**Saru L**

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**469-770-3099**

**Business Analyst**

**Professional Summary:**

* **5+ years** of experience as a **Business Analyst** including knowledge in business requirement analysis and development of web based and client/server applications.
* Strong understanding in complete life cycle experience in **Scrum, Agile, SDLC** methodology and project life cycle.
* Conversant with creation and management of agile reporting artifacts like **release/ product burn down charts, sprint burn down charts, velocity, cumulative flow diagram** and throughput for each **Sprint/Kanban cycle**.
* Hands on experience writing **SQL statements.**
* Proficiency in documenting Business Process Design, Business Requirements Document **(BRD),** Functional Specification Document (**FSD).**
* Proficient in analyzing and creating Unified Modeling Language **(UML)** Diagrams such as **Use** **case diagrams,** **Activity diagrams,** **Sequence diagrams, Data flow diagrams, Business flow** **diagrams using MS Visio** and **Rational Rose**.
* An excellent knowledge of **ICD-9 and ICD-10** structures and formats.
* Have excellent knowledge in insurance products like **HMO, PPO, POS** and **HIPPA** and Regulations.
* Well experienced with the complex tasks of **ICD 9 to ICD 10** conversion and **mapping.**
* Strong understanding of **EDI claims**, **Member Enrollment, Eligibility, and HIPPA 5010** standards
* Knowledge of different modules within Healthcare **Claims Adjudication Process** (**Membership process, billing process and enrollment & claims process).**
* Strong expertise in Health Insurance Claim process, social services, Medicaid.
* Experience in the Data Analysis and Testing of Data Warehousing using data Conversions, DataExtraction, Data Transformation and Data Loading **(ETL)**
* Experience with **HIPPA compliance** in the healthcare systems.
* Experience providing analysis for business process running on **EDI (Electronic Data Interchange**) standard.
* Expertise in impact analysis on the key application systems (claims processing, reporting, payments) and business process of health insurance companies. Experience in distributed healthcare domain and **User Acceptance Testing (UAT).**
* Proficient in using **Agile Scrum methodologies**, performed roles of scrum master following Sprint/standup sessions and used Microsoft Suite extensively to write **user stories,** analyzed the **Iteration Burn Down charts** and reviewed defects.
* Expert at driving the adoption and enforcement of Scrum rules, removing impediments and fostering self-organizing.
* Hands on experience of writing and **prioritizing User Stories** in **Backlog.**
* Experience in facilitating **scrum ceremonie**s (grooming, sprint planning, retrospectives, daily stand-ups, etc.).
* Experienced in coaching the scrum team on how to successfully complete sizing stories and tasking stories as part of Iteration Planning.
* Extensively used Rally for maintaining User Story Hierarchy, Backlog Grooming, Updating Tasks, Connecting Rally **with JIRA** and **Quality Centre**, Planning Iterations and Releases.
* Manipulating and analyzing data sets using Data Analytics / Visualization tools using **Tableau**, **Power BI, SAS, SSIS, MS Access, Microsoft Excel** for visualization and predictive models.
* Expertise in **Sprint planning sessions** with **scrum team** and **product owners.**
* Expert in using various techniques to refine the product backlog with Business value and Effort estimates by facilitating **product refinement meetings.**

**WORK EXPERIENCE:**

**Client: Oklahoma Health Care Exchange LLC**

**Jan 2018 to Present**

**Role: Business Analyst**

**Description:**

The project was based on the transition from mainframe based legacy system to a new enterprise open systems-based solution. Adhered to strict compliance, policies and regulations and configured facets modules such as claims, membership, benefit and plan. I was involved in migrating application functionality and converting data. I supported migration of **ICD 9 to ICD-10.**

