## Professional Summary

* **Over 7 years** of professional experience as **Business Analyst** with expertise in **Software Development Life Cycle (SDLC)** and Business Process Reengineering in Health Care Sector with prime focus on claims adjudication, provider, eligibility and prior authorization for **Medicaid** and **Medicare** programs.
* Extensive experience in the development, implementation and integration strategies towards a **team oriented environment**, utilizing quantitative and qualitative analytical skills. With ease in **communicating/converting** clients **vague/non-technical requirements** into precise/concise representation to the team.
* Experience in developing detailed functional specs through **JADsessions**, interviews, on site meetings with business users & development team.
* Documentation: **BRD (Business Requirement Document**), **FRD (Functional Requirement Document)** and **Non-functional Requirement Document**.
* Worked in various technologies such as **EpicCare Ambulatory, EpicCare Inpatient, IDX/GE Centricity, Cerner PowerChart, Citrix, HL7 (v 2.3/2.4), PACS, DICOM, XML, Java, .Net, Oracle and HTML.**
* Strong knowledge and experience in Healthcare industry. Functional knowledge of Medicaid Management Information System (MMIS).
* Experience with PMO techniques such as **Rational Unified Process** (RUP), **Agile& Waterfall life cycle**
* Experience in Documentum related technologies and tools like Trusted Content Services, Content Server 5x/6x, e-Content Server 4.2.6,WebTop, Documentum Compliance Manager, Documentum Administrator, Content Services and Archive services for SAP
* Knowledge of Hospital Billing, Charge and Revenue Codes (CPT), HCPCS, ICD-9-CM code books, CMS 1500 professional claim forms and UB-92 hospital claim forms
* Experience in Medicare and Medicaid coverage guidelines.
* Experience in interviewing **Business users**&**SME** providing recommendations to resolve issues for various business/technical groups & defining strategic solutions to business problems in a multiple project environment.
* **Test Case writing** (**manual/automated test cases**) and Conducting **Tests (Integration testing, Regression testing)**, **Black Box/White Box testing**, **UAT (User Acceptance Testing)**.
* Analysis & Design (**Use Case, Sequence and Activity diagrams).**
* Writing Manuals (**System guides**, training material for business users and **Deployment guides**).
* User training on the changes being released and conducting post production activities like getting feedback from users. In case of any issues - doing **Root Cause Analysis**, prioritizing tasks with business users
* Strong Experience in SQL Server Integration Services (SSIS), Data Transformation Services (DTS) and SQL Server Reporting Services (SSRS)
* Knowledge on different reporting tools (SSRS, Crystal Reports, Cognos, B.O)
* Experienced in designing report layouts in SSRS and deployed cubes using SSAS.
* Good knowledge and extensively used **RDBMS, Oracle, SQL, and PL/SQL** along with **MS SQL administration, SQL Enterprise Manager, Data analysis and reporting.**
* Working experience in a cross-functional team environment/different geographical locations teams.
* Experience with **data analysis**, **data mapping** and **dimensional modeling** experience in decision support systems (**data marts**) using **Star Schema**.
* Good knowledge on different modules within health-care (**Membership, billing, enrollment, claims, capitation, providers**).
* Knowledge of **Electronic Medical Record ( EMR )** and **Electronic Health Record( EHR)**
* Knowledge in **Health Care Reform and Patient Protection and Affordable Care Act (PPACA)**
* Experience with HIPAA compliance **(4010 & 5010**) and Health care systems
* Experience with **Medicare, Medicaid, Medigap/Medsupp& commercial** insurances in **HIPAA ANSI X12 4010, 5010** formats including **270,271, 276, 277, 835, 837, 997,NPI, ICD 9,ICD 10, NDC, DRG, CPT, NCPDP** codes **& NSF** formats for interfaces & images to clearinghouses/ trading partners applications.
* Experience with health care Systems: **FACETS**, Medicare **Part A, B, C, D**, Medicaid systems.

# Education Credentials

**Master’s in Healthcare Administration- University of Houston Clear Lake**

GPA- 3.7

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| **Technical Skills** | |
| * ***Methodologies:*** | SDLC, RUP, UM, Agile. |
| * ***Project Management:*** | Microsoft Project, Microsoft Office. |
| * ***Modeling Tools:*** | Rational Rose, Microsoft Visio. |
| * ***Change Management Tools:*** | Rational Requisite Pro, Clear Quest, Test Director. |
| * ***Version Control Systems:*** | Rational Clear Case. |
| * ***Testing Tools:*** | Rational Enterprise Suite, Test Director, Win Runner. |
| * ***Languages:*** | C, C++, Java, .Net, XML, UML, HTML. |
| * ***Databases:*** | Oracle, MS SQL Server, MS-Access |
| * ***Operating Systems:*** | Windows Family, Familiar with UNIX and LINU |
| * ***RDBMS and Databases:*** | SQL Server, Sybase MS Access |

# Professional Experience

## UCare, Minneapolis, MN *October 2013 – Current*

**Sr. Business Analyst /QA**

UCare will deploy the Edifecs ICD-10 solution, which is designed to help health plans to achieve operational and financial neutrality after the ICD-10 transition by providing greater ability to understand and mitigate risks during each transition stage. UCare will use the Edifecs ICD-10 solution for impact analysis to prioritize remediation and testing efforts, and then use its code-mapping capabilities to speed up the process and improve accuracy.

