**Dhanesh Kumar**

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**PROFESSIONAL SUMMARY:**

* 6 years of experience and expertise in various aspects of Health Care, such as Health Information Management, Health Care Business Analysis Scrum Master and Health Insurance Reimbursements.
* Strong understanding of SDLC methodologies such as Waterfall and Agile with hands on experience.
* Well acquainted with Workflows and Unified Modeling Language (UML) diagrams such as, Use case diagrams, Activity Diagrams and Sequence Diagrams.
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.
* Sound knowledge in the HealthCare transactions Eligibility Request/Response (270/271), Claim Status Request/Response (276/277), Benefit Enrollment (834), Health Care Services Request (278), Payment/Advise (835) and Health Care Claims (837).
* Experience in HIPAA Analysis and Testing within HealthCare applications such as HL7, HMS, and Facets.
* Having excellent experience working with EDI HIPPA Medicare, Medicaid, (8371/P/D, 270/271, 276/277, 278, 820, 834, 835) X 12 transactions.
* Understanding and experience of Care Management and Utilization Management.
* Experience with TriZetto Facets Application Groups: Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management.
* Hands on experience in testing XML files and transactions.
* Proficient in MS Excel with proficiency in creating spreadsheets, working with pivot tables etc.
* Writing test cases, adding defect, and documenting test summary report for User Acceptance Testing (UAT).
* Creating Requirement Traceability Matrix (RTM) to trace requirement to other project deliverables.
* Gained strong understanding of Eligibility & Enrollment, Consumer driven products (CDP/CCF initiative) such as HSA, HRA, FSA and tradition HMO/PPO products & associated systems
* Strong experience in working in all phases of the Software Development Life Cycle(SDLC) such as the Planning, Analysis/Design, Development and Testing for the software/system development process.
* Proficient in data analysis, reporting and the use of spreadsheet and presentation software, as well as programming languages such as SQL and Visual Basic.
* In-depth knowledge and extensive experience in Health care systems FACETS, Medicare part A, B, C, D and Medicaid system.
* Expertise in creating technical specification & mapping documents for data archival & data purging, outlining the data quality process and the business rules.
* Experience Extracting data from multiple data sources and conducting data analysis using SQL queries.

# TOOLS AND TECHNOLOGY:

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| **RDBMS** | MS SQL Server, MySQL, Oracle, MS Access |
| **Requirement Management Tool** | Rational Requisite Pro, JIRA, HP ALM |
| **Project Tracking Tool** | HP QC/ALM, JIRA, Microsoft Test Manager |
| **Analytics Tools** | Tableau, Power BI |
| **UML** | MS Visio, Rational Rose |
| **MS Office Suite** | MS Project, MS Visio, Excel, Word, PowerPoint |
| **Methodology** | Agile(Scrum), Waterfall |
| **Operating System** | Windows, UNIX, Mac |
| **Language** | Java, Javascript, SQL, VBA |

# PROFESSIONAL EXPERIENCE:

**LIA Health Alliance, Hauppauge, NY Jan 2018- July 2019**

**Business Analyst**

**Project Scope:** Worked for LIA Health Alliance that was implementing PowerMHS which is a fully integrated, intelligent data processing and management information system for managed care. The application runs on an IBM AS/400 platform with a DB2 Universal Database. This would help LIA Health Alliance with its Membership and Claims Management Information Tracking System, Finance and Utilization Management System modules that integrate directly with the application. As a Business Analyst, I had to gather requirements, develop use cases, build use case diagrams, etc. As a QA Analyst, I was involved in planning and implementing the migration, configuration, data conversion upgrade and training the users and team members. Also, I performed various kinds of testing on modules like Claims, Finance (AP & AR, Billing) and Membership.

**Responsibilities:**

* Provided servant-leadership and mentorship to cross-functional agile teams. Guide and serve teams that deliver technology solutions, through effective application of the agile principles and frameworks including Scrum while acting as a role model and demonstrating the company’s core values.
* Analyzed Business Requirements and System Requirements. Documented Business and Technical Requirements Gathering for the development of MDM, Data Warehousing and Reporting Implementation Roadmaps.
* Facilitated meetings between Scrum Team and the Product Owner and helped in prioritizing Product Backlog Items for the development.
* Analyze current configuration team SLA service level agreement and recommend more standard SLA across team members based on QNXT t knowledge levels.
* Met with various groups, including business owners, SMEs (subject matter experts) and marketing team, for requirements gathering in definition Stage.
* Develop training program and material for new hires and existing configuration team members to increase QNXT knowledge base and facilitate cross training within configuration department.
* Verified the correlation between the UML diagrams and develop detail diagrams.
* Validated the system End-to-End Testing to meet the Approved Functional Requirements.
* Developed design specification writing Test Reports & documenting test results.
* Used Rational Clear Case to create branches using GUI tools for Clear Case.
* Writing used cases based on Business requirements and translating those into Use-case Diagrams, Activity Diagrams and State Diagrams.
* Followed Workgroup for Electronic Data Interchange (WEDI) standards for testing that need to comply with the HIPAA transaction sets.
* Assist IS team with QNXT infrastructure schema questions and solutions.
* Integration testing, Functionality testing & Performance testing is done manually as per HIPAA (Health Insurance Portability and Accountability Act).
* Acted as point person in resolving all PowerMHS production issues with claims, benefits, and providers, authorizations through system analysis, and deep dive meetings with business owners, programmers, and management.
* Involved in testing the oracle-based application on UNIX platform.
* Coordinating requirements development and system changes to multiple Legacy Systems(EPIC,PowerMHS
* Tested Claims intake/Logged claims/Failed claims data from Pulse tables to Oracle Financials.
* Created test scripts and test data files for the HIPAA 837 Dental transaction based on the ANSI X12N HIPAA standards.
* Validated the translated HIPAA files with the proprietary CCR (Common Claim Record) implementations.
* Maintained requirements/business rules for Enterprise Data Warehouse, Business Intelligence Tools
* Used MS Word and Visio to document data flow of the "as-is" process and "to-be" process.
* Used SQL queries to access database before writing use cases to understand different field names and character specifications. Generated data mapping documents from production databases to the warehouse and from the warehouse to the policy and claims marts.
* Performed GAP Analysis to identify transactions using implementation guide to identify the changes in the segments and data elements.
* Web technologies experience with hands-on in HTML/ Java Script / SharePoint / Visual Basic

