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| **PROFESSIONAL SUMMARY** |

* **6+ years** of diverse experience as a **Business/ System Analyst** in developing and implementing innovative **business processes.**
* In-depth knowledge and experience in full **SDLC** with **Rational Unified Process** (RUP**), Agile** and **Waterfall** methodologies.
* Functional experience in health Care Industry with vast knowledge on **Medicare** and **Medicaid.**
* Expertise in creating the **companion guides** on various **EDI transactions**.
* Specialize in **HIPAA 5010** implementation including **GAP analysis.**
* Expertise in **impact analysis** on the key application systems (**claims processing, reporting, payments**) and business process of health insurance companies.
* Clear understanding of **ICD-9-CM** and **ICD-10-CM/PCS.**
* Well versed with **ANSI X12, HIPAA** and **HL7** standards.
* Expertisein **Facets** support systems used to enable inbound/outbound **HIPAA EDI** transaction in support of **HIPAA 834, 835, 837 270/271** transactions.
* Medical Claims experience in Process Documentation, Analysis and Implementation in 835/837/834/270/271/277/997(X12 Standards) processes of Medical Claims Industry from the Provider/Payer side.
* Exceptional ability to maintain and build client relationships with business owners to identify, prioritize and **document business requirements**.
* Proficient understanding of Medicare **Part A, Part B, Part C and Part D.**
* Extensive experience in **Healthcare/Claims** adjudication with knowledge of industry compliance standards like **HIPAA** and **EDI X12** transactions **(834, 837, 835, 270/271, 276/277)**
* Proficient in all phases of **Requirement Management**, including **gathering, analyzing, detailing, and tracking requirements.**
* Expertise in creating **prototypes** and **mock-ups** for user interface designs.
* Experience in Business Requirement and **System Specifications Analysis**.
* Specialized in creating **UML Diagrams** **like Use Case, Activity and data flow diagrams** using **Rational Rose** and **MS-Visio** and consistently translate business requirement into IT solutions.
* Extensive knowledge of **reporting tools** such as **SQL** and **ACCESS** for underlying database tables and resolve data issues.
* Expertise in **RDBMS concepts** and running **SQL queries.**

**SKILLS**

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| **Microsoft Technologies:** | MS Project, Visio, Excel, Word, Outlook, PowerPoint |
| **Requirements Management** | Rational Requisite Pro |
| Business Modeling | Rational Rose, MS Visio |
| **Defect Tracking Tools** | HP Quality Center, Rational ClearQuest |
| **Languages/Standards** | SQL, XML, HTTP, Java, HIPPA 4010/5010, ICD9/10, ANSIX12 |
| **Methodologies** | Rational Unified Process (RUP), Agile, Waterfall |

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| **PROFESSIONAL EXPERIENCE** |

**Affinity Health Plan, Bronx, NY Sep 2012 – Present**

**Business System Analyst**

**Description**

Affinity Health Plan is an independent, non-profit managed care plan that serves the needs of over 210,000 residents of the New York Area and provides healthcare coverage through its family health plus, Medicare & Medicaid programs.

Affinity Health Plan implements Facets Enterprise administrative system, a new core system built by Trizetto, with updated technology to allow for more efficient claims processing, membership enrollment and provider data maintenance & getting access to customer records.

