**MONISHA KANDALA**

**Professional Summary:**

* 10+ years of Information Technology experience include working with various healthcare and insurance projects As a Sr. Business Analyst, Project Manager, Lead Analyst / Technical Analyst.
* HIPAA Transactions mapping experience and in-depth knowledge of HIPAA framework. Strong experience transacting with Healthcare EDI standards - ANSI X12 v 4010, 820, 834, 835/837, 270/271, 276/277 and HR-XML formats.
* Experience working with both Provider and Payer side of Health Care business System Design, Architecture and test EDI applications and transactions. Involved in EDI redesign process.
* Experience working with both Commercial and Government managed Medicare and Medicaid business models (**MMIS**) and Texas integrated eligibility redesign system (**TIERS**).
* RFP (Request for Proposal) experience including developing documentation, guidelines and proposals.
* Experience in Federal and State projects.
* Identified, coordinated and scheduled System critical tasks. Performed software and technical assessments in concert with business representatives and other members of the staff. Involved data flow model and work flow analysis
* Participated in Gap and Risk assessment meetings with all concerned departments to overview detailed changes (2,000+) between 4010A1 and 5010 in their overall efforts to make EDI infrastructure X12 5010 compliant. Identified e-Business area impacts out of 600+ impacts to overall IBC systems
* Architecture and design work for specific EDIMapping Projects, Mapping and Implementing message translations for connecting trading partners to each other and to the applications
* Credible experience in Oracle 9i Database design, stored Procedures and Packages in Health Care Sector
* Worked with prospective trading partners to determine data processing and EDI operation requirements. From this, authored technical specifications to support findings
* Data warehouse, data analyzing and data conversion skills. ETL experience. Used SQL LOADER
* Incident Management and Problem Management –ITIL - using HP Quality Centre.
* Strong experience in Production support, technical support and trouble shooting
* Teaching experience include instructing C++ undergraduate Class
* Experience includes gathering business requirements, Designing system modification and Facilitating meetings and Presentations.
* Experience in data science visualization and modeling using SAS.
* Solid understanding of Business Process Flow,Business Process Modeling, Business Analysis, Quality Assurance and inititatives, practice/ case management and enterprise management.
* Excellent team player in conjunction with testing, development and other teams in validation and testing complex scenarios and projects and in the maintenance of Quality Standards in Projects.
* Experience as a SME knowledge in healthcare domain.
* Worked on Health Care Reform (PPACA), ICD-10, Medicare/Medicaid, EDI transactions
* Excellent record of accomplishment for meeting deadlines (837,834,820,835,270/271,276/277,999) and submitting deliverables on time.
* Hands on experience on healthcare software, MHC for claims and processing.
* Hands on experience on B2B health insurance products and programs.
* Strong Knowledge on MHC DST systems
* Adept at implementation of HIPAA 4010 and HIPAA 5010 changes in the existing claim processing integrated system.
* Experience with implementation of clinical data systems with the help of SAS software.
* **Sound knowledge of HIPAA, Medical Terminology,** clinical research data management, HL7, LOINC, ICD9 CM, NDC, CPT4, EDI, ASTM, DICOM, HMO, PPO, Medicare, Medicaid, Sarbanes-Oxley Act (SOX), ACORD, BASEL II, SOPs (Standard operating Procedures) and forms, GMP’s terms and Practices.
* Hands on experience on Laboratory information systems (LIMS).
* Experience on bridging the gap between Business/Product department and IT.
* Experience in assisting technical team in different phases of SDLC such as Design, Development, and Quality Assurance.
* Experience in working with QA testing teams, while interacting with business users and gathering user’s requirements to develop necessary Test plans, Test Cases, and Test script.
* Adept at reducing development costs and providing traceability of projects.
* Familiar with current industry standards such as ISO, Six Sigma, and Capability Maturity Model.
* Excellent knowledge and deep understanding of industry standard methodologies like Software Development Life Cycle (SDLC), Iterative Software Development Life Cycle Process as per Rational Unified Process (RUP), CMM (Capability Maturity Models), Market Prominence’s automated solution, Capability Maturity Model Integration (CMMI) and Six Sigma and Rational Tools used during various phases of RUP such as Inception, Elaboration, Construction and Transition.
* Vast knowledge and experience in Health Care industry experienced in testing different healthcare ERP solutions such as FACETS, AS400, Amisys Advantage, PEGAMed Plus, EPIC and other claim processing solutions. Familiarity and experience Healthcare software such as Click for care and EPIC.
* Experience with healthcare reform (HCR) and healthcare payer systems.
* Result oriented, committed and hard working with a quest to learn new technologies and undertake challenging tasks.
* Knowledge and experience on order management systems.
* Good understanding of Hospital and laboratory codes for LIMS-HCPCS.
* Proficient in Developing and executing Test Plans, performing functional, usability testing and ensuring that the software meets the system Requirement.
* Excellent team player works in conjunction with testing, development and other teams in validation and testing complex scenarios and projects and in the maintenance of Quality Standards in Projects.
* Extensive experience with MS Visio for drawing flow charts and screen mock ups and MS Project for status reporting and planning.
* Experienced working in Medicare and Medicaid projects, LIMS,Utilization management, Revenue Care management.