**MVP Health, Schenectady, NY June2016-Dec 2017  
Business Analyst**

**Project Scope:** The project was regarding the 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.

**Responsibilities:**

* Participated in all Iteration, Scrum, Daily stand-ups and Iteration review meetings working in an agile development methodology.
* Focused primarily on training the teams to write good user stories, prioritize the work based on business value and handling of the tasks by the team. Placed substantial efforts on team member role training, time-boxing and providing strong metrics for all players.
* Assist with training of clients QNXT configuration team on applications and best practices for both Medicare and Medicaid products.
* Engaged with the Product Owner in creating the Product Backlog with Product Backlog Items.
* Collaborated between Scrum teams, System and Solution Architects, Product Management, Release Management and supported related activates in the larger Program and Enterprise context.
* Coached team members on the agile values and principles such as collaboration, prioritization, team accountability and transparency.
* Analyze and resolve production claims issues for Medicaid product when client's claim team is unable to resolve issues.
* Identified and remove any impediments that interfere with the team’s ability to deliver against their commitments.
* Facilitated the creation and adoption of working agreements and definition of done, including use of appropriate tools, standards and best practices.
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims.
* Worked with modeling and development team for inbound mapping to get the data needed and move from stage to base.
* Configure QNXT and McKesson Claim Check applications for state Medicaid contracts.
* Responsible for defining necessary business requirements related to the company's implementation of the managed care contract system portfolio by conducting information gathering meetings with members within the company at all levels.
* Facets Product Configuration of new products and components including research, testing and trouble shooting in FACETs.
* Analyze, and document business and functional requirements via uses cases for Medicare billing transaction-based middleware/database layers.
* Responsible for supporting the Managed Care contracting and revenue growth initiatives by creating contract, financial and predictive models.
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.
* Validating the EDI 837 claim billing (professional, institutional and dental claims) & 835 (remittance advice or payment) claims adjudications.
* Mapped provider data from source to target Facets data layout for the claims and benefit configuration.
* Designed and developed Use Case Diagrams for the Facets process modules.
* Documented and tracked requirements in Quality Center.
* Interpreted government and commercial payer managed care contracts and translated contract reimbursement rates into
* Followed Agile with scrum Methodology for Gathering and Analyzing the Requirements.
* Designed and developed Use Cases using UML and Business Process Modelling.
* Conducted logical data analysis and data modeling JAD sessions, communicated data standards.
* Formed advanced SQL Queries and used Microsoft Excel to investigate data issues in the Data Warehouse and worked with the Users and Technology Team to formulate a solution to resolve the issue.
* Created and executed test plans that improved data warehouse report quality using Word, Excel and Access.
* Assisted the team members to develop Service Oriented Architecture (SOA), and data warehouse system (EDW) to utilize data mining for data analysis.
* Performed SQL queries for retrieving, organizing the database with general commands like select, create, update, and joins.
* Used MS-Visio for flow-charting, process model and architectural design of the application.
* Worked with QA testing teams, while interacting with business users and gathering user’s requirements to develop necessary Test plans, Test Cases and Test script.
* Documented the dimensional models of ETL system.
* Involved in data loading for the SIT (System Integrating Testing) in the Test Environment.
* Designed and developed various Ad hoc, Daily, Weekly, Monthly and year-end reports for the Business Analyst using SQL, Ms Excel, Ms Access and Teradata.

**Centene, St. Louis, MO Nov 2015 – May 2016  
Business Analyst**

**Project Scope:** The project involved upgrading the Claims Processing Web Application as per HIPAA 5010 guidelines. I worked on both Professional and Institutional claims for EDI X 12 820, 834, 835, 837, 270/271, 276/277. This project required extensive involvement in all the phases of claims processing from receiving the claims from provider to its final adjudication or deferral for Manual Intervention.

