**Reshmi  
Sr. Business Systems Analyst/Scrum Master**

Self-confident, goal-directed, results-oriented highly accomplished Business Analyst professional with 8+ years of experience in Healthcare. Business-minded, accomplished in generating creative ideas and methods to accelerate project deliverables, while ensuring product quality, Strategic business-builder offering multifaceted management perspectives, combined with proven success in leading negotiations.

**CAREER OVERVIEW**

* Proficiency in Business Process Engineering and **Software Development Life Cycle** including analysis, design, testing and implementation of software applications in Healthcare.
* Expertise in **S.D.L.C methodologies** which includes significant experience in **Waterfall, Hybrid and Agile methodology.**
* **Liaison aligning technology solutions** with business missions, strategies and goals.
* **Exceptional communication and presentation** skills with experience in the development, implementation, integration and utilizing quantitative and qualitative analytical skills
* Highly proficient in working with diverse users and stakeholders to elicit, analyze, communicate and gather requirements using techniques such as **Brainstorming sessions, workshops like JAD, observations and existing systems documentation /procedures.**
* Proficiency in gathering **SMART (Specific, Measurable, Attainable, Realistic, Timely)Functional, Non-Functional, Business and System Requirements** and transforming them into functional/Non-functional specifications.
* Create Business Requirement Document **(BRD),** Functional Requirement Document **(FRD),** Requirement Traceability Matrix **(RTM),** Scope Statement and other project related documents using Microsoft Excel (2017), Microsoft Word (2016), Google docs.
* Conduct **walkthrough** of deliverables, **component validation**, **solution evaluate**, requirement &**solution approval** and critical **requirement prioritization** for upcoming releases.
* Experience in performing **GAP Analysis**, **SWOT Analysis**, **Impact Analysis** on various projects as per the requirements.
* **Working experience as Software Quality Assurance. Expertise in writing Requirement Traceability Matrix, identifying different Testing Techniques, identifying and tracking defects and conducted Manual and automated testing.**
* Proficient in developing **use cases, process workflows, activity & sequence diagrams** using tools like **MS VISIO**.
* Developed and maintained **Test plans**, **Test Script, Log Sheets**, reviewed and documented defects using **HPQuality Centre.**
* Understanding of **Data validation and warehouse concept.**
* Knowledge in the **ETL** (Extract, Transform and Load) of data into a data ware house/date mart and assisted mapping
* Extensive knowledge in **Claim Adjudication** and healthcare reforms like **the Patient Protection and Affordable Care Act (PPACA)** and **COBRA.**
* Validated **837** (Healthcare Claims), **835** (Healthcare Claims payment / Remittance), **270/271** (Eligibility request/Response).
* Comprehensive knowledge in **Conversion of HIPAA X12 4010 codes to X12 5010 codes** and **ICD 9 codes to ICD 10 codes** and used GEMS for mapping them.
* Performed a baseline assessment and related interfaces, existing service level agreements, policies, and operational business procedures for readiness to comply with **ICD-10** requirements.
* Knowledgeable in area of the various types of health insurance programs such as: **Medicaid, Medicare (Part A, B, C and D), PPO (Preferred provider organization), HMO (Health maintenance organization), and POS (Point of Service).**

**TECHNICAL SKILLS**

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| **Methodologies** | Waterfall, Agile – Scrum, Scrum Waterfall Hybrid |
| **Project Management** | Rally, JIRA, Confluence, HP ALM |
| **Languages** | HTML, SQL, XML, JSON |
| **Database/ETL** | TOAD, Oracle DB, MS Access, Informatica, SQL Server |
| **Data Warehousing** | Data Modelling, Data Marts, OLTP, OLAP |
| **Business Modelling Tools** | MS Visio, Balsamiq, Lucid Chart, Mockup Screens |
| **Reporting/BI** | Tableau, IBM Cognos, Microsoft Power BI |
| **Defect Tracking/Testing Tools** | HP QC, JIRA, HPALM, Test Manager, Bugzilla |
| **Operating Systems** | Windows, Mac OS |
| **Miscellaneous** | Microsoft Office, GoToMeeting, Google+ |