**Responsibilities:**

* Assists the project manager in the creation of the project charter & vision document during the inception phase of the project.
* Performs GAP analysis as it pertains to membership management and claims processing to evaluate the adaptability of the new application with the existing process.
* Produces Activity diagrams with defined swim lanes as part of the claims process analysis.
* Instrumental in gathering and prioritizing requirements using 1 to 1 interviews, brainstorming & developing questionnaires.
* Experience in working with the Medicare part D and Medicare Advantage and the enrollment process.
* Translates business requirements into functional specifications and documented the work processes and information flows of the organization.
* Uses TriZetto HIPAA Gateway to comply with HIPAA standards (270/271, 276/277 & 837) for EDI transactions.
* Represent Operations Team as Client Liaison for Medicare Part D Plan.
* Coordinates with the developers and IT architects to design the interface of the new system according to the X12 (270, 276, 278, 834, 837 (I, P, D) standards.
* Participates in all phases of the Facets Extended Enterprise administrative system implementation to include the planning, designing, building, validation, testing, and Go-live support phases.
* Consistently involved with various aspects of the project's needs such as the logging, tracking, and resolution of issues, current state workflow assessments.
* Creates a detailed use case scenario.
* Assists the Quality Analyst (QA) in creating test plans, test data and conducted manual testing to validate functionality.
* Clarifies to claims personnel the new Affinity payments and Explanation for payments (EOPs) for the same claim processing cycle.
* Clear understanding of Medicare (Part A, Part B and Part D) and Medicaid benefits.
* Assists the QA in performing simple SQL queries for QA testing and data validation.
* Conducts user training pertaining to old and new Affinity Provider ID appearing on documents providers receive from Affinity (mainly occur with EOPs, capitation rosters, PCP membership rosters, provider directory listings and some system generated letters).

**Environment:** Facets, Oracle, MS Project, MS Office suite, MS SQL, Rational Suite, Citrix, MS SharePoint.

**HP-TennCare, Nashville, TN Jan 2011 – Jul 2012**

**Business System Analyst**

**Description**

TennCare is State of Tennessee's Medicaid program that provides health care for 1.2 million Tennesseans. It is the only program in the nation to enroll the entire state Medicaid population in managed care. Hewlett Packard (HP) works with Bureau of TennCare to implement and maintain the TCMIS.

Federal law requires all Health Insurance Portability and Accountability Act (HIPAA)-covered entities to adopt the Phase I and II (Council for Affordable Quality Healthcare) CAQH (Committee on Operating Rules for Information Exchange) CORE Eligibility and Claim Status Operating Rules. This project pertained to implementing Phase II CAQH CORE Claim Status Operating Rules.

**Job Responsibilities:**

* Worked in EDI subsystem workgroup and Data warehouse subsystem workgroup.
* Worked in implementation of CMS mandated rule to allow providers check the status of their claims without any manual intervention. Since TennCare had never accepted the 276/277 transactions, the project laid out system to accept and process the v5010-276 v5010-277 claim status transactions electronically.
* Gathered the business requirements for Medicare Part D and managed the requirements using Rational Requisite Pro**.**
* For the 276/277 system, referred to TR3 for HIPPA compliancy and collaborated with the business users for creating business rules.
* Developed extensive experience in eligibility and benefits calculation for state, federal and local services such as Medicareand Medicaid**.**
* Gathered, created and documented requirements in Requirements Analysis Document (RAD), Business Design Document (BSD), Requirement Design Document (RDD), and Defect Analysis Document (DAD).
* Created Bidirectional Traceability Matrix to link requirement, functional requirements, technical solutions and test cases.
* Entered requirements and defects in quality center.
* Worked on preliminary estimates, intermediate estimates and revised estimates.
* Worked with Pharmacy Claims from PBMs (Pharmacy benefit management companies) for Medicare Part D.
* Review Technical Design Document (TDD), test plan and test cases documents as part of work product review.
* Used Specbuilder to create mapping documents for 276/277 transaction: 1) X12 - XML and 2) interchange – XML – X12.
* Prepared Companion guides for X12 files that will eventually be shared with the trading partners.
* Set up trading partners in the interchange through TN Anytime.
* Prepared valid combinations of Category Codes and Status Codes to report the status Claim Status Response transaction.
* Created test scenarios, test plan and test cases.
* Gathered test data from 837 Claim (I, P, D) X12 transaction, National Council Prescription Drug Program (NCPDP) Claim and data base.
* Analyzed and validated MSIS claims and eligibility data and statistics before reporting to CMS quarterly.
* Used MS Access and Excel to conduct data extract validation before sending the extract files to Managed Care Organizations (MCOs).
* Assigned as the BA for Agile Prototype project.
* Attended Daily Scrum Meeting with the team members and the Clients and performed the role of Scribe for all the sprints.

