**Kritika**

**Professional Summary**

* Over **6+ years** of extensive experience as **Business Analyst** in namely health care domain.
* In depth strong working knowledge of the **Software Development Life Cycle (SDLC)** phase.
* Experience in software development methodologies like **Agile-Scrum** and **Waterfall.**
* Strong experience in preparing **Business Requirements Document (BRD)**, **Functional Requirements Documents (FRD)**, and **Use Case Specification**.
* Well acquainted with work flows and **Unified Modelling Language (UML) diagrams**.
* Proficiency in conducting **JAD Session** and **SCRUM Meetings** during various phases of the project.
* Experience in conducting **GAP Analysis** and maintaining **Requirements Traceability Matrix (RTM)**.
* Having excellent experience working with **EDI HIPPA Medicare, Medicaid, (8371/P/D, 270/271, 276/277, 278, 820, 834, 835) X 12 transactions for both versions (4010A1 and 5010)**.
* Worked with all stages of testing namely **Functionality Testing, Integration Testing, Black End Testing, White Box Testing, Black Box Testing, and Regression Testing.**
* Experienced in **Data Warehousing**, **Data Mining, Data Mapping, and Data Modeling**.
* **GAP analysis** between **the HIPPA transactions (837P and 8371) and different module of FACETS system like membership, claims and providers**.
* Good understanding of the **Extract, Transform and Load (ETL) Tools** like **Informatica Power Center**.
* Proficient in writing and Executing **Test Requirements**, **Test Plans**, **Test Scenarios**, **Test Cases**, and **Test Scripts**.
* Hands-on experience across a range of logistics functions including: billing Systems, production planning, inventory management, customer service, Telecom billing, transportation and distribution with a diverse group of companies, products, and services.
* Proficient experience in **Manual testing** of GUI and functional aspect of Client-Server and web based Application on multiple level of **SDLC** and Testing Life Cycle (**STLC**).
* Strong skills in **Back-End Testing** on Relational database. Writing **SQL** queries, generating **reports** to ensure data integrity and validating business rules.
* Profound understanding of Insurance policies like **HMO** and **PPO** and experience with **HIPAA** EDI transaction codes such as **820**(Premium Payment), **270/271**(inquire/response health care benefits), **276/277**(claim status), **834**(Benefit enrollment), **835**(Payment/remittance advice), **837**(Health care claim).
* Proficiency in **Defect management** including Defect creating, modification, tracking and reporting using Industry Standard tools like **Quality Center**, **Clear Quest**, **TFS – Team Foundation Server.**
* Hands-on experience in Project change control mechanism, **Impact Analysis**, **Risk Analysis.**
* Worked on **Data migration**, **FACETS** version upgrades, Reports Implementation, letters, **Inbound/outbound** Interfaces and **FACETS** Extensions.
* An excellent communicator, having a strong sense of organization and being able to manage time efficiently. Ability to lead the team, to work as an efficient team player, to learn the new technologies, handle the job responsibilities and easy adjust to local company’s disciplines and requirements.

**Technical Skills/Tools**

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| --- | --- |
| **Operating System** | **Windows, Linux, Mac** |
| **Database** | **MS Access, ORACLE (SQL Series), SQL Server, Sybase, TOAD, Informatica, Server Management Studio.** |
| **Programming Language** | **C, C++, SQL, XML.** |
| **Testing software** | **QTP, HP, Quality Center, Clear Quest, RMT.** |
| **Requirement tools** | **BluePrint, Requisite Pro, RTM.** |
| **Product Evaluation** | **Trizetto FACETS application.** |
| **Project Methodologies** | **SDLC, Agile, Waterfall, RUP.** |
| **Other software** | **MS Office Suite, Adobe Acrobat.** |

**Professional Experience**

**Client: Independent Health, Buffalo, NY Mar 2017 – Present**

**Position: Business Analyst**

**Description:** Independent Health plan has been one of the leading health care providers in Buffalo, NY. It offered patients with online access to their practice using interactive web pages. Patients could schedule appointments, request prescriptions, manage account statements, maintain personal records, and receive email notifications. The system also facilitated the health care providers to place claims request, which is processed with the aid of the Claims Processing System.

