**Van William**

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**SUMMARY-**

* Over 6+years of Experience as Business Analyst in Healthcare include understanding of Business Requirement Gathering, Business Analysis, and Joint Application Development JAD sessions with clients and referring to accessible documentation and procedure.
* Exposed to Medicare and Medicaid domains of the healthcare systems and industry for inpatients, outpatients, Reimbursement Methodology.
* Knowledge and Experience on Membership, Billing, Claims Payment Processing in relation to HIPAA, EDI codes 834, 837,835, and 270, 271.
* In dept. knowledge of Software Development Life Cycle SDLC methodology such as Agile and Scrum.
* Efficient in writing Business Requirements Document, Use Case Specifications, Functional Specifications and Workflows.
* Strong experience in Business and Data Analysis, Data Profiling, Data Migration, Data Integration and Metadata Management Services.
* Use JIRA to track and report defects to developers. Before Logging the Defect, working with BA people to find out any requirement changes.
* Used MS Access, Excel, V-LOOKUP, charts, graphs, Excel advanced formulas and functions, macros,
* Produced Initial Medicaid Information Technology Architecture MITA State Self-Assessment Report to support the current Medicaid Management Information System MMIS Replacement Project.
* Support teams with minimal to no Agile/Scrum experience and helping them learn, adopt, and apply Scrum and Agile best practices
* Document all data mapping and transformation processes in the Functional Design documents based on the business requirements
* Experienced in business process flows, business process modeling, case tools, business analysis, gap analysis and organizational change management, experienced in conducting sessions and worked with executives, developers, and end-users to define the exact requirements.
* Review CMS requirements on a daily basis, including but no limited to monitoring ECHIMP for updates, changes,  
  Experienced in data analysis with solid understanding of Business Requirements Gathering, Data warehousing, Business Intelligence, Data Mapping and Data Modeling.
* Performed high level assessments of enterprise EHR initiatives, organization mission, and strategic goals. After assessments of clinical projects, our team focused on business processes to determine next steps in the re-engineering process. As analyst and project manager, I led the team that identified the technical IT and clinical integration needs for EHR implementations
* Strong Extensive Experience in Functional, Integration, Regression, User Acceptance UAT, System.
* Verified members’ enrollment in the Special Needs Plan with coverage in Medicare and Medi-Cal also Verified Medicare Late enrollment penalties according to CMS Medicare Part D guidelines.
* Worked on different modules of Facets such as Members/subscriber, commissions, provider, billing and plan
* Knowledgeable working with ETL process Extract, Transform and Load of data into a data warehouse.
* Experienced in client interaction, deep understanding of business systems functionality and technicality.
* Assists in the development, preparation, and uses critical thinking skills to provide analysis of reports for management reviewe.
* Knowledge of requirement gathering, estimation, planning, assisting in execution activities, creating documents and involved in client interactions.
* Experience in developing project plan and estimating project timeline.
* Excellent working knowledge in Project Life Cycle and clear understanding of Project Management.
* Excellent business communication and presentation skills. Adapt at creating, editing, and coordinating extensive communication networks, to keep executive staff and team members apprised of goals, project status, and resolving issues and conflicts.
* Prepared test Data sets and performed data testing using the PL/SQL scripts. Also used MS excel for data mining, data cleansing, data mapping, Data integrity and data dictionary and data analysis.
* erformed data analysis, ad hoc reports, queries, metrics, charts and graphs in Excel, created PowerPoint content.
* Conducted successful projects with the help of teams to achieve deadlines timely and proficiently.
* Involve in analyzing defects that have been reported in the JIRA and sending them over to the developers for a fix.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
* Strong experience in Business and Data Analysis, Data Profiling, Data Migration, Data Integration and Metadata Management Services.
* Maintained the CR change Request of the company. Created Test plans, Test case, and Test scripts to test systems for data corruption, SQL errors. Documented bugs and feature request.
* Setting up Fee Definition and Fee Calculationin FACETS for QHP Individuals, Grandfathered/ Transitional Small Group, QHP Small Group and Large Groups
* Instructed providers how to file for reimbursement and the eligible for their Medicare incentive bonus and Advised providers in detail the reason for their Medicare Refunds Requests. Verified members’ enrollment in the Special Needs Plan with coverage in Medicare and Medi-Cal also Verified Medicare Late enrollment penalties according to CMS Medicare Part D guidelines.
* Ensured that Medicare Advantage membership enrollment was in sync by reconciling CMS enrollment records and Horizon enrollment records.
* Detail oriented with excellent communication, problem solving, critical thinking and presentation skill
* Agile experience includes; leading sprints through sprint planning and development, creation and prioritization of the product backlog, as well as user story and acceptance criteria development. Experienced in leading sprint review and sprint retrospective sessions.
* Excellent oral and written communication skills, analytical skills, problem solving, leadership and management capabilities with quick learning abilities

