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| * More than 7 years of industry experience; mainly as Systems/Configuration Analyst, Quality Assurance team member, Functional lead, and QA liaison in Healthcare domain. * Good domain knowledge of Health Care Insurance, EDI HIPAA transaction types and ANSI X12 data (837, 835, 834, 270/271, 276/277). * Experience in EDI Testing, Mainframe Testing, with great knowledge of QA methodologies. * Possess a high degree of expertise in the configuration of business rules that support reimbursement policies and methodologies in a large managed care organization. * Played a key role in the configuration and implementation of new markets and products for CSP (Community & State Platform) * Worked on Data migration, FACETS version upgrades 4.51/4.71, Reports Implementation, letters, Inbound/outbound Interfaces and FACETS Extensions. Implemented EDI transactions 837, 835, 270/271, 276/277 and 834. * Strong Facets Experience with Front End Construction on Versions 4.51/4.71/4.81. * Understanding of Trizetto’s core Facets product and knowledge of using Facets Data Dictionary. * Good understanding in EDI 4010A and EDI 5010 Transactions, 837 Claims (Instructional, professional and dental), (inbound and out bound), 834 Enrollment, 270/271 Eligibility inquiry and Response, 835 Remittances and 276/277 Claims Status Inquiry. * Worked efficiently with Applications Development and Support group to implement, test and rollout new patch releases. * Knowledgeable in process of various industry domains: Healthcare, Medicare Supplement and Disability. * Expertise in performing Web based testing, Black box, White Box, System, Functional, Unit, Integration, Performance, Security, Regression, Ad-hoc, End to End, (UAT) Acceptance Testing and bug tracking system on Windows and UNIX environments. * As functional lead and liaison, experience in teaming with business users and QA team for developing Use cases, Test cases, and Test plans. * Knowledgeable in all phases of the iterative Software Development Life Cycle (SDLC) and Testing Life Cycle. * Experienced to work with various tools; specifically tools for Software Validation, developing Test Plans and Test Cases. Expert working with Test Director, Quality Centre and QTP to create test cases and track defects. * Proficient in using MS Project, MS Visio and MS Office for designing, tracking, and managing team work. * Experience and Knowledge in translating business requirements into test strategy document and in-turn testable requirements/use-cases for applications. * Represent QA in all phases of product development including requirement, design, construction, testing, implementation, code reviews and support * In-depth knowledge of Rational Unified Process (RUP) and Business Process Re-engineering. * Experienced in preparing and documenting the User Acceptance Test (UAT) plan and obtaining the necessary signoffs from the concerned business units.   ***Blue Cross Blue Shield Kansas City******Apr 2014 –Till Now***  Business Analyst Consultant  Worked on various enhancement projects for Medicare Supplement Insurance product and other key project involving building a new product for Medicare Supplement in Facets 4.81. The scope of the project was to add new features to existing products and to design a new plan to stay competitive in the Medicare Supplement market. Throughout the full SDLC I was involved in eliciting business requirements and preparing test cases for the new Medigap plan.  **Responsibilities**:   * Worked with the **Inter Plan Teleprocessing system (ITS),** made changes to the ITS products. * Worked on **Front End Construction on Facets Version 4.81** and validated the Build by running SQL in the Backend ( Sybase Database ). * Used provider contracts as a reference to **build new agreements for Institutional/Professional and Dental.** * Worked on **Benefit configuration** setting Limit rules,Accumulators, SEPY, PCA etc. * Set up **industry codes (CPT, Revenue codes) etc.** * Convened **Joint Application Development (JAD)** sessions with the users to gather requirements and also got an overview of the whole scope of the project as the project managers were also present during the **JAD sessions.** * Participated in gathering **User Requirements**, developing functional specs and technical specifications. * Provided input to the **project work plan** for Business Analysis team activities and deliverables. * Found and resolved issues with the existing **claims processing system.** * Communicated and interacted on a regular basis with the **project manager and development team** during different stages of the product life cycle * Used **HP ALM** to execute the test plan, track execution against the plan during **testing and manage defects** from inception to resolution. * Worked on Data Analysis, Benefit grid review, requirement analysis for new plan/product built. * **Worked individually on several key tasks** for project and got sign-off from stake-holders on test cases.   UnitedHealth Group – Santa Ana, CA Oct 2012 to Nov 2013  Facets Configuration Analyst  As a leader in the health benefits and services industry, UHG’S six businesses —Employer & Individual, Medicare & Retirement, Community & State, OptumHealth, OptumInsight, and OptumRx — offer exceptional service, broad capabilities and enduring value in creating a modern health care system.  Project: The role required extensive configuration work on NetworX Application for pricing the agreements for various Lines of Business.Requirements are gathered as per the client need and configured in **FACETS 4.71**. The configuration task includes adding new markets for Community & State Platform. I worked on analysis and Configuration part in Medical Agreement Configurator, Fee Schedule, and NetworX Qualifier Group.  **Responsibilities:**   * Wrote detailed step by step Configuration summary document which outlined the contract language for specific pricing agreements. * Adhered to existing configuration management procedures and recommended improvements to existing procedures. * Configuration and implemented new markets and products for CSP (Community & State Platform) * Worked on Front End Construction on Facets Version 4.71 for CSP and validating the Build by running SQL in the Backend ( Sybase Database ) * Created more than 350 New Professional Agreement for Medicaid, Medicare and CHIP. * Worked with lead configuration analysts to define and prioritize projects; made changes to the pricing arrangement for Professional and Institutional claims. * Had weekly meeting with SME’s (Subject Matter Experts) to identify impacts to the system in order to incorporate new enhancements to the system. * Efficiently Completed configuration requests as assigned, based on approved business requirements. * Worked on Inpatient/Outpatient Pricing Type NetworX Values in NetworX. * Developed, documented and executed test plans for configuration testing and validate accuracy of data loaded * Worked on Medical Agreement Configurator, NetworX Qualifier Groups, Fee Schedule Export and Fee Schedules in NetworX.   Cigna Healthcare – Greenwood Village, CO Jan 2012 – Sept 2012  Facets Configuration Analyst  Project 1: The role involved extensive configuration work on **Members, NetworX Pricer, Claims, Workflow and Benefits.** Requirements are gathered as per the client need and configured in **FACETS 4.71**. The configuration task includes routing of claims based on the pricers including NetworX and other drug pricers. Worked on analysis and Configuration part in Fee Scheduler and Agreement Configurator. The workflow modules are configured based on the user roles and how it is queued to the corresponding Workflow manager and other users. The members and Benefits were configured based on the Plans and Variations according to the Line of business.  Project 2: Under the umbrella of major datawarehouse CAQH project, develop Operational Data Store for data delivery to various downstream consumers and applications. Data (from major source systems ePRO, PowerMHS & CDB) to be streamlined, validated, transformed, and prepared as a feed to CAQH data warehouse.  **Responsibilities:**   * Worked on NetworX Pricer which routes the Claims based on Configuration made on FACETS and configured with Benefits and member enrollment. * Have worked on change control procedure to change the existing requirement with the authorization from the business via JAD sessions. * Worked on Agreement Configurator, Fee Schedule Export and Fee Schedules in NetworX pricer. * Worked on inpatient/**Outpatient Pricing Type** **NetworX Values in NetworX Pricer.** * Created a survey of all the mapping documents (crosswalks/traceability matrix), which was used to re-factor the crosswalks. * Worked on EDI transactions like 270/271, 276/277, 835/837,834 and EDI’s. Worked on Use Cases for Batch processing for EDI’s. * Met with **SME’s (Subject Matter Experts)** to identify impacts to the system in order to incorporate new enhancements to the system. * Supported projects during the testing phase to clarify the understanding of the developers. * Worked on Member Coordination of Benefits (COB) Accumulator configuration related to Benefits tables in Members. * Configured benefits EOB imports batch job which populates EOB table stores the EOB (Explanation Of Benefits) amounts information * Main on-site liaison for offshore QA team to help manage any raised issues, Potential Defects, and Observations. In turn also work with development team to help provide resolution. * As a liaison between system analyst and QA team, responsible for managing and preparing testing plan, use-cases and test schedule for data validation to be done by offshore and onshore teams for timely delivery of data to consumers. * Validate the observations performed by the offshore teams and log the defects. Work with business users and development team to develop fix and retest procedures. * Responsible for technical onboarding of a team member with use-case specific training of various tools; Toad to Extract Data, Ultra-edit and Beyond Compare tool for validating data between Source and Target. * Using SQL Developer, test and validate interfaces for code and oracle stored procedures developed for HCP Portal. * Used HP QC to track the execution against the plan during testing and manage defects from inception to resolution. * Co-ordinated with Source system team to identify the test data and performed system testing. * Tracked and provided monthly progress status of team and testing to business/functional manager.   ***CareFirst Blue Cross Blue Shield, Owing Mills, MD*** ***Jul 2010 – Dec 2011***  Sr. BA/QA Analyst  CareFirst, Inc. is the not-for-profit, non-stock, parent company of CareFirst of Maryland, Inc., and Group Hospitalization and Medical Services, Inc., affiliates that do business as CareFirst BlueCross Blue Shield; the project is converting their existing EDI gateway to FACETS 4.51 application. The current 4010 transactions are routed from the trading partner to their EDI gateway in Legacy. During the transition period the EDI’s will be routed to FACETS HIPAA gateway for further Claims processing in FACETS. The other deliverable is Provider Enrollment which is responsible for New Enrollment and Re-validation of Existing Legacy Providers use cases used to construct the application software during the development stage. Worked on EDI transactions like 270/271, 276/277, 835/837.  **Responsibilities:**   * Elicited and documented business requirements, perform data and transaction mapping, complete a **GAP analysis** and document the impact of the migration from **HIPAA** 4010A1 to **HIPAA** 5010 on current business processes and applications. * Worked on chargeable and reportable claims which would be the inbound and outbound for **Claims/Encounters.** * Created Use cases for **834** (Benefit Enrollment and Maintenance Transaction) and also performed gap analysis and impact analysis for the 834 transaction 5010 changes; * Analyze **current business processes** and **systems** to provide business process improvement ideas. * Gathering, Analyzing and Document the Requirements and write the use cases for the requirements. * Carried out **Gap analysis** and assessment to out to identify the comprehensive **impact of HIPAA 5010 to processes and systems**. Based on the assessment, detailed requirements should be gathered around how systems and processes will need to be modified to achieve compliance. * Validated business rules related to claim adjudication systems and validated data based on **claims/Encounters.** * Exposed to **ICD-9-CM** terminology server and directly mapped textual descriptions of the VBA disability codes to **ICD-9-CM**, then mapped **ICD-9-CM** and the VBA Disability codes to SNOMED CT. * Develop and recommend **operational processes and/or process** improvements in **support Facets clients.** * Worked on the accumulator record for send and receive; **OOP Applied Amt In Network, OOP Applied Amt Out Of Network, Deductible Applied Amt In Network, Deductible Applied Amt Out Of Network.** * Worked on Member **Coordination of Benefits (COB)** Accumulator configuration related to Benefits tables in Members. * Worked with **call centre** to translate benefits and NAEGS in FACETS. * Document business requirements for changes required to conform to the **Trading Partners Companion Guide.** * Responsible for ensuring **HIPAA EDI Trading Partner transactions** meet established standards and are able to be transmitted and processed. * Wrote and tested the Specifications for how the loading of data should be done from different **TDS to ODS through ETL process.** * Worked with my cliques, business area, development and **Quality assurance** team to create the **UAT Strategy** and Plan. Participated in brainstorming sessions to prioritize and distribute tasks to the UAT team for effective execution.   ***Celtic Health Care - PA Nov 2007 – Jun 2010***  Business Systems Analyst  Celtic Healthcare, Inc. is a leading multi-state, full-continuum home healthcare services provider. Celtic Health care group is a committed organization to serve its registered members/patients with many services. The scope of the project was to build Medical Site which provides Search utility to all the registered patients to view and select Physicians and fix an appointment with Physician to their nearest Location and by physician's name.  **Responsibilities:**   * Analyzed and studied the different Business Processes across various Business Units. * Studied and gathered the business requirements from the end users by conducting GSD (General system design) and DSD (Detail system design) * Worked with the development team to provide remedies and an end-to-end system solution, conducted performance testing with the help of the fault monitoring system. * Involved in the Review of **Requirements Specification** with functional manager and technical specialists of the application * Worked on **Claim Processing Data Entry Logic, Processing of Medical & Hospital Claims, Additional Claim Processing Functionality, Intern Billing in Hospital Claims, Service Related Parameters, Pre Pricing Claims, Logging Claims, Claim Adjudication, Claim Status, and Claim Payment.** * Involved in understanding the **current business process** and in defining **scope** of the project. * Liaison between the **business units,** technology teams and support teams. * Formulates, defines and documents the functional **system** specifications. * Formulates and defines **systems scope** and objectives through research combined with an understanding of applicable business systems and industry requirements. * Worked on **FACETS configuration** and end to end testing of **FACETS Billing, Claim Processing** and **Subscriber/Member module.** * Work to set **Facets data** in **Claims Processing, Members/Subscribers, Groups, Billing** for different testing efforts. * Extensively involved in **Batch testing** of **claims submission.** * Conducted **System, Integrated** and **Regression testing** to the application. * Performed **Sanity** and **Smoke testing** on the application **manually.** * Wrote and **Enhanced test cases** and **test scripts** to meet new functional requirements as per the new business requirements. Configured benefits EOB imports batch job which populates EOB table stores the **EOB (Explanation Of Benefits)** amounts information * Prepared a package of **Process flow diagrams** to document the existing system. * Worked with the Business Users through interviews and **(Joint Application Development) JAD sessions.** |
| Education and Certification  **Academic:** MBA - Faireigh Dickinson University – **Teaneck, NJ May 2007**  BBA - Sardar Patel University – **Gujarat, India March 2004**  **Certified:**Advanced Diploma in Computer Application – **Gujarat, India** | |