**Responsibilities:**

* Conducted user interviews at both in-house and client locations, gathering and analyzing requirements using **BluePrint**, **Requisite Pro** and **Requisite Web.**
* Extensively used **Agile Methodology** in the process of the project management based on **SDLC.**
* Design and developed **Use cases, Activity Diagrams, Sequence Diagrams, Object Oriented Design (OOD)** using **UML**.
* Gathered and documented **Business Requirements**, created **Functional specifications** and translated them into **Software Requirement Specifications**.
* Prepared **Business Context Diagrams**, **Use case diagrams** and corresponding **Activity Diagrams** using **Rational Rose.**
* Completed Data Mapping for Group and detail Product analysis and report writing.
* The ECM (Enterprise Content Management) System Analyst supports the firm’s effort to manage both structured and unstructured data using **HP Exstream**.
* Prepared **Requirement Traceability Matrix, Functional Specification, System Change Documents, Technical Specification Documents**, As-is and To-be flows for the entire conversion process.
* Worked with the commercial business owners as well as the state representatives in process of gathering the requirements.
* Provided support to the different development/test/QA groups creating and maintaining function based libraries for automated tests.
* Performed **GAP analysis** by identifying existing technologies, documenting the enhancements to meet the end state requirements.
* Involved in implementation of **HIPAA EDI** Transactions such as **834, 835, 837 (P, D, I) 276, 277, 278**.
* Used **EDI** tools to verify mapping to **X12** format.
* Designed, Implemented **HIPAA EDI** transactions in **X12** responses and of **837, 835, 277** and **999** and conducted QA and **validation defect testing**.
* Conducted data analysis for various version changes of **EDI** messages on different sub-systems.
* Collected requirements and provided test data for the developers in order to fix the defects related to **Enrollment, Eligibility, Claims, Providers, Billing, Capitation, Fee for Service for the Medicare, Medicaid, Duals** and **Marketplace applications.**
* Participated in QA team meeting and **bug tracking, Regression Testing, UAT** etc.
* Assigned tasks among development team monitored and tracked progress of project following **Agile methodology**.
* Worked extensively on **Business Requirements, Functional Specification**, **Data-Integration, Data Mapping**, and **Data Warehouse** access using **SQL** and **Crystal Reports, ETL process, Use Cases Modeling (UML)** using **MS Office (Word, Excel, Access, and Visio)** and **dashboards.**
* Developed **test cases** and **test scripts** and assisted Quality Assurance activities, with **System Integration Testing** and **User Acceptance Testing (UAT)**, developing and maintaining quality procedures and ensuring that appropriate documentation is in place.
* Involved in process of **QNXT** claim adjudication of application.
* Involved in **QNXT** implementation, involved **end-to-end testing** of **QNXT billing**, **claim processing** and **Subscriber/Member module**.
* Created different pricing rules and verified whether the **adjudication system** is using the rules while adjudicating the **claim test pro**.
* Widely use **HEDIS** scores data from **NCQA** in identifying trends and deviations of medical diagnoses.
* Interpret **HEDIS** specifications; write data element requirements, design and implement SAS programs and present demographic and diagnostic analyses.
* Responsible for the creation, maintenance and reporting all **HEDIS (healthcare effectiveness data and information set)** measures forNCQA accreditation.
* Interacted with Subject Matter Experts (SME), claimers, customers; Conducted detailed interviews with them, recorded the requirements, and reviewed the gathered requirement by both technical and business people.

**Environment:** Windows XP, RUP, Quality Center, .NET, QNXT 5.01, SQL Server, Clear Quest, HP Exstream, MS Office (MS Excel, MS Access, MS Word, MS Power Point), MS Visio, Rally.

