**Sachin Wagh**

[**sachwagh321@gmail.com**](mailto:sachwagh321@gmail.com)

**SUMMARY**:

* + 7 years of experience as a Business Analyst with knowledge and experience across the project life cycle in Systems Development Life Cycle (SDLC) in the fields of Healthcare.
  + Experience in Waterfall and Agile Methodologies.
  + Understanding and experience in eliciting and documenting functional requirements for testing and verification of HIPAA Administrative Simplification X12 standards, 837 Institutional and Professional Claims (837) Healthcare claim and coordination of benefits (COB) -Claim payment and remittance advice (835) - Healthcare claim status (276/277).
  + Researched, defined and analyzed changes to both state and federal laws affecting the Medicaid Management Information System (MMIS).
  + Conducted user interviews, gathered requirements, analyzed and documented Project Scope Agreement (PSA).
  + Facilitated Meetings and Focus Group Sessions with both domain and implementation Subject Matter Experts (SME) from various business areas to understand existing business and workflow processes.
  + Experience in conducting and facilitating business meetings with external healthcare agencies like Centers for Medicare and Medicaid Services (CMS) and various health care vendors to gather the requirements.
  + Conducted Elicitation and translated the Elicitation results into Business Requirement Document (BRD).
  + Identified and managed data elements, requirements scope, risks and issues.
  + Extensive knowledge on the various types of health insurance programs such as: Medicaid, Medicare (Part A, B, C and D), PPO, Accountable care organization, HMO, Dental claim and POS.
  + In depth in conducting GAP analysis, SWOT analysis, Cost Benefit analysis and ROI Analysis.
  + Extensive experience with claim transactions such as 834 (Benefits &Enrollment), 835 (Billing/ pay/ Remittance), 837 (Submit medical claims).
  + Functional Knowledge of Medicaid Management Information System (MMIS) and Claims Adjudication Process.
  + Involved in designing activities and developed Use Cases, Activity Diagrams, and Prototype.
  + Participated in Structured Walk-through of the Prototype and was responsible for getting the sign-off from the business members. Involved in requirements analysis and translated the high level requirement from BRD and Use cases to a detailed Functional Requirement Document (FRD) according to the approved prototype.
  + Created and maintained a Requirements Traceability Matrix (RTM) for tracing, approaching and managing changes in requirements.
  + Performed Gap Analysis on Current State and Future State Workflow processes and documented a set of required changes in the current workflow flow process.
  + Collaborated with other technical teams such as developers and QA to walkthrough and explain the requirements and answered all questions and provided clarification.
  + Skills in developing Use Case diagrams, Sequence diagrams and Activity diagrams.
  + Used UML for modeling views in Microsoft Visio.
  + Involved in maintaining Test Matrix and Traceability Matrix and performing GAP analysis.
  + Motivated self-starter with exceptional team building, leadership, and interpersonal skills.
  + Conducted User Acceptance Testing (UAT).

**TECHNICAL SKILLS:**

Business Skills: Business Process Analysis & Design, Requirement Gathering, Use Case,

JAD/JRP Sessions, Gap Analysis and Impact Analysis.

Methodology: RUP, Agile, Waterfall.

Standard and Codes: HIPAA, EDI, ICD-10, ICD-9, ANSI X12, HL7, CMM, ISO, CPT and CMS form.

Management Tools: Rational Rose, Requisite Pro, and Visio, MS Project.

Testing Tools: Quality Center, QTP,

Operating Systems: UNIX, Windows 95/2000/NT/XP.

Office tools: MS Office 2007 (Word, Excel, Power Point, Outlook), MS Visio, MS Project

**PROFESSIONAL EXPERIENCE**:

**Independence Blue Cross, Philadelphia, PA January 2016 – Till Date**

**Sr.Business Analyst**

**Project Description:**

Independence Blue Cross (IBC) is a health insurer based in Philadelphia, Pennsylvania in the United States. IBC is the largest health insurer in the Philadelphia area, serving more than two million people in the region and seven million nationwide. I worked in a project involving Electronic Claims (EDI) Handling and Transaction Processing of Claimants' records. The project included enhancing applications to include duplicate claim numbers in various systems.