**Responsibilities:**

* Conducted meetings with business process owners, **SME** (subject matter experts) and trading partners for requirement gathering during the definition stage.
* Involved in **FACETS** implementation, testing, involved end to end testing
* **FACETS Billing**, **Claim Processing and subscriber/Member module**
* Analyzed data/workflows and defined the scope
* Analyzed the data movement between systems to validate the business requirements.
* Worked on data mapping to bring data from one system and reside in another system.
* Ensured that **EDI files** where in compliance with new **ICD-10 standards.**
* Carried out forward backward mapping when necessary.
* Submitted claims to insurances and processed payment from insurance companies.
* Experience with **Subscriber/Member module.**
* Prepared documents such as project scope, project Vision, Project Success, Business Requirements, Functional Specification, Data Warehouse Process Flow **(SQL queries** and **Crystal Reports**) using **MS Office** (Word, Excel, Visio) and dashboards.
* Interacted with **DBA** for the process of data extraction, data transformation, data load, data integration and conversion processes using business intelligence tools on the benefit plan functionality.
* Performed Data verification and Validation against the user requirements.
* Reviewed **complex SQL queries** to extract and validate the data from the Facets database
* Performed **Gap analysis** of short term business requirements with long term business requirements and reported the GAP to the management.
* Involved in testing the EDI transactions **834,837, 835. 270/271 & 276/277** conversion to **Facets.**
* Created HTML Mock-up screens and prototypes to obtain user feedback on implementation of key requirements.
* Worked on **FACETS** claims processing, payment adjustments, claims inquiry, benefits
* Conducted **JAD sessions** to understand the detailed requirements.
* Worked closely with the business analyst and Data warehouse architect to understand the source data and need of the Warehouse.
* **Derived BPMN** for batch loading of provider and Member data into **FACETS.**
* Managing the implementation and delivery of medium to large websites and web applications
* Participated in for website backend testing with **Linux and UNIX** environment.
* Processed claims in Facets and verified 835\*12’s are generated and sent to provider.
* Extensively involved in updating the official changes to the tabular list, instruction manual and alphabetical index of **ICD-9 to ICD-10** in regards to data transactions.
* Actively participated in status report meetings & interacted with developers to discuss the technical process.
* Conducted walkthroughs and defect meetings periodically to assess the status of the testing process.
* Set claim processing data for different **Facets modules**
* Helped developers with the following list of **HIPAA-EDI** Transaction Code Sets: **(837, 835, 834)**
* Followed workgroup **for EDI standards** for testing that need to comply with the HIPPA guidelines.
* Conducted **UAT (User acceptance testing).** Used SharePoint for **UAT bug tracking.**
* Used SharePoint for document sharing and **version control.**

**Environment: Facets, Windows, MS Office, Oracle, MS-Visio, Microsoft Project, HP ALM.**

**Client: Henry Ford Health System, Detroit, MI**

**Jun 2016 to Dec 2017**

**Role: Business Analyst**

**Business Analyst**

HFHS is one of the prominent health care providers, which offers seamless array of preventive care. The purpose of this assignment was to create an integrated solution to deliver quality health care, enhanced process flows, and increased patient flows to the clinic and give excellent experiences in all services provided. The project worked on HIPAA Claims Processing and ICD 10 readiness.

**Responsibilities:**

* Involved in **discussion with SMEs** during gap analysis sessions to identify the areas of impact to Gateway, Backend Systems and Frontend Systems.
* Constructed the **BRD** and **FRD** for **Inbound (837-I, P, D, and 834)** and **Outbound 835** transactions.
* Worked closely with Trading Partners to ensure that requirements were met.
* Contributed in the writing of Companion Guides for all **ANSI X12** transactions.
* Performed impact analysis for conversion of **ICD-10**.
* Maintained warehouse metadata, naming standards and warehouse standards for future application development.
* Create best-practice requirements deliverables, such as use cases, system process flows and context diagrams.
* Reviewing all codes and appropriately applying them.
* Experienced in **SDLC** like waterfall and project life cycle like Agile, SCRUM, RUP methodologies.
* Determined technical parameters for **EDI** by working with the development team for communication, security, and privacy.
* Responsible for integration and of data warehouse and reporting with other systems.
* Created **test plans** and **test cases** in **ALM Quality Center**.
* Performed **UAT**, **regression**, **integration**, **system testing**, **Functional** and **Non-Functional tests** of the application.
* Good understanding of **EDI** Transactions **270/271, 278, 837I, 837P, 835, 834, 820, 276/277**.
* Strong understanding of **FACETS** and **Facets Data Model** working on data model and data extracts.
* Performed **claims validation** of FACETS application as necessary.
* Maintained **Traceability matrix** and **Test Matrix**.
* Acknowledged **HIPAA rules** and regulations during **EDI** and ensured that the development team kept up with it.
* Used MS Project regularly to monitor activities, schedules and communication during the project.

Environment: Agile, UAT, MS Office (MS Word, MS Excel, MS PowerPoint, MS Visio), HP ALM Quality Center, SQL Server.

**Client: State Farm, Billings, MT**

**Apr 2015 - May 2016**

**Role: Associate Business Analyst**

State farm is a provider of insurance products and related services in North America and selects worldwide markets. It is a brand name for a family of health insurance products focused on providing a variety of affordable plan choices to consumers. The portfolio of health care products includes major medical, supplemental and fixed-benefit plans for individuals, families and small employers. Also integrate the **Medicare (Part A, Part B, Part C, Part D)** data all in one single system for a smooth flow through the claims processing system.

