Objective

*Results-driven, Business/ EDI Analyst with 7+ years of experience in IT industry working with various projects and domains including Healthcare seeking to attain a challenging role and add value within a world class company.*

SUMMARY OF QUALIFICATIONS

* Comprehensive knowledge and experience acting as a liaison between business and technology in phases of **Software Development Life Cycle (SDLC) methodologies like Agile, RUP and Waterfall.**
* Expertise in defining and developing analysis of Business Requirement Documents, Functional Specification Documents, Test Plans and reports.
* Participated in creation of **Requirements Management Plan (RMP**) for complex projects and could create RMP for less complex projects, to define, organize and schedule requirements management and development activities.
* Organized **Joint Application Developments (JAD), Interviews, workshops and requirement elicitation sessions with end-user/clients/stake holders.**
* Proficient in using UML in behavioral, structural and architectural modeling – in creating Use Case and Activity diagrams using Microsoft Visio.
* Experience in coordinating and **conducting User Acceptance Testing and GAP analysis**.
* Exposure to testing methods, such as Regression, Performance, Load, Functionality, Smoke, and Usability Testing for web and Client/Server application.
* Excellent knowledge on 837i, 837P, 837d, 835, 834, 276/277, 270/271, 278, 820 HIPAA transactions.
* Experience working in a **FACETS** environment and I have gained extensive knowledge about various modules of a FACETS system such as claims, membership and pre-pricing etc.
* Worked on 837 (I, P, D), 834, 835, 820, 270, 271, 276, 277, 278 transactions and BRCs of the transactions.
* Strong skills in creation of **Project Requirements Document** which defined Business, User, functional and non-functional requirements and were approved by Business, Subject Matter Experts, Design and Development, and Testing teams.
* Analyzed and **performed Integration and wrote System requirements on different leading health care software’s such as FACETS.**
* Well versed in **ETL processes**, performance based systems, and **ETL process flow** and standards.
* Good knowledge of System Testing and Integration Testing.
* Responsible for writing Test Plans and Test Cases for (UAT).
* Excellent knowledge of HIPAA standards, EDI (Electronic data interchange) Transaction syntax like ANSI X12, Implementation and Knowledge of HIPAA code sets, ICD-9, ICD-10 coding and HL7.
* Knowledge of HIPAA-ready membership enrollment, claims and plan administration.
* Medical Claims experience in Process Documentation, Analysis and Implementation in 835/837/834/820/270/271/277/997(X12 Standards) processes of Medical Claims Industry from the Provider/Payer side
* Worked with the components of **Data Warehousing** like components model, **ETL.**
* Strong HIPAA EDI 4010 and 5010 with ICD-9 and ICD-10, analysis & compliance experience from, payers, providers and exchanges perspective, with primary focus on Coordination of benefits.
* Worked on Data migration, Reports **Implementation, letters, Inbound/outbound Interfaces and Facets Extensions. Implemented EDI transactions 835, 270/271, 276/277 and 834**.
* Excellent communication, documentation and organization skills with the ability to adapt to new environment
* Good team player and ability to work independently along with strong problem solving, learning and communication skills.

**TECHNICAL SKILLS**

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| **Business Analyst Tools** | Business Process Analysis & Design, Requirement Gathering, Use Case Modeling, JAD/JRP Sessions, Gap Analysis and Impact Analysis. |
| **Testing Tools** | HP Quality Center, QTP |
| **Standard and Codes** | HIPAA 4010A1/5010, ICD-10, ICD-9, ANSI X12, HL7, CPT and CMS form. |
| **Testing Reporting Tools** | Rational Clear Quest |
| **Databases** | Oracle, MS SQL Server |
| **Database Tools** | SQL Plus, Toad |
| **ETL Tools** | AB Initio, Informatica |
| **Browsers** | Internet Explorer, Firefox |
| **Project Management Tools** | MS Office 2003 (Word, Excel, Power Point, Outlook), MS Visio, MS Project, and MS FrontPage. |

**PROFESSIONAL EXPERIENCE:**

**Coventry Health, Bethesda, MD AUG 2013 – Jan 2015**

***Sr. EDI Analyst***

**Project Description:** The project was involved in upgrading existing health insurance system whereby web-based application and a direct portal would be setup to register Insurance policies for prospective clients.

