**Prabahan   
Sr. Business System Analyst/Quality Analyst  
240-764-4952 sam@globalsyst.com**

**Summary:** 7+years of experience, discipline and highly-motivated **Business System Analyst and Quality Analyst** with healthcare domain who has worked on a wide range of projects. An accomplished and fluent communicator with strong investigation, problem-solving and decision-making skills, combined with a pragmatic approach and sound business acumen. Highly accomplished in fields such as IT knowledge specific to Healthcare and have complete knowledge of all phases of the software development life cycle (SDLC) gained over working on various projects for different clients. I prepare, analyze, and gather business requirements, business processes, mapping and the development of interactive prototypes.

**Professional Skills:**

* Strong knowledge of **HIPAA standards 4010 & 5010, ICD-9, ICD-10, EDI,FACETS,HL7, HIX (Health Insurance Exchange), EMR/EHR, Health Care Reform**.
* Develop different **EDI** healthcare transactions like **837** for submitting claims**, 835** for payments, **834** for benefit enrollment, **270,271** for health care benefits and eligibility, **276, 277** for claims status and **278** for transmitting health care service information.
* Proficiency in the **child welfare** and **case management** business area, policies and domain knowledge **in child welfare programs**
* Experienced on Claims, Payments, Medicaid, Medicare, Provider, Portal, Billing, and Benefits.
* Extensive experience in performing **GAP analysis**, **SWOT analysis**, **Cost benefit analysis**, **Risk analysis**.
* Hands on experience in analyzing and documenting Business Requirements Documents **(BRD),** Functional Requirements Documents, **Use Cases** and Requirements Traceability Matrix **(RTM)**.
* Broad knowledge on Waterfall, **RUP** and Agile methodologies.
* Incomparable analytical skills in understanding the business process, understanding the functional requirements and translating them to system requirement specifications**(SRS)**.
* Information and understanding in conducting Joint Application Development (**JAD**) and Rapid Application Development (**RAD**) sessions. Conducted Requirement Gathering Sessions and interviewed Subject Matter Experts, gathered detailed functionality aspects of business process and updated the information to the requirements in an easily comprehensible format.
* Broad experience in creating business process flow diagrams, **UML** (Unified Modeling Language) tools to create Activity, Sequence and **Collaboration diagrams**.
* Robust experience in writing **SQL** queries for Data Analysis and **QA** report testing.
* Business Analysis, Supporting Strategy management, Client relations, Business modeling, **CRM** & Workflow, Test planning **MS Office**, **MS Project**, **MS Visio**, **MS Excel**.
* Develop workflows that demonstrate current and proposed business requirements.
* Knowledge and expertise in system design and development required for business process.
* Aptitude to construct process models including data dictionaries and volume estimates.
* Able to test business applications from a business perspective to ensure that all client requirements are incorporated into the design.
* Understanding service objectives and capturing business requirements through active listening & questioning techniques.
* Keeping abreast of new legislation, company strategy and policy and being able to identify its impact on business projects.
* Extensive knowledge and work experience with **Clinical** works.
* Experience in creating User Manuals and providing training to users.
* Inventive and Aggressive person capable of forming and maintaining positive and productive team environments with **integrative thinking** skills.
* Exceptional **Problem Solving** and **Sound Decision Making** capabilities, along with the ability to resolve difficult situations.
* Professiona**l** with extensive experience in the development, implementation and integration of strategies within a team oriented environment, utilizing **quantitative and qualitative analytical skills.**
* Outstanding communication and presentation skills.
* Capable to prepare written proposals, requirements specifications, invitations to tender and solution specifications.
* Able to identify business & systems process improvements from Big Picture to detail level.
* Excellent communication skills to manage and liaise with business and technical consultants to explore business process improvement opportunities.
* **Served as a technical & scientific resource to therapeutic area scientists like immunology & neurology, and translated scientific requirements into successful technical solutions and processes**,
* Strong knowledge in parallel testing and CR tracing.

