Sapana Rai

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**PROFESSIONAL SUMMARY**

**Six years** of experience as a **Business Analyst**working in the areas of requirement engineering process, implementation, quality assurance, testing, release management, change management and production support. Extensive experience in all the phases of System of Development Life Cycle (SDLC) in**Healthcare industry.**

**SPECIFIC EXPERTISE**

* Strong understanding of **SDLC methodologies** such as **Agile, Rational Unified Process (RUP)** and **Waterfall.**
* Good **communication and interpersonal skills** to establish communication channels between the end client and the SDLC team.
* **Requirement Elicitation** Technique such as **Joint Application Development (JAD), interview, brainstorming, surveys**, **workshops** and **one-one meetings.**
* Prioritizing, validating, and documenting requirements using various artifacts such as **Project Requirement Document(PRD), Business RequirementDocument (BRD**), **Functional Requirement Document (FRD),** and**user stories.**
* Proficient in creating **UML diagram** such as Use Case Diagram, activity diagram, sequence diagram.
* Creating **Requirement Traceability Matrix (RTM)** to trace requirement to other project deliverables.
* Extracting data from multiple data sources and conducting data analysis using **SQL queries.**
* Writing test cases, adding defect, and documenting test summary report for **User Acceptance Testing (UAT).**
* Excellent knowledge of Health Insurance Portability & Accountability Act **(HIPAA)** standards, **Medicaid** and **Medicare** regulations, **Health Care Reform (HCR), Electronic Medical Record (EMR)** and **Electronic Health Record (EHR**) and Medicaid Management Information Systems **(MMIS).**
* Strong knowledge with claims associated with payers, claims by providers and member/subscriber claims.
* Understanding of HIPAA **EDIinbound** and **outbound** transaction, and **HIPAA 4010-5010** conversion analysis involved in **834** (Enrollment and Maintenance), **837** (claim processing and clam adjudication including COB), **835** (Claim Payment and Remittance), and **276/277** (Claim Status Request and Response).
* Involved in full HIPAA compliance lifecycle from **GAP analysis**, mapping using **General Equivalence Mapping (GEM),** migration of HIPAA ANSI X12 **4010** to ANSI X12 **5010** and translation of ICD-9 codes into **ICD-10** codes.
* **Used Facets Claims and Member/Subscriber modules, and have worked on editing and validating claim.**
* **Expertise in creating various detailed technical specification and business requirement documents for outlining data mapping rules, data archival rules, data migration, and integration.**
* Extensive experience working on multiple applications to **identify dependencies, integration points, integration rules, data update rules**, and **data cleanup/purging rules**.
* Creative and aggressive self-starter with integrative thinking skills, capable of forming and maintaining positive and productive working relationships in internal, external, independent, and team environments.
* Highly motivated, organized and detail oriented with ability to manage (Multiple) project tasks with changing priorities and tight deadlines

**TECHNICAL EXPERTISE**

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| --- | --- |
| **Methodologies** | SDLC, RUP, **Agile**, Waterfall, Scrum |
| **Languages** | SQL, HTML, XML |
| **Management** | Word, DOORS, RequisitePro, Quality Center |
| **Platform** | Windows Vista/7/8, Unix |
| **Testing tools** | SOAP UI, QTP |
| **Change Management Tools** | Rational Clear Quest |
| **Front End Tools** | MS Office Suite, Snagit, Webex |
| **Version Control Systems** | Rational Clear Case |
| **Databases** | Oracle, MS SQL Server |
| **Knowledge** | BABOK, Agile Extension to BABOK, ITIL, SOA |

**PROFESSIONAL EXPERIENCE**

**Horizon BCBS, Newark, NJ June 2013-June2014**

**Business Analyst**

The Federal regulation Mandate implementation of **ICD 10 codes**is on October 1, 2014. This means any claim with a date of service or a discharge date on and after October 1, 2014 must contain **ICD 10 codes**. Any claim with a date of services on and prior to September 30, 2014 will continue to contain **ICD 9 codes.** This project was to assess and remediate Claim Processing and Customer Service System and business functionalities in term of ICD 10 mandate while maintain current **ICD-9 processing.**I was also involved in identifying **integration points** and **dependencies** across multiple applications to ensure requirement documents covered all the data points for application enhancement process.