**PROFESSIONAL EXPERIENCE**

**United Health Group, Minneapolis, MN September 2016- Present**

**Sr. Business Analyst/Scrum Master**

As a managed care institution, the project aimed to achieve expedite claims processing and reduce errors associated with HIPPA transaction X12 837, 835 related to CPT and HCPC codes. This project helped the IT capturing, indexing and displaying data efficiently in the company’s EDI legacy system. The project scope is about Troubleshooting Services Delivery and Streamlining Internal Processes through Operational Intelligence for rectifying errors confronted in the automated claims filing process. The business integrated Splunk Enterprise to gain an end -to- end view of the entire Healthcare EDI claims processing chain, enabling the IT staff to quickly pinpoint and remediate system errors and bottlenecks.

**Responsibilities:**

* Analyzed the Business case for the project to understand the customer needs. Involved in **business process reengineering (BPR)** by conducting Process modelling, **SWOT analysis, Document analysis, and GAP analysis** to analyze As-Is business process and the To-Be system and assisted in fixing the scope of the project.
* Created **Business Requirement document (BRD)** to incorporate high-level business requirements, and **Software Requirements Specification (SRS)** for functional, non-functional, Data, and GUI requirements.
* Responsible for identifying data sources from internal systems, external systems, silos on legacy systems.
* Created **Mock-Ups and Wireframes** of User Interface components for client verification using **Balsamiq**.
* Developed **Use Cases, Activity Diagrams** and **Sequence Diagrams** and other UML diagrams for a clear understanding of the project vision by using **MS VISIO** and **Lucid charts.**
* Prepared Business process models; used Visio to create process flow diagrams for mapping the logical aspects.
* Prepared **Requirement Traceability Matrix** and interacted with QA team to ensure quality of software.
* Captured and defined the vision and scope of the project with the SME and documented them as **the scope document**, the **Functional Requirement document** and **Business Specification Requirement Document**.
* Conducted thorough analysis of the Business Requirements and **created design specification** to accomplish and achieve business needs related to Healthcare EDI X12 transactions such as 835 and 837.
* Experienced with **Informatica, Power center for ETL** in order to map the code sets according to the implementation, the companion guides and used **GEMs** for mapping the data.
* Assisted Data Analyst in all stages of development processes including extraction, transformation and loading(ETL) data from various sources like **IBM web sphere application server,** Sterling file gateway, Sybase facets performance analytics.
* Performed**User Acceptance Testing** (UAT) with business users and stakeholders, gathered requirements through interviews, workshops, and existing system documentation.
* Helped reporting and representing the claims post processing by using **Tableau** and also the **Splunk Enterprise Software.**
* Assisted in analyzing, gathering the machine generated data for insights into operational intelligence.
* Involved with the Subject Matter Experts and assisted in the **mapping process of the ICD9-ICD10 code** sets through **Informatica and Facets**.
* Assisted writing **SQL** queries, to manage and extract information from a database by using **MySQL.**
* Conducted and led face-to- face and conference meetings with the team and the business to review business
* Requirements related to automating Healthcare claims processing system.
* Provided insights into issues in the automated claim review process and assisted in the easy correlation and real-time monitoring of events across all layers and components of the claim processing chain through data analytics

**Environment:** Agile (scrum), MS Excel, MS Word (2016), MS Visio (2016), Lucid Chart, Balsamiq, MS Project (2016), HPQC, JIRA v6.4, Tableau v9.0, Splunk Enterprise Software, MySQL(2014), Oracle, Informatica, XML, REST API, SOAP API

**Anthem, Virginia Beach, VA May 2015- August 2016**

**Sr. Business System Analyst**

The project was to implement a Practice Management Application that 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 transaction sets in compliance with HIPAA standards.