**Technical Skills:**

**Project Methodologies:** Rational Unified Process (RUP), UML, Agile

**Business Modeling Tools**: Rational Rose, MS Visio, MS Project

**Requirement Management Tools**: Rational Requisite Pro

**Defect Tracking Tools:**  Rational ClearQuest and Mercury Test Director

**Operating Systems**: Windows NT/XP, MS Dos, UNIX

**Databases**: SQL Server, MS Access

**Quality Assurance**: Software Application Testing Life Cycle

**Business Applications**: Microsoft Office Suite- Word, Excel, Project

Outlook, Exchange server and PowerPoint

**Testing Tools**: LoadRunner, Test Director

**Work Experience:**

**Xerox Government Healthcare Solutions, El Segundo, CA Nov 2013 to Present**

**Sr. Business Analyst**

Xerox Government Healthcare Solutions provides IT solutions to various state **MMIS** subsystems like North Dakota, Alaska, Montana, New Hampshire, California etc.

**Project Description:** The project was on North Dakota MMIS Enterprise system where the changes were implemented from the Legacy subsystem to the Enterprise subsystem where all the Medicaid claims could be processed properly. The project also involves implementation of the **ICD-10** System. The **ICD-9** code (required to report medical diagnoses and inpatient procedures) would be replaced by **ICD-10 code** sets beginning in October, 2014. Xerox implemented a backward crosswalk solution for Department of Health Care Services (DHCS), to process **ICD-10** Diagnosis and Procedure Codes through **CA-MMIS and ND-MMIS**.

**Responsibilities:**

* Gathered requirement through workshops and **JAD** sessions.
* Developed documents like **BRD, FRD, Data specification document, technical specification documents, file transfer document, Data mapping document etc.**
* Participated in analysis workshops for **ICD 9** Procedure and Diagnosis Codes in accordance with **ICD 10** CM and **ICD 10 PCS** Conversion Compliances.
* Developed Use case diagrams, activity diagram and system design diagrams.
* Validated  **CPT,  HCPC,  ICD  9**  code  sets  from  **Data  Flat  files**  to  support  configured  benefit  plan building.
* Managed global administration and support of the Documented based Regulatory Electronic Document Information System (EDMS).
* Facilitated Electronic Data Interchange**(EDI)** and storage in the ICD-10.
* Worked on HIPAA Transaction Sets **837P and 837I** Standards according to the test scenarios.
* Created Test Conditions from business requirement document and functional requirement document.
* Processed Medicaid claims and worked on **X12 format of EDI 837 and EDI** 835 for Medicaid claims.
* Accessed Diagnosis Master File and Crosswalk Mapping file to use **ICD Diagnosis** and Surgical Procedure Codes.
* Performed **GAP Analysis** to make sure that all requirements were covered by test cases.
* Prepared and submitted weekly test status reports to QA Lead.
* Analyzed the System Impact including **MMIS Tables**, Windows, Reports and Interfaces on external entities.
* Worked on EDI 834 to validate new enrollment and dismiss the enrollment.
* Accepted and validated messages in **EDI 999** form like accepted, rejected, and accepted with error.
* Coordinated System and Regression testing schedules and completed the same.
* Ensured the functionality meets business requirements as defined in test results logged in RQM.
* Developed **Test Cases** to test the functionality of the system based on the test conditions.
* Extensively used **Rational Quality Manager** to monitor the progress of assignment of testing activities and Reported executed results.
* Logged the defects in **Clear Quest tool,** assigned the right severity level and managed the defects through it.
* Performed parallel testing comparing unmatched fields from the **ND MMIS** Enterprise subsystem and the Legacy subsystem and analyzing why the fields were unmatched by looking up unmatched reasons on the Enterprise subsystem and business rules.
* Performed CR tracing by matching the use cases related to **the CR’s, CTC’s**, Test Plan, Test Case idsto the location on the Final DSD using **Rational Clear Quest.**
* Analyzed several defects related to **Edits & Audits functional area** along with the help of a SME.
* Conducted **KT sessions** for Member, Provider and Service Authorization.