# technical skills:

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| --- | --- |
| **X12** | ANSI X12 4010A 835,837, 834, 270. 271, 276, 997,999 |
| **EDI Mapping Tools** | EDIFECS, x Engine, Mercator, BizTalk, Paper Free, EDI Notepad, |
| **Connections** | Web services, Secure FTP, FTP with PGP Encryption |
| **Languages** | SQL Plus 3.2, PL/SQL, SAS |
| **Incident Management:** | HP Quality Center, JIRA, Test Director, QTP, DMS, share point, ETL |
| **Databases/Visualization** | ORACLE 8i and 9I, MS Access, Share Point, Data modeling and visualization, COGNOS and IBM Database connections, Tableau |
| **GUI** | Delphi5.0, Visual Basic 6.0, Seagate Crystal Report |
| **Methods** | Quality Assurance, Process Redesign, System Analysis and Design, Agile, Waterfall, RUP,SDLC, ERP  DMS: Rational Clear Quest |
| **Communications** | Facilitate meetings, Presentations, Process training, Business and Technical Writing, process improvement, mentoring. |

**Training & Certifications:**

* Incident Management and Problem Management – ITIL using HP Quality Center
* Crystal Report Training
* Project Management training and certification (pmbok Knowlegdge)
* Sales force CRM-healthcare
* Data Management for clinical research- Certification (Vanderbilt University)
* John Hopkins University- Distance continued Education and execution
* Certified in child welfare and support programs- Child Welfare and Services(Council of Family and Child Caring agencies)

# EXPERIENCE:

**OFFICE OF CHILDREN AND FAMILY SERVICES, New York, NY Sep 2015-Present**

**Sr. Program manager/ Business Analysis and Business Intelligence**

**Foster Care team/Permanency Unit (50% remote).**

**Project Description:** Work closely with OCFS, local social services districts (child support programs), and Foster Care agencies in Region 3 to achieve the Casework Contact Assurance goals. The local districts and voluntary agencies are required to meet the federal standard every fiscal year, the New York city regional official (NYCRO) has a federal compliance goal for the state of 95% NYCRO’S goal is to actively monitor state, profit and non-profit agencies for quality assurance and case work contact, children and family administrative services, simulteaneously working with internal departments of IT and other programs and projects.