**Client: Molina HealthCare, Long Beach, CA Jan 2015 – Jan 2017**

**Position: Business Analyst**

**Description:** Molina health plan is a Health payer organization which enrolls members through government web portal using Federal Exchange program by processing 834 EDI transactions for Individual and Small Group Enrollments using TriZetto Facets. As a BA Analyst, I am responsible for creating user stories, processing 834 Files and verifying the standards and complete the Membership Enrollment Process in TriZetto FACETS using Agile/Scrum Methodology.

**Responsibilities:**

* Responsible for **business process analysis** that includes requirements facilitation, definition &analysis, Business process design and **data mapping**.
* Involved in configuration of **FACETS Subscriber/Member** application
* Worked on **Facets Data Tables** like(**MEES, MEME, BLEI, MESU, BLDF etc.**) and created audit reports using queries.
* Performed **Data mapping** and data modelling and used **Canonical data model** to map data from X12 834 transactions.
* Extensively worked on **Patient Encounter** in order to validate **Claims** and **membership data** in **Facets**
* Performed **forward** and **backward** data mapping between fields in **Mainframe** and **Facets**
* Tested the changes for the **front-end screens** in **Facets** related to **Membership, Benefit** and **Plan modules**
* Sound knowledge working on **patient encounter** to verify **provider, service, billing and claims** information.
* Extensively involved in testing of **Facets Batches (Membership)**
* Analyzed the mainframe Reports for **Member/Eligibility/Claims** and mapped the fields with **Facets** batch jobs and reports**.**
* Manually loaded data in **FACETS** and have good knowledge of **Facets Business rules**
* Converted X12 834 files using **Ultra edit** tool in a readable format to understand the exact 834 file structure
* Extensively used **Edifecs** Enrollment Management tool to validate complete member enrollment cycle.
* Involved extensively in writing Agile **User Stories** in **Team Foundation Server** (TFS) and reviewed with **Business lead** and project manager for **Sign Off**
* Extensively worked on creating **Business Requirements Documents** (BRD’s) and Technical Specification Documents.
* Participated in daily **Scrum Meetings** to review the **Business, functional** and **Non-Functional Requirements** and to discuss the status of **Product/Sprint Backlogs**.
* Participated Actively in **Sprint Planning Meetings** to discuss about the User Stories, Story Points and **Product/Sprint Backlog** created and had **Brain Storming** sessions with Product Owner, PMO’s, Developers and Business Users.
* Extensive knowledge of Patient Protection and **Affordable Care Act** (PPACA).
* Trace and inform business requirement changes through the lifecycle of the project **using Rational Requisite Pro** while maintaining customer needs and maintain a **Requirements Traceability Matrix** (RTM) to keep the **stakeholders** informed of the progress of the project.
* In-depth knowledge in viewing **Store Procedures** in **SQL database** and writing **queries** to test and validate enrollment and payment data.
* Understand and have the ability to configure, test, and resolve transmission set up for **standard files** (**SFTP, FTP)**
* Hands on experience with the **834 ANSI X12 transaction** understanding **loops, segments**, elements and structure
* Extensively participated in **verification of EDI file formats** against **HIPAA ANSI X12**Standards
* Maintained Excellent team **collaboration** with **Developers, QA Team** and tracking from time to time regarding the status of the bugs detected and updating them in **TFS**.
* Gathered detailed business and technical requirements and participated in the defining the business rules and data standards.
* Transform business requirements or policy documentation into **Features**, **test plan, test cases** and **scenarios.**
* Extensively worked on Data mapping of EDI Segments from **834 FFM (Federally Facilitated Marketplace) to Facets** database and vice-versa.
* Copied **834 files** received from **FFM (Federally facilitated Marketplace)** to a **specific folder** for further processing and finally installing **enrollment data** to **Facets.**
* Extensively involved in gathering **Reconciliation files** and sending them to FFM for further analysis for unpaid members.
* Analyzed and compared data present in **HIX Middleware Canonical (BizTalk/Windows Service Bus) to Facets** by writing **SQL Queries**.
* Excellent knowledge creating and working on **Change In Circumstances (Cic834)** and **Reconciliation** Scenarios and User Stories in **TFS**.
* Sound knowledge working on **Facets and QNXT UI** in processing and validating Enrollment, Subscriber **Eligibility**, **Claims** and **Membership** Data.
* Profound Knowledge working on **Inbound** (**I834**) and **Outbound** (**IC 834**) 834’s according to FFM (Federally Facilitated Marketplace) and Issuer perspective.
* Hands On experience working on **820 Payment order** Remittance Files in order to validate the 834 **Enrollment payment** data to and from CMS.
* Excellent knowledge working on 834 **Re-enrollments/Renewals** and **Reconciliation patient encounter** data