**Responsibilities:**

* Assisted Project Manager in drafting the **Project plan; defining scope,** establishing **work breakdown structure**, defining **critical path analys**is and project milestones using **Microsoft Project.**
* Involved in **GAP** and **Feasibility analysis** for the design and architecture of the new application.
* Involved in **Requirement Scoping and analyzing high priority requirement** for implementation; Created **BRD**, functional Requirement documentation**(FRD),** System Requirement Specification document **(SRS)** and use case documents using **MS Word.**
* Created Mock-Up Screens and Wireframes using UI compenents and used **Balsamiq** and **MS VISIO.**

###### Interacted with the business users in understanding the current application and process.

* Used rational **Requisite Pro** to manage the requirement and keep the **Requirement Traceability Matrix**.
* Prepared logical data model in the form of **Business Context diagram** to include various entities and attributes in order to facilitate the design of Data model in the form of **ER Diagrams**.
* Used my previous knowledge of **SOA** to decide the **orchestration** of various internal and external **Web service**using **REST** and **SOAP API** and the **web methods** to save the cost and time of the project.
* Worked with Cross **Functional** Teams and interacted with all levels of management for requirements, resources, and project status and delivering custom applications in phases.
* Involved in **HIPPA** assessment and **HIPAA X12 EDI** transaction **(835, 837,270/271**) mapping and identified changes that needed to be done to comply with **HIPAA regulations.**
* Worked with **HIPPA compliant ANSI X12 837** formats for all the types of claims.
* Gathered the business requirements for Medicare Part D and managed the requirements using **Rational Requisite Pro.**
* Was responsible for testing the **HIPAA Transactions** and **Code Sets 837** transactions.
* Executed **SQL queries** to test the database for records that detect and submit functional acknowledgement and remittance advice in the claims application.
* Prepared **test cases, test script** and coordinated with the QA team for testing and Interacted with the developers to report and track bugs using **Test Manager.**
* Documented and analyzed**defects reporting** and tracked using **HP Quality Center** and updated the status to QA Lead for functionality testing.
* Involved in **GUI Design** sessions with Usability Team; Browser compatibility and navigation were tested manually.
* Developed and managed **Test Plan**, **Test Cases**, **Traceability Matrix** and executed them in the test lab using **Quality Center(QC).**
* Tested the final application for usability testing to verify whether all user requirements were catered to, by the application.
* Managed the **Change Request** and analyzed the **Impact of the Change** request on the application in regards to **Project Plan, Scope, and Schedule**.

**Environment:** MS Access, MS Excel, MS Word, MS Visio, Lucid Chart, Test Manager, MS Project, Rational requisite Pro, HTML, XML, Oracle, Tableau, JIRA, HPQC, MySQL,

**Florida Department of Health, Tallahassee, Florida         January 2014- April 2015**

**Sr. Business Analyst**

**Project: ICD 9 – ICD 10**

The New Hampshire Department of Health and Human Services (DHHS) is the largest agency in New Hampshire state government, responsible for the health, safety and well-being of the citizens. The project was to Support and assist MMIS Coordinator staff in determining the requirements for enchantments, conversion of ICD-9 to ICD-10 codes, claims of the current MMIS system.

**Responsibilities:**

* Knowledge of EDI and HIPAA Transactions 837/835, 834, 276/277, 270/271.
* Conducted gap analysis in changing old MMIS and involved in testing new MMIS. Also, accountable for Medicaid Claims Resolution/Reimbursement for each state health plan using MMIS.
* Conducted **Impact analysis**of the current functionality with the to-be business processes to provide recommendations and finalize business requirements. **Modified System flow diagrams** using **MS Visio**.
* Working with Business users to create **UML, Use cases** and **activity diagram** using **Balsimiq**and MS Visio.
* Facilitated **Joint Application Development (JAD)**sessions to focus on defining the Health Claims Processing process.
* Conducted user interviews, gathered requirements, analyzed them and used JIRA and Tableau to display and manage requirements for the whole team.
* Worked as **primary liaison** between business partners and clients
* Collaborating with other SME’s to scope the proposed project, make time and quantify business benefits and preparing the business case using MS Word.
* Assisted in developing the systems implementation documents, project management plan with milestones and steps till implementation and maintenance phase in the SDLC.
* Designed and reviewed various documents including the **Business requirements document (BRD)**, **Use CaseSpecifications, Functional Specifications (FSD), Requirement Traceability Matrix (RTM).**Translated business requirements and assisted IT with the development of technical specifications.
* Implemented new agile processes planned and coordinated sprints with project management in a Waterfall/ hybrid environment.
* Validating **Technicaldata mapping of ICD 9 to ICD 10** conversions for Clinical modification and Procedure codes.
* Created Test Plans, Test cases and assisted in running them manually by using HPQC.
* Performed **User Acceptance Test (UAT)** for 5010 and ICD 10 codes. Assisting leading through UAT procedure and also conducted training sessions for the end users along with the necessary documentation.
* Documented andanalyzed defects using **Quality Center** and tracked them to completion by communicating with the team.
* **Data cleansing, data migration,** and **data mapping** were used to and validation of database structure in the OLAP.
* Created issue logs, work request template, change request template and problem request template for the users.
* Analyzed data and investigated service related issues to identify root cause of problem(s).