**Responsibilities:**

* Working directly with Federal, State, District agencies, profit and non-profit agencies on maintaining compliance for New York state and federal government for child and family welfare services.
* **Steering Committee member and Co-chair of local implementation team (LIT) NYCRO for organizational practice and work ethics (Team Functioning, agenda development, facilitation, implementation of practice model and principles of partnership).**
* Working directly with top level management, Regional Commisioners, CEO’S, President’s and Vice-Presidents, State commissioners, executive directors, managers,business analysts, quality analysts, other non technical and Technical IT teams for requirements and quality assurance of state and federal department by maintaining compliance through case wok contacts management, spot checking of documentation, quality assessment of case works, risk assessments, issues and problems to meet compliance standards. Working directly and experience with Adult and child welfare programs and interpreting State and federal laws and regulations governing health and human services programs including, Office of Legal affairs, Children protective services, Council of Family and Children caring agencies, Foster and Department Of Aging and disability, Office of the Blind, Local Departments of Social Service and Human Services, Mental and Public health, Juvenile Justice (DJJOY), Assistive rehabilitation for Children, Administrative Children Services, Department of Family and Protective Services, Department of State Health Services for Family, Children, Disability, Blind and Homeless.
* Involved in **Business Analysis and Business Intelligence,** monitoring and support the Regional Office in the monitoring of the voluntary agencies case management/case planning responsibilities including compliance with OCFS child safety, family and women child support programs and CPS monitoring requirements, involved in program evaluation and change management.
* Primary duties include collecting, analyzing and documenting the required data, information and goals and transferring the same to the Non techinncal and Non Technical teams. understanding the business process and requirements of the voluntary agencies, elicit requirements from them using interviews, surveys, site visits, and business process descriptions. Communicate and collaborate with OCFS staff, local social services district staff (the Administration for Children’s Services) and voluntary agency staff to analyze information needs and ensure recommended solutions are implemented.  Provide continued support to districts and agencies with review of CONNECTIONS with relation to data integrity for Casework Contacts including maintainence of Qualitative and Qualitative data. Implementation of case practice management.  Any other duties deemed necessary by the Regional Office that impact permanency for youth.
* Ensuring all support activities are executed on schedule, including but not limited to distribution of materials for meetings, coordinate meeting activities as needed, distribute team communications, Document **Request for proposal**s (RFP’S)collect status reports, and develop or distribute team communications.
* Working with OCFS management, Program Leads, and Business Analysis team on different aspects of the project life cycle to ensure requirements are defined accurately, reports meet the defined requirements, and they are distributed and reported efficiently and accurately.
* Ensuring users receive appropriate support for related recommendations, fixes and enhancements and existing documentation is updated accurately.
* Hands-on experience with writing business process definition, business rules and business process decompositions, experience extracting business rules from existing computer applications and systems.
* Experience in change management planning and implementing change, including business processes for efficiency and compliance with the NYS state and/ Federal regulations.
* **Hands on experience and working on Health and Human Services based systems, child welfare management systems (SAWCIS), child tracking systems (CCRS-Activities), Benefits issuance control systems and management of old legacy systems.**
* Generate weekly, monthly and yearly fiscal summary reports using business intelligence tools such as COGNOS and other datawarehouse toosl to resolve issues and improve quality( OCFS datawarehouse). IBM connections for various job aids such as research. Also, involved in data analysis and identifying areas of improvement by percentages.
* Conducting regular unit meetings and trainings for new business analysts and agencies. Good understanding of baseline population and data collection requirement with specifications for National Youth in Transition Databases (NYTD).Weekly preparation presentations and of cases reports, issues.
* Participating in activities assisting NYCRO in preparation and developing of documents, databases, and monitoring tools for other units. In addition, provide observations, assessments, feedback and recommendations to the issues in hand.
* Developed databases of Fire safety, Voluntary agency review, complaint logs, NYTD monitoring and monthly reporting for Juvenile Center, Child center. Directly work with NYCRO implementation team for NYCRO IT and business analysis.
* Directly working with communication and application on implementation of OCFS connections legacy systems and current legacy systems (IBM Connections) and change management for greater user experience and resolving using database information and requirements and at the same time escalate to the concerned departments and data scientists and research teams.
* Experience in child wefare system for statewide services payment systems.
* Experience analyzing applications that use relational databases such as Oracle and application tools such as COGNOS
* Conducted user acceptance testing for various new windows and features of the OCFS and CCRS connections.
* Conducted database testing, and manual relational database testing by verifying data in database table.
* Conducted strategic planning for various business processes with best practice guidelines. Identifying business process issues for transparency and accountability.
* Good understanding and woking of pre-defined reports and data, Adhoc,current, historical and trending datawarehouse systems, case management.
* Understanding and application of Federal and state regulations and policies for to meet the quality and compliance standards.Providing technical assistance and training on case work contacts and tools as per the requirement. Experience and knowledge on legal issues.
* Participate in other activities and assisting internal teams and units of NYCRO in preparing, developing documents, reports, databases Running of reports, comparing and analysing data for various units and department of justice for permanency goal for children. Provide observation, assessments, feedbacks and recommendations based on issues and participate in quarterly meetings and reviews to bring solutions.
* Provides staff training recommendations and trainings.

**Environment**: MS office, MS access, COGNOS, IBM connections, JIRA, HP Quality Centre, SQL database, Project Management, Tableau, SQL.

**COGNOSANTE / CMS (Remote), Dallas -TX**

**Sr. Business Analyst / Lead EDI Analyst / SME**

**(COGNOSANTE Elite Team) Feb 2015 – Sep 2015**

**Project Description:**

Cognosante is working on several health and data services such as health data support, visualization, health standards and communication, healthcare information, exchanges and support. Cognosante focuses on the U.S department of Health and Human Services, the department of veteran affairs, Center of Medicare, and State Medicaid services (CMS).

