Summary

* Over 6+ years of experience as a Business Analyst in all phases of Software Development Life Cycle with solid Experienced in writing Business Requirements Document (BRD) and Functional Requirements Document (FRD).
* Good understanding of health care industry, Claims Management process, Medicaid and Medicare Services and insurance sector
* Excellent knowledge of Health Insurance Portability & Accountability Act (HIPAA) standards, Electronic Data Interchange (EDI), HL7 and ICD-9 to ICD-10 coding.
* Areas of professional experience in health insurance, pharmaceutical, and clinical systems includes the analysis of projects, business requirements gathering and business processes for disciplines as: Claim processing, HIPAA X12, EDI transactions and code sets, 4010 to 5010 conversion, ICD-9 to ICD-10 crosswalk strategies; Medicare and Medicaid reimbursement programs, data warehouse and testing.
* Using Facets for various health insurance areas such as enrollment, member, Products and other FACETS related modules
* Experience in testing Facets applications and EDI transactions  
  Expertise in creating and maintaining Business requirement document, System Requirement documents. Creating business workflows and processes using Visio.
* Experience working on 4010 and 5010 HIPAA implementation guides relate to Claim Testing and Medical Billing.
* Knowledge of the EDI transaction sets such as 837, 834, 835, 270, 271, 276, 277, 999
* Understanding of HIPAA Standards and Compliance issues, HIPAA Privacy policy, opt in/opt out policy.
* Extensive experience with Object oriented Analysis and Design using Rational Unified Process (RUP), Waterfall methodology and Agile Modeling
* Requirements gathering in compliance with HIPAA 4010 and 5010 standard.
* Proven ability to analyze complex problems, identify risks and develop effective solutions to improve productivity, reduce cost and track progress through all phases of SDLC
* Executed SQL queries and documented them as part of validating the Business Object reports and for testing purposes
* Designed High level design, for New process, integrating with legacy and Facets
* Documentation, requirement gathering, business processes, and feasibility studies on HL7 and HIX (Health Insurance Exchange).
* Experience in creating SQL queries to facilitate UAT and perform data validation.
* Solid experience in developing business requirements documents (BRD’s) and functional requirements documents (FRD’s).
* Experience in methodologies like Agile, Waterfall Model and Data Modeling; Creating Process mapping, Use Cases, Sequence diagrams, Activity diagrams
* Solid understanding of Membership, Claims Processing, Billing, Benefit/Eligibility, Authorization/Referrals, COB, and have experience in HIPAA standards and corresponding EDI transactions.
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Proficient in conducting System Testing, Functionality Testing, Regression Testing, User Acceptance Testing (UAT) and training of users

Technical Skills

Process/Modeling Tools: Agile Methodology, BRD,and ICD-9 Coding, FACETS, AMISYS, MS Visio

Testing Tools: Quick Test Pro Rational Requisite Pro, Clear Quest, Clear Case, MS Office Suite GAP Analysis, CICS CMMI, Web Applications Testing,Web services testing using SOAP UI, Oracle CRM On Demand testing

Operating Systems: Windows 7/2000/XP/, UNIX

Reporting Tools: Quality Center, Rational Clear Quest

Languages: SQL,java WSDL,SQL .Net

Methodologies: Agile, JAD, Waterfall, RUP

RDBMS: SQL, Oracle, and MS Access

Utilities/Application: MS Project, MS Visual, MS Office 03/07 (MS-Word, MS-PowerPoint, MS-Excel, MS-Access, MS-Outlook)

Professional Experience

**Health Partners Inc. Philadelphia, PA May-2012-Oct-2014  
Sr.Business Analyst**

Health Partners Inc. Philadelphia, PA as Business Analyst worked on research department which was currently trying to develop an ODS/Data Warehouse to support its institutional equities research department. The data warehouse was being designed.

**Responsibilities:**

* Gathered and documented business requirements for existing and future business systems.
* Acted as a liaison between business staff and technical staff to articulate needs, issues and concerns.
* Analysis of the business solution and develop Business Requirement Definition (BRD)
* Lead multiple project teams of technical professionals through all phases of the SDLC using technologies including Oracle, Erwin, Data Stage, Data Warehousing, Web sphere and Cognos.
* Managed Scope and change throughout the SDLC process of the product.
* Performed extensive data modelling to differentiate between the OLTP and Data Warehouse data models
* Defined Functional Test Cases, documented, Executed test script in Facets system.
* Analyzed trading partner specifications and created EDI mapping guidelines.
* Healthcare system implementation including enterprise Electronic Medical Records (EMR) software.
* Involved in mentoring specific projects in application of the new SDLC based on the Agile Scrum and Rational Unified Process, especially from the project management, requirements and architecture perspectives.
* Prepared BRD and FRD, and simultaneously managed the documents using Rational Requisite Pro
* Created Data Stage jobs to extract, transform and load data into data warehouses from various sources like relational databases, application systems, temp tables, flat files etc.
* Designed and developed use cases, activity diagrams, and sequence diagrams using UML.
* 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.
* Converted various SQL statements into stored procedures thereby reducing the Number of database accesses.
* Working knowledge of HL7, Health Information Management and Chart Tracking, SQL.
* Involved in testing Web services and XML with tool called ‘SOAP UI’
* Co-coordinating with the team to analyze the 834, 835 and 820 EDI Transactions for dual eligibility Project (FTC).
* Worked closely with the Enterprise Data Warehouse team and Business Intelligence Architecture team to understand repository objects that support the business requirement and process.
* The tests also included GUI testing: Testing for validation and display of screens
* Provide healthcare specific operational knowledge to support system design – including workflows charts, diagrams
* Successfully conducted JAD sessions, which helped synchronize the different stakeholders on their objectives and helped the developers to have a clear-cut picture of the project.