**Responsibilities:**

* Conducted JAD sessions with stakeholders and all key members of the project including Subject Matter Experts (SME’s).
* Incorporated Rational Unified Process (RUP) and analyzed User Business Requirement Document (BRD), Technical Requirement Specification and Functional Requirement Specification (FRS) using Requisite Pro and MS Visio.
* Involved in all the stages of **SDLC during the projects. Analyzed, designed and tested the new system for performance, efficiency and maintainability using AB INITIO.**
* An Acting as **liaison between end user and Facets for user problems, outstanding issues, training needs and new software releases**
* Worked with Source system Subject Matter Experts (SMEs) to ensure that the extracts were properly mapped. Used SQL for data mapping and querying.
* Set **claim processing data for different Facets Module**
* Tracked and maintained Stakeholder requested enhancements and changes using Requirement Traceability Matrix (RTM).
* Extensively used **ETL to load data from Oracle database, XML files, Flat files data also used import data** from IBM Mainframes.
* Performed Gap Analysis for HIPAA 4010 837P and 835 transactions and HIPAA 5010 837P and 835 transactions.
* Worked on HIPAA standards, EDI (Electronic data interchange), Implementation and Knowledge of HIPAA code sets.
* Integrated Requisite Pro with Rational Rose to provide all teams visibility and maintain tractability among requirements, use cases and change requests.
* Accepted inbound /outbound EDI (X12) 837, 834, 820, 835, 999, 276, 277(Claims, Provider, Portal, Billing, Benefits) transactions from multiple sources.
* Performed impact analysis and gap analysis for ICD 10.
* Performed Gap Analysis, prepared project plan and solution documents and coordinated with multiple teams ( Developers, QA, Vendors) both internal and external, to ensure delivery of the project on time.
* **Created Process Data Flow diagrams in AB Initio GDE for data conditioning, transformation, and loading.**
* Conducted meetings/interviews and JAD sessions with stakeholders to collect business requirements.
* Developed Use Cases, Process flow charts and Activity Diagrams using UML.
* Translated data mapping, business requirements and functional requirements into system requirements.
* Analyzed HIPAA 4010 and 5010 standards for 837P EDI X12 transactions, related to Providers, payers, subscribers and other related entities.
* Involved in preparation and update of system documentation for transaction 834, 820 278U, 278 and TCN for PAR.
* Performed Functional and GUI testing on various screens to assure user acceptance criteria is met.
* Extensively used SQL queries for data verification at the backend.
* Interfaced with business users to prepare and updated Business Requirements Documents  (BRD) and Software Systems Requirements (SSR). Traced test cases and functional specifications to SSR and BRD.
* Assisted in writing test case scenarios for unit testing, integration testing and compliance testing.
* Assisted end users and IT staff in the use of data to satisfy informational and reporting requirements and implementing and using SQL.

**Environment:** HIPAA EDI X12, 820, 834, 835, 837, ICD9/ICD10,SQL Server Reports, Oracle, MS Project, MS Office suite, SQL, ETL, **AB Initio**, SQL Server, Requisite Pro, MS SharePoint.

**Cigna Healthcare, Philadelphia, PA JAN 2012-JUL 2013 *Business EDI Analyst***

**Project Description:** The project was based on Cigna Select EDI 834 and EDI 270/271 transactions to be a part of the HIPPA 5010 project. The X12 834, Benefit Enrollment and Maintenance, transaction was intended to meet the particular needs of the health care industry for the benefit enrollment and maintenance. It was intended to transfer enrollment information from the sponsor of the insurance coverage, benefits or policy to a payer for initial enrollment and subsequent maintenance of individuals who were enrolled in CIGNA Select products.

**Responsibilities:**

* Worked with a cross functional and diverse team of business users and developers to enable accurate communication of requirements and ensure consensus.
* Analyzed data and created reports using SQL queries for all issued Action Items. Performed the Gap Analysis to find the existing gap between the HIPAA 4010 and HIPAA 5010 EDI transactions.
* Developed Data Mapping and Crosswalk documents.
* Involved in preparing several **Use Cases, Business Process Flows, and Activity Diagrams using Microsoft Visio.**
* Extensively **used ETL to load data from XML files, Flat files** data also used import data.
* Worked on requirements of the 835 HIPAA projects, 276/277, 278, 837**,** and HIPAA EDI Transactions across enterprise.
* Conducting JAD session, GAP Analysis finalizing requirements for implementation on 5010 and ICD 10.
* Initiated with a comparison report of migration of 4010 to 5010. 270 Eligibility, Coverage or Benefit Inquiry**,** 278 Prior Authorizations.
* Validating the Log Files (999, x12,) for 834/820,277CA, 837IB and 835 Transactions in UNIX and HTM (Healthcare Transaction Manager.
* HIPAA 4010 – 5010 Conversion Analysis – Involved in the documentation of HIPAA 5010 changes to EDI (X12) 837, 834, 820, 835,999, 276, 277 Transactions.
* Develop, **coordinate and support Information Technology Division on all operational requirements of FACETS claims processing system and production management**.
* 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**
* Involved in impact analysis of HIPAA 5010 835 and 837P transaction sets on different systems.
* Re-engineering and capturing of EDI transactions with legacy systems [Enrollment -834, Eligibility Transaction (270/271), Claims (837), Claim Status Request and Response (276/277), Remittance (835)].
* Performed Regression testing, End-to-End testing and User Acceptance testing of transaction 834 and 820 for HIPAA 5010 project deployment to the end client.
* Review the client's current ICD-9 claims experience and map them to the equivalent ICD-10 codes.
* Performed **Migration and Validation per SDLC standards**. Interacted with the Test Team and reviewed Test Plans and Cases.
* Worked in**.** **testing the professional, institutional claims processing and adjudication and validate data with facets**
* Assisted in Regression Test, System Test, and UAT.
* **Worked with the business/functional unit to assist in the development, documentation, and analysis of functional and technical requirements within FACETS.**