**Responsibilities:**

* Supported and involved in all phases of **MMIS** and Texas integrated eligibility redesign systems including benefits for Medicaid project. Good understanding and experience with benefits, enrollment and verification for **TIER**s.
* Working as a SME and a team lead for ACA 1095 operations (ERR), coordinate with EDI analysts on team schedule, monitor progress, and report on outcomes for all the projects (Enrollment, insurance plans and products, 1095, Issuer orphans, compliance and standards).
* Working directly with project managers and other SME’s on documentation reviews, forecastings, meetings and facilitations meetings with stakeholders, clients and teams, creation of high implementation plans, involved in all phases of project management including deliverables. Prepares high level documentation, business cases and reports to the manager and top level management including director.
* Daily monitoring and conducting non-supervisory support role will include coordinating teams, schedules, monitoring event attendance and outcomes, reporting to manager, escalating issues and conduct process improvement at all stages.Lead and attend project meetings, JAD and scrum sessions undertaken additional duties as required.
* Conducting face-to-face educational outreach and enrollment services to the consumers in a group, individual meetings, providing assistance to the consumer outreach and issuer teams and process.
* Collecting, documenting, analyzing EDI transactions (837,834,820,835,270/271,276/277,999) to ensure consistency and Quality during transition a new Medicaid management information system (**MMIS**), periodic quality assurance and assessment activities such testing, verification, assessment of CMS seven conditions and standards.
* Daily analysis of Individual registration numbers (App id’s and policy id’s for enrollments).
* Worked with special teams on case management, create work breakdown structures, risk management plan, manage risks and budget handling.
* Experienced and responsible for troubleshooting and resolving errors in 834 and 820 transactions for health insurance exchanges and performing root cause analysis. Mentored for members of the team and other team members; provided training support, assigned a reduced caseload while mentoring team members and responsible for operations and claims.
* Part of a team supporting all phases of the design, development, and implementation of an Enrollment Resolution and Reconciliation Process for health insurance exchanges (HIX).
* Worked with HIPAA Transactions/mapping and Code Sets and front end edits for ASC X12834, 820, 837, 270/271, 276/277, and 835.
* Hands on experience with B2B for Obama health insurance products for various companies.
* Good understanding and conducted claims processing.
* Experience with claims processing legacy systems For various clients.
* Collaborated with B2B sales for Obama healthcare insurance and supported issuer sales.
* Good understanding and experience of product configuration
* Collaborated with technology and business departments to define deliverables and develop solutions those are reusable across the organization. Performed project duties including the creation of documenting, requesting **Request for Proposal**s, requesting federal funding requests, status reports, updates to work plans and presentations to leadership.
* Participated in design sessions, report on project progress and identify potential risks and issues and provided day-to-day guidance to assigned team members.
* Performed analysis on various project types and solutions including but not limited to: EDI analysis supporting standard and non-standard transaction, Data analysis, trading partner analysis and mapping, etc.
* Created written and oral communication materials that effectively summarize findings, support fact-based recommendations and provides appropriate detail to substantiate conclusions.
* Conducted Gap Analysis and performed under high pressure and worked on risks and understands budget level issues.
* Participated in testing and documentation of issues.
* Worked with the technical and development team to resolve identified issues in a timely manner.
* Reviewed documented training material and companion guides for accuracy and assist in end user training and support.
* Develop client deliverables in accordance with project requirements and company documentation standards
* Compilation of issues for project and process improvement and process researching, Mentoring and training of teams on processes for both onsite and offsite (Onsite Nashville, Tennesse and remote).
* Collaborate with other team members to provide subject matter expertise and assistance as applicable.
* Ensured that all identified processes and methodologies are executed.

**Environment**: MS Access, Macros, HICS systems, MS Word, MS Excel, HP Quality Centre, Facets 5.0, QNXT, SQL database, Crystal Reports, Project Management.

**Presbyterian Health Services, Albuquerque - NM**

**Role: Senior Business Technical Analyst Jan 2014 - Jan 2015**

**Project Description:**Provider In – Presbyterian Healthcare Services is working on several heaths’ service activities for claims, health extracts, health plans, and programs. The US Department of Health and Human Services (HHS) is requiring health plans, physicians, hospitals, and other health care professional to compliant to the new healthcare reform and laws. PHS has taken an initiative to provide various business and technical solutions for the health programs.

Managed overall NPI validation process, data mining, reporting, SQL query programming, Claim submission, and vendor/client coordination

**Responsibilities:**

* Reviewed state companion guides and proposed processes to make Well Care system in compliance with the state matching criteria’s
* Developed ad-hoc reports and SQL queries to conduct data analysis and validation
* Worked on service request for health care claims and EDI transactions 820, 835/837, 270/271 834/Medicare/Medicaid-UB40/1500/OBAMA CARE, ANSI X12 EDI transactions.
* Involved in claims processing Provider and benefit, Medicare and Medicaid plans
* Created ad-hoc jobs and product notification documents to create batch jobs.
* Worked and managed enrolment in Facets 5.0 on HMG plans, HMO, PPO plans, Product and Healthcare Plans.
* Hands on experience on MHC DST software and medical and clinicalpayer systems.
* Experience in implementation and consulting for claims and payer systems.
* Involved in SAS research and development projects creating Analysis Datasets through Tableau 9.1.
* Conducted meetings with various business owners and clients for processing of various EDI transactions and claims files.
* Conducted and handled meeting for onsite and offshore team.
* Managed testing teams offshore and offshore, worked on all testing phases, written test plan and test cases for testing.
* Gathered and written Business Requirement Documents (BRD) to implement NPI changes on Encounter data, Reports, Claims, billing.
* Managed Medicare, Medicaid, Behavioral Health, Dental, Vision, Encounters and Fee for Service data,
* Queried and analyzed data trends and effectively assimilate to make appropriate recommendations to increase claim acceptance percentage

**NM State: Meds II to Meds III Conversion:**

The State of NM redesigned their Medicaid Encounter Data System (From Meds II to Meds III). It required Well Care and all other health plans to submit Encounters in Meds III format. Participated in Gap and Risk assessment meetings with all concerned departments within Well Care. Based on new Meds III Data Dictionary, performed GAP Analysis – teamed up with State Business Unit. Prepared Implementation plan and recommend possible system changes to accommodate State requirement. The system change included both Medical and Pharmacy encounters

