

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

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Health Care Finance and the Mechanics of Insurance and Reimbursement Michael K. Harrington, 2023-11-06 Health Care Finance and the Mechanics of Insurance and Reimbursement combines financial principles unique to the health care setting with the methods and process for reimbursement including coding reimbursement strategies compliance financial reporting case mix index and external auditing It explains the revenue cycle correlating it with regular management functions and covers reimbursement from the initial point of care through claim submission and reconciliation Updated throughout the Third Edition offers expanded material on financial statements new and expanded Skilled Nursing Facility examples and enhanced sections on PDPM Practice Management for Primary Care and other Specialties Clearinghouse Processes Predictive Modeling data mining and more

Hyperautomation in Business and Society Darwish, Dina, 2024-07-17 The demand for efficiency and intelligent decision making has become paramount prompting a crucial examination of the limitations of traditional automation Organizations find themselves at a crossroads searching for a transformative solution that transcends conventional approaches Enter the era of Hyperautomation an innovative paradigm that goes beyond simple automation by integrating artificial intelligence robotic process automation and advanced techniques such as cognitive computing and data mining Hyperautomation in Business and Society is a comprehensive exploration of how Hyperautomation addresses the complexities of modern challenges offering a compelling solution to propel businesses and society into a new era of efficiency and intelligent decision making This book sets out to achieve a dual purpose to enlighten and to guide Starting with a breakdown of intelligent automation the book progresses to dissect the latest IA technologies platforms and the intricate ways in which it optimizes workflows Spanning diverse applications across sectors such as logistics marketing finance and customer care it paints a vivid picture of IA s transformative influence Notably it addresses the challenges faced by IA implementation offering a nuanced exploration of real world applications and their impact on businesses Geared towards undergraduate and postgraduate students researchers and practitioners this book is a compass for those navigating the ever changing landscape of intelligent automation

Oversight hearings on the Longshoremen's and Harbor Workers' Compensation Act United States. Congress. House. Committee on Education and Labor. Subcommittee on Labor Standards, 1980

Medical operations United States. Congress. House. Committee on Appropriations. Subcommittee on Department of Defense, 1974

Contingencies, 1997

Department of Defense Appropriations United States. Congress. House. Committee on Appropriations. Subcommittee on Department of Defense, 1975

Department of Defense Appropriations for ... United States. Congress. House. Committee on Appropriations, 1974

Are Social Security Changes Working? United States. Congress. House. Select Committee on Aging. Subcommittee on Retirement Income and Employment, 1989

Department of Defense Appropriations for 1975 United States. Congress. House. Committee on Appropriations. Subcommittee on Department of Defense, 1974

Beik's Health

Insurance Today - E-Book Julie Pepper, 2023-09-14 Selected for Doody's Core Titles 2024 in Managed Care Master the complexities of health insurance with this easy to understand guide. Beik's Health Insurance Today 8th Edition provides a solid foundation in basics such as the types and sources of health insurance, the submission of claims, and the ethical and legal issues surrounding insurance. It follows the claims process from billing and coding to reimbursement procedures with realistic practice on the Evolve companion website. This edition adds up-to-date coverage of cybersecurity, COVID-19 crowdfunding for medical bills, and cost value calculators. Making difficult concepts seem anything but this resource prepares you for a successful career as a health insurance professional. Direct conversational writing style makes learning insurance and billing concepts easier. Clear and attainable learning objectives with chapter content that follows the order of the objectives make learning easier for students and make chapter content easier to teach for educators. Learning features include review questions, scenarios, and additional exercises to ensure comprehension, critical thought, and application to practice. Hands-on practice with a fillable CMS 1500 form and accompanying case studies and unique UB-04 forms on the companion Evolve website ensure practicum and job readiness. HIPAA Tips emphasize the importance of privacy and government rules and regulations ensuring a solid foundation in regulatory compliance. NEW Additional content on cybersecurity emphasizes the importance of keeping digital information private and secure. NEW Information on crowdfunding for medical bills discusses how this practice affects billing. NEW Geographic Practice Cost Indexes Resource Based Relative Value Scale (GPCI RBPVU) calculators are included. NEW Coverage of COVID-19 explores its impact on billing, reimbursement, and employment.

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