1 and ASC version X12 4010A1) and
* Designed the business requirement collection approach based on the project scope and SDLC methodology.
* Gather requirements by conducting meetings and brainstorming sessions with end users and SME and document them using Requisite Pro - the documentation tool offered by Rational
* Worked on EDI 834 to validate new enrollment and dismiss the enrollment.
* Performed testing for Medicare, Medicaid and X-Over claims for Medicaid Management Information System (MMIS)
* Used gap analysis framework to identify AS-IS processes of claims transactions of HIPAA X12 4010/4010A standard and TO-BE processes (ICD-10-CM and ICD-10-PCS compliance requirements) of 5010 standar
* Identifying Business rules and specifications for Enrollment files, Medical Claim Files and Pharmacy files for the ACA Edge Server project
* Conducted meeting with the EDI team and other stakeholders team members to discuss the requirements
* Gathered and interpreted data and trends on health care industry, managed care and Medicaid health care policy resulting in the identification of changes to state health care and Medicaid policy.
* Involved in creating sample mappings for the conversion of EDI X12 transactions code sets version 4010 to 5010 and translation of ICD 9 codes into ICD 10 codes.
* Testing of EDI X12 820, 834, 835 and 837 Transaction sets for claims processing
* Designed application modules, base classes and utility classes using core java
* Developed java script code for Form Validation.
* Tested the application by writing SQL Queries and creating pivot views as to perform back-endtesting.
* Conducted Business Analysis and Requirements Analysis activities to incorporate HIPAA and Medicaid provisions for Design, Development and Implementation Project.
* Detailed understanding of ACA Edge Server for Risk Adjustment, Reinsurance and Risk Corridors
* Extensive experience in all phases of RUP and SDLC processes
* Used UML to produce Use Case models, Activity and Sequence diagrams, as part of the detailed design of interfaces.

**Environment:** EDI X12N 4010, EDI X12N 5010 ,RUP, Rational Requisite Pro, Visio, Java, MS Project, MS Office,SQL, java script

**DHHS State of Maine/ Deloitte ME Sr Business Analyst Mar-2011-Dec-2012**DHHS State of Maine/ Deloitte Worked on the implemantation of MIHMS which is the new solution of MMIS (Medicaid Management Information System) for the state of Maine. Pharmacy, Pharmacy Benefits & Claims 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. The features of this project include Medicare and Medicaid Eligibility, Billing Verification, Self-Pay/Commercial Eligibility, Real Time Processing, Billing Address Verification with Address History and Insurance Eligibility Verification.  
**Responsibilities**

* Worked extensively with developing business rules engine enabling the business rules such as referral, prior authorization, eligibility, claims processing and billing essential.
* Involved in HIPAA/EDI Medical Claims , Design and Documentation
* Identifying Business rules and specifications for Enrollment files, Medical Claim Files and Pharmacy files for the ACA Edge Server project.
* Facilitated Electronic Data Interchange, Eligibility Data, Electronic Claims, Payer Billing, Revenue Cycle Management, Electronic Claim Submission, e-Statements, Workflow Automation, Patient Accounts, Billing, Class, Denial, Requests,
* Gathering, blueprinting and analyzing requirements using Requisite Pro and Requisite Web
* Extensively used Agile Methodology in the process of the project management based on SDLC.
* Performed testing for Medicare, Medicaid for Medicaid Management Information System (MMIS)
* Checked inbound/outbound HIPPA regulated EDI transactions facets
* Actively analyzed current business processes (Claims, Recipient eligibility and enrollment etc.) and worked with management to improve and implement enterprise solutions to ensure compliance
* Gathered and documented Business Requirements, created Functional specifications and translated them into Software Requirement Specifications.
* Facilitated SME interviews and assisted in identifying and analyzing the possible technical solutions.
* Regression Testing of Web applications and applications dealing with MEDICAID and MEDICARE Services
* Worked on solving the errors of EDI 834 load to Facets through MMIS.
* acceptance testing (UAT), developing and maintaining quality procedures and ensuring that appropriate documentation is in place.
* Worked with the full SDLC, elicit, analyze and define requirements.
* Wrote Structured Query Language (SQL) statement against Claims, Claim Status and updating Personal Information modules by Joins, Unions and Aggregate Functions
* Worked with Business Owners to ensure that Eligibility and Membership File exchanged on daily and weekly basis is updated with the Medicare changes.
* Responsible for identifying and documenting business rules and creating detailed Use Cases
* Involved in data dictionary management, extraction, transformation and loading (ETL) of data from various sources. Participated in ETL requirements process during data transition from source systems to target systems
* Writing Complex SQL queries and optimizing SQL Queries
* Participated in creating logical and physical data models, their enhancement. Based on the data models, worked with business architect, to create the software solution models.
* Involved in writing extensive SQL Queries for back end testing oracle database.
* Helped in creating of Data-Mapping best practices document including visual processes and trained team members on Data Mapping process and tools

