**CAREER SUMMARY**

* Hands on experience GatheringRequirements, conducting JAD Sessons with senior level company officials to gather requirements for documenting non-functional and functional specification.
* Excellent interpersonal and communication skills, both written and verbal.
* Develop business architecture using requirements sucha as scope, processes, alrenationes and risks.
* Analyze client’s business requirements and processes throght doucment analysis, interviews, workshops and workflow analysis
* Communicate client’s business requirements by constructing easy-to-understanding data and process models.
* Provide input into developting and modifying systems to meet cient needs and develop business specifications to suport these modifications
* Liasion between business and techinical personnel to ensure a mutual understanding of processes and applications.
* Involved in Iteration planning, Sprint planning (2-4 weeks), day-day scrum meeting, Retrospective meeting
* In-depth exposure in Agile (scrum/Kanban) and waterfall methodologies of various stages of Software Development Life cycle (SDLC)
* Good knowledge and experience working in tracking tools such as Jira, Rally, etc
* Experience and understanding of software development process including Software development life cycle (SDLC), RUP’s Iterative System Development Life Cycle process, implementing the Rational Unified Process (RUP) in all four phases of a project Inception, Elaboration, Construction and Transition.
* Experience in capturing data requirements, data analysis & data mapping for Vendor feeds and Databases.
* Wrote Test Scripts, Technical Specification Documents, and worked on application’s input / output data definitions.
* Used MS Excel spread sheet, PowerPoint, MS Visio, MS Projects.
* Experience in creating and maintaining the Requirements definition documents that included Business requirements and Functional requirements.
* Skills in developing Use Case diagrams, Sequence diagrams, State Chart diagrams, and Class diagrams.
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Payer, Commissions and Billing Modules of Facets.
* Involved in Facets Output generation, Interface development and Facets Migration Projects.
* Provided analytical solution to the customers for Facets Production Issues.
* Prepared unit test cases and performed unit testing.
* Great understanding of Healthcare Reform.
* Good Management, Execution and Documentation skills.
* Expertise in all areas of software development including client interaction, requirements gathering, analysis and tele-conferencing with the client during the progress of the project.
* Experience in effectively communicate the status of all projects across the department, highlighting issues or conflicts between teams to stakeholders and management.
* Efficient in MS Project/MS Excel for planning/status reporting/writing test scenarios.
* Great understanding of HMO and PPO networks.
* Experience with TriZetto Facets 4.21/4.31 – 5.4 and TriZetto HIPAA Gateway 4.11 - supported new business requirements by extending the functionality of the core Facets system using the Facets extensibility architecture feature.
* Experience with TriZettos Facets Application Groups: Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management.

## TECHNICAL SKILLS

OPERATING SYSTEM: Windows 2003 Server, Windows XP/2000/NT/Vista/7

TESTING TOOLS: LoadRunner, Quick Test Professional, Quality Center

FRONT - END TOOLS: Adobe Photoshop, MS Office, MS Project

LANGUAGES: C, C++, SQL, TSL, Visual Basic.NET, PL/SQL

WEB TECHNOLOGIES: HTML, XML, NET

DATABASE: Oracle, MS SQL Server, Sybase

**PROFESSIONAL EXPERIENCE:**

**Client: Blue Care Network of Michigan**

**Duration: January 2014 – Current**

**Position: Sr. Business Analsyt/Systems Analyst Lead**

Blue Care Network of Michigan is a nonprofit health maintenance organization owned by Blue Cross Blue Shield of Michigan with its Headquarters in Southfield, Michigan. BCN being the largest HMO in Michigan since 1998 and has better and affordable coverage to its member as the motto.

**Care Advance Implementation**: BCN is implementing Care Advance to replace existing Blue Connect for Nursing and Reporting Purpose for better service to members Care Advance is being implemented for replacing the existing Blue Connect to become compatible with FACETS upgrade and better reporting Functionality.

**Novologix Implementation:** BCN is partnering with Novologix to monitor and better manage its specialty drugs prior auth and price specialty drug claims at NDC level. As part of novologix implementation new real time 270/271 interface, 278 Authorization interface, 834 claims interface and Member letters interface was to be built with novologix. This project involves working with core Facets Member, Eligibility, Products, Provider, Claims and Claims Line tables

**Digital Experience Project:** Digital Experience Project is BCBSM and BCN ‘s initiative to provide digital platform to their members to manage their Health Care information and promote paperless and more efficient way of communication with real-time information. Listed below are project under Digital Experience Space:

**Member Portal Enhancement:** BCN was enhancing its member portal to display accurate and correct member benefit information on member benefit page. Goal of this enhancement was to reduce customer complaints and will increase customer satisfaction. So, all the logic of data extraction and data feeds were enhanced/changed to accomplish this requirement. Also, this is the first big scale Agile project BCN is implementing after successful pilot project.