**Environment:** MS Office, Rational ClearQuest, Oracle database, Windows 7, Environment 63, Citrix.

**Metro Plus Health, New York, NY June 2011 to October 2013**

**Business Analyst**

MetroPlus Medicaid Managed Care is available to people who have or are eligible for Medicaid and live in Brooklyn, Manhattan, Queens or the Bronx, New York. One may be eligible for Medicaid if individual have high medical bills, receive Supplemental Security Income (SSI) or meet certain income, resource, and age or disability requirements.

MetroPlus Healthis a Medicare/Medicaid health insurance provider based in NYC. It provides managed care services for government sponsored health care programs, focusing on Medicare and Medicaid.

**Project Description:** The project implemented the **PPACA** changes and also implemented the transition from **HIPAA 4010** to **HIPAA 5010** in the existing claim processing integrated system. The system could also map the transition from **ICD-9** to **ICD-10** transaction code sets. It also allowed the providers to automate tasks like Patient management, Appointment scheduling and recalls, Accounts receivable management and collections, Reporting, and Filing claims **through EDI X12 format transaction sets** in compliance with **HIPAA** and the **PPACA** standards.

**Responsibilities:**

* Conducted user interviews, **gathered requirements**, analyzed and documented business requirements in BRD for **HIPAA 5010 and ICD10**.
* Created System Requirement Specifications **(SRS)** document entailing business rules, conditions, calculations, triggers, visual representation, type of text (smart text, static text, free text, special formatting, metrics) of various dynamic elements present within the reports.
* Conducted meetings to work in coordination with **DBA’s, Developers, Tech Leads** and **Data Architects** to achieve enhanced clarification, consistency and assist in design sessions.
* Followed **AGILE** methodology, created self-organizing team, induced **enhanced communication** for **quick issue resolution** & **minimization of change control** processes & its impacts. Obtained & **recorded Business Approvals**, **Quality Review Approvals**, and **Architectural Approvals** for future references & cross validations.
* Played a **key resource** as **Business Analyst**, **Systems Analyst** & **Data Analyst** during the entire SDLC phases of the project.
* Conducted meetings with **business/corporate editor** to capture information and create Large & Small Group Renewal Package **Mockups (reports)** in Power Point.
* Worked on Analyzing defects in Quality center for **HIPAA 5010 EDI 837 and 835(Payment and remittance)**.
* Validated Backward and forward mapping for **ICD9-ICD10** and logged when I found bug in it.
* Performed walkthroughs of the prototype with end users to better understand user needs.
* Led policy changes or implementation of new **child welfare programs** into current business operations in field or central offices
* Worked with the developers to make sure that the mapping for the transition from the **ICD-9** code sets to **ICD-10** code sets was implemented properly and also made sure that the new **ICD-10** code sets were compliant with the new **5010** standards.
* Wrote policy or procedure handbooks/manuals for use in a **child welfare** business operations
* Conducted **GAP analysis**of the transition from**HIPAA 4010 to 5010 EDI 835(Payment and remittance) and 837** focusing on how current transactions and system was going to be effected by the new **5010 compliance.**
* Followed a structured approach to organize requirements into logical groupings of essential business processes, business rules, and information needs, and ensured that critical requirements are not missed.
* Worked with Facets team for **HIPAA Claims validation** and **verification process** (Pre-Adjudication).
* Conducted claim validation and end/denied claims analysis for the health plans **Medicaid** programs.
* Tracked requirements in a **RTM** capturing Req ID, BRD Number, BRD high level description, BRD grouping id, SRS id, Design element, Implementation Module, System Test Case id, **UAT Test Scenario**, Deployment Module, Comments.
* Created **Business Process Flows** (Current State & Future State), Flow Chart diagrams, Data Flow Diagrams, Use Case diagrams, Activity Diagrams using **MS Visio**.
* Wrote test cases and executed them for **ICD9-ICD10 and HIPAA 4010-HIPAA 5010**.
* Created **Test Scenarios** and **Test Cases** to perform **SIT & UAT.**
* Reviewed Test results pertaining to the specific desired functionality of the application. Recorded & reported **defects**& produced daily **Test Status** Reports.