**Responsibilities:**

* Performed a project analysis on new projects, including requirements, personnel, and costs.
* Developed and maintained work plan for system projects.
* Facilitate **daily scrum**, **sprint planning** and **sprint retrospectives meeting.**
* Worked on release on multiple sprints after successful completion of sprints.
* Met with supervisors and business users and defined the scope of the project, gathered business requirements, and conducted gap analysis.
* Managing and Billing **Medicare**, Commercial **HMO/PPO claims** on a daily basis.
* Involved in the documentation of extraction, of the data from various tables in the Data warehouse.
* Worked closely with Business Team, SME’s, Infrastructure team, and coordinated with offshore team.
* Expertise in claims**, subscriber/Member**, **Plan/Product**, **claims, Provider, Commissions and billing Modules of Facets.**
* Participated in creating **Facets data model.**
* Worked on the **EDI 834-file** load to Facets through **MMS** (Membership maintenance sub-system)
* Worked with providers and Medicare or **Medicaid entities** to validate **EDI transaction** sets or internet portals.
* Worked on **ICD 10** with respect to the claims related to **Medicare ( Part A, Part B, Part C, Part D)**
* Work with solutions/ delivery teams to implement data quality processes during acquisition, **ETL,** and delivery stages for Business Intelligence solutions and changes to Data Warehouses
* Worked on the **MMS (Medicaid Management Information Systems).**

Designed claims Inquiry screen within the **MMIS** and executed Testing Scenarios, cases and conditions involving **user acceptance testing, Regression, Integration and system testing**

* Wrote BRD’s **for 834(member Eligibility**), providers file and claims tracking system, use-case Narratives including business process workflow diagrams and Requirement Traceability based on any of the projects need.
* Worked on Business requirement for payer information in geographical area and contact payers to facilitate contacting.
* Documented and gathered Functional specifications for **837 (claims), 278 (Authorizations) and 270/271 (Eligibility and Benefit Response)**
* Conducted Requirements Walk-Thru **JAD sessions** and resolved all issues/findings.
* **Lead & facilitated** numerous meetings to help answer any question on requirements during design, Development, Testing and Implementation phase.
* Organized brainstorming and **JAD sessions** with stake holders, business users, technical teams, testing team to analyze and validate the business requirements, system life cycle and explained the key performance indicators and documented and specifications.
* Created **Use Case diagrams** by analyzing by analyzing the business process followed by Activity diagrams using **MS-Visio** and participate in production of **HIPPA 5010 EDI Test data.**
* Developed use case designed process flow diagrams using Ms-Visio and Business context Diagram.

**Environment:** Agile, UAT, MS office (MS word, MS Excel, MS PowerPoint, MS Visio), MMIS, HP ALM, SQL Server.

**Client: Serve Solutions IT Homes Pvt. Ltd - Kathmandu, Nepal**

**Aug 2014 to Feb 2015**

**Role: Business Analyst/ Data Analyst**

**Description:** Serve Solution IT Homes Pvt. Ltd is one of the leading software company in Nepal, provides the website designing and development, mobile Apps, Web based Apps and IT services to support the business needs. These projects were involved in Library Management System, and role was to produce reports, spotting patterns, collecting data and setting up infrastructure.

**Responsibilities:**

* Interfaced with business analysts, developers and technical support to determine the best requirement specifications.
* Collaborated with team members to create applications system analysis based upon client requirements.
* Software Assistant (Designing and Developing)
* Develop testing routines and procedures
* Software Development Life Cycle **(SDLC)** includes requirements, analysis, development, deployment and Testing of an application for business outputs.
* Identifying source codes and data quality using **SQL queries**
* Used SSMS, Execution plan to optimize SQL Queries
* Involved in **JAD session** with business as well as Technical teams to identify the business rules for requirements and documentation
* Gathered the requirements, develop **Process Model**, **Business policies and modification of business requirement documents**
* Develop **Custom data models** and algorithms to apply to data sets
* Develop processes and tools to monitor and analysis model performance and data accuracy
* Used **Data visualization tools** to see and understand trends, outlines and pattern in data
* Monitor computer system performance to ensure proper operation.
* Implemented designs, including experimentation and **multiple iterations.**
* Directed software design and development while remaining focused on client needs.
* Worked effectively with design teams to ensure software solutions elevated client-side experience.

**Education**

MBA IT- Johnson & Wales University, Providence, RI- 2017

BA hons Business Management- Middlesex University, London- 2013