**Highmark Implementation:** BCN and BCBSM partened with Highmark for pricing solution. The old rating solution for large groups is not able to perform the complex rating solutions required to maintain the customer driven business without a complete rewrite of the application. The current application involves manual interventions and does not have the flexibility to adapt to new rating strategies for 2016 per mandate in a timely fashion. It does not also give the flexibility to have combined rates for customers with both BCN and BCBSM. Highmark Implementaion will solve and provide more flexibility to build rates for large groups (BCN only or Combined with BCBSM). The applications provided by HIGHMARK; 'Highmark Pricing System', 'Proposal tool' and 'HADOC' will give BCN Actuary’s and Underwriters to build factors for renewals, alternate quote along with 'Group Wide Changes' for BCN.

**Large Group Renewal Package Automation:** Renewal Packages send to BCN and BCBSM groups upon their renewal was manually generated/executed, validated by Underwriting systems team. Large Group Renewal Package Automation implementation will now programmatically generate renewal packages which underwriting system support team was manually generating and will be programmatically submittes to review folder before the packages are published on eBookself.

**Dual Subscriber Mitigation:** Enroll\_C spreadsheet enrollment process allows small groups to submit membership add transactions to BCN in a format that allows for automation of the data into Facets. The other options available to the group include AEP, eMCS or paper. However, with the simple spreadsheet input file, a group can submit a batch of new contracts or dependents or make updates to the members without developing a technical solution using AEP or processing the add and update transactions one by one in eMCS or on paper. This solution allows for a timely and more accurate submission of membership data from the group to BCN. The Dual Subscriber Mitigation Initiative aims to proactively mitigate this scenario by adding validation logic to BCBSM & BCN’s enrollment channels. This validation logic compares selected personal attributes for new enrollments to existing subscribers on the system. If the logic deems that it is not the same subscriber, an exception condition is set, and the transaction writes-off for manual review.

**Responsibilities:**

* Working as a systems analyst to understand the requirements for Care Advance task and explain it to the developers for implementation.
* Assist scurm master in creating, maintainiing and continuously prioritize product and release backlogs.
* Participate in all relevant sprint meetings, including day-day scrum meeting, sprint planning, review and retrospective sessions.
* Document User stories and update tasks witin user stories using JIRA tool
* Document protal design, wire frames for product owner to better understand and accept the story cards.
* Actively participated in Daily Scrum to report task completed, next task in list and any issues that needs help.
* Actively participated Sprint Planning meeting to include story cards that be delivered in sprint.
* Actively participated Retrospective meetings to discuss lessons learned in particular sptint.
* Actively participated Backlog grooming meetings to refine the backlog and assign them to sprints.
* Actively participated in use case estimations using Fibonacci technique.
* Participate in Sprint Review (demo) along with stakeholders to provide feedback on sprint result.
* Help scrum team resolve issues or questions and monitor burndown chart.
* Documented key project document like BRD, TRD, RTM and Document of understanding.
* Perform GAP analysis between AS-IS and TO-BE system and document GAP analysis document.
* Prepare Source to Target document and documented key Business Rules which helped implement business requirements.
* Perform analysis of new change request/implementation and estimate work effort and provide project map for change request.
* Performing the internal and external code review tasks for database components in all the phases like Design, Build/Code, Break/Fix, UCR and short which are done according to the BCN coding standards.
* Analyzing the issues which are failing in production or not working properly, to find the root cause and fix the issue.
* Creating and Updating Care Advance security profiles as per the template provided by the clients.
* Analyzing the code changes for migration purpose. Also analyzed the effort and impact of merging the new code from changes done in production environment to the migrated environment.
* Creation of Run Book as per the new standards for migration environment.
* Extract Membership data from NASCO, FEP, IKA and MOS.
* Worked upon providing data extracts to third party vendors and downstream systems.
* Batch Creation for testing purpose.
* Interacting with Client to accommodate any new change in requirements as well to discuss the project status.
* Acted as a liaison between the project group and the operations group. Helped design scope document and the request for proposal after extensive analysis and coordinated with top management for the approval process.
* Involved in the meeting and trainings for Business process owners, SME (subject matter experts) and Marketing Team for Requirements gathering in definition stage.
* Facilitated the customer in defining the high-level functional requirements and needs.
* Gathered the Requirements, Develop Process Model and detailed Business Policies and modified the business requirement document.
* Responsibilities involved product direction, including new platform, architecture enhancements and customizations.
* Used Clear Quest to track, analyze and document defects.
* Assisted in developing an Analysis Model that includes entity classes, use case diagrams, sequence diagrams, object collaboration diagrams that provide the development team a view of the requirements for Construction phase activity

**Client: Horizon Blue Cross Blue Shield of New Jersey**

**Duration: July 2012 – December 2013**

**Position: Sr. Business Analyst/Business Data Analyst**

Horizon Blue Cross and Blue Shield of New Jersey (HBCBSNJ) Plans cover almost 4 million members. In covering those members, it has built a network of medical providers nearly 300,000 strong.  Data for these Providers are present in several systems without a single source of truth. This has led to continuous data and information challenges for strategic data-driven initiatives and ongoing processing challenges in the operational environment.
Of greater concern, HBCBSNJ is undergoing “major” changes in the next few years in relation to servicing its members, selling products, recruiting, managing and pricing its provider networks, interacting with federal and state governments, and complying with the complex requirements imposed under the Federal Patient Protection and Affordable Care Act (PPACA).  These challenges need a vision, strategy and a plan for remediation.