**Environment:** FFM, HIX Middleware**,** TFS, Facets**,** Biz Talk**,** Dot Net**,** EDI**,** Microsoft Excel, Visio, One note, SQL, Windows Service Bus, Microsoft Test Manager (MTM).

**Client: Genesis Healthcare, Kennett Square, PA Jun 2012 – Nov 2014**

**Position: Business Analyst**

**Description:** Genesis healthcare is Pennsylvania’s Medicaid program. This is a public health insurance program, which provides needed health care services for low-income individuals including families with children, seniors, persons with disabilities. Genesis healthcare is financed equally by the State and federal government. Health Care Business Analyst on a HIPAA assessment project for a State government. My specific assessment areas Up-gradation of HIPAA X12 4010 transaction to HIPAA X12 5010 and ICD 9-CM (Clinical modification) to ICD-10-CM/PCS (Clinical modification/procedure coding system).

**Responsibilities:**

* Collected and documented business processes as well as business rules.
* Wrote **BRD, FRD, use cases, test scenarios, test cases** for testing the functional and non-functional aspects of both ETL jobs and Reporting jobs.
* Responsible for creating **test scenarios, scripting test cases** using **testing tool** and **defect management** for **Policy Management Systems, Payables/Receivables** and **Claims processing**.
* Worked on **Claims Payment Processing** in relation to **HIPAA, EDI 4010, 5010 X12, ICD-9 & ICD-10, codes 820, 834, 837,835**, and **270, 271.**
* Experienced handling **HIPAA ANSI X12 4010, 5010** formats including **(270(Eligibility)/271(Benefit Inquiry and Information Response), 820(Premium Payment), 834(Member Enrollment), 835(Adjudication system), 837(IPD claims), 276(Claim Status)/277(Claim Response), ICD9/10, NDC, DRG codes.**
* Mapping **of X12 834 Enrollment to EEP, RMB**, and **MTV for Inbound and Outbound transaction** files.
* Mapping of **X12 820 Payment and Remittance Advice** to **RMB, OBR, EFS,** and **MTV for Inbound and Outbound transaction** files.
* Gathered and documented requirements for our clients for **Payment Consolidation, Overpayment Recovery, Voids and Stop Payments.**
* Business requirements for **834 Enrollment** from **Federal and State Exchanges.**
* Planned and defined system requirements to Wire Frames with **Use Case, Use Case Scenario and Use Case Narrative using the UML (Unified Modeling Language) methodologies.**
* Prepared Business **Workflow models** that cover "How" business processes are accomplished.
* Gathered requirements and modeled the **data warehouse** and the underlying transactional database using HP Exstream.
* Created Source to target **data mapping** documents identifying key data elements and prepared **Data Flow Diagrams.**
* Developed the **Schema Crosswalks for 837(P, I, D), 835 and 276/277 according to HIPAA implementation rules.**
* Addressed the changes made to the **Medicare program** and created requirements mapping to that of the system requirements. Assure that all Artifacts are in compliance with corporate **SDLC** Policies and guidelines.
* Analyzed the existing data model and provided suggestions and recommendations Validated the requirements and mock-up screen designs of new **GUI** for internet based application with the product owner and other stakeholders.
* Used **MS Office suite (Word, Excel, Access, and Power Point) and SharePoint** for project tracking, documentation, and presentation and managing the documents.
* Created business process models using **MS Visio**.
* Developed **Requirements Traceability Matrix (RTM**) using **Rational RequisitePro** to trace each software requirement.
* Designed **Data Flow Diagrams (DFD’s), Entity Relationship Diagrams (ERD’s),** and web page mock ups using modeling tools.
* Created Functional specifications for the **834 enrolment files** with their changed benefits in the **Medicare program.**
* Prepared questionnaire based on the System Analysis Performed for all entities.
* Worked on **System Integration (X12 EDI-HIPAA-835)** with Health plans eligibility and **claim (CPT, ICD 9 codes).**
* Performed **Data mapping, logical data modeling, created class diagrams** and **ER diagrams** and used **SQL queries** to filter data. Gathered and **validated requirements, resulting in detailed business rules, functional requirements and process design.**