**Responsibilities**

* Implemented Agile of software development life cycle with its workflow and activities to develop business process models.
* Worked with **PMO** to discuss **milestones,** create**Requirements Management Plan (RMP),** **review timelines** and **schedule** for the implementation.
* Used the **requirement attributes** (priority, complexity, and volatility) as the basis for negotiating the inclusion of the requirement, to manage the scope of the system efficiently.
* Gathered and analyzed business, functional and technical requirements from both formal and informal meetings, and then organized and documented in **BRD, FRD**, **TRD** use case template and process flow.
* Conducted **walkthrough** with **SME, stakeholders**, and all the **project lead** to get documents approved and baseline.
* Worked with production support team and business (Enrollment/ Account Receivable/ Customer Service)    to **schedule monthly conversion**, **removal of bill blocks** and **timeline for document mailing** i.e.  ID, contacts and approval letters.
* Understood complete claims processing cycle from the payer/provider perspective
* Analyzed the **EDI 834 transaction (Enrollment and Maintenance)** for the conversion of health insurance enrollment.
* Conducted **Backward** and **Forward Traceability** for Root Cause Analysis and **Gap Analysis** for “As Is” and “To Be” System.
* Created **integration requirement** document to outline process and **data points** which were used across multiple applications and had **dependencies** across multiple application.
* Used **General Equivalence Mappings (GEM)** crosswalk file for mapping conversions from **ICD 9** to **ICD 10**.
* Worked on **data dictionary, data modeling, data mapping** (utilized crosswalk table)
* **ICD-9 and ICD-10** analysis & compliance experience with focus on **Coordination of Benefit (COB)** including **Medicareand Medicaid.**
* Responsible for attaining **HIPAA EDI** validation from **Medicare, Medicaid** and other **payers** of government carriers.
* Mapping the **diagnosis code** with **procedure code**, and verifying the **NPI** number with the procedure code in EDI 835 during **claim adjudication process.**
* Met with the end users, stakeholders and SME’s to gather the modification requests from the user to upgrade or change the business specifications for the process.
* Wrote and executed test cases for **User Acceptance Testing (UAT),** and **report defects** using Quality Center.
* Participated in **status update meeting**, and **triage issue/defect resolution meetings** with vendor, onsite and offshore team.
* Use **SQL queries** to extract data for routine report generation and data validation such as subscriber and dependents information and contract renewal dates.
* Worked with Release management to ensure a smooth turnover to operations and production support.

**SummaCare, Akron, Ohio June 2011-May 2013**

**Business Analyst**

This project included the migration of all **HIPAA** EDI X12 **4010A1** transactions to **HIPAAX12 5010** transaction. Because of this upgrade, all the major applications for claims submission, claims processing, data warehouse and reports creation had to be changed. Worked specifically with the **EDI 837 (I, P, D**) and **835** files that affected the claims filing and processing. Also worked partially with the 270/271 Eligibility and 276/277 CSI EDI transactions.

**Responsibilities**

* Worked as liaison between liaison between the business users and technical team.
* Facilitated **JAD** sessions to collect requirements from system users and prepared business requirement documents using Rational RequisitePro.
* Documented **BRD** and **FRD**, prepared use case scenarios and created UML diagrams such as use case, activity, and sequence diagram.
* Conducted **walkthrough** and participated in status update meeting to discuss **enhancement** and **modification** request.
* Provided SDLC Methodology for developing **EDI applications** used by hospitals to completely automate payments posting for **Medicare, Medicaid and commercial payers** electronic payments files.
* Used Rational Clear Quest as a workflow tool for effective change management and for testing management.
* Interacting with other **onshore** and **offshore** team through **teleconferences** to resolve various issues.
* Involved in migration of HIPAA ANSI X12 **HIPAA 4010** to HIPAA **5010** transactions.
* Analyzed and tested **HIPAA 4010 and 5010** standards for **837P EDI X12** transactions, related to providers, payers, subscribers and other related entities.
* Performed Gap Analysis for 5010 enhancement using the TR3 **implementation guides** and side-by-side (**companion guide**) HIPAA 4010 to 5010 guides provided by **CMS (Center for Medicare & Medicaid Services)** to identify differences across segments, elements and loops for **EDI 837** and **EDI 835**
* Assisted testing team and development team in prioritizing defects according to severity and business needs.
* Followed the RUP methodology for the entire SDLC.
* Worked with EDI Mercator Team for Data Mapping and Building 837 Maps
* Conducted data analysis, gap analysis, data mapping, all business analysis functions/artifacts, documentation and implementation.
* Created and maintained **requirement traceability matrix (RTM)** to do forward and backward tracing.
* Created Test Plans that contains **test scripts, test cases, test data** and expected results for the **User Acceptance Testing (UAT)**.