**MDM Program:** Master Data Management (MDM) is both a methodology and an application designed to standardize, cleanse, validate and enrich data into an enterprise wide “system of record” for core business activity and integration.  This system of record from the MDM application is considered the “golden record of provider”. The MDM Provider Implementation is planned to improve the consistency, accuracy and reliability of Provider data; enrich strategic marketing initiatives; enhance customer / member satisfaction; increase efficiencies in the operational environment; enable self-service reporting & analytics; facilitate the delivery of customer relationship management solutions and core system migrations (HOS / Membership, Billing and Accounts, Provider Network Operations Upgrade, Provider Pricing implementations); and, most importantly, position HBCBSNJ for Healthcare Reform in 2014.

 **IDS Program:** The Integrated Data Store (IDS) serves as Horizon’s central point of data integration for internal and external data consumers, as well as structured and unstructured data. The IDS is the central source of Provider data for downstream systems and interfaces.  Both Mastered Data (from MDM) and non-mastered data will be integrated in the IDS.

**Responsibilities:**

* Utilize SDLC methodology to configure and develop process, standards and procedures
* Conduct JAD sessions with business units and stakeholders to define project scope, to identify the business workflows and task analysis, and to determine whether any current or proposed systems are impacted by the new development efforts
* Coordinate with various IT teams related to various back ends (PNO, Facets, Nasco etc.) for Test Data Setup in SIT, and UAT environments
* Design Test Plans and Scripts after analyzing various scenarios/requirements and perform defect tracking using Test Director, and Clear Quest
* Perform UAT, and End to End testing in interaction with Offshore QA development teams for various system releases, pushing them to production
* Provide production support, document system release/deployment issues, and ePMO documentation for business signoff
* Experience in forward mapping and backward mapping analysis of Source data and Target Tables
* Profiling of Provider and Member Data to better understand data captured from source.
* Coordinated the upgrade of Transaction Sets 837P, 835 and 834 to HIPAA compliance
* Analysis of inbound/outbound interfaces and extensions to FACETS and POERTICO based systems
* Complete data mapping for group and detail product analysis, and report writing
* Configure facets modules such as Claims, Membership, Billing, and Benefits
* Work closely with EDI to ensure accuracy in data transmissions and shared processes; transaction sets processed (837P, 835, 834)
* Responsible for writing the test cases and test scenarios based on the functional specification and technical specification, and documentation in Mercury Quality Center
* Develop SQL queries, functions, stored procedures, and triggers to perform the backend testing of the data

**Client: Silver Touch, Ahmedabad, Gujarat- India**

**Duration: Feb 2005 – Dec 2007**

**Position: Business Analyst**

The HI-Exchange Project dealt with development of an online health information exchange (HIE) and a secure web portal to enable authorized Franklin Square Hospital providers to have fast and easy access to patient's electronic health record. The HI-Exchange web portal features EMR functions and Integrated Clinical decision Support tools for better care management. The project dealt with development of a Health Care Cost Containment System and implementation of an automated inter-operable web application that tracks patient medical history and health care plans via Viewer application and Electronic health records. The Viewer/EHR system provided online access to mobile patient records and improved communication in public health.

**Responsibilities:**

* Assist with creation and maintenance all necessary documentation and training materials for Epic Ambulatory application
* Understanding project requirements and document Business requirement.
* Understand functional specifications and help them document into technical designs
* Utilized SDLC Methodology to configure and develop process, standards and procedures
* Conducted JAD sessions with business units and stakeholders to define project scope, to identify the business workflows & task analysis, and determine whether any current or proposed systems are impacted by the new development efforts
* Coordinated with various IT teams related to various back ends for Test Data Setup in SIT & UAT environments
* Designed Test Plans, Scripts after analyzing various scenarios/requirements & performed defect tracking using Test Director & Clear Quest
* Performed User Acceptance testing & End to End testing in interaction with Offshore QA/dev teams for various system releases & pushed them to production
* Provided Production support, documented System Release/deployment issues documentation for Business Signoff.
* Completed Data Mapping for Provider and detail Network analysis and report writing
* Developed SQL queries, functions, stored procedures and triggers to perform the backend testing of the data

**EDUCATION:**

Masters Of Business Administration International Finance and Accounting