**PROFESSIONAL EXPERIENCE-**

**State of New Jersey Department of Human Services, Trenton, NJ Oct, 2021-Present**

**Business analyst**

Jersey Department of Human Health is currently in the process of replacing its Bull Mainframe Medicaid Management Information System (MMIS) with a web based Community Health Automated Medicaid Payment System (CHAMPS).

**Responsibilities-**

* Responsible in testing and analyzing data consolidation, organization, and presentation in MMIS.
* Involved in project scope meetings with the Pricing manager to understand the type of requests and issues handled by the pricing team and documented the high level business requirements to the product backlog using JIRA.
* Serve as a point of contact for the client’s stakeholders and provided customer support in addition to team building with on and off shore agile teams.
* , Planning, Scope, daily Status Tracking, Coordination, Problem solving, Defect Triaging, Sprint Grooming and Retrospective Meeting.
* Strong knowledge in data mining and validating and presenting the reports along with ETL developers
* Work on production issues related to claims pricing, provider and claims adjudication of Nebrarska MMIS.
* Performed application support, design, development, technical specifications and installation of new interfaces (on-site implementations). Provided initial EDI mapping design for X12, flat file.
* Utilized the various templates in PowerApps and Power Automate Admin Center to create business solution with-low or no-code solutions.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS. Also, accountable for Medicaid Claims Resolution/Reimbursement for peach state health plan using MMIS.
* Conducted data Mapping and data base change sessions, Identified the existing data fields in SharePoint data mart which is the centralized database for Aventis applications and required data fields for TEN application.
* Organized, goal-oriented, self-starter, and ability to master new technologies manage multiple tasks while following through from start to completion.Developed and supported Extraction, Transformation and Load process ETL using Informatica Power Center to populate the tables in Data warehouse
* Worked on DTS Packages. Performed SQL Backup and Restore tasks on Various SQL Servers.
* Analyzed System Impact including MMIS Tables, Windows, Reports and Interfaces to external entities.
* Created new security reports and maintained other security reports within MMIS system
* Performing UAT requirements analysis, create and execute UAT scenarios for various CIM Customer Information Management FUSION projects
* Cleansing and validating information received from various sources and understanding the eligibility rules along ETL developers.
* Worked in Agile environment allowing teams to deliver project piece-by-piece and make rapid adjustments as needed. Good understanding working in Agile and bringing projects to completion.
* Extensively involved in implementation of effective requirements practices, including gathering User Requirements, and analyzing User Requirement Document (URD), and functional specification document (FSD), use and continuous improvement of a requirement gathering processes.
* Develops and execute testing strategies for MMIS system changes. Strong background in testing entire systems life cycle and skilled in testing various Medicaid software.
* Involved in gathering business requirements, design and development for the BPA, EPSDT, EDMS, EDI, Claims, Financials, Recipient, Prior Authorization and Managed Care modules.
* Gives details regarding Medicare Secondary Payer (MSP), Coordination of Benefits (COB) and Medicare not eligible services due to Member’s Medicare Replacement Plan Enrollment.
* Performed data analysis and created reporting using MS Access, MS Excel, MS PowerPoint, Data Warehouse, JD Edwards to create and manage data reporting projects.
* Extensively designed Data mapping and filtering, consolidation, cleansing, Integration, ETL, and customization of data mart.
* Proficient in developing Use case scenarios to enable design and development of applications using tools like Rational Requisite Pro, JIRA and VersionOne based on the SDLC methodology

**Cardinal Health- March, 2020-Aug, 2021**

**Business analyst**

Cardinal Health, Inc. is an American multinational health care services company, and the 14th highest revenue generating company in the United States. Headquartered in Dublin, Ohio, the company specializes in the distribution of pharmaceuticals and medical products

