**AmritPradhan**

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**240-459-8694**

To take a challenging role on business operations as Business Analyst and give an efficient and effective solution that would help the organization to achieve the best solution in business that would increase its productivity in market.

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| **PROFESSIONAL SUMMARY** |

* + - * Results-driven, versatile consultant with over 6 plus years’ experience as a Business Analyst.
      * Dynamic experience as professional in domains of healthcare and financial industry.
      * A proactive high performer with proven ability to work with multi-discipline, cross-cultural teams and end users.
      * Ability to handle multiple tasks and work independently as well as in a team.
      * Experience on working with the Trizetto **FACETS 4.31, 4.51, 4.71**Data models.
      * Good team player with excellent written and verbal communication and interpersonal skills
      * Experienced in customer/client interaction, deep understanding of business systems functionality and technicality.
      * Partner with **subject matter experts** to gather and develop detailed business requirements for system implementations and service requests.
      * Skills in developing **Use Case diagrams, Sequence diagrams, State Chart diagrams, and Class diagrams.**
      * Proficient in gathering business and technical requirements from both formal and informal sessions through interviews, **NetMeeting, questionnaire, video conferencing, JAD sessions and conference calls.**
      * Strong knowledge of **Use Cases, Sequence Diagrams, Collaboration Diagrams, Activity Diagrams, and Class Diagrams.**
      * Expertise in **ICD-9 to ICD-10 Conversion.**
      * Medical Claims experience in Process Documentation, Analysis and Implementation in **835/837/834/270/271/277/997(X12 Standards) processes of Medical Claims Industry from the Provider/Payer side**
      * Worked on healthcare standards such as **HIPPA 4010, 5010, ICD-9 ICD 10 .**
      * Strong experience and understanding of **Medicaid** and **Medicare** Services in health care industry, claims management process.
      * Experienced in creating Test Plans. Thorough hands on experience with designing test cases covering all test conditions and eliminating redundancy and duplications
      * Extensive experience in **Functional, Integration, Regression, User Acceptance (UAT), System, Load and Black Box Testing.**
      * Good Management, Execution and Documentation skills
      * Expert in application/system development life-cycles; concurrent development strategies, process streamlining, iteration modeling, DOORS, rapid application development (RAD/RUP/UML), and legacy/waterfall methodologies.
      * Excellent knowledge of MS Office especially MS Excel, Power Point, Word etc

**SKILLS:**

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| EDI Transactions | 834, 835, 837 (P.I.D), 270, 271, 276, 277, 278 |
| Operating Systems | Windows 95/NT/2000/XP, Unix, Mac OS9/10 |
| Databases | MS SQL Server, Oracle 9i |
| Methodologies/Frameworks | RUP, UML, E/R Diagram |
| Languages | J2EE, COBOL, UML, SQL, HTML, and Visual Basic |
| Software Tools | Mercator, Rational Rose, Rational Requisite Pro. |
| Office Tools | MS Access, Excel, Power Point, Word, MS Outlook Express, Outlook Exchange |
| Project Management | MS Project 2002/2003 (PERT, GANTT Charts), MS Navision |
| Testing Tools | Test director 6.0, LoadRunner |
| Data Modeling Tools | Erwin 4.0, MS Visio |
| Claim Engines | Facets, Diamond |

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| **PROFESSIONAL EXPERIENCE** |
| **Humana Inc., Cincinnati, OH Nov 2013- Aug 2015**  **Sr. Business Analyst** |

Humana Inc. is one of America’s Top Healthcare insurance companies. The Tricare – TPharmproject goal was to provide health benefits for military service members. As a Business Systems Analyst I was responsible and involved Detailed Gap Analysis, Update and manage the guide lines as per **HIPAA**, Test and Migrate the Partners and Analyze Partner Compliance & Performance in production. Advanced guideline comparison to assess the scope of 5010 migration effort Electronic version of **HIPAA** 5010 standards including code tables, ICD-10 codes, **Medicare** and **Medicaid** and business rules I was also involved in preparing the Guideline of migration to prepare the business rules for conversion and from scratch.

