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**Summary**

* Healthcare Business /System Analyst with 6+ years of experience in HealthCare, Pharmacy & Insurance based Industries.
* Expertise in all the phases of the Software Development Life Cycle (SDLC), Agile Development and RUP methodology.
* Expertise in documenting the Business Requirements Document (BRD), generating the UAT Test Plans, maintaining the Traceability Matrix and assisting in Post Implementation activities.
* ICD 9 – ICD 10 Conversion Project – Worked in the analysis of the ICD 9 – 10 codes conversion Project. Worked with GEM processes and concepts.
* Complete Understanding of the ICD-10-CM (Diagnosis) and ICD-10-PCS (Hospital procedure) code sets.
* Experienced in GAP Analysis, SWOT Analysis and Regression analysis.
* HIPAA 4010 – 5010 Conversion Analysis – Involved in the documentation of HIPAA 5010 changes to EDI 837, 834, 835, 276, 277 Transactions.
* Experience working with different Business Areas – Finance, Billing, Claims, Benefits Administration, Group Administration and Provider Administration.
* EDI Claims Processing – documented enhancements to the EDI Claims Processes to ensure accurate processing of claims of members.
* Expert in creating Use Cases, Use Case Diagrams, Class Diagrams, Sequence Flows using MS Visio and Rational Rose using UML concepts.
* Mercury Test Director – Experience in all phases of the web based application.
* User Acceptance Testing (UAT) - Specialized in Usability Testing and Regression Analysis.
* Defect Management – Fully involved in the process of defect identification and resolution using Test Director and HP Quality Center

**TECHNICAL SKILLS**

**Business Modeling Tools:** MS Visio, Statistical Analysis using MINITAB, UML, Rational Requisite Pro, Rational Clear Quest.

**Computer Languages:**  C, C++, SQL, .NET, Visual Basic 6.0, HTML.

**Databases:** MS Access, SQL Server, Oracle 8i.

**Tools and Packages:** MS Office, Adobe Acrobat suite, Mercury WinRunner 7.0, TestDirector 5.0, Quality Center, Service-now.com application suite based on ITIL practices.

**Methodologies:** Agile, RUP, UML, OOAD, Business/Data Modeling, S/W immersion, ITIL, SDLC.

**Testing / UAT Tools:** Mercury Quality Center, Rational Test Manager.

**EXPERIENCE:**

**St. Joseph Health, Anaheim, CA Jul 2013 – Jan 2015**

**Sr. Business/ Systems Analyst**

St. Joseph Health (SJH) is an integrated Catholic health care delivery system sponsored by the [St. Joseph Health Ministry.](http://www.stjhs.org/About-Us/Sponsorship.aspx) It is organized into three regions: [Northern California](http://www.stjhs.org/About-Us/Awards-Recognition/Northern-California.aspx), [Southern California](http://www.stjhs.org/About-Us/Awards-Recognition/Southern-California.aspx) and [West Texas/Eastern New Mexico](http://www.stjhs.org/Find-a-Physician/Texas-New-Mexico.aspx).

This project involves Standardization of MEDITECH v5.66 throughout St. Joseph Health System integrating MEDITECH with several clinical applications using Ensemble Integration Engine to validate the HL7 Data through. My role is gathering the business requirements and performing system integration testing in client scripting template in repeatable format. I validated the System Integrated Data with the Users from Meditech to the different clinical applications and vice versa within ADT, ITS, LAB, ABS and BAR Modules.