**Environment:** MS Office, Quality Center, SQL Server, Facets, MS Project, Server, MS Visio, Unix, SQL, HTML, Java, XML, Rational ClearQuest, Windows XP.

**American Family Insurance, Madison, WI Dec 2009 to June 2011**

**Business System Analyst**

For more than 80 years, American Family Insurance has met customers' unique needs by offering just the right mix of American Family's auto, home, life, umbrella, business, health, and farm & ranch insurance, as well as retirement products and located throughout 19 operating states.

**Project Description**: To create a web based application which would automate the claims process and reduce costs. Application was an Electronics Claims Processing (ECP) system designed to accept the electronic claims coming from the various providers (doctors and hospitals) and process them. The project involved **HIPAA 4010 to HIPAA5010** conversion.

**Responsibilities:**

* Implemented **RUP** methodology for **iterative** and **incremental** development of the system.
* Involved in the creation of the Mockups and Use Cases for MACD quotes and Orders using **MS Visio**.
* Coordinated with the stakeholders and project key personnel to gather functional and non-functional requirements during **JAD sessions.**
* Recorded requirements in the **Requirement Traceability Matrix** (RTM) defining each technical requirement in detail from areas like: main hardware, application software, networks, servers, internet and desktop configuration.
* Planned **RUP** iterations and documented the artifacts throughout the various phases of the development process.
* Propose strategies to implement **HIPAA 4010** to **HIPAA 5010** changes in the System.
* Developed an implementation guide for Partners for **HIPAA 5010EDI X12** transactions such as **837** (medical claims), **835** (medical claim payments), **270** (eligibility inquiry), **271** (eligibility response), **276** (claim status), **277** (claim status response), **820** (enrollment), and **834** (premium payments).
* Studied the existing business process and created AS-IS workflow to illustrate the existing system.
* Prepared Logical Process and Data Models that contained set of diagrams and supporting documents containing the essential business elements, detailed definitions, and descriptions of the relationships between the data elements to analyze and document Business Data Requirements.
* Compiled the **Vision Document** and composed detailed Specification Documents in Rational RequisitePro.
* Created **UML class** diagrams, **use case** diagrams and **sequence diagrams** to view the system from different perspectives.
* Incorporated stakeholder feedback throughout project lifecycle to ensure project quality and customer satisfaction.
* Created Technical documentation for the project using tools like Visio, Word, etc.
* Used **MS Project** for managing schedules, resources and collaboration.
* Produced complete **data mappings** and **data conversion** documents needed for the Claims application.
* Performed Functional and **GUI** Testing to ensure that the user acceptance criteria are met.
* Co-coordinated the **UAT** with the **SME**’s to make sure that all the Business Requirements are addressed in the application.
* Formed detailed **UAT** and **QA** test plans, managed system testing and preserving testing documentation.

**Environment:** MS Office, MS Project, MS Visio, SQL, Oracle, Test Director, Rational Unified Process (RUP), Rational Suite (RequisitePro, ClearQuest, ClearPro), Business Objects, Windows XP.

**Well Care Health Plans Inc., Tampa, FL Jan 2009 to Nov 2009  
Senior Business Analyst**

WellCare Health Plans, Inc. provides managed care services targeted to government-sponsored health care programs, focusing on Medicaid and Medicare. WellCare offers a variety of health plans for families; children; and the aged, blind and disabled; as well as prescription drug plans. WellCare is committed to sound principles of corporate governance. In furtherance of this commitment, WellCare has adopted and operates pursuant to the principles set forth in its Code of Conduct and Business Ethics and Compliance Program, iCare.

