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SUMMARY

* Seven years of experience as a S**r.** **Business Analyst** in **Health Care.** Extensive working experience with TriZetto’s Facets tool. Data Migration.
* Worked on different EDI healthcare transactions like **837-Institutional, 837-Professional, 837-Dental, 835-Claim Payment/Remittance Advise, 270/271-Eligibility Benefit Inquiry/Response, 276/277-Claim Status Inquiry/Response** Transactions.
* Detail understanding of **ICD 9/ANSI/HL7 to ICD 10/ANSI/HL7** coding standards in **Medicare** and **Medicaid** domains of the healthcare industry.
* Experienced in working with **Business Impact Analysis Template (BIAT)** to analyze and document the effect of proposed changes on the project schedule and costs.
* Proficient in business requirements gathering and writing including the EDI transactions from **4010 to 5010**.
* Good understanding of **MMIS**, **MECT and MITA**.
* Possess excellent business writing skills required for documenting **Business Requirements Document (BRD), Functional Requirements Document (FRD), and Non-Functional Requirements Document (NFRD).**
* Expertise in Business **Analysis and** various **Software Development Life Cycle (SDLC)** methodologies like **Waterfall, Agile/SCRUM, RAD,** Rational Unified Process (**RUP) methodology.**
* Experienced in **Data Warehouse** concepts**, ETL (Extract, Transform, Loading), DataMigration, Using Informatica**
* Extensive experience in **PL/SQL** programming: Procedures, Functions, Packages and Triggers
* Developed detailed Requirements specifications through **JAD sessions**, **interviews**, on site meetings with business users & IT team.
* Proficient in creating and transforming **business requirements** into **functional requirements** by using **Use cases diagrams**, **Activity diagram**, **Class diagrams**, **Sequence diagrams**, **Test Cases**, **Test Plans**.
* **Good knowledge of FACETS, and Transaction Manager for 4010-5010 migration.**
* **Knowledge and Implementation experience in Eligibility System, Facets Data model, Configuration Implementation of FACETS module.**
* **Involved in using FACETS for various health insurance areas such as products, enrollment, members and other modules related to FACETS.**
* Documented **Traceability** to ensure all the features for the project has been captured and mapped back to the requirements in the BRD.
* **Experience with** claims process and adjudication in the **Medicare, and Medicaid**.
* Expertise in writing **SQL** Queries, Views and **Stored Procedures** in **Oracle**.
* Broad knowledge of testing concepts and hands on experience writing **test cases**, **test plans** and planning test strategy using testing tool **Quality Center**.
* **Quick learner**, **reliable** and **confident** working independently as well as in a team.
* Exceptional track record for **meeting deadlines** and submitting deliverables on time.
* Highly motivated team leader with **excellent communication**, **presentation** and **inter-personal skills**, always willing to work in challenging environments.

**Technical Skills:**

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| **Methodology** | RUP, UML, Waterfall, Agile, RAD |
| **Defect Tracking tools** | Quality Center, Rational Clear Quest |
| **Project Management** | Microsoft Project, Microsoft Office |
| **Languages** | C, C++, JAVA,.NET, SQL, PL/SQL |
| **Database** | Oracle SQL, MS Access, SQL Server 2008. Teradata |
| **Tools and Applications** | MS Visio, MS Office, MS Project, Excel |
| **Requirement Management Tools** | **Rational Clear Quest, MS Project, Visio,**  Mercury Quality Center |

**PROFESSIONAL EXPERIENCE**

**Department of Health and Hospitals, St. of Louisiana. Baton Rouge, LA    Sr. Business Analyst Nov- 2013 –Jul-2015**  
The main scope of the project was that the Louisiana MMIS should be able to meet the minimum functionality necessary to electronically send, receive and process the transaction for Medicare part D. process design and requirements, Data Mapping and Data Migration  
**Responsibilities:**