**Project Responsibilities:**

* Build MEDITECH v5.66 modules such as ADT, ITS and LAB and their workflow.
* Gathered user requirements and directed developers for practical deliverables.
* Prepared Business Object / Business Process Models that included modeling of all the activities of business from conceptual to procedural level.
* Worked closely with the Enterprise Data Warehouse team and Business Intelligence Architecture team to understand repository objects that support the business requirement and process.
* Enhanced reporting capabilities by design and implementation of additional actuarial data warehouse tables.
* Used knowledge of Health Care Information Systems EMR model to develop proposed workflow in MS Visio.
* Create and maintain data model/architecture standards, including master data management (MDM).
* Conducted Business Impact Assessment and the results were compared with the EHR standards to determine the current level of compliance and developed an action plan for approval by the project steering committee.
* Modeled the ‘as-is’ process flow and the ‘to-be’ process flow and analyzed the gap and developed the action steps to fill the gaps for the EHR and HIPAA compliance.
* Perform integration & system testing.
* Responsible for performing User Acceptance Testing (UAT) for each downstream apps with App Owner.
* Validating HL7 messages, transforming Business Requirements into System Requirements.
* Processing various HL7 v2.4 interfaces through Ensemble Engine as a part of Integration
* Worked with cross-functional teams (MEDITECH vendor, SJH build team and third party application owners) to provide needed assistance to Integration and/or third party applications team.
* Performed registration, order entry, reports, validating charges etc. while performing UAT with third party applications.
* Ran accept, reject, and pended cafes using IDX LIVE and IDX RM and used BeyondCompare to identify the differences.
* Implemented system integration testing using MEDITECH module HL7 messages and sending them though Interface explorer to validate them in Ensemble Integration Engine
* Provided end-user support for a specific application and translates those needs for developing test plans.
* Understand Project, coordinated with application users and other Vendors involvement in Project.
* Participate in standardization of interfaces and setup meeting with other teams as and when required.
* Coordinate with Meditech team, Meditech Interface team and Engine migration team for the updates in the Meditech dictionaries, code change.
* Integration Analyst for a large scale multi-facility Cerner Millennium, Meditech and MS4 implementations. Systems interfaced include: Cerner Millennium, MS4, Initiate, IDXtend, Rubicon, MedQuist, Mercury MD, Mobile MD, Elysium, Touchworks, McKesson HMI & HSM, Emageon, SpeechQ, Omnicell, Teletracking.
* Identified interfaces that need to be standardized and consolidated with timeline (immediate, future).
* Identify customs, standardize and categories like: "keep" or "retire" or "migrate to engine" or "comes with standard".
* Work with MEDITECH NMI (Non Meditech integration) Group.
* Analyze & understand the interface specification.
* Prepare interface vision diagrams.

**Environment: WinSCP, Interface Explorer, Beyond Compare, IDX LIVE, IDX RM, Sybase, Ensemble, Meditech, Microsoft Word, Excel, PowerPoint. MS Word, MS Excel, MS PowerPoint, MS Visio Lotus Notes, Rational Rose, Java Scripts.**

**Coventry Healthcare INC, Downers Grove, IL Apr 2012- Jun 2013**

**Business /System Analyst**

Coventry Health Care is a diversified managed health care company that offers a full portfolio of risk and fee-based products, including Medicare Advantage and Medicare Part D programs, Medicaid managed care plans, group and individual health insurance, coverage for specialty services such as workers’ compensation, and network rental services. At Coventry, I was involved in production readiness for 837 files in multiple environments. I was also responsible for gathering Business Requirements and conducting Risk Analysis/Impact Analysis.

**Responsibilities:**

* Gathered requirements from stakeholders for provider management and member management.
* Modeled the ‘as-is’ process flow and the ‘to-be’ process flow and analyzed the gap and developed the action steps to fill the gaps.
* Conducted Risk analysis and developed mitigation plans.
* Conducted Impact analysis when there is any change in the requirements and updated the Business Requirements Document (BRD) and Systems Requirements Specification (SRS).
* Developed the User Interface (UI) prototypes to capture and validate requirements and spike solutions to the current problem.
* Designing Functional Specifications for the target physical database.
* Developed UAT test cases associated with the functional requirements.
* Maintained a weekly status report for the requirements team and incorporated the same to the PMO status reports send to CMS.
* Analyze EDI –X12 data elements captured by the existing system to validate it against the data elements required for new system.
* Participated in developing test plan, test scripts, and test scenarios and designed user documentation.
* Worked with BA Lead in reviewing the System Change Documents (SCDs) to identify the differences of IDX LIVE and IDX RM environment.
* Generated difference reports based on pre-run and post-run AP reports.
* Regenerated report (if required) using IDX EDI Automation report regeneration tool.
* Converted HIPAA 835 and 837 X12 file format into flat file by using UltraEdit, EDI Environment Management Tool (EEMT), and dropping the files on SeeBeyond.
* Produced member eligibility and valid provider extracts using Emdeon Office.
* Ran files through HIPAA validator tool, Claredi to identify the errors.
* Ran accept, reject, and pended cafes using IDX LIVE and IDX RM and used BeyondCompare to identify the differences.
* Created ERAs and HIPAA 835 and HIPAA 837 Outbound files using EDI Queue Manager, and EDI EOB Run Manager.
* Closed the runs for the current Release and generated email, reports, and other necessary documents for the upcoming Release.