**Environment:** HIPAA EDI X12, 820, 834, 835, 837, ICD9/ICD10,SQL Server Reports,FACETS, MS SharePoint, Oracle, ETL, **Informatica**, MS Visio, Quality Center, Toad for Oracle, Agile Methodology

**Regence BCBS, Salt Lake City UT AUG 2009 - Nov 2011**

***Business/EDI Analyst***

**Project Description:** Analyzed Audit and Change Files of **834, 835, 820, 837 PDI, 270 & 271** HIPAA EDI Transactions using MS Word, MS Excel, MS Access. Involved in testing the Automation Process / Application of Audit Files for different Third Party Administrators. Automation process allows the Audit Files to directly update facets for all the existing scenarios and reduces most of the manual analysis to be performed for recording the changes. Involved in analysis and testing of HIPAA EDI transaction **834, 820, 270 & 271.** Executed **ICD Gap Analysis** and Impact Assessment during planning phases for the ICD Enhancement. This resource ensures that assigned me to work with appropriate DHCS and Development team stakeholders to meet all CA-MMIS contract requirements relating to **HIPAA**. I worked with HIPAA SME to integrate impacted business areas, and to validate that the solution meets applicable **Medicaid & Medicare policy**, business requirements which were compliant with CMS.

**Responsibilities:**

* Worked closely with software development, design and testing teams to determine best approach for the project.
* Attended Peer Reviews to improve the quality and depth of all deliverables.
* Communicated any requested changes to project scope and coordinates needs with Supervisor / Project Manager.
* Performed Database Compares for 834 Enrollment Files, 835, 837 PDI Change & Audit Files.
* Conducted analysis of HIPPA rules to ensure that the new applications are HIPAA complaint.
* Followed the Mapping documents and HIPAA implementation guides for HIPAA Transaction Mapping and identified changes to create HIPAA Companion Guide for Regence BCBS.
* Worked with Testing Manager to review test case scenarios and facilitate completeness of test coverage requirements.
* Tested the final application for Usability testing to verify whether all the User Requirements were catered to by the application.
* Bugs that would enhance the usability of the application were logged using Rational ClearQuest.
* Interacting with the developers on resolving the reported bugs and various technical issues.

**Environment:** MS Word, MS Excel, MS PowerPoint, MS Visio Lotus Notes, Rational Rose, Java Scripts.

**Texas Medicaid and Healthcare Partnership, Austin, TX** **Nov 2007 - JUN 2009**

***Business Analyst***

**Project Description:** Affinity Health developed New MMIS system for centralizing the all-Healthcare related transactions all over the state. The New MMIS project was a large IT project replacing the Medicaid claims payment system. Participated in all aspects of testing the New MMIS; Primary responsibilities was to ensure that the system functions as designed, met the requirements of the business community and conformed to all applicable Federal and state laws. Worked on the claims and provider modules of the New MMIS system

**Responsibilities:**

* Conducted analysis of client business processes and functional or reporting requirements.
* Prepared appropriate documentation to communicate and validate the information.
* Involved in the testing of web portal of New MMIS system.
* Analyzed and documented system release/deployment issues according to version management, backward compatibility, load balancing of components in production environment.
* Did impact analysis for changing requirements and coordinated with business users for prioritizing the testing/release of the changes.
* Maintained a very close interaction between business users and developers to avoid any gaps in understanding or implementation of requirements.
* Did data analysis, created data mapping and data interface documents and kept the documents updated with changes in requirements and functional specifications.
* Performed Risk Analysis based on defect severity and priority.
* Checked the data flow through the front end to backend and used SQL Queries to extract the data from database.
* Worked on the tracking and debugging of the already existing defects in the SDLC phase.
* Provided support to applications in production by tracking production problems and troubleshooting them to sustain in the production environment.
* Coordinated and verified successful completion of UAT for the program.

**Environment:** UML, MS Visio, SQL, MS Word, MS Excel, Mercury Quality Center, Agile.