**Roles & Responsibilities:**

* Coordinated with market BAs and business owners to **gather requirements**.
* Responsible for identifying and maintaining a clear and measurable software development process that is deployable throughout the enterprise using **SDLC.**
* Expertise in payer domain System Integration with Health plans eligibility and claim information. Strong understanding and Claims Processing/adjudication, Memberships and other standards.
* Involved in preparing “**BRD” Business requirement Documents for 5010.**
* Followed the **AGILE methodology** for the entire “SDLC”.
* Prepared **“FSD” functional specification document** for **5010 from 4010A.**
* Extensively worked with different phases of **SDLC** involving preparation of **Business Analyst Testscripts, Low effort low complexity work forms for IT testing and UAT approvals.**
* Expertise in **ICD-9 to ICD-10** Conversion and creating a crosswalk between **ICD-9 to ICD-10.**
* Acted as **a primary liaison** between **business/market BAs/ and developers.**
* Prepared and modified **Requirement Specification Documents** for different markets for **EDI (X12) 837, 834, 820, 835,999, 276, 277** Transactions.
* Assisted in the documentation of requirements for claims management system using Remedy CMDB
* **HIPAA 4010 – 5010** Conversion Analysis – Involved in the documentation of **HIPAA 5010** changes to **EDI (X12) 837, 834, 820, 835,999, 276, 277** Transactions
* Documented detailed analysis of **end-to-end business processes, functional design, workflow mapping and action items,** issues and ensured information is accurate and complete.
* Conducted eligibility analysis of **EDI (X12) 837, 834, 820, 835, 999** protocols in Medicaid and Medicare Services
* Involved in **identification of data sources, construction of data decomposition diagrams, and data flow diagrams and documented the process**
* Participated in project meetings with data warehouse development teams to ensure user requirements and issues are correctly being addressed while controlling scope.
* Accepted inbound /outbound **EDI (X12) 837, 834, 820, 835, 999, 276, 277(Claims, Provider, Portal, Billing, Benefits)** transactions from multiple sources.
* Participate in **System and Use case modeling /design artifacts** like activity and use case diagrams between **ICD-9 to ICD-10** .
* Supported the **MedicarePart A, B program, Medicaid program**, by providing technical, analytical, testing, and implementation support to existing interfaces.
* Strong Experience in Claims Processing and Claims Scrubbing in **HMO, PPO, Medicaid** and **Medicare**.
* Conducted walkthroughs and defect meetings periodically to assess the status of the testing process and discuss areas of criticality

**Environment:** FACETS (4.71, 4.51), Remedy CMDB Windows, SQL Share Point, MS Office, DOORS, Clear Quest, CDMA, Oracle, SQL Quires.

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| **District Of Columbia Healthcare Systems, Washington DC Jul 2012 – October 2013**  **Sr. Business Analyst** |

District Of Columbia Healthcare Systemscollaborated to launch a not-for-profit individual practice association (IPA) model health maintenance organization (HMO). The organization is offering a variety of commercial and government-sponsored plans to the diverse communities it serves.It was migrating from **ICD 9 to ICD 10** and modification of X12 5010 transactions. As a Business Analyst I was responsible and involved Detailed Gap Analysis, Update and manage the guidelines as per **HIPAA**. . I was also involved in the **Forward Mapping** and **Backward Mapping** analysis of **ICD 9 – ICD 10 Conversion** for CM (Diagnosis Codes) and PCS (Procedure Codes) Involved in **GEM (General Equivalence Mapping)** tools for forward mapping of **ICD 9** – **ICD 10** codes

**Roles & Responsibilities:**

* Acted as a primary contact in all the phases of **Software Development Life Cycle SDLC**, including **Quality AssuranceTesting, Performance & User Acceptance testing**.
* Conducted **JAD sessions** with the management, users and other stakeholders for open and pending issues to develop specifications.
* Performed **GAP** analysis for **ICD codes** and **EDI 5010 X12** with the **4010 Structure** for **EDI 834, 835,837 Transactions.**
* Responsible for the full **HIPAA** compliance lifecycle life cycle from gap analysis, mapping, implementation and testing for processing of **Medicaid and Medicare Claims.**
* Extensively involved in **gathering requirements** for implementing **NPI.**
* Experience in using Remedy CMDB for configuration the Incident Management, Change Management, Problem
* Implemented NPI for transactions **EDI (X12) 837, 834, 820, 835,999, 276, 277(Claims, Provider, Portal, Billing, Benefits)** Transactions.
* Gathered business requirements from the users, both in terms of enhancements to existing systems and in entirely new applications.
* Developed **gap analysis document, logical and physical design** and **remediation plan**
* Developed **high level system models** by **analyzing the existing models** and incorporating the suggested changes.
* Helped create the **'Business Glossary'** to facilitate efficient understanding of the business process amongst the other teams.
* Worked on the **EDI 834, 835,837**file load through MMS (Membership maintenance sub-system) and including **Claims, Provider, Portal, Billing, Benefits**
* Recognized as a subject-matter expert in Workers' Compensation, **Medicare**, and **Medicaid** regulatory interpretation and the translation of policy into information technology systems.
* Analyzed and evaluated **User Interface Designs, Technical Design Documents and Quality Assurance Test Conditions** the performance of the application from various dimensions.
* Performed the  **User Acceptance Testing (UAT)** with the testing team.
* **Testing -** Developed **Test Scripts** using **Test Director/Quality Center** and coordinated with developers to quickly resolve the defects associated with them for **EDI 834, 835,837** Transactions.

**Environment:**MSMumps Cache, IDX, MS Visio, Remedy, CMDB, Word, Share point Excel, PowerPoint, CMMI, Rational Rose, Requisite Pro, Clear Case, Clear Quest, SQL, Oracle.

