

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

Clifford Lane



Facets Claims Processing System Manual:

Facets Claims Processing System Manual Book Review: Unveiling the Magic of Language

In an electronic era where connections and knowledge reign supreme, the enchanting power of language has been apparent than ever. Its ability to stir emotions, provoke thought, and instigate transformation is really remarkable. This extraordinary book, aptly titled "**Facets Claims Processing System Manual**," published by a highly acclaimed author, immerses readers in a captivating exploration of the significance of language and its profound impact on our existence. Throughout this critique, we will delve into the book's central themes, evaluate its unique writing style, and assess its overall influence on its readership.

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