**Responsibilities:**

* Worked effectively with both the Business and Development teams and synthesize cross-functional input in a team/collaborative environment.
* Documented Business Process Flows using Microsoft Visio and validated with Subject Matter Experts (SMEs) for accuracy and completeness.
* Elicited and documented business requirements by conducting workshops, formal-informal sessions, and design review sessions with Product Manager, Stakeholders and SMEs to translate business objectives into measurable Functional requirements.
* Performed Gap Analysis to check the compatibility of the existing requirements with the new business requirements and determined traceability and dependability between the requirements.
* Actively participated in Scrum events/ceremonies like Daily Scrum, Sprint/Iteration Planning, Sprint/Iteration Review, Sprint/Iteration Retrospective and Grooming sessions.
* Collaborated with Application designers, Application architects, Developers and Quality Analysts to define detailed technical requirements and technical solutions.
* Used FACETS Analytics for fast and easy retrieval, display and grouping of information for performing queries and generating reports
* Analyzed the mainframe reports for member/eligibility/claims and mapped the fields with FACETS batch jobs and reports
* Extensively involved in testing Trizetto Facets and mainly involved in Enrollment and Eligibility modules.
* Extensively used Excel to write User Stories/Epics/Themes and ensure that user stories are good, have business value and story points for sprint backlog.
* Proficiently helped and guided the development teams in organizing requirements by translating large and complex user stories into simplified versions for execution.
* Answered questions to Clarify requirements along with performing Enhancements during the estimation process.
* Extensively worked with the Development and SQA team to resolve issues on demand basis.
* Interacted with the development team and retest the fixed issues identified during system testing and UAT and see that the issues got resolved.
* Interacted with business and communicate the fixed defects that are ready to test in both system testing and UAT and getting the sign off.
* Involved in identifying the defects, re-creation of defects by interacting with SQA team to see that the defect got resolved by retesting the defect and closing the defect.
* Exclusively worked in SharePoint to manage the content generated during the project and utilized to improve daily business.
* Assisted Project Manager in day-to-day project leadership and decision making on critical project issues as they pertain to project scope, value, schedule, budget, methodology and resources at project, functional and task levels.
* Participated in Daily Scrum/Stand-up meeting to update the team(s) on status of upcoming user stories.
* Worked with different IT & Business groups to understand and determine the Impacts to the Data Warehouse and/or Data Marts for different projects
* Attend daily SCRUM calls to identify the requirements for the day and to update the daily work status. Drafted User Stories and Use Cases.
* Conducted Data analysis using SQL on the backend databases for producing mapping documentation and transformation rules for developers.
* Participated in Web technologies in HTML/Visual Basic.

**Bank of North Carolina, High Point, NC, May 2013- October 2015**

**Business Analyst,**

I was workingas a Business Analyst for a Consumer and Business Bank. The Company’s principal activities are to provide financial services to consumers and small businesses such as [retail banking](http://en.wikipedia.org/wiki/Demand_account), [mortgage lending](http://en.wikipedia.org/wiki/Mortgage), [consumer lending](http://en.wikipedia.org/wiki/Consumer_lending), business banking, business lending , [credit card services](http://en.wikipedia.org/wiki/Credit_card), commercial real estate mortgage and [consumer investment services](http://en.wikipedia.org/wiki/Investment).

**Responsibilities:**

* Demonstrated experience in **Waterfall** methodology activities for Requirements and Analysis phases.
* Involved in the development of Project Plan in conjunction with the Business and IT areas.
* Served as a liaison between the users, facilitators and the project team.
* Maintained documentation related to difficulties, complexities and anomalies.
* Coordinated **JADsessions**to understand the user requirements and also their system’s implementation.
* Was able to understand business goals and business context and translated them into technical specifications.
* Wrote requirements for various reports to be generated and migrated.
* Demonstrated experience defining impacts of conversions, business rules, and configuration decisions on downstream systems and interfaces.
* Involved in gathering requirements, identifying and preparing **Use-Case** specification documents, creating **Traceability matrix**.
* Developed **Use-Case** diagrams, **business flow** diagrams, **Activity/State** diagrams and **Sequence diagram.**
* Identified and documented **issues, risk** and **gaps**, their descriptions, their impact and provided recommendation and alternatives to develop the application to meet the user requirements.
* Worked extensively to track **Project status**, **monitor workload** and **detect issues** including defect submissions and enhancement requests.
* Worked on analysis, design and testing of **Star schema** implementation for the **Financial Data Mart** implementation.
* Performed extensive **data analysis and data integrity** testing for loading and validation of the data set output.
* Supported for the creation of **test plans** and the debugging of problems.
* **Regularly** followed up withDevelopment Team **to discuss** discrepancies identified during **testing.**
* Participated in **User Acceptance Testing**and **Business-to-Business Transaction testing** for the project.
* Synchronized and prioritized relevant **defects** and **enhancement/system** requests based on business requirements, allowing sufficient time frame to ensure accuracy and consider deadlines.

**Environment:**  Windows, MS Office, MS Visio, Java, Oracle and HP ALM

**Education:**

* MBA from UMASS Dartmouth in Business Analytics and Finance