**Responsibilities**

* + Gathered business requirements through open-ended discussions, brainstorming sessions and observation of the compliance department and work environment in data mapping.
  + Conducted requirement workshops among all project stakeholders to gather, verify and validate the business requirements.
  + Produced Business Case, Project Scope Agreement (PSA), and the Stakeholders List.
  + Executed Requirements traceability and managed a Requirement Traceability Matrix for the application.
  + Created, socialized and obtained approvals for three decision documents: ICD 10 Procedure Codes, Medicare, and Backward Mapping
  + Responsible for gap analysis in changing old MMIS and involved in testing new MMIS. Also, accountable for Medicaid Claims Resolution/Reimbursement for each state health plan using MMIS
  + Coordinated and monitored Affordable Care Act (ACA) Mandates within Health Care Reform Program; mapped the business and functional requirements to those with 100% accuracy
  + Responsible for attaining HIPAA EDI validation from Medicare, Medicaid and other payers of government carriers.
  + Worked with various 837/835 EDI transactions in accordance with HIPAA standards.
  + Tested the Eligibility, Membership and Claims processing application.
  + Wrote test plans and tested individual transactions for Medicare / Medicaid transactions (835 and834)
  + Tested the production of checks and explanation of benefits (EOB).
  + Designed Use Case Diagrams, Workflow diagrams, and Activity diagrams.
  + Communicated and maintained strong working relationship with various business groups such as Project development and clients regarding requirements and workflow.
  + Involved in Joint Application Development (JAD) sessions to define technology applications for business requirements.
  + Worked with project team members (business and technical) to develop technical design documents, including business and system process models.
  + Reported status to project management and stakeholders on a weekly basis.
  + Performed in depth Gap Analysis with different business groups to ensure that the system initiatives were met.
  + Involved in level 1 End User Support during UAT.
  + Produced Project Success Verification document.

**North Carolina Department of Health and Human Services, NC July 2014 – December 2015**

**Business System Analyst**

**Project Description:**

The state of NC has to comply with Centers for Medicare & Medicaid Services (CMS) mandated ICD-10 requirements within the timelines. The objective of current phase of the Project is to do the assessment Medicaid Management Information System (MMIS) and other systems, followed by Implementation Phase, which will include the actual conversion from ICD-9 to ICD-10.

**Responsibilities:**

* + Conducted Interviews and JAD sessions with SME’s and stakeholders to understand the business requirements.
  + Gathered business requirements for CMS and non-CMS projects through different stakeholder interviews and translated those into Functional Specification which was a key for successful implementation of the systems.
  + Gathered and created Business Requirement Documents (BRD), performed cost-benefit analysis with Project Manager.
  + Performed transactional/encounter processing, and reviewed claims creation using Axiom Transcend.
  + Performed detailed analysis for the functional areas that will be impacted by implementation of ICD-10 codes
  + Conducted GAP analysis and Impact Analysis and prepared an Implementation and Recommendations Report communicated to the stakeholders.
  + Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
  + Created Functional Requirement Documents (FRD) based on the signed-off business requirements.
  + Developed Use Case diagrams, business flow diagrams- Activity/State diagrams and Sequence diagrams so that developers and other stakeholders can understand the business process.
  + Created and maintained a Requirement Traceability Matrix (RTM) to see if all the requirements are being captured and are being worked on.
  + Managed all the Change Requests Document that came in through after signoff and maintained all the artifacts on SharePoint.
  + Arranged meetings with the IT team to create Data Mapping Document facilitate the conversion from ICD-9-CM codes to ICD-10-CM/PCS codes to ensure that both the application and Health Record comply with new regulations.
  + Analyzed the impact of ICD-10-CM/PCS coding system and Identified General Equivalence Mappings to facilitate the conversion from ICD-9-CM codes to ICD-10-CM/PCS codes to ensure that both the application and Health Record comply with new regulations.
  + Worked extensively with IT team on building the architecture and underlying logics of the system.
  + Involved in designing and developing Data Models and Data Marts that support the Business Intelligence Data Warehouse.
  + Extreme involvement in production and development phase to report out to the stakeholders about the current status of the project.
  + Created test plans and scripts, facilitated user acceptance testing and tested strategies with developers and testing team