**State Vendor (TPA) Change Implementation:**

The Department of Health and Human Services changed vendor (replaced ACS with HP, the third party vendor) to manage their EDI Claim processing. It had huge impact on 837 claims submission via Well Care system. Based on a new HP 837-companion guide, performed GAP Analysis – teamed up with State Business Unit. Prepared Implementation plan and recommend possible system changes to accommodate HP requirement. Negotiated agreement on EDI files specification with State, IT unit and Well Care EDI Business

**Members with Medicare and Medicaid Dual Coverage Implementation**:

The required submitting encounters with member having both Medicare and Medicaid dual coverage’ in Meds III (eMedNY) submission format. Worked with Claim Adjudication team to identify Medicare Paid Amount and design a system change within Well Care that allowed reporting members with dual coverage to New State populating both Medicare and Medicaid Paid Amount on the Meds III submission file. Wrote Business Requirements, worked with IT and NMStateMarket and Texas teams and managed entire process until completion for **MMIS** and **TIER**S including compliance and standards.

**Drug Rebate for J-Code Claims with NDC Codes:**

As part of the comprehensive health care reform legislation, the federal government enacted the Drug Rebate Equalization Act of 2009 (DRE). DRE equalizes the treatment of prescription drug discounts between Medicaid managed care and traditional fee-for-service by allowing the state Medicaid program to collect rebates of CMO prescription utilization. The State of New Mexico required Well Care to submit the drug information on a separate proprietary format. Gathered requirements that will pull the data from incoming encounters in paradigm and/or ODS, where applicable, and will report drug details in a state mandated proprietary format

**Environment:** Edifices, **Facets, QNXT**, MS Access, MS Word, MS Excel, HP Quality Centre, Tableau, Powerhouse MHC 5.0, SQL database, Crystal Reports, Project Management, and File net.

**Kaiser Permanente, Pleasanton - CA**

**Role: Project Manager / Lead Business Analyst Mar 2012 – Dec 2013**

**Responsibilities:**

* Analyzed Health plan Enrolment and Maintenance (ANSI X12 834) file specifications under HIPAA framework
* Prepared implementation plan and negotiated agreement on EDI file specifications with Trading Partners and vendors in accordance with HIPAA guidelines.
* Experienced and worked on ANSI X12 EDI transactions-820, 834/835,837,270/271,999.
* Interfaced with technical staff, trading partners, Clearinghouses and internal staff including programmers on all HIPAA related information and changes
* Teamed up with Senior Management, Legal to formulate EDI Trading Partner Agreements in accordance with HIPAA compliancy rules. Wrote companion guides for several EDI formats evaluating system requirements and business rules
* Teamed up with Senior Managers in managing System (EDI and data processing) requirements, System design and Architecture, develop and test EDI Portal Redesign applications and transactions. Worked on EDI Portal from its inception to completion and then support it
* Interfaced with technical staff, trading partners and internal staff including programmers on all Eligibility/enrolment related information and changes
* Developed and implemented testing scenarios in conjunction with Business Requirements. Involved in developing Business Functions/rules and regression test cases.
* Performed EDI technical and operational customer support to trading partners and customers related to their operational and business needs, requirements and issues
* Monitored EDI systems to ensure smooth processing of inbound and outbound transactions and provided technical support when needed.
* Used POWER MHS- Hands on experience on MHC DST software medical and clinical insurance payer systems, implementation and consulting.
* Teamed up with various e-Business areas in their overall efforts to make EDI infrastructure X12 5010 compliant. Involved in Gap Analysis and Risk Analysis
* Reviewed, analyzed and modified programming systems including encoding, testing, debugging to support organization's Web systems. Consulted with users to identify current operating procedures and clarify program objectives. Planed and direct activities of assigned projects to ensure the goals and objectives of the project are accomplished on time and within budget
* Interacted with Blue Exchange (BX) team in their efforts to implement real-time eligibility transactions(ANSI X12 270-271) and connectivity with trading partners in line with their business rules
* Used SQL queries to analyze incoming customer information against IBC system data to validate expected test results
* Identified/anticipated issues with HR-XML/ANSI File feed and business rules. Documented the event, articulate and demonstrate the problems to facilitate resolution.
* Worked with trading partners to implement and troubleshoot connectivity to EDI systems that included Secure FTP, FTP with PGP encryption for batch transactions and Web services for real time transactions
* Reviewed errors and EDI transaction reports and analyzed information for trends.
* Worked with internal team to build out of a high-level roadmap and time line to achieve compliance.
* Participated in ICD 9 to ICD 10 codes conversion requirement-gathering sessions and created high-level business requirement document.
* Gathered and prepared BRD for the Crosswalk Query Tool.
* Prepared product backlog working with product owner and other SME.
* Facilitated daily stand ups and managed task board with user stories and board.
* Defined ICD-9 to ICD-10 mapping process using GEMs (General Equivalency Mapping) crosswalk file.
* Created Preliminary mapping between ICD-9 and ICD-10 codes.
* Extracted data from several databases to create a master list of the ICD-9 and ICD-10 codes.
* Ran reports using Excel and Access to compare and verify data.
* Conducted Business Requirements walkthrough with the business owners as well as the Technical Stakeholders.
* Change Control Process – Led the Change Control Process for changes submitted for the BRD once the document was submitted to IT department.
* Documented the UAT Plan for the project and worked with the UAT Team to ensure every acceptance criteria for the requirements has been included in the UAT task plan
* Maintained the Traceability Matrix table to uniquely trace the identified business requirements to general design to testing as proof that requirements requested have been developed into a solution and that it has been tested and tracked.
* Tracked all required resolutions that were identified as needed from Vendors or Payers based on testing results.
* Conducted configuration database management and IT change management
* Familiar with audit risks and procedures.
* Identified all risks associated with the project and gave suggestions for mitigating the impact of the identified risk posed to the business.
* Worked on order management systems and workflows.

