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|  |  | Pavan Teja ByreddyBusiness Analyst/Product Consultantskill set |
| Profile7+ years of experience in healthcare technology industry as a Business/Product analyst building solutions forclinical and administrative applications. Knowledge of both Agile and Waterfall methodologies, change management andimplementation experience. Solutions-driven analyst with experience collaborating with cross-functional teams in thedevelopment, documentation and delivery of process innovations driving business goals.ContactPHONE:630-659-5168WEBSITE:[LinkedIn](https://www.linkedin.com/in/pavan-teja-byreddy-9b239b19a?lipi=urn%3Ali%3Apage%3Ad_flagship3_profile_view_base_contact_details%3BQXMJ0dfMR1WlWp15RlULWg%3D%3D)EMAIL:Pavanteja.byreddy@gmail.comCERTIFICATIONS:Base SAS certified*,* SAFE certified |  | EDUCATION**Northeastern University** Boston, MA (2012 – 2014)Masters in Regulatory affairs for Drugs, Biologics and Medical devicesProfessional Summary* Good understanding of software development lifecycle and methodologies using agile and waterfall.
* Proficiency in documentation of business requirements and translating to functional and nonfunctional user stories defining acceptance criteria and creating a test plan.
* Adept in creating various user acceptance, system level test scenarios with quality standards
* Domain expertise in EPIC ambulatory (Mychart) & clinical encounter workflows and HL7 bridge message validations
* Expertise in healthcare claims life cycle management involving HIPAA regulations for subscriber, member, provider and billing modules.
* Proficiency in root cause analysis of various interfaces interoperability dependencies in healthcare payor systems.
* Acted as point of contact to track and receive EDI transaction files from trading partners.
* Expertise in facilitating end users with user guide documentation on “How-to” questions.

WORK EXPERIENCE**Simplify Healthcare, Aurora, IL Feb 2020 – Till date****Sr Business Analyst/Product Consultant**Responsibilities:▪ Conducted JAD sessions and assessed client requirements to create user stories in azure devops.▪ Documented functional and business requirements in collaboration with product development team.▪ Worked with cross functional teams in addressing challenging client expectations of data transition onto client platforms.▪ Held responsibility of creating and enhancement of product user guides with development team to draft workflow wealth docs.▪ Trained client resources on the product for better customer experience on workflows and integrations.▪ Performed data transformation and integration from host product to client staging platforms▪ Lead planned and coordinated meetings on defect resolution and ad hoc training sessions.▪ Co-managed Product backlog, pre & post deployment rituals on multiple host environments and UAT in agile fashion and conducted smoke testing.**CVS Health, Woonsocket, RI March 2018 - March 2019****Business Analyst/Sr QA Analyst**Responsibilities:▪ Leadthe implementation of Minuteclinic Optical EPIC to Trizetto, serving departing doctors with patient data and real time integration of revenue cycle management and clinical practice management systems.▪ Created Functional and Non-functional requirement documents analyzing functional specifications with respect to system limitations and boundaries ▪ Setup dev and architecture meetings with the team to identify scope and dependencies for transitioning of business needs to solutions.▪ Performed patient and visit related data analysis and management from legacy system database using MySQL and generated test metrics and reporting.▪ Created and documented core clinical workflow design prototype proposals to meet client data needs and assisted in end user training on various EPIC optical workflows.▪ Created, executed test cases/user stories and validated the test defects and generated QA reports to higher management.▪ Created optical and clinical encounters in EPIC Ambulatory (MyChart) using a range of visit workflows, patient test data, validate HL7 bridge messages and backend CDE database.▪ Managed Multiple CVS clinic operations and appointment scheduling with clinic management tool.▪ Validated patient’s real time visit demographic, prescription and CPT code information using SOAP UI web service call.▪ Created a detailed user implementation guidance document of product workflows. ▪ Created User guidance documents on various workflows facilitating end user’s “How-to” questions.▪ Created **“AS IS'' and “TO BE”** documentation and provided Team training on the clinical workflows.▪ Formulated functional requirements and prepared process diagrams. ▪ Created and participated in Visio process workflows and conducted data gap analysis**Fideliscare, Albany, NY October 2016 - March 2018****Sr QA Analyst**Responsibilities:▪ Performed patient Care Management application UI implementation involving care centric modules like Subscriber, Member, Provider, Unified assessment system (UAS) and letter interfaces with FACETS integration.▪ Created and reviewed test strategy and test plan documents defining the scope and efforts of the testing process with the team.▪ Created UI field specific data mapping documents aligned with downstream workflow for appropriate Member, provider and clinician roles.  ▪ Performed various testing methods like unit testing, Functional testing, system integration and end to end testing to validate the portal dependencies.▪ Generated member and provider letters using guiding care application UM module and verified the functionality and batch configuration of the letters.▪ Performed root cause analysis and gap analysis on member and provider interface dependency issues in patient care management application.▪ Track QA metrics through each sprint cycle and conduct sprint retrospective analysis for successful product delivery.**FirstCare, Austin, TX February 2016 - October 2016****QA Analyst**Responsibilities:▪ Robust understanding of Medicaid, CHIP, Medicare and Healthcare Commercial business approaches. ▪ Good understanding of Health Insurance Portability Accountability Act (HIPAA) rules for ANSI X12 messages in 5010 standards.▪Facilitate business meetings with end users to review testing specifications▪ Experienced in analyzing EDI requirements, mapping documents and testing different segments and loops of EDI transactions like 834, 837(I&P), 999, 270 & 271, 276 & 277 using edifices SpecBuilder. ▪ Created and assigned user stories, conducted sprint meetings and track sprint progress in Microsoft TFS. ▪ Expertise in validating member eligibility, enrollment, benefits and process claims and provider data files using healthrules payor system.▪ Performed ETL testing of different flat file formats (Pipe delimited, fixed length, CSV) in test and production environments and validated file columns and data against facets master tables.**Anthem BlueCross, Virginia Beach, VA July 2014 - January 2016****QA Analyst**Responsibilities:▪ Performed Facets 4.8 to 5.2 upgrade regression testing and validated claim life cycle management involving different LOB’s, member, provider, benefits, eligibility, enrollment and billing modules.▪ Implemented ICD 9 to ICD 10 claims conversion testing with knowledge in medical domain terminology, physiology for inpatient and outpatient.▪ Developed Test Cases based on the Test requirements for MMIS (Medicaid Management Information systems) and MMP (Medicare and Medicaid plan) Dual Claims.▪ Communicated with business and technical owners of Facets relying on applications that could be affected by the upgrade process and prepared an Impact assessment sheet.▪ Supported business configuration team in creating facets group, subgroup, class for individual subscriber HMO & PPO plans in facets front end.▪ Extensively used Facets 5.2 and tested institutional and professional claims of different status per Networx agreement, CPT codes, DX Codes, Accumulators, COB carrier and eligibility functionality and LOB plan enrollments.▪ Proficient in using claims test pro (CTP) for querying claim detail information, provider and member conversions and run keyword files to generate new claim numbers.▪ Worked on Facets Networx module in to gather agreement information while processing claims like allowed amount and contract terms and Pricing details to process claims and for successful adjudication▪ Involved in QNXT automation pilot program testing Member, Provider, Claims Processing, Utilization Management, Accumulators, with proper ICD - 9 and ICD - 10 and HCPCS/CPT codes  |