**Environment**: SDLC- Agile/Scrum, UML, XML, MS Word, MS Excel, JIRA, TOAD, MS Access, MS Project, SQL Server 2008, HPQC, Balsamiq, MS VISIO.

**Sterling Health Plans, Bellingham, WANovember 2012- December 2014**

**Business Analyst**

This project involves processing of Medicare claims for CMS using 837 P Transaction. The system supports Claims entry, processing (denial, pend and approve), provider maintenance, subscriber maintenance and recoupment and payment. The Project includes production support and maintenance, data analysis and ticket resolution.

**Responsibilities**

* Extensive knowledge of **Medicare (Part A, Part B and Part D)** benefits, **Co-pay, Coinsurance and Medicaid** Supplements.
* Responsible for ensuring that privacy and security environments of healthcare data remained intact.
* Work with the business to analyze business process and system issues and turn them into actionable system changes that benefits the business.
* Effectively conducted **JAD sessions** and Business Requirement review sessions with teams to complete project documentation and work with the business to gain approval/sign-off.
* Documented functional requirements, system design specification use cases, workflow diagram, screen and interface designs.
* Documented business requirements, and communicated these requirements to the development team for the design and implementation of business solutions.
* Communicated Business process, business solutions and updated status to IT managers and upper Business during Status meeting.
* Created data mapping to increase efficiency of data usage for transactional and analytical processes.
* Assisted in writing **Test Cases, Test plans** using MS Word.

**Environment:** Agile (Scrum), SharePoint 2010, SQL Server 2008, MS VISIO, Business Objects

**Quantum Solutions India, Chandigarh, India October 2010- September 2012**

**Jr. PharmacovigilanceAnalyst**

Quantum Solutions worked worldwide with different clients on ADRF (Adverse Drug Reaction Form) where ADRF were translated from different languages to English by In-house Translators using dictionaries like Linguee Dictionary, Google Translators, my memory. Post translation these forms underwent Medical Quality Check (MQC) to meet the MedDRA coding system.

**Responsibilities:**

* Gathered **ADRF forms**, coordinated and assisted the In-House Translation team to convert them into the language our company used for MQC.
* Performed quality check of source documents/literature abstracts/articles in non-English language (language of expertise of linguist) to English for ICSRs, as applicable and filled forms as requested/ instructed by the client.
* Ensured consistency in translation terminology, in particular for frequently translated medical terms, throughout the team.
* Performed quality checking of aggregate reports or sections of aggregate reports from English to target language (language of expertise of linguist), as applicable
* Proof-reading, quality checking and editing the translated documents to ensure high quality of translation
* Experienced in **MedDRA coding** in accordance with “MedDRA Term Selection: Points to Consider”.

**Environment:** MS Word, MS Excel, My Memory, Linguee, MS Project, MedDRA application center

**Conwest&Manjula S. Badani Jain Hospital, Mumbai, IndiaJuly 2009- September 2010**

**Resident Dentist**

**Responsibilities:**

* Root canals treatment followed by crown preparations
* Aesthetic restorations and treatment
* Surgical & non-surgical procedures
* Assisting surgical procedures
* Outpatient and Inpatient clinical experience
* Administrative duties like collecting, analyzing and compiling patient data, handling office work, accounts for the Dental Department
* Accounting and handling finances in the department
* Patient safety and protocol

**Environment:** MS Word, MS Excel

**EDUCATION**

**Bachelors of Dental Surgery,**

**Maharishi Markendeshwar University,**

**Ambala, India**