**SABINA KARKI**

**917-544-4024**

[**karki\_sabina@hotmail.com**](mailto:karki_sabina@hotmail.com)

**SUMMARY**:

Highly accomplished, decisive, and results-driven Business Analyst with a verifiable track record in managing and coordinating large-scale, complex projects to consistently exceed expectations. Possess over 7 years of rich and diverse experience in Insurance and Healthcare business processes, with outstanding talents in workflow studies, process decomposition, process re-engineering, business process modeling, and gap analysis.

# PROFESSIONAL EXPERTISE:

* Ability to grasp the functionalities of diverse domains with quick turnaround. Underwent the specialized training in Business Analyst Capability Development.
* Solid foundation in Business Analysis, Design, Implementation and Testing of applications for Finance, Banking, Insurance, Healthcare, Pharmaceutical and Retail with an excellent track record in data collection, data analysis and data evaluation.
* Worked with major pharmaceutical/Healthcare clients on RxCLAIM, Medicaid and Medicare projects, EMS (Encounter Medicaid System), Validation of LabWare LIMS.
* Domain knowledge within Healthcare includes - Care Management Platforms, Health Care Reform, Member Portal, Provider Portal, lab Claims, Spending Accounts, HIPPA transactions.
* Solid foundation in Business Analysis, Design, Implementation and Testing of applications for Finance, Banking, Insurance, Healthcare, Pharmaceutical and Retail with an excellent track record in data collection, data analysis and data evaluation.
* Good understanding of Financial products such as Fixed income (Bonds, Money Market accounts),Swaps (IRS, Currency, Credit),Equity, Futures and Options
* Extensive experiences in Investment Banking projects specialized in Securities Trading (Equity trading, fixed income trading, and Derivatives trading), wealth management and risk management.
* Extensive experience in conducting GAPand Impact Analysis
* In-depth knowledge in developing Use Case Models, Use Case Diagrams, Structural Diagrams, Class Diagrams, process Flows, Data Flows and Work Flows.
* An effective communicator with proven presentation and interpersonal skills, and the ability to lead and direct teams to achieve the functional goals.
* Understanding of Portfolio Management – Asset Allocation, Performance Attribution and Portfolio Accounting.
* Demonstrated excellent customer facing skills and received appreciation from the client for attention to detail, proactive inputs on the business process improvement, strong analytical skills.
* Experience of working in industry standard methodologies like SCRUM, Rational Unified Process (RUP), Agile Methodology and Waterfall SDLC methodology. Worked on Legacy systems, client/server and Web based applications.
* Experience in handling Project Changes and conducting the necessary impact analysis to determine if a change has any impact on project scope and accordingly provide necessary recommendations.
* Analyzed bugs, interacting with team members in fixing errors and UAT and also assisted in Post–Production support.

**TECHNICAL QUALIFICATION:**

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| **Data Warehouse / Data Quality** | Data Stage, Orchestrate, Data Flux, SAS, ETL, Teradata Data warehouse, Erwin. |
| **Programming Languages** | Java, .NET, SQL, HTML, XML |
| **Databases** | SQL Server, Sybase, MS Access, MySQL, Oracle 11g, DB2 (8.1) |
| **Workflow Tools** | MS Visio, MS Project, MS Office, MS SharePoint, Access |
| **Programming Languages** | C, C++, Java, .net |
| **Web Technologies** | HTML, CSS, JavaScript, Servlets, XML. |
| **RDBMS** | Oracle8i, Server 2000,TOAD, My SQL, MS Access, FoxPro. |

**PROFESSSIONAL EXPERINCE:**

**Client: Medco Health Solutions, Inc., Franklin Lakes, NJ Duration: November 2012 – Present**

**Position: Sr. Business System Analyst**

**Project Description:** Medco is a leading Pharmacy Benefit Manager (PBM), helping millions of Americans having access to Affordable, high-quality prescription healthcare. Its proprietary RxClaim is online claim processing system which captures the source data. The project was to understand the Medicare Claims Adjudication System, end to end, to fill the gaps in the system and incorporate the new CMS directives. Made test scenarios and helped with test cases to test the functionality of the system.