**Project Description:** WellCare Health plan, Inc. is a national organization dedicated to the delivery of quality health care plans and products to its customers. 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:**

* Analyzed current business process flow by understanding preset business rules and conditions.
* Conducted formal interviews, Live Meetings and **JAD** sessions with business users and SME’s.
* Designed and developed **Use Cases**, **Activity Diagrams** and **Sequence Diagrams** using **UML**.
* Involved in **Backend Testing** to verify data integrity by using SQL.
* Created Data Flow Diagrams (DFDs), ER diagrams for data modeling and Web-page mock-ups using **MS Visio** for acceptance from end users.
* Defined project milestones, schedules, and monitored progress using **MS-Project** and updated plans as required.
* Analyzed and tested **Data Interface** needs with external systems.
* Analyzed, manipulated and updated the Database using SQL.
* Wrote multiple **Test-Cases** (unit, compliance, integration) for multiple transactions including**837, 835, 276, 277, 270 271** transactions.
* Conducted **Gap Analysis** to analyze the client’s applications programs to determine the impact of the **HIPAA** final rule on **EDI** Transaction Set and Code List implementation and defined the changes to bring the affected systems into HIPAA compliance.
* Worked with **FACETS** Team for **HIPAA** Claims Validation and Verification Process (Pre-Adjudication).
* Assisted with user testing of systems and maintained quality procedures and ensured appropriate documentation is in place.
* Maintained Requirement Traceability Matrix (**RTM**) and Utilize **ClearQuest** for change requests and defect tracking.
* Conducted claims validation and Pend/Denied Claims Analysis for the Health plans **Medicaid programs.**
* Worked closely with the technical team to look up for the best possible solution on requirements by keeping business needs and technical constraints in mind.
* Updated, transferred and shared files using FTP between Windows and UNIX machines.

**Environment**: UML, MS Word, Rational RequisitePro, Rational ClearQuest, Quality Center, SQL, FTP, TelNet

**Assurant Inc., New York, NY** **April 2007 to Dec 2008**

**Business Analyst**

Assurant Inc. healthcare help Medicare-eligible consumers get more from their healthcare dollars. Members choose plans that include drug and medical coverage, as well as stand-alone prescription drug coverage. Assurant individual insurance product offers financially-minded consumers peace of mind, greater savings, and customer care. Assurant offers a range of plans, options, and deductible levels.

**Project Description:**

Our project was to implement eClinical Works for their daily operation. The application was a scalable, secure, and compliant healthcare management system, designed for practices, clinics and billing service providers. It allows providers to automate tasks like Patient management, Claims Processing & recalls, Accounts receivable management & collections, Reporting, Document creation & management and also complies with HIPAA standards.

**Responsibilities:**

* Conducted user interviews, gathered requirements, analyzed the requirements and managed change requirements by implementing change management methodology.
* Contracted with the **HCFA** (Health Care Financing Administration)/ **Medicare Centers** and **Medicaid Services** to provide quick, easy, and affordable access to the health care service of their choice.
* Improvised **HL7** for the exchange, integration, sharing, and retrieval of electronic health information.
* Worked with the UI developer to implement UI and create enhancements to optimize user experience.
* Prioritized system impact analysis for web portal experience development.
* 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 in a team to develop use cases for their newly added application layout and understood all the **business processes** related to newly added layout and designed use cases that helped developers to build application.
* Interacted with the developers on resolving the reported bugs and various technical issues.
* Involved in UAT to confirm that the system under test meets the user needs and provides confidence in its use.
* Performed verification tests to validate the data integrity.
* **UML** diagrams such as activity and use case diagram were used to document the requirements and ensure creation of high level business requirements documentation.
* Worked cross **functionally** with developers, **QA** and project managers to make sure each data could address their needs.
* Performed verification tests to validate sure integrity of data.
* Developed documents and implemented appropriate policies and procedures related to patient accounting, including follow-up on all patient accounts receivable. Actively participated in and monitored the accounts receivable management activities.

**Environmen**t: Agile, Rally, MS. Visio, SQL Server, MS Office Suite, HP Quality Center Automation tool