**Environment:** MS Word, Excel, Visio, EDI X12, Access, and Project, Star Schema, HP Exstream, UNIX, Mercury Test Director Agile, Waterfall, MS SQL Server.

**Client: Tufts Health Plan, Boston, MA Feb 2011 – Apr 2012**

**Position: Business Analyst**

**Description:** Tuftscontracted with the Medicare Centers and Medicaid Services (CMS) to provide quick, easy, and affordable access to the health care service of their choice. Project involved integrating Market Prominence, Member enrollment and the Claims Processing System with the data warehouse to support the reporting requirements.

**Responsibilities:**

* Gathered business and system requirements from various departments like accounting, Fund Management, Legal and Human Resource through focus groups, surveys, interviews, and **JAD** sessions.
* Analyzed data to generate information about clients and their attributes, and drafted a **data requirements document.**
* Held meetings with users and stakeholders to identify problems, resolve issues and improve the process to ensure a stable and accurate solution.
* Extensive working knowledge of **FACETS**.
* Analyzing the **FACETS** requirement and thus conducting **gap analysis**.
* Conducting business validations, coveting the following deliverables: **Facets** Providers, **Facets** Claims, adjudication and **Facets** Membership and Operational reports.
* Prepared **Business Workflow models** and **process diagrams** depicting how business processes are accomplished.
* Created **Activity Diagram, detailed Data Flow Diagrams, Use Cases, and business process flowcharts** for the **As-Is** and **To-Be** process.
* Coordinated with EDI team, developers and production support team at various stages of the project.
* Checked the data flow through the Front-end and Back-end and extensively used **SQL queries** to extract the data from the database
* Actively involved in creating/updating **Work Breakdown Structure** (WBS), preparing deliverable tasks in the project plan.
* Gathered requirements from the clients and developed crosswalks for **HIPAA** **EDI** **820,834,835, 837 P/I claim.**
* Involved in process of **FACETS** claim adjudication of application.
* A strong emphasis on developing and producing daily, weekly, monthly reports for different departments, especially the Regulatory Department was practiced and documented in **(EDMS) Electronic Document Management System**.
* Created **Use Cases** to identify automated processes and the actors (vendors, systems) involved in the project to ensure reliable results of implemented business/functional needs.
* Involved in feasibility analysis and risk analysis of the project.
* Created **SQL-Batch scripts** to load legacy data into Oracle staging tables and wrote **SQL queries** to perform **Data Validation and Data Integrity testing.**
* Assisted in **deletion of defects and bugs**, in order to meet specific requirements and deadlines for successful execution of the project.
* Coordinated **UAT** of the product with Business Users.

**Environment:** **Windows XP, Agile, Facets, Quality Center, SQL Server, Clear Quest, MS Project, MS Office (MS Excel, MS Access, MS Word, MS Power Point), MS Visio.**

**Education**

Bachelor in Business Administration (BBA).

**References**

Available upon request.