**Responsibilities-**

* Developed HL7 integration specifications documents in Visio and conducted gap analysis of new EHR implementations including Soarian Clinicals, iSite PACS Radiology, MedPoint Barcode Medication Administration, OBIX OBGYN, QuadraMed and several other EHRs.
* Good working experience with benefits of Trizetto clinical care advance such as disease management, case management and utilization management.
* Strong analytical, problem- solving and communication skills with particular emphasis on clear, detailed Business Requirements and Functional Specifications, as well as reports for management.
* Performed analysis, design, development and maintenance of the Epic Ambulatory applications and other clinical information systems.Review CMS requirements on a daily basis, including but no limited to monitoring ECHIMP for updates, changes,
* Interacted with client and the Technical Team for requirement gathering and translation of Business Requirement to Technical specifications.
* Experienced in data analysis with solid understanding of Business Requirements Gathering, Data warehousing, Business Intelligence, Data Mapping and Data Modeling.
* Clinical Care Advance business rules helps reduce cost and improve care management by providing personalized information and services and streamlining utilization management workflows in clinical system.
* Defined project objectives, requirements and assumptions to structure effective integration and presented to the EHR/HIE, IT and physician steering committees
* As business analyst, I used Agile to produced polished user stories and acceptance criteria. Prepared user interface design documents, user training guides, storyboards, wireframes and mock - ups.
* Design the Epic electronic medical record ADT module and customize workflows based on the requirements and expectations of the end users.
* Coordinate with ETL team to implement all ETL procedures for all new projects and maintain effective awareness of all production activities according to required standards and provide support to all existing applications.
* Developed Scripts for replicating the data from Sybase Database to SQL Server Database.
* Assisted the technical team to improve the existing EHR System which is more efficient for patient management and patient treatment as well as compatible with the clinic trial system
* Created Adaptive cards to trigger power automate(flow) on Microsoft teams to automate the business process for a daily basis activity.
* The projects handled include Medical Management, Patient management, Case management, Disease management, Utilization management, Real-time Precertification Online/EDI transactions, Impact of Medical Management on Claims
* Involve in analyzing defects that have been reported in the JIRA and sending them over to the developers for a fix.
* Performed the requirement analysis, impact analysis and documented the requirements using Rational Requisite Pro and Utilized Agile experience with large and small teams
* Maintained Scrum tools such as story board, action boards, tasks, charts, backlogs etc.
* Continuous communication with the team to track requirements on rally and discuss to fix defects with JIRA tools, and corrected lesson learnt from each sprint.
* Worked closely with the Enterprise Data Warehouse team and Business Intelligence Architecture team to understand repository objects that support the business requirement and process.
* Develop reports for doctors to track patient satisfaction. Develop clinical access reports. Analyzing and updating HEDIS (Healthcare Effectiveness Data and Information Set) measures.
* Continuous communication with the team to track requirements on rally and discuss to fix defects with JIRA tools, and corrected lesson learnt from each sprint.
* Proficiency in Business Requirement gathering, Business Process flow, Business Process Modeling (BPM), Process Redesign, Business Process Re - engineering and testing, etc. with a keen awareness of developers and end-users needs and able to deal with user groups at all levels efficiently.
* Write and Execute SQL queries to test data and update the queries as required and Validating results by using SQL Server and data validation tools
* Key qualifications in healthcare systems and process improvement with success directing the implementation and optimization of major Electronic Medical Records EMR and Medical Practice Management System PM Projects. Strategically define and analyze operational objectives to develop cost-effective technology and process solutions aligned with corporate goals.

**HUMANA- July, 2018-Jan, 2020**

**Business analyst**

Humana Inc. is a for-profit American [health insurance](https://en.wikipedia.org/wiki/Health_insurance_in_the_United_States) company based in [Louisville](https://en.wikipedia.org/wiki/Louisville,_Kentucky), [Kentucky](https://en.wikipedia.org/wiki/Kentucky). In 2021, the company ranked 41 on the [Fortune 500](https://en.wikipedia.org/wiki/Fortune_500) list,[[2]](https://en.wikipedia.org/wiki/Humana" \l "cite_note-2)which made it the highest ranked (by revenues) company based in [Kentucky](https://en.wikipedia.org/wiki/Kentucky). It has been the third largest health insurance provider in the nation