**Washington State Dept. of Social and Health Services, Olympia, WA Mar 2013 to July 2014**

**Business System Analyst**

**Project Description:**

The Division of Children and Family Services merge the former Offices of Protection and Safety and Economic and Family Support. The systems for the merger include the areas of child abuse, foster care, adoption, ADC, Medicaid eligibility, childcare subsidy, child welfare, child support enforcement, food stamps, economic assistance, Integrated Care Coordination Units, and community-based juvenile services.

**Responsibilities:**

* + Implemented RUP and followed iterative approach followed Use Case driven process for requirement documentation and deployment. Analyzed Business Requirements and implemented it to develop Use Cases, Activity Diagrams/State Diagrams.
  + Worked on monthly TANF Loans Issued and Debt reports requested by I&R (Investigation and Recovery) and the Accounting department.
  + Performed testing for Medicare, Medicaid and X-Over claims for Medicaid Management Information System (MMIS).
  + Collaborating with other SME’s to scope the proposed project, make time and quantify business benefits and preparing the business case.
  + Developed the systems implementation project management plan with milestones and steps from procurement of vendors to project implementation and maintenance.
  + Utilized OOAD and UML to create use cases, UI development, usage models, layout and wireframes, test cases and user training.
  + Worked with SQL queries using SQL Server for data manipulations.
  + Conducted user interviews to complete the BRD, analyzing the requirements using Requisite pro.
  + Created issue logs, work request template, change request template and problem request template for the users.
  + Analyzed data and investigated service related issues to identify root cause of problem(s).
  + Identified and communicated business needs as required.
  + Participated in presentations to internal and external audiences.
  + Translated business requirements and assisted IT with the development of technical specifications
  + Worked on the service requests and changed requests for the Agency.

**Computer Science Corp, NY February 2011 to December 12**

**Business Analyst**

**Project Description:** Project: HIPAA & Medicaid Claims Process

Computer Science Corp. has supported the Department of Health, NY for Health and Dental Insurance Claims and Eligibility efforts. The core data is in MMIS Legacy system and can handle the processing of different Claims within POS in MVS Site D and AIX Box. The MMIS can handle the HIPAA EDI transactions such as 835, 837 (P, D, I) 276, 277, 278.

**Responsibilities:**

* + Conducted weekly meetings for deciding the Policies and Procedures to be followed while constructing new sites.
  + Performed requirement analysis, impact analysis and documented the requirements using Rational Requisite Pro.
  + Prepared client process maps for the consumer, broker, employer and provider transactions for the Facets process.
  + Documented the server farm requirements and requirements related to security within Share Point and using Windows Active Directory.
  + Performed Gap Analysis to check the compatibility of the existing system infrastructure with the new business requirements.
  + Data mapping for the 834 EDI membership enrollment files and member records
  + Designed High level design, for New process, integrating with legacy and Facets
  + Used Query Analyzer, Execution Plan to optimize SQL Queries.
  + Interacted with client and the Technical Team for requirement gathering and translation of Business Requirement to Technical specifications.
  + Created and maintained an Excel database.
  + Created process flow diagrams in MS Visio.
  + Involved in writing complex SQL queries to extract the data from Oracle database
  + Conducted interviews, meetings and JAD sessions during the process of Requirement Gathering.
  + Designed High level design, for New process, integrating with legacy and Facets.
  + Planned and documented procedures for data processing and prepared data flow diagrams for the application.
  + Designed and implemented SQL queries for reports and data validation.
  + Analyzed trading partner specifications and created EDI mapping guidelines
  + Created and managed project templates, use case templates, requirement types and tractability matrix in Requisite Pro.
  + Involved in mentoring specific projects in application of the new SDLC based on the Agile Unified Process, especially from the project management, requirements and architecture perspectives.

**EDUCATION:**

MBA/IT