**Environment: Windows 2003/2010, Citrix, IDX LIVE, IDX RM, MS Office suite, MS Outlook, MS Visio, MS SQL Server, SharePoint, HP ALM, ClarEDI, BeyondCompare, SeeBeyond, UltraEdit, EDI Environment Management Tool.**

**Newton Wellesley Hospital (Partners Healthcare), Newton, MA Jan 2011 - April 2012**

**Business Analyst**

COMPASS was initiated at Newton Wellesley Hospital by Partners’ healthcare. Partner wanted a centralized revenue cycle management across all their hospitals in Compass Project Existing Meditech software was to be replaced with Siemens Soarian products simultaneously maintaining HIPAA compliancy along with claim processing / medical billing between hospital clinical departments and third party payers.

**Responsibilities:**

* Performed impact analysis to identify procedural changes.
* Conducted and substantiated JAD sessions with Business Users to develop new policies and procedures for the Service Catalogue, Charge Capture and Service Work list /Charge Router, Hospital billing, coding, special coding requirements and claim processing.
* Performed GAP analysis between Meditech and Soarian application especially aiming Data Migration and Conversion.
* Worked with BA Lead in reviewing the System Change Documents (SCDs) to identify the differences of IDX LIVE and IDX RM environment.
* Attributed claims processing and payments to third-party providers, monitoring charges and verified correct.
* Streamlined and transcribed denial letters on claims followed-up requests for information.
* Developed an implementation guide for Partners for EDI X12 transactions such as 834, 835,837,270 and 271.
* Regenerated report (if required) using IDX EDI Automation report regeneration tool.
* Modified existing policies and procedures documents for patient access such as Enterprise Scheduling, Patient Check-in/Out and Encounter automation.
* Supported QA team in creating Test Plan and Test Scenarios for Manual Testing.

**Environment: MS Visio, MS SQL Server ,MS Project , HP Quality Center, Rational Requisite Pro, Meditech, Siemens Soarian**

**Adaptis, Seattle, WA Jan 2008 to Nov 2010**

**Business Analyst**

Adaptis a Healthcare BPO Solutions that provide comprehensive medical claims management from payment to payment. Adaptis provides services such as claims processing, member services, group administration, financial management, provider services, benefit plan. The project also involved system migration from mainframe Adaptis Reporting System to QNXT, including configurations, claims auto adjudication scope and definitions, financial transactions ID cards, Membership, benefits configuration into system, coding enhancements and Enrollment.

**Responsibilities:**

* Worked with off-shore clients for accurate data for members, claims and benefits for CHP’s State Program members who have prescription benefits.
* Worked with vendors for the business resolution and building strategies for B2C e-commerce regarding benefit health plans.
* Maintained RTM for the project to ensure that each requirement is mapped down the line and thoroughly tested.
* Worked on claims, auto adjudication scope and definitions, financial transactions ID cards, Membership, and Enrollment, Health Premium Rating and Capitation.
* Generated professional reports and maintained Cognos database.
* Performed GUI testing, Integration testing, Regression testing, Negative testing, End to End testing, Load testing, User Acceptance testing on multiple projects.
* Wrote Test Scenarios, Test cases in excel sheet & involved in detail Production testing.
* Performed gap analysis for the Medicare Advantage and State Programs for State of Washington.

**Environment: RequisitePro, .NET, Mercury Quality Center, WinRunner, SQL Server 2000/2005, Oracle 9i, MS Excel, MS Word, MS PowerPoint**