**Environment**: Quality Center,BRD, EDI, GEMS, Agile Microsoft Office Professional (Outlook, Word, Excel, Visio, Access, etc.), Microsoft SharePoint , Web services ‘Soap UI, UML, RUP, UAT, db2, Quality Center, SQL, .NET, Clear Case

**Health Net, Chicago, IL Business Analyst Nov-2010-Apr-2012**

Project Description: I worked for the Health Net as a Business /Quality Analyst. I have participated in full software development life cycle implementations (SDLC) from project initiation to final deployment. I have worked with various Business Areas like Enrollment, Claims, Finance, Providers, and Benefits Admin. The project involved gathering Business Requirements for the Claims Business Area and updating EDI Transactions like EDI 837, 835, 276 and 277 with the HIPAA 5010 Changes. I have experience in development of Web Portals in the Healthcare Industry. I developed a Referral Web Portal that was used by providers and members to view their referral information. I was also involved in the documentation of ICD 9 – 10 Conversion's Impact Analysis of the Diagnosis and Procedure Codes.

**Roles & Responsibilities**

* Gathered Business Requirements from the Subject Matter Experts (SMEs) and documented the requirements in the BRD.
* Documented complex Business requirements and made process flow diagram for the 837, 270/271, 276/277 & 835Remittance transactions as per the 4010 to 5010 implementation for the Medicaid claim processing system enhancement.
* Full knowledge of the Diagnosis and Procedural Code changes for Healthcare Entities like Payers, Employer Groups, and Providers. Worked on ICD 9 codes and gathered future requirements based on ICD 10 codes. Managed creation of 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.
* Analyzed the impacts of HIPPA 5010 project on inbound 837 claims
* Gathered requirements from the users and analyzed the requirements for RQ System, Facets etc.
* Extensively worked with FACETS Implementation, FACETS Billing, Claim Processing and Subscriber/Member module.
* Gathered and documented functional requirements for testing and verification of HIPAA.
* Web Portal Development – Worked as a Business/Quality Analyst gathering requirements to develop a referral portal.
* Worked on As-Is To-Be analysis of ICD9 to ICD 10 conversion for the new qualifiers used in the 837 claims for the diagnosis and procedure/HCPCS codes.
* Performed manual testing by building 837 claims, converting them into EDI file, uploading them into mainframe region and doing error resolution & testing for 5010 requirements& NPI crosswalk.
* Functionally validated Web Services delivered in SOAP XML format as provided in specification document
* Prepared and documented System Requirements and workflows for the Content Management Application tool.
* Tested 835(payment remittance), 820(payment summary) and 834(enrollment) EDI transactions
* Gathered knowledge on HL7, HIPAA rules and regulations.
* Created process flow diagrams describing provider and member access to the web portals.
* Analyzed and evaluated User Interface Designs, Technical Design Documents and the performance of the application from various dimensions.
* Prepared the Functional requirement for the automation of 834 and 820.
* EDI file testing for checking the HIPAA 5010 (X12) compliance of the inbound 837 claims.
* Conducted JAD sessions, workflow diagrams, UML diagrams, process models, activity diagrams, use cases, for incorporating design changes in the order creation/ management system.
* Assisted in creation of the Functional Design Document from the Business Requirements Document which was used as the reference by the development team while preparing the design and held the responsibility of the required data setup for unit testing.
* Documented the UAT Plan for the project and worked with the UAT Team to ensure every acceptance criteria for the requirements has been included in the UAT task plan.
* Aggregated the Business Requirement from the users according to their need for software and developed Business Requirement Document(BRD)
* Maintained the Traceability Matrix Table to uniquely trace the identified business requirements
* Used HL7 guidelines and dictionary for defining business rules associated with pre-defined workflows according to business requirements
* 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.