**Environment:** MS Project, MS Access, MS Excel, MS Word, MS Power Point, Rational Requisite Pro, Clear Case, Clear Quest, Facets 5.0

**Special Projects:**

**X12 Version 5010 Implementation:**

Regulators mandated all HealthCare EDI players to switch to 5010 format from an existing 4010 platform. Participated in Gap and Risk assessment meetings with all concerned departments within IBC. Overviewed detailed changes (2,000+) between 4010A1 and 5010 including migration of ICD 9 codes to ICD 10 codes. Identified eBusiness area impacts out of 600+ impacts to overall IBC systems. Reviewed Scoping & Planning documents and from that authored additional outreach to define scope of impacts & align schedules that relates to e-Business EDI systems.

**NPI Project:**

NPI is the National Provider Identifier that is established to standardize the identification number for health care providers. Worked with the EDI crosswalk team to identify incoming ANSI X12 fields where NPI information would come in and maps it to our internal Physician ID. Identified the impacts areas in the EDI process and proposed workaround. Prepared contingency plans in the event of fall-outs and the step procedures to follow. Worked with various Trading partners who were not NPI compliant and updated companion guides

**Business Rule Engine:**

Worked with Business rules engine (BRE), a software system that executed IBC business rules in an EDI runtime production environment. Worked on BRE error Management. EDI portal processing resulted in various BRE errors to the customers/vendors. Identified top 10 BRE errors that resulted in 90% of all EDI errors. Designed a Business process that isolated those top 10 errors and then defined and classified them for the customers and provided error resolution methods in a step-by-step procedures

**Consumer Drive Health Care (CDHC):**

Worked on this project with Business Requirement team to identify and test fields that are accommodated on all EDI formats (ANSI, HR-XML, Drop to paper etc.) for CDHC products like HSA and HRA. Communicated with customers/trading partners to incorporate changes on the EDI files and tested IBC system for appropriate functioning all the way to the backend

**Medicare Part D:**

This was a special project customized just for one customer - NJ State. Customer would send all Medicare Part D enrollees on the eligibility file and required us to store the information on Ameri Health backend system. Worked with IS, Production Support and Development team to co-ordinate, plan and execute the implementation of the separate customized code for the customer. Identified all the impacted area in the EDI process and ensured seamless implementation

**ANSI 834 EDI Deployment:**

Deployed numerous IBC customers in EDI platform using ANSI 834 format. Lead an outsourced Benefit Focus team providing direction of IBC rules and EDI system specifications. Overviewed IBC relationship with trading partner/vendors such as Mercer, Hewitt, and Ceridian etc.Negotiated ANSI field values with Trading Partners.Managed the entire process of EDI deployment: Prepared timeline documents. Contingency plans, testing scenarios, road maps, testing and implementing customers on IBC EDI Portal and getting Production area sign off. Lead a Benefit Focus team of five members

**COBRA and Autism Mandate:**

Worked with the core team to extract business rules out of COBRA regulations. Amended plan document to comply with COBRA regulations and its impact on EDI processing. Identified fields on the incoming eligibility file, map it all the way to the backend through various business checks, and managed BRE, API and hard MI errors resulting due to new regulation mandate

**Nebraska Medicaid-Dept of Health and Human Services, Lincoln - NE,**

**Role: Sr. BA / Business Specialist July 2011- Feb 2012**

**Project 1:**

**Project Description:** This project is on implementing National Provider Identifier (NPI) compliance for NE-DHHSMedicaid Management Information System (**MMIS**) underHIPAA5010 Project. Legacy system is currently in place with mainframe systems for the backend. Analysis is done on identifying impacted systems, reports, interfaces, screens and policies due to NPI crosswalk implementation.