* **Gathered business and Functional requirements** from **Business Managers**, **Supervisors, stakeholders**, **Data Governance Team** and the **subject matter experts** through meetings to understand needs of the system.
* Used the guidelines and artifacts of the **Rational Unified Process** (RUP) to strategize the Implementation of Rational Unified Process effort in different iterations and phases (**Inception, Elaboration, Construction and Transition**) of the **Systems Life Cycle methodologies**. Prepared various artifacts for all the phases of RUP.
* Led **JAD sessions** with stakeholders to **analyze** system needs and integrate requirement to develop a consistent navigation structure.
* Created **business workflows** on the claims module for the client to get a better understanding of the software and prepared a detailed **BRD** including all **functional and non functional requirements.**
* Responsible for **gap analysis** in changing old **MMIS** and Involved in testing new **MMIS.**
* Used SSIS to read source data from complex flat file structures (e.g. EDI 837 PID, 835, 270/271).
* Performed the **Gap analyses** of the earlier systems, generated a detailed Requirements document describing new system architecture through **Use Cases and Activity diagrams.**
* Worked on new implementations and Data migration projects.
* Created functional flow diagrams, context diagrams and other high level diagrams for documenting the functionality of separate modules using MS-Visio and UML.
* Analyzed HIPAA 5010 related to 837, 835, 270, and 271. Transactions and performed GAP analysis between the 4010 and 5010.
* Responsible for GAP analysis of **ICD9 - ICD10**.
* Analyzed business requirements, performed source system analysis, prepared technical design document and source to target data mapping document.
* Used MS Project to maintain the project schedule and track its status.
* Involved in Data Migration testing of data from the existing system to the new system.
* Involved in the statistical analysis of data. Extensively involved in Querying the Database using SQL and PL/SQL as a part of Data Analysis.

**Environment:** UML, RUP, MS-SharePoint, data migration ETL, SSIS, Oracle 10g, DB2, MS-Project 2000, MS-VISIO, TestDirector7.6, WinRunner7, PL/SQL, SQL Server 2000,EDI, Facets, HIPAA compliances.

**State of Oregon Healthcare Department – Salem, OR  Business Analyst        Jan- 2012 – Oct- 2013**  
The Oregon Health Plan (OHP) provides health care coverage to low-income Oregonians through programs administered by the Division of Medical Assistance Programs (DMAP). Currently, more than 600,000 people each month receive health care coverage through the Oregon Health Plan. MMIS project is a large IT project replacing the Medicaid claims payment system. I participated in all aspects of testing and gathering requirement for the MMIS system project. My primary responsibilities is to ensure that the system functions as designed, meets the requirements of the business community and conforms to all applicable Federal and State laws. I have worked on the claims and provider modules of the MMIS system.  
**Responsibilities:**

* Utilized Rational Unified Process (RUP) to configure and develop process, standards and procedures.
* Prepared the business requirement document (BRD) and system requirement document (SRD).
* Facilitated Provider Enrollment, Setting up Provider profile & Trading Partner Agreement.
* HIPAA 5010: Worked on various transactions like Claims (837), Claim Payment/Advice (835), Claim Status Request (276), Claim Status Notification (277), Prior Authorization / Referrals (278), Eligibility Inquiry (270) Eligibility
* Created workflow diagrams, UML diagrams, use cases, swim lanes, process flow, and Provider Interface testing, Creating Test cases, Test Plans and Test Scripts.
* Gained a good understanding and knowledge of Medicaid Information Technology Architecture (MITA) system for claim processing and generating patient information
* Conducted Joint Application Development (JAD) sessions with stakeholders throughout SDLC to resolve open issues.  
  Participate in stage gate sessions, transition to release (DDI) and all other ESDM lifecycle meetings for projects
* Analyzed HIPAA EDI transactions in XML and X12 responses and of 270 and 276 and looked for defects for amendment.
* Did data analysis for various version changes of EDI messages on different sub-systems.
* Extracted patients Electronic Medical Records (EMR), Patients Medical Records from the Medical Management system, for testing.
* Assist Medicaid staff in designing/modifying MMIS processing cycle reports.
* Designed, prepared and implemented test cases for system testing as well as for User Acceptance testing.
* Gathered requirements and involved in the testing of web portal of MMIS system.
* Worked directly on MITA (Medical Information Technology Architecture) team.
* Gathered requirements and involved in the testing of web portal of MMIS system.
* Involved in creating automated Test Scripts representing various Transactions, Documenting the Load Testing Process and Methodology. Created meaningful reports for analysis and integrated the Performance Testing in the SDLC
* Tested Section 508 compliance, HIPAA infrastructure EDI transactions for Claims (837P, 837I, 837D, 834, 835, 270/271,276/277 and 278)
* Ensured that application development is in compliance with HIPAA and CMMI Level 3 standard.
* Conducted integration testing and regression testing with developers in development and QA, also conducted user acceptance testing with UAT team. Safety reporting on system-based projects, acted as a liaison, writing documentation and increased project coordination.
* Generated reports on DDI testing script execution in system test and UAT environments.

**Environment**: Requisite Pro, Rational Rose,DDI, MITA, MMIS Clear Case, Mercury Quality Center, Quick Test Pro, Oracle , VB scripts, CICS, Crystal Reports, SharePoint, .NET, MMIS

**Active Health Management, NYC, NY Business Analyst Jun-2010 - Dec 2011**

This project aimed at developing software for auto-adjudication of claims process to improve the efficiency in processing claims. The system primarily aimed at handling Medicare / Medicaid insurance claims and process exceptions.