**Environment:** MS Visio, Word, Excel, UML, Facets, HIPAA, HL7PowerPoint, web services ‘Soap UI, Rational Requisite.

**Coventry Health Care, Fargo, ND Business Analyst Jan-2009-Sep-2010**

Project Description Coventry health care is a diversified and dedicated national health care company that provides high-quality healthcare solutions at an affordable price. The project scope included ICD 10 Care Management Impact Analysis where care Management utilizes multiple software systems to support the intake and processing of authorization requests. There is exchange of data between the payer and vendors contracted to perform services on our behalf to manage Case and Disease programs and provide robust reporting and decision support which facilitate their business processes. The authorization requests are based on ICD 9 codes which need to be replaced by ICD 10 codes to meet the mandate date.

**Roles & Responsibilities**

* Coordinate with Project Managers, ETL Developer, Business Objects team, QA Testers and work on defects
* Gather and analyze requirements for development write code in ETL Informatica tool
* Analysis of the defects related to the reports and various EDI transactions within the HP system
* JAD sessions were done with business and business requirements were gathered before working on requirements document as a BA from Enterprise data warehouse team.
* Create and maintain the Business Requirement Documents for the defects (Defect Resolution Document) Act as a liaison between the ETL developers, QA tester and SME
* Used FACETS Analytics for fast and easy retrieval, display and grouping of information for performing queries and generating reports.
* Developed test plans, test scripts and use cases for testing of workflow automation tool in conjunction with business users and IT development staff.
* Working with the application and Business Analyst team to develop requirements
* Translating process/technical solutions for business during defect analysis
* Help in preparing the training material of the providers and insurance companies using the software supporting ICD 10.
* Indicator field (electronic standard code) was added and moved to the enterprise data warehouse to be stored on the claim line table
* Utilized survey assessment results of ICD-10 to create listing constraints, processes, projects and systems, applications and vendor software to be impacted by the ICD-10 Conversion Project.
* Worked With HIPAA compliant ANSI X12 837 formats for both professional claims and institutional claims.
* Analyzed the laws and regulations (HIPAA, HL7) before implementing the electronic medical record software.
* Analyzed the mainframe reports for member/eligibility/claims and mapped the fields with FACETS batch jobs and reports.
* Created process workflows and designed end-user screens based on Use Cases.
* Working through the phases of SDLC using the Agile methodology
* Developed BRDs, FRDs and FSDs using corporate templates; developed Use Case Diagrams, Activity Diagrams and Sequence Diagrams using UML
* Reviewed ETL and Business Objects defects and proposed fix for defects as per the scheduled timeframe
* Strong hold on Data Warehouse with ETL process and domain knowledge of Claim processing, Group Insurance (GI),Plan Sponsor, Member, Product, Provider, Lab Results,
* Worked on defect related to EDI 837, 835, 277 and 999 transactions
* Implemented the data driven frame in SOAP UI and Tested various functions in web services with different sets of data.
* Worked on new requirements (Change Request) and modifications on various reports that were determined as critical by the Client.
* Worked with Waterfall methodology during the beginning of the project then transitioned to Agile methodology

**Environment**: Informatica, Toad for SQL Developer, Agile, Waterfall, Oracle, MS Office tools, Facets, HP Quality Center, web services ‘Soap UI, Windows , MS Project, Data warehouse, Mainframe

**Humana Healthcare Louisville, KY Business Analyst May-2007-Dec-2008**Project Description Humana’s project involved the creation of processes, procedures and technology for with compliance with HIPAA 5010 standards. I was involved in the analysis of the required changes needed in the existence system of Humana. For example, I had to analyze how changes in field length, type and values would have an impact on present systems and how to prepare the present systems for these changes.   
**Roles & Responsibilities:**

* Involved in gathering requirements as per the consensus meetings between Humana and providers.
* Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system)
* Developed Use Case diagrams and process flow diagrams using Rational Rose and MS Visio.
* Actively prioritized and managed requirements throughout SDLC with all key stakeholders
* Developed functional requirements and a proposed data warehouse strategy for supporting employee compensation and compliance reporting/analytics.
* Negotiated and managed multiple priorities, project plans, time frames and trade-offs while ensuring the clinical and administrative staff understood the final results of the projects, sharing detailed vision of cost-benefit analysis.
* Worked on solving the errors of EDI 834 load to Facets through MMS.
* Provide input to estimates for project management and change management activities through analysis of requirements effort, resources, and technology.
* Worked on EDI 834, 835,837 as per HIPPA guidelines.
* Performed the detail comparison between 4010A and 5010 especially in regard to EDI 837.
* Helped with data modeling and defining the conceptual and logical model of the data warehouse.
* U created Use cases, activity diagrams and drafted UML diagrams using the Rational Rose.
* Written requirements following SDLC methodology, converted them to User Stories in order to follow agile development.
* Updated the requirements and prepared comprehensive Business Requirements Document (BRD) that provided the appropriate scope for the users and management to make appropriate decisions.
* Played a key role in planning UAT and implementation of system enhancements and data migration and conversions.

**Environment**: Microsoft Visio, Windows XP, Facets, MS Office, Rational Requisite, Rational Rose, Quality Center, SQL .Java