**Environment:** Rational Unified Process (RUP), UML, Rational Test Manager, Quality Center, Win Runner, Rational Clear Quest, Crystal Reports, FileNet, MS Office, SQL Server HTML, Photoshop, Windows Server ,

**Blue Cross Blues Shield, Durham, NC Business Analyst Jun-2009-Feb-2011**  
The Health Insurance Portability and Accountability Act (HIPAA) require that all health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The Addenda version of the ANSI ASC X12 834 transaction set was selected as the HIPAA-mandated format for electronic enrollment and disenrollment in a Health Plan. The major difference between the 834 and the other HIPAA mandated transaction sets is the flexibility to contractually arrange for submission of select data fields within the format. BCBSN follows the addenda version of the ANSI X12 834 transaction Implementation Guide. Maintenance (834), Premium Payment Order/Remittance Advice (820), Institutional Claims (837I), Professional Claims (837P) and Dental Claims (837D).   
**Responsibilities:**

* Worked within a growing knowledge of HIPAA 837, 835, 834, 820, 270, 271, 276, 277, and 278, EDI, Privacy, Security, and Medicaid. Experienced with different life sciences disease codes.
* Tested the claims processing and Adjudication (EDI 837I, 837P, 837D& EDI 835).
* Worked into Health Care Industry with exposure to Electronic Medical and Health Records (EMR & EHR)/Automated Health Care Systems, ICD-10 conversion, HIPAA and other HIT standards.
* Developed standardized FACETS testing, implementation and QA processes. Documented workflow for benefit plan loading.
* Used Rational Clear Quest to track required changes and Rational Clear Case to maintain different versions of the project documentation.
* Ran X12 files through EDIFECS tool, did SNIP level validation and enriched the X12 files to CMS mandated guidelines. Enriched files were then transferred through NDM process.
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets. This includes HIPAA 4010A1 to 5010 conversion, gap and impact and business rule validation for all 12 standard HIPAA 5010 transactions: 270/271, 276/277, 278/278, 820, 834, 835, 837 (IPD).
* The 834 transaction was broken down into several components depending upon the functionality achieved from each component and the integrity of these components.
* The target database including SQL Server and used the data for Reporting purposes.
* Developed End-to-End Quality Process Flows for HIPAA 5010 EDI transactions including 834 (Benefit Enrollment and Maintenance), 835 (ERN-Electronic Remittance Notification) and 837 (Claims Submission) Transactions.
* Played key role in defining test automation procedure and standards, creating Win Runner and Quick Test Professional scripts for all the modules, which reduced the regression cycle drastically and improved the testing efforts for daily builds.
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims.
* Used EDIFECS Tool (Informatica Data Exchange), viewed XML files for any error in the transactions.
* Completed the documentation of Claims Scenario’s for the source system
* Extensively worked in designing the Testing approach for the ETL process in the Credit Data Provisioning Enterprise Data Warehouse (CDP).
* Used gap analysis framework to identify AS-IS processes of claims transactions of HIPAA X12 4010/4010A standard and TO-BE processes (ICD-10-CM and ICD-10-PCS compliance requirements) of 5010 standard.

Designed and coded user interface modules using servlets/xml/javascript/xhtml/html.

* Implemented the validation framework using JavaScript to extend client side as well as server side validations.
* Prepared and executed test cases for Navigational test, Functionality testing and GUI testing using Test Director.

**Environment:** Quick Test Pro, EDI, HP Quality Center, SSIS, ETL TestingSQL Testing, , XML, Sybase, SQL, PL/SQL, IBM Rational Functional Tester,UML,Rational Rose, Requisite Pro, Clear Case, Rational Clear Quest. MS Office, Crystal Report, Quick Test.