**Responsibilities:**

* Worked with HIPAA Transactions/mapping and CodeSets including ASC X12834, 820, 837, 270/271, 276/277, and 835
* Played a leading role in the testing of various HIPPA transactions with Claredi and in getting it certified
* As a Sr. EDI Specialist, served as the primary implementations interface for national and regional accounts
* Served as a technical resource for all Data Feeds as well as technical resource for Network and ANSI X12 transaction troubleshooting
* Served as a liaison between IT staff and Clien.
* Extensive experience with Enterprise Application Integration (EAI) and EDI architectures and functionality
* Focused experience in the area of systems integration, business workflow solution design, planning and implementation consisting of a variety of technology platforms, systems, and encompassing business problems of all types.
* Provided resolutions relative to EDI implementation, transmission protocols and Value-Added-Networks (VAN) communication problemsTroubleshooting and in-depth analysis and support in the development, implementation and quality assurance testing of EDI Software packages, and new EDI projects
* Performed testing and quality control checks on mapping projects. Consulted with customers to obtain EDI requirements, mapping specifications, and project objectives
* Assessment and delivery of Implementation guidelines as required by the customer. Involved in drafting equest for Proposal documentation.
* Developed and maintained applicable documentation for the entire EDI Process and Keeping abreast of all technical and procedural changes, various additions and enhancements to the data exchange products and associated communications infrastructure affecting EDI.
* Received and sent transactions/data to the Application and verified the output with Input using the Data Requirements, Data map and EDI Standards.

**Project 2:**

**Role: Sr. Business Analyst / Application Testing:**

**Project Description:**

Designed, developed and maintained an application, single headedly, which converts an existing NSF health care claim remittance format file into a new HIPAA X12 EDI standard claim remittance ANSI 837 format file. Developed an update server application, for medical billing software, which updates client database schema based on any changes over server database schema. It was also capable of populating new database schema for upcoming clients. Used ORACLE 9i and DELPHI 5.0.

**Responsibilities:**

* Designed and created medical reports for physicians and practices for in depth analysis based on patients and insurances data, to support above application. Used Parameterized PL/SQL /Crystal reports
* Created health care Claim Status (276) file and parsed the claim response file (277) from Insurance carrier.
* Experienced and worked on ANSI X12 transactions-820, 834/835,837,270/271,999.
* Designed and developed database objects, structures and complex SQL queries. Designed, evaluated, and implemented reporting applications, queries, and reports to accommodate a variety of user needs. Analyzed and determined informational needs and elements, data relationships and attributes, proposed manipulation, data flow and modelling, and data output and reporting capabilities
* Performed Data Conversions from different databases and mapped it into our Oracle databasestructure so that the relational Data integrity is maintained and at the same time all the data information is preserved. Manipulated and converted data from other file formats such as DBF to a proprietary format using software applications. Used SQL Loader
* Developed an application to maintain various DLL’s and report versions
* Round the clock Technical Support/ Trouble Shooting For the clients/users
* Developed SQL Procedures, Packages and Functions
* Testing of various medical reports like insurance claims forms and patient statements

**HEALTH AMERICA, Pittsburgh - PA**

**Role: Business Analyst Jan 2010 – June 2011**

**Project Description:** Health America coverage includes HMO, PPO, and POS plans, as well as consumer-directed options. They also offer individual plans, as well as coverage for Medicare beneficiaries.

Project was to develop new software that will determine the eligibility of a Medicare recipient, processing Medicaid request forms, Medicaid claims, check if funds available and also help staff into looking each costumers data to check eligibility of costumer for the Medicaid and help them best as possible.

Developed Laboratory information systems (Simple lab), EMR, Laboratory Case management- Gathered Business Requirements for vendors such as interacted with the Users, Designers, and Developers, Project Manager to get a better understanding of the Business Processes.

**Responsibilities:**

* Responsible for the full HIPAAcompliancelifecycle from gapanalysis, mapping, implementation, and testing for TennCare processing of Medicaid Claims.
* Liaison between the Business needs (business users and sponsor) and the Technical solutions (development and testing staff), ensuring technical solutions satisfied business requirements.
* Performed Web Page Mock-Ups using MS Visio and thus defining the Business Process Model and Data Process Model.
* Involved in FACETSImplementationTesting, involved end to end testing of FACETS Billing, ClaimProcessing and Subscriber/Member module.
* Experienced in RUP software development cycle methodology with four consecutive phases - Inception, Elaboration, Construction, and Transition.
* Developed gap analysis document, logical and physical design, and remediation plan for State.
* Responsible for mapping documents, creation of test plan, test scenarios, test cases for unit, system, and system integration testing.
* Responsible for the implementation of laboratory management systems, workflows, conducting of JAD Sessions.
* Involved in writing and understanding of business requirement document and conducted user acceptance testing for E cloud laboratory systems and services including various other vendors.
* Involved for workflow management, compliance and regulatory services.
* Worked with business owners, content staff, IT, and other stakeholders in creating a content management solution for managing the information in the supplier portal using Web Sphere Application Server.
* Built and customized Soda for Word templates and extract information from information sources such as RequisitePro and Rose, and created a highly automated system for handling approvals, exceptions, and priorities.
* Used the Rational Unified Process (RUP) to build the different phases of Software development life cycle
* Created Project management plans for managing on time delivery using MS Project along with writing test cases, unit, and systems integration test plans in Win Runner and used Load Runner to check if application works fine with load.
* Creating and analyzing numerous clients’ reports for various financial requirements.
* Documenting workflow and results of analysis for the aging accounts.