**Responsibilities:**

* Responsible for the preparation and presentation of proto-type reports to end users and get acceptance to develop reports.
* Provided adhoc reporting's for CMS (Centers for Medicare Medicaid Services) change requests.
* Performed GAP analysis of business rules, business and system process flows, user   
  administration, and requirements.
* Involved in data migration specifically related to Oracle OBIEE, Micro Strategy, Veeva CRM platforms is strongly desired
* Provide application support for RxClaim Adjudication platform, EAS (Enterprise adjustment system) and others, as well as support in-house developed applications from an operational and analysis standpoint.
* Extensive experience of Software Development Life Cycle (SDLC), having in depth knowledge of various phases like Requirements Gathering, Analysis/Design, Development and Testing.
* Involved in designing of schema objects like Attributes, Facts, Hierarchies and Transformations from data warehouse.
* Acted as a liaison between CMS and customers and technical personnel to identify business processes and product requirements.
* Associated with full HIPAA Compliance life cycle from Gap analysis, mapping, implementation and testing for processing of Medicare, Medicaid and Tri-care claims.
* Experience working with Health Care Client Server Product TRIZETTO/ERISCO FACETS.
* Performed gap analysis and worked on new system process flows for the Sales/Distribution areas. Provided training and documentation, worked on trouble tickets and did system testing.
* Managed team of DBAs in Data Warehouse and improve the reporting performance by adapting the Extract, Transform and Load (ETL) process.
* My project management and our team efforts during this engagement succeeded in saving the client multiple millions of dollars and resulted in my receiving the highest performance rating given by EDSMetaVanceSystems Engineer supporting the Wyoming-Kansas-Virginia Medicare and Medicaid processing systems and state to state conversions and implementations.
* Experienced with current industry standards such as HIPAA, LOINC and SOX
* Expertise in using Apply simple Function in Attributes and Metrics to make manipulations to values.
* Responsible in developing of public objects (Filters, Prompts, Metrics, Consolidations, Custom Groups, Templates and Reports) on top of Schema Objects.
* Recommend changes for system design, methods, procedures, policies and workflows affecting Medicare/Medicaid lab claims processing in compliance with government compliant processes like HIPAA/ EDI formats and accredited standards ANSI.
* Responsible for the creation of metrics like Compound metric, Derived Metric, Filter Metric and Transformation metric to generate more complex Micro strategy reports in an efficient way.
* Involved in creation of logical views and Freeform SQL Reports to translate Freeform SQL Cognos Reports into Micro strategy Reports.

**Environment:**MS Office, SQL Server, CMS, Agile, MS Project, MS Access, Rational Clear Quest, Rational Clear Case, Rational Requisite Pro, Rational Rose, UML, RUP, MS Excel, MS Word, MS Power Point, MS Visio.

**Client: Johnson & Johnson, Los Angeles, California Duration: February2010 – October 2012**

**Position: Business System Analyst**

**Project Description:**Johnson & Johnson (J&J) is a global American pharmaceutical, medical devices and consumer packaged goods manufacturer with around 250 subsidiary companies and operations in over 57 countries. The Know was an intranet revamping effort to collaborate the disparate intranet sites across J&J’s functions, subsidiaries and geographical locations with an aim to encourage timelier information and provide better knowledge management.

**Responsibilities:**

* Conducted, analyzed and ranked the employee information needs through a VOE (Voice of Employee) survey.
* Conducted conference calls with SMEs to gather information and interacted regularly with offshore and onshore development teams.
* Created a ‘user requirements’ specification, which reflected the results of the VOE study, lessons learnt from the original intranets and inputs obtained from SMEs and development teams**.**
* Used Rational Rose and UML to produce models like context diagrams, business process mapping, activity diagrams, and class diagrams.
* Develops or leads development of ETL and/or SOA data integration, data management (MDM), and business intelligence/analytics solutions.
* Used Clear Case to maintain different versions of the documents and Clear Quest to report bugs or defects.
* Conducted usability studies to write test cases and test scenarios for optimizing navigation design prior to launch.
* Facilitated review meetings to ensure that the project was implemented within the specifications of the contract and that the concept of triple constraint were adhered to.
* Managed Business Analysts in scheduling activities and team lead in project planning and designing the system.
* Drafted a functional specification document using Visio, MS Office and Rational Rose to provide informed decisions to the technical team about how the site should perform.
* Been actively involved in release schedule preparation for all projects to help ensure delivery audits.
* Helped in the preparation of the technical specifications document, which the development team adhered to throughout the development phase.

**Environment:**MS Office, SQL Server, Agile, MS Project, MS Access, Rational Clear Quest, Rational Clear Case, Rational Requisite Pro, Rational Rose, UML, RUP, CMS, MS Excel, MS Word, MS Power Point, MS Visio.

**Client: Health Management Associates, Inc., Lancaster, PA Duration: May 2007 to Dec 2009**

**Position: Business System Analyst**

**Project Description:** The project was to enhance and integrate Commercial off the shelf (COTS) web based electronic Health Record (EHR) to increase access, eliminated illegible handwriting related errors, improved quality of care and security, reduced documentation expense and mitigate malpractice liabilities.

**Responsibilities:**

* Facilitated JAD sessions with management, users and other stakeholders to define the project and to reduce the time frame required to complete deliverables.
* Supported Health solution for Cerner corporation- Tier II support for Health Management Associates, Inc., which included IQ Health/Personal Health Record and the Community Health Record. This is the electronic medical record that Cerner offers clients to show claims, show lab results as well as messaging.
* Provided weekly status updates to the senior management.
* Conducted daily meeting with the team to get daily updates.
* Proven track-record of managing ongoing business activity with partners to - achieve a positive outcome for the Company, while building mutually - beneficial relationships
* Collaborated with health information technology consultants to determine which EHR vendor would best meet the needs of Health Management Associates.
* Validated ANSI x12 files for 837P, 837I, 837D, 835, per companion guides and submitted healthcare claims to the clearinghouses and trading partners.
* Conducted changes to security and registration, as well as moving the existing functions to a new architectural platform.
* Helped conversion of ICD 9 codes to ICD 10 codes in the existing system

**Environment:**MS Office, SQL Server, Agile, MS Project, MS Access, Rational Clear Quest, Rational Clear Case, Rational Requisite Pro, Rational Rose, UML, RUP, MS Excel, MS Word, MS Power Point, MS Visio.