**Vention Medical, Salem, NH Business Analyst Jun-2007-May-2009**Vention medical is a worldwide market leading manufacturer and distributor of high tech medical devices that enable or enhance diagnostic and therapeutic medical procedures for completed tomography, magnetic resonance and cardiovascular applications. The project was to support the Clinical Trials Office (CTO) and working on Clinical Trial Management System (CTMS). The tasks also included gathering Business requirement, GAP analysis and writing use cases to design and develop internet based form submission application for Specialty Billing data from DB2. Used mainframe platform to retrieve data and utilized SAS/ETL to extract data from operating data system.

**Responsibilities:**

* Conducted meetings with Data Architects, Data Modelers and MS SQL Reporters to determine the feasibility of the related data.
* Extensively involved in requirement gathering and design meetings with Integrated Product Team (IPT) Business / Lead users to understand requirements for configuring / test System Workflows
* Successfully conducted numerous Joint Application Development (JAD) Sessions with various stakeholders at different phases of the Software Development Life Cycle (SDLC)
* Conducted feasibility study to identify if the business system can be created within the limited time, budget and resources.
* Performed GAP Analysis to identify areas of improvement for the business process.
* Developed, compiled and updated the Requirement Traceability Matrix (RTM) during all phases of the software lifecycle.
* Worked with Technical Writer and Senior System Analyst to prepare User Manuals, System Administrator, Facility Administrator and BHQ Administrator Manuals.
* Provided Training to Business Users, Test Team, and Product Specialists
* Involved in Prototyping of the application and Gap Analysis
* Worked with Senior Requirement Analyst to understand the User Requirements
* Prepared User Acceptance Testing (UAT) Protocol from Use Cases encompassing basic and alternate flows
* Tracked documents through all stages of lifecycle coordinate activities with authors, reviewers and approvers to promote document flow through the system.
* Execute distribution workflow phase for new and revised documents.
* Authored and reviewed technical documentation for multiple CFR Part regulated business units within company

**Environment:** SDLC, RUP,  Agile Methodology, Rational Rose, Requisite Pro, Microsoft Visio, MS Excel, MS Word, SAS/SQL, .NET, Microsoft Project, Microsoft Office, Erwin, Clinical trial Management Systems, Crystal Report, MS Windows 7/98/XP.

**Mayo-Clinic, Rochester, Minnesota Business Analyst Nov-2004-May-2007**The project was to make enhancements to the existing Business Analyst 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:**

* Involved in all aspects of project deliverables starting from Strategy & Process defining to Design Documentation followed by SAP HCM Configuration, Unit Testing, Integration, Regression Testing, User acceptance testing (UAT), Legacy Data conversion/Data Migration, end/Power User Training.
* Performed Gap Analysis of the As-Is and To-Be process within the organization to analyze and fill the existing gaps in the business processes.
* Conducted Onsite-Offshore Status Meetings on regular basis and co-ordinate to perform BRD related activities
* Documented the Use Cases and Activity diagrams using MS Visio to understand the requirements and communicate them to the development team.
* Implemented an integrated RUP solution with complete line of traceability for all the artifacts of web development projects.
* Prepared Business Process Models that includes modeling of all the activities of the business from the conceptual to procedural level. Followed top down, leveled technique for building Business Process Models.
* Worked with the exchanges for market data redistribution sign off and approvals for clients setup on client’s proprietary OMS
* Involved in reviewing complex SQL queries, views, functions and stored procedures and spotting issues before/during code migration.
* Used JavaScript to perform validation on the client side and to handle events on the client side.
* Performed Gap analysis for the modules in production, conducted feasibility study and performed impact analysis for proposed enhancements.
* Verified the functional aspect as per the Business Process and validated the interfaces with the other systems and data conversion from the legacy system.
* Used Rational Rose to visually determine the proper structure, key elements and optimal design for the database and to aid efficient creation of tables and storing procedures.

**Environment** Windows, MS Access, UML, Quality Center Use Case Analysis, SAS MS Visio, Rational Rose, Team Foundation Server, SOX, SOA, Java, Java Script, MS Office Suites, MS Excel,