**Environment**: Modeling, Web Sphere, Facets 4.31 Rational RequisitePro, Rational Rose, Rational Soda, RUP, UML, Load Runner, MS-Project, MS Visio, Java, MS Office, Windows XP, Mckenson,

**XL HEALTH, Baltimore - MD**

**Role: Associate Database Administrator / Business Analyst Jan 2008 – Dec 2009**

**Project Description:**

**Project 1:**

Developing paperless MedicalSystem and laboratory information system for Doctors/Insurance Company/patient where all Patiënt medicalinformation and medicalhistory can be stored and retrieved electronically, forming the network between various hospitals, Insurance companies and patients. Worked on next generation health care system project. Used ORACLE and ASP.NET. Involved in use of Biometrics Technologies such as Face and speech recognition, palm impressions and e-signature.

**Project 2:**

Developed electronic Medical Claim Software System that facilitates providers to send electronic claims in short time, and thereby ultimately increase the revenue cycle efficiency. The primary feature of the software included Electronic verification of insurance eligibility, Electronic claims status inquiry, Financial Ledger, Essential system reports and automated reminders. The system’s goals were to maximize the value of online health information; expand utilization of programs, services, and products.

**Project 3:**

Involved in gathering requirement, development and testing of Laboratory information management systems for various hospitals to improve their laboratory workflow. The various departments included cloud based applications -EPIC for emergency department, cardiology, Pulmonology and regular lab departments. The goals were to maximize and improve the various laboratory workflows, productivity.

**Responsibilities:**

* Mapped business documents data elements specified in NWDA Industry Conventions and Implementation Guidelines and ASC X12 Draft Standard Manual, for creation of SAP IDocs
* Created web application using Microsoft’s Active server Pages and Ensured Form Validation with JavaScript.
* Designed, created and maintained Relational Database using Oracle 8.0 Created stored procedures using PL/SQL
* Developed and planning for ANSI X12 transactions-820, 834/835,837,270/271,999.
* Developed and involved in complete implementation of Laboratory management systems and compliance.
* Conducted mentoring for understand of workflows.
* Designing user Interface for various products involved in the project using web technologies
* Understanding user-requirements through interacting with Insurance companies/Hospital/physician personals and understanding Medicalsystem as a whole
* Responsible for documentation of the code, technical and business processes.

**Environment:** RUP, MS Project, ANSI X12 – EDI, Rational Rose, CRM, HP Service Desk, MS Visio, MS Word, MS Excel, Medicare, Medicaid, Rational Requisite Pro, SQL.

**COGNIZANT TECHNOLOGIES, Hyderabad - India**

**Role: Business System Analyst April 2005 - Dec 2007**

**Project Description:**

I worked on analysis/testing to build various applications for physicians, clearinghouses, billing services, and hospitals that submit or receive electronic claim data. My duties included working with the Web Based systems, Desktop Applications and other ClinicalApplications as well as Wellness Applications to improve/keep track of patient’s health.

**Responsibilities:**

* Followed a structured approach to organize requirements into logical groupings of essential business processes, business rules, and information needs, and ensured that critical requirements are not missed.
* Developed prototype of new mobile information processing application and performed walkthroughs of the prototype with end users to better understand user needs.
* Coordinated with the offshore UI designer to prepare the prototype for the application.
* Facilitated collection of Functional Requirements from system users, and prepared Business Requirement documents and have applied the RUP model throughout the entire development and testing process.
* Prepared Logical Process and Data Models that contained set of diagrams and supporting documents containing the essential business elements, detailed definitions, and descriptions of the relationships between the data elements to analyze and document Business Data Requirements.
* Used Rational Clear Quest to maintain and track the requested enhancements and changes by the stakeholders.
* Followed the UML based methods using MS Visio to create Use Case Diagrams, State Chart Diagrams and SequenceDiagrams.
* Worked closely with the offshore team to convey Technical and Functional specifications.
* Detailed understanding of business functionality and preparing the Functionality Test Plan
* Interacted with Product Manager and Domain Experts to understand various process plans, business process, and functionality in detail.
* Responsible to conduct walkthrough sessions to get Business Sign off for the FRD.
* Worked on ANSI X12-EDI 820, 834/835/837./270/271 planning, and development.
* Meetings with Developers, Team Leads to help them understand the requirements.
* Interacted with the Testing and Development team to resolve and follow up on development issues.

**Environment:** MS Office Tools, Windows XP, MS Project, Requisite Pro, Rational Rose, Clear Case, MS Power point, MS-SharePoint, MS-Word, MS-Excel, Business Objects, XML