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| **Coventry Health Care, San Diego, CA Mar2010– Jun 2012**  **Business Analyst** |

**Coventry Health Care** serves more than 5 million members in all 50 states across a full range of products and services including group and individual health insurance, **Medicare** and **Medicaid** programs, workers' compensation.

Worked as a **Business Analyst** to analyze, document and map the **4010 to 5010 changes** as a result of the **HIPAA 5010 requirements for EDI Transactions**. I was also involved in the **Forward Mapping** and **Backward Mapping** analysis of **EDI Transactions** and analysis of **ICD 9 codes.** Advanced guideline comparison to assess the scope of 5010 migration effort Electronic version of **HIPAA** 5010 standards including code tables, **ICD-9** codes, **Medicare** and **Medicaid** and business rules.I was also involved in preparing the Guideline of migration to prepare the business rules for conversion and from scratch. In the end I was also involved in the testing from individual file testing to mass-parallel testing of multiple submitters and Unit Testing to 5010 Migration.

**Roles & Responsibilities:**

* Responsible for requirements analysis, design and developing technical requirements.
* Conducted Joint Application Development (JAD) sessions and walk in interview with the business users to gather requirements.
* Prepared FSD Functional Specification Document and SRS Software requirement Specification documents
* Successfully used Agile/Scrum Method for gathering requirements and facilitated user stories workshop.
* Exposed to using ICD 9/ICD 10 coding standards in **Medicare** and **Medicaid** domains of the healthcare systems and industry for inpatients, outpatients, Reimbursement methodology.
* Performed **GAP** analysis for **ICD - 10** and **EDI 5010 X12** Message Structure with the **4010 Structure.**
* Developed End-to-End Business Process Flows for **HIPAA 5010 EDI transactions** including **834** (Benefit Enrollment and Maintenance), **835** (ERN-Electronic Remittance Notification) and **837** (Claims Submission) Transactions.
* **ICD 9 – ICD 10 Conversion Project** – Worked in the analysis of the **ICD 9 – 10 codes** conversion Project. Expertise in GEM processes and concepts.
* Involved in implementation of HIPAA EDI Transactions (**837, 834, 820, 835,999, 276, 277**).
* Created business flow diagrams and analysed the flow of data in the **276/277, 270/271 and 278 transactions**.
* Participated in the development of overall test strategies/test plans for manual testing including definition of test cycles and schedules.
* Designed **Use Cases using UML** and managed the entire functional requirements **life cycle using SDLC.**
* Participated in writing Test Cases and conducted Test case automation and execution with the testing team.
* Created **Requirement Traceability Matrix** to make sure the current project requirements are being met.
* Developed test cases and participated in **UAT** (User Acceptance Testing).

**Environment:** FACETS (4.71, 4.51), Remedy CMDB Windows, SQL Share Point, MS Office, DOORS, Clear Quest, CDMA, Oracle, SQL Quires.

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| **Medicos Health Solutions Inc.,Franklin, NJ**  **Dec 2008 - Mar 2010**  **Business Analyst** |

Medicos Health Solutions Inc. is the nation's leading health benefits company serving the needs of approximately 35 million medical members nationwide. The project at was a data warehousing project which included the warehousing of data from ACES and NASCO source systems into the target data warehouse. I worked as a business analyst for the warehousing of ACES source system data.ss

**Roles & Responsibilities:**

* Studied existing **business applicationand processes, current source system**, **collected end user requirements** and suggested the improvised business process model.
* Analyzed the “**As is” and “To be”** system documents to show the current and proposed functionalities of the system using MS VISIO.
* **Gap Analysis** of client requirements, generated workflow process, flow charts and relevant artifacts.
* Involved in defining and documenting the vision and scope of the warehousing project.
* Worked with ACES claims data for claims subject area, Enrollment and billing data for membership subject area.
* Involved in the development of **Business and Technical Requirements Document (BTRD)** and **Business System Design (BSD**) document for the project.
* Involved in identifying and **studying the ACES system** data for the attribute mapping purpose
* Conducted and participated in **the JAD session** with the SME’s and project team members.
* Worked as a liaison between the business and technical side to convey the business needs to the system architects.
* Participated in weekly status meetings to present status and incorporate any digressions from the original scope.
* Capture information from Centers for **Medicare** and **Medicaid** Services enrollment forms..
* Created and managed **project templates, Use Case project templates, requirement types and traceability relationships in Requisite Pro.**
* Review client business requirements to identified the gaps.
* Involved in cross-functional teams, developing new ways to boost efficiency and delivering results in a fast changing environment to achieve company goals.
* Participated in the walkthroughs and meetings specifically **for Claims and Membership modules**.

**Environment: Windows XP, Unix, ACES,Rational Requisite Pro, MS Office, SQL, MS Visio, UML, COBOL, IBM classic event publisher, TeraData, DB2, IMS.**