**Responsibilities:**

* Assisted in identifying **project scope**, to conform to the regulatory compliance related to **X12 837 (I/P) and 835.**
* Worked with Facets data models for Claims, Membership Eligibility etc.
* Prepared the **Business requirement Document (BRD)** and **functional requirement document (FRD), working with Requirements Traceability Matrices (RTM), re-engineering business processes** for the enhancement of the existing services.
* Created complex Mappings, Transformations, Tasks and Sessions to optimize the ETL performance in Microsoft SSIS for Data warehousing project.
* Coordinated the upgrade of Transaction Sets 837P, 835 and 834 to HIPAA compliance. Responsibilities include the - Analysis of inbound and outbound interfaces and extensions to FACETS claims processing system
* Used Oracle SQL\* Loader feature for loading the data from Flat files and XML
* Created standard and Ad hoc reports using Cognos Impromptu designed catalogs and defined User Classes, Security and Privileges.
* Used **Rational Rose/MS Office** Suite for creating **use cases, workflows and sequence diagrams**according to **UML** methodology thus defining the **Data Process Models**.
* Played a key role in project planning activities, **User Acceptance Testing (UAT),** and implementation of the system enhancements and conversions.
* Involved in Relational database design and mapping of Data Warehouse.
* Conducted Business Process **(As Is/To Be)** sessions with various department directors and staff to ensure the **Testing Plan and Test Approach** would meet the identified **Business Requirements**, and the Training Program covered all identified new and changed processes.
* Analysis and Design of the Facets data model to ensure optimal system performance and tuning
* Involved in **Data Analysis** for data mart system for the process of report generation.

**Environment:** Facets ,EDI, Rational Requisite Pro, SharePoint, Rational Clear Case, RUP, Spec Builder, UML, HTML, SSIS, SSRS,SQL Server , Oracle MS Visio, Data mapping, PL/SQL, T-SQL

**Baxter Healthcare, Deerfield, IL Business Analyst Apr-2008-May-2010**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:**

* **Analyzed business requirements**, **functional requirements**, tested high level and low level **Use Cases** and **Activity Diagrams / State Chart Diagrams** using **Rational Rose**, thus defining the **Data Process** Models.
* Designed the ETL processes using Informatica PowerCenter to load data from Teradata, MS SQL Server, Oracle XML, Flat File and Excel spreadsheets into the target Oracle database.
* Prepared**Business Requirement Document (BRD)** and **Functional Requirement Document (FRD)** for the enhancement of the existing services.
* Held regular **JAD** sessions with the system **architects, developers, database developers**, quality testers during the entire project to assure that the critical as well as the minute details of the project were discussed and issues were resolved beforehand.
* Tracked stakeholder requested enhancements and changes using **Requirement Traceability Matrix (RTM)**.
* Designed and implemented reports, score cards and dashboards using Cognos
* Experience in an outsourced healthcare insurance operations environment and understanding of **MECT and MITA**.
* Involved in working with Multi-Dimensional Model, Star & Snowflake schemas and other Data Modeling and Data Warehouse Applications**.**
* Analyzed Claims adjudication related transactions like **835, 837, 270, 271, 276 and 277** transactions (both inbound and outbound).
* Prepared UML diagrams (Activity diagrams, Sequence Diagrams, Use case diagrams) for Extensions.
* Implemented the entire Rational Unified Process (RUP) methodology of application development with its various workflows, artifacts and activities.
* Experience with data migration (ETL development), document data manipulation processes and scripts.
* Data mapping, logical data modeling, created class diagrams and ER diagrams and used SQL queries to filter the data within the Oracle database.
* Worked with **QA** lead in validating **Test Plan** and **Test Scenarios**.
* Executed **test scripts** in different cycles to get the perfection and logged defects in defect tab of **Quality center.**
* Executed **test cases** manually. **Compared** and **analyzed** actual with expected results and reported all deviations to the appropriate individual(s) for resolution.
* Involved in the Statistical Analysis of Data. Extensively involved in Querying the Database using **OracleSQL** as part of Data Analysis
* Produced a variety of routine and ad-hoc reports, packages for senior management using advanced MS Excel Functions.

**Environment:** MS Project, SQL, Rational Requisite Pro, Rational Rose, Microsoft Visio, Load Runner, Rational Clear Quest, Informatica, XML, Teradata, Oracle .