**Responsibilities-**

* Strong understanding of FACETS and Facets Data Model working on data model and data extracts.
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims.
* Performs detailed gap analysis between client requirements and base system design, to identify areas for potential.
* Migrated EDI systems from Gentran Server to IBM Sterling B2B Integrator platform that completed on schedule.
* Perform root cause analysis on all processes and resolve all production issues and validate all data and perform routine tests on databases and provide support to all ETL applications.
* Reviewed developer SQL code to ensure adherence to client standards and general best coding practices.
* Add the JIRA number, date, Initials and a brief description to the comments section when I modified, added or struck-thru a requirement. Managed the team of consultants responsible for developing on-demand Medicaid Management System MMIS reports.
* Created and explained the User Stories to the Scrum Team and helped them design the Tasks.
* Ensured different internal external systems exchanged data according to the specification to transform data from enterprise data warehouse to S Server load data to fact tables.
* Assisted QA team by reviewing test cases and clarifying requirements to ensure complete coverage of requirements worked in agile environment and was able to bring projects to completion.
* Experienced working in Facets online modules such as Billing, Provider, Claims and Membership modules.
* Research Medicaid and Medicare requirements for system automation and Acted as a Medicaid and Medicare SME during discovery analysis
* Create test case scenarios that meet I guidelines as swell as creating fixes for code when issues arise.
* Submitted and participated in daily defect review meetings emphasis was to help reduce the quantity of defects not being detected prior to UAT.
* Performed analysis, detailed specifications, SQL database analysis and disaster recovery, technical and end-user documentation, host communications interface design and performed on-line and batch testing of production support.
* Involved in defining the source to target data mappings, business rules and data definitions.
* Good knowledge of Health Insurance Plans (Medicare Part A, B, C and D), managed care concepts (Medicaid and Medicare) and experienced in determining the membership eligibility, billing experience within life and disability in health plans. Excellent knowledge of HIPAA standards, EDI (Electronic data interchange), transaction syntax like ANSI X12, Implementation and Knowledge of HIPAA.
* Created correspondence, technical manuals, Excel spreadsheets, graphs and charts, PowerPoint presentations, MS Visio org charts and diagrams.
* Confluence to provide necessary online documentation to enhance the communication of the team and link the JIRA issues with online documentation and use of JIRA and Confluence to track user stories.
* Involved in Facets Output generation, Interface development and Facets Migration Projects.
* Developed HIPAA EDI Transmissions. Work includes complete business cycle management and hands-on production as well. Create EDI Testing process, documentation, and performance matrices.
* Advised members, providers, brokers and group administrators of member eligibility, benefits, exclusions and limitations on the Senior Advantage Medicare Replacement Plan.

**Tennessee Department of Health, Nashville, Tennessee Aug, 2016-Feb, 2018**

**Business analyst**

The Tennessee Department of Health works to protect, promote and improve the health and well-being of Tennesseans and those who visit our great state. Keeping people healthy by preventing problems that contribute to disease and injury is the overall emphasis of the department.

**Responsibilities-**

* Perform integration testing for a Medicaid Management Information System MMIS database conversion project.
* Created dimensional model design for data warehouse and source to target documents that were used by ETL developers to load data
* Proficient in developing Use case scenarios to enable design and development of applications using tools like Rational Requisite Pro, JIRA and Version One based on the SDLC methodology.
* Directly responded or supported a response to inquiries that were rapid and professional to internal and external customers, not limited to Medicare Beneficiaries, Federal Regulators, Executives and Congress persons.
* Created new security reports and maintained other security reports within MMIS system
* Proactively involved in imparting G and Scrum values to the team and helping the team to continuously improve the Agile process
* Facilitated JAD sessions for Requirement Validation and requirement gathering for the new MMIS.
* Highly efficient in Requirement Gathering, Modeling, System Designing, Testing, Validation, Workflows and Data Management.
* Modification or enhancement related to MMIS Medicaid Management Information System security and Assist Medicaid staff in designing/modifying MMIS processing cycle reports..
* Attended User story grooming sessions and created user stories in JIRA in the backlog. Gathered, documented and communicated Business requirements from stakeholders for projects that required Business Analysis support.
* Participated in functional design sessions, creates and executes SQL test scripts, and aids in the solution of data issues.
* Create various Data Mapping Repository documents as part of Metadata services (EMR).
* Continuous communication with the team to track requirements on rally and discuss to fix defects with JIRA tools, and corrected lesson learnt from each sprint.
* Developed a departmental budgeting tool.� Utilized MS ACCESS for data entry and storage, and MS EXCEL for analysis and reporting.
* Worked on the Gap Analysis by comparing the actual state and the ideal state of the SDLC process.
* Adequate knowledge in Health Administration - Claims processing (auto adjudication), COB, EOB/ Drafts, Claims pricing and testing, HIPAA, enrolment, EDI, HER, HIX, Confidential, Medicaid, CDHP (consumer driven health plans).
* Opportunities to adopt agile process earlier than scheduled and Adhere to Agile Methodologies through entire software development process.
* Identify and mitigate risks and critical road blocks due to design/development/test dependencies among Scrum teams, guaranteeing problem resolution.