**Environment:**Oracle, SQL Developer, Windows 7, Microsoft Office Suite, SharePoint, Microsoft Project Server (MSPS) Microsoft Access, CMOD, HP Quality Center10.0 , Citrix, MS  Visio, Business Objects, Edifecs Specbuilder, Edifecs Transaction Management, Waterfall Methodology, Agile Methodology

**CIGNA Healthcare, Raleigh, NC Jun 2009 – Nov 2010**

**Business System Analyst**

**Description**

**CIGNA Healthcare** provides quality health insurance at affordable prices. I worked particularly on analyzing Facets interfaces involving a new feature for SPP (Strategic Partnership program). My duties included working with claims module and processing them for various scenarios. I had responsibility of testing mainframe systems for CBoR (Claim Book of Records). As an analyst, worked on **ETL projects** to construct and verify data requirements.

**Responsibilities:**

* Conduct **gap analysis** between the current system and new requirements to be implemented thereby mapping the business requirements to the application
* Involved in training and test session on **HIPAA Privacy policy.**
* Prepared high level and detailed system requirements documents for the application
* Analyzed **HIPAA 5010** standards for **837P transactions**, related to providers, payers, subscribers and other related entities
* Identified the requirements for accommodating **HIPAA 5010** standards for **837P transactions** and captured these requirements to develop new GUI for the internet based application
* Involved HIPAA regulations in **Facets HIPAA privacy module**
* Involved **EDI Claim Process** according to HIPAA compliance.
* Involved in daily Scrums to determine the status of the project and impediments, if any
* Involved in sprint planning meeting to identify the tasks for the sprint and getting team members acceptance/commitment for the assigned tasks.
* Involved in Sprint review meeting with the team and stakeholders to review the achievements from the sprint and get approvals
* Identified the requirements that go in each sprint, collect them in the sprint backlog and collecting and managing the requirements that are not part of the current sprint into the product backlog
* Designed the Internet based application and managed the business and design specifications in the business specific wikis
* Write high level and low level business requirements and design mock-up screens for the application
* Analyzed the existing data model and provided suggestions and recommendations
* Translated the requirements prepared for SDLC methodology to User Stories and implementing Agile methodology as a standard for the ongoing project
* Wrote user stories and acceptance criteria for the requirements of the project
* Involved in daily scrum meeting to discuss any roadblocks or impediments in the project path
* Involved in sprint planning session to identify the features and functionalities that should be achieved by the new application
* Preparing Requirements Traceability Matrix and Test cases to insure the desired functionalities are present
* Identified various points of integration among the new and existing applications and required integration with other IT components
* Worked closely with the business team, development team and the quality assurance team to ensure that desired functionalities will be achieved by the application
* Provided business and technical suggestions and recommendations during the project life cycle

**Environment:** MS Office Tools, Windows XP, MS Project, RequisitePro, MS Visio, MS PowerPoint, Mercury Quality Center, MS-SharePoint, MS-Word, MS-Excel, Facets

**Health Corporation of America HCA, TN Feb 2008 – May 2009**

**Business Analyst**

**Description**

I worked as a Business Analyst on Medicaid Claims Processing, which includes prioritization of claims, creating Medicaid reports and checking the status of claims. I also worked with Facets application where the implementation of Facet newest applications was involved to help healthcare payers improve productivity, enhance service and improve service.

**Responsibilities**:

* Facilitated Joint Application Development (**JAD**) Sessions for communicating and managing expectations involved in **FACETS** Implementation, involved end to end analysis of **FACETS** Billing, Claim Processing and Subscriber/Member module
* Worked closely with the Lead BA in establishing team goals
* Writing /Test Scenarios/Test Cases/Test Matrix
* Used the Rational Unified process methodology for the application development and created Use cases, activity diagrams and drafted UML diagrams using MS Visio
* Followed the **RUP** methodology for the entire **SDLC**
* Involved in writing and executing test cases using MQC based on the requirements
* Assisted the development team during the second and third iteration using the RUP model
* Developed design Specification writing Test report s and documenting Test results
* Used RUP to create use cases, activity, class diagrams andworkflow process diagrams
* Worked with the Project Manager on various Project Management activities like keeping track of **Project Status and Deadlines/Milestones**

**Environment*:*** Windows XP, Mercury Quality Center, MS-Visio, MS Project, XP

**EDUCATION**

Bachelors in Information Systems.