**Cigna, Bloomfield, CT January 2010-May2011**

**Business Analyst**

The initiative has allowed Member and Group - Contracts, Booklets and other area documentation to be coded and issued through one system, maximizing in-house functionality and driving process improvements. With this initiative Cigna was able to resolve a long-standing risk by terminating systems that are no longer supported or running on software that is not supported by the Enterprise. The objective of the project was to migrate its document issuance system and database to Enterprise system.

**Responsibilities**

* Implemented **Agile Scrum** methodology of software development life cycle.
* Worked with **Scrum Master** to discuss milestones for each sprint and review timelines and schedule for the implementation.
* Gathered and analyzed requirements from both formal and informal meetings, and then organized them in form of **user stories.**
* Worked with scrum team, scrum master and product owner in defining **acceptance criteria, story points** and **estimate tasks using hours**, and then selecting user stories for **Sprint Backlog.**
* Worked with the development team through the Iterative Development Cycle (Implementation Cycle) to make sure that the laid out requirements are incorporated into the design.
* Wrote detailed requirements for **migration** outlining **data quality rules** and **migration rules**.
* Created process flow to outline XML file triggers in Inbound & Outbound folders for **data archival, data purging, delta calculation** during batch jobs.
* Created UML diagrams such as activity diagram, use case template, sequence diagram using MS Visio.
* Maintained **RTM** to determine requirement dependencies between related requirements
* Assisted PMO in managing schedule and budgets in check.
* Created project glossary and business case document.
* Worked closely with the SA, Development and Test team to rectify any issues.
* Active part in the development of a detailed Business Plan for Deployment of the modified solution.
* Use **SQL queries** to extract data for routine **report generation** and data validation such as **group ID subscriber id (insurance policy #), premium, and benefits.**
* Analyzed all **data warehousing components** (e.g. tool integration strategy; source system data ETL strategy; data staging; and data quality strategy)
* Wrote **mapping documents** for field mapping across multiple databases
* Identified the **database rules** for common entities across multiple databases to ensure data integrity was in check during the **ETL jobs**
* Participated in **Daily Standup** meeting, sprint review and sprint retrospective meetings.
* Conducted **gap analysis** between the “As Is” and “To Be” to identify and validate the requirements.
* Participated in **UAT** team meeting and based on test plan wrote test case and scripts for UAT testing.
* Assisted technical team with **Graphical User Interface (GUI**) and **defect management lifecycle**.
* Worked with end clients and PMO on the final signing process in User Acceptance stage before the product go live.

**Texas Medicaid & HealthCare Partnership, Austin, TX May 2008- December 2009**

**JuniorBusiness Analyst**

This project was to create a process that will maintain accurate Program 300 accounts receivable and Funds Gone balances and address Program 300 auditing requirements. Changes will allow the outstanding Program 300 accounts receivable to be reconciled against the outstanding Program 300 Funds Gone claims. Also the project included changes to the weekly processing of Family Planning claims.

**Responsibilities**

* Used various elicitation techniques such as **JAD, brainstorming**, and **one on one** for gathering requirements.
* Created **BRD** and **FRD** in word document and managed files in share point.
* Used the **requirement attributes** (priority, complexity, and volatility) as the basis for negotiating the inclusion of the requirement, to manage the scope of the system efficiently.
* Interacted with co-workers to decide the best means to generate the various **status reports** for the project supervisor and manager on a regular basis to convey improvement
* Participated in **walkthrough** with **SME, stakeholders**, and all the **project lead** to get documents approved and baseline.
* Worked directly with software engineers to ensure clear communications on requirements and defect reports.
* Developed Data Flow, Work Flow, Process Flow in MS Visio, and analyzed them to create “AS IS” and “TO BE” scenarios.
* Wrote **SQL queries,** sub queries, inner join and outer join to extract and validate data.
* Worked closely with the project managers to monitor progress, and the deliverables for the project.
* Conducted technical/non-technical presentations to the management and training workshops for the clients.
* Documented the **Requirement Traceability Matrix (RTM)** for tracing other project deliverables to the specific requirements.
* Wrote **Test cases** and **Test Scripts** for **User Acceptance testing (UAT).**

**EDUCATION**

* Bachelor in Arts, Business Administration

Salem College 2008