

PROFESSIONAL SUMMARY

Over 7 years of diversified experience as a Business Analyst with in-depth knowledge of Quality Assurance in HealthCare processes:

- Expert in all phases of Requirement Management, including gathering, analyzing, tracking requirements and quality assurance.
- Worked closely with project managers, SMEs, and staff to understand and brief the requirements and specifications for new applications along with re-engineering the existing applications.
- Strong understanding of various SDLC methodologies such as RUP, Waterfall and Agile with hands on experience in all of them.
- Experienced in writing and preparing business requirements documents (BRDs), system requirements specifications (SRS), system design specification (SDS), functional specifications, defining project plan and change request.
- Conducted JAD sessions, Gap analysis, and prioritized requirements using interviews, document analysis, and requirements workshops.
- Experienced in documenting requirement using Unified Modeling Language (Use Case and Activity Diagrams) and building business Process Flow Charts.
- Expert in organizing and managing all phases of the application testing process using Mercury Quality Center.
- Strong understanding of test plans, test cases, test scripts and defects tracking/reporting.
- Extensive knowledge of SQL queries and back end system integration testing.
- Conducted User Acceptance Testing (UAT) and verification of performance, reliability and fault tolerance issues for web based and client/server applications.
- Strong understanding of Functional, Integration, System, and Regression testing.
- Experienced in various Healthcare areas like Enrollment, Benefits, Claims, Medicare, and implementation of HIPAA key EDI (ANSI X12) transactions.
- Involved in HIPAA gateway transactions 997/999 and converting HIPAA 4010 messages into HIPAA 5010.
- Well versed experience in all EDI transactions like 834, 837 P, 835, 27x and conversion of 4010 to 5010.
- Dealt with the complexity of migrating from the ICD-9 set of diagnostic codes to ICD-10.
- Experienced on Medicaid Management Information System (MMIS) and Medicare Part A, B and D products and procedures.
- Excellent communication and writing skills and adept at facilitating walkthrough and training sessions.

TECHNICAL SKILLS

Defect Management Tools:	Quality Center, Rational Clear Quest
Testing Tools:	Quick Test Pro, Load Runner
Operating Systems:	MS Windows NT/98/2000/xP, UNIX
Databases:	Oracle, MS SQL Server, MS Access, DB2
MS Office Tools:	MS Office, MS Project, MS Visio, MS Outlook
Methodologies:	SDLC, RUP, UML, RAD, JAD
Languages:	Java (Basics), SQL, HTML/CSS/XML

Facets Claims Processing System Manual

Brendan G. Carr



Facets Claims Processing System Manual:

Unveiling the Power of Verbal Beauty: An Mental Sojourn through **Facets Claims Processing System Manual**

In a global inundated with displays and the cacophony of immediate communication, the profound energy and emotional resonance of verbal art frequently disappear in to obscurity, eclipsed by the regular barrage of sound and distractions. However, nestled within the musical pages of **Facets Claims Processing System Manual**, a fascinating function of literary elegance that impulses with natural emotions, lies an unforgettable journey waiting to be embarked upon. Written by way of a virtuoso wordsmith, that magical opus guides viewers on a psychological odyssey, delicately exposing the latent possible and profound impact stuck within the intricate web of language. Within the heart-wrenching expanse with this evocative examination, we can embark upon an introspective exploration of the book is key themes, dissect their fascinating publishing design, and immerse ourselves in the indelible impact it leaves upon the depths of readers souls.

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