***Responsibilities:***

* Worked with Delegates/vendors for the entire project of ICD 10 in UCare. Dealt with internal and external representatives to capture requirements.
* Created Test cases using excel sheet and implemented the test cases in the test environment.
* Create and execute revenue cycle medication Epic billing data and reports from decision support and billing systems. Analyzed all related medical codes for accuracy to ensure maximum benefit allowed is accurately billed
* Analyzed System Impact including MMIS Tables, Windows, Reports and Interfaces to external entities
* Claims Process validation - Identified Claims Matching Scenarios upon which millions of Claim records were matched daily based on Patient's Information
* Liaised with end users on system design challenges and preferences in relationship to clinical processes and procedures; presented these findings to application. Development team, making recommendations according to billing workflow and end user need
* Strong knowledge of managed claims management process, Knowledge of Medicaid and Medicare Services. CMS, Health Assessment Systems , Hl7 Standards, HIPAA ,PPACA(Patient Protection and Affordable Care Act), Compliance issues, LOINC and SNOMED Mapping, HL7 Message Validation, ICD 9, Electronic Health Records, Electronic Medical Records.
* Analyzed HIPAA 5010 impact on external Data Warehouse and data warehouse extract process and mapping of MMIS database and data warehouse.
* Analyzed MMIS system impact for Windows and Interfaces.
* Developing reports on SSRS on SQL Server (2008)
* Managed the IFS reporting project from initiation to closing and wasresponsible to openly communicate results, reports and mitigate riskswith the management.
* Using SSRS creating well-formed reports and web-based reports for health related applications and transactions.
* Researched data using SQL queries to capture and analyze back end system. Mapped the ICD 9 codes to the corresponding ICD 10 Procedure and Diagnostic codes.
* Tracked all the report, files and extracts exchanged between Vendors. Identified the location, purpose and requirement change after the ICD 10 updates are performed on the data.
* Captured the requirements for ICD 10 changes in the EDI 837 P&IX12 file.
* Used the companion guide and coordinated with the internal and external teams to capture detail loops and segment for the ICD 10 updates.
* Analyzed defects and issues using Microsoft Access Database as the front end system for Disease Management/Customer service team.
* Responsible for writing test cases and implementing them for the Business team.
* Gathered Reconciliation requirement and created Business Object Report spec for the internal Disease Management team.
* Configured Archive Export and Documentum Export modules to export content from Captiva to SAP and Documentum respectively
* Co-ordinated with test leads of various projects to make sue relevant defects were logged in and fixed by the development team. Updated BRD's based on the defects identified by the Team.

***Environment****:* Waterfall, Requisite Pro, MS Access, MS Visio, MS office, MS word, MS excel, SQL.

## Fallon Community Health Plan, Worcester, MA November 2012- Oct2013

## Business Analyst

Fallon Community Health Plan is a not-for-profit health care services organization. It offers traditional insurance products as well as senior health care services. FCHP is automating all their Paper enrollments into EDI transactions. They are ensuring that they could minimize manual interventions and automate and generate reports electronically.

***Responsibilities:***

* Analyzed the Plan Data Database using **SQL Server**. Surveyed and examined the current documentation.
* Gathered and documented business requirements from **SMEs**, user groups and vendors via workshops, interviews and **JAD sessions**.
* Co-coordinating with the team to analyze the **834, 835 and 820 EDI Transactions for** dual eligibility Project (**FTC**)**.**
* Participated in testing of Orion Rhapsody Route to receive and process HL7 ORU^R01 Version 2.5.1 messages to Websurv
* Involved in the testing of web portal of New MMIS system.
* Propose strategies to implement HIPAA 4010 in the new MMIS system & eventually move to HIPAA 5010.
* Worked as a primary point of contact / liaison between Project Sponsors, Business Managers and Dev Team and Super Users from analyze to go-live phase in IFS implementation.
* Prepared the Functional requirement for the automation of 834 and 820.
* Analyzed the level of **HIPPA Validations** for the EDI transactions. Worked with the Solution architect on the approach to correct the current errors in the HIPPA validation.
* Using **Process flows** and **Use Case** diagrams to demonstrate **AS IS** and **TO BE** state.
* Worked in close collaboration with the Project Manage and IT team.
* Created and gathered requirements for the Vendor. Helped PaySpan to create Data Mapping document for the **EFT, 835 and Remittance Advise** sheet.
* Gathered and documented requirements for **EFT Project** for PaySpan (Third Party Vendor).
* Coordinating with the QA team to create **UAT** test cases.
* Participated on cross-functional teams developing new or enhanced systems processes, procedures and policies.
* Provided project status reporting, updating of project information, effort & resource estimating.
* Effectively established and maintained working relationships with peers and constituents.
* Produced various artifacts **Functional Requirement Specifications** (FRS) and User Requirement Specification (URS).
* As a point person responsible for resolving business rules/conflict resolution for the development team.

***Environment:***Waterfall, Requisite Pro, MS Access, MS Visio, MS office, MS word, MS excel, SQL.

## First Care Health Plans, Austin, TX *May 2010- September 2012*

**Business Analyst/System Analyst**

FirstCare is a Texas based health plan provider offering diverse healthcare products including prepaid medical, hospital, and related comprehensive health care services. The project was initiated to conduct a complete **discovery, technical assessment and impact analysis** for the **HIPAA 4010 to 5010** and **ICD-9 to ICD-10 transition**. And, an ICD-9 to ICD-10 (bidirectional) crosswalk tool was built for code look up.

***Responsibilities:***

* Gained understanding of **HIPAA 4010 versus 5010and ICD-9 versus new ICD-10code sets**. Studied and analyzed the **information** provided by the CMS (Centers for Medicare & Medicaid Services).
* Prepared Business requirement document (BRD) using Rational RequisitePro.
* Performed gap analysis for 4010 to 5010 Upgradation.
* Worked on EDI transactions **276 (claim inquiry), 277 (claim response), 837 (Institutional and Professional claims) and 834 (enrollment)**.
* Went through the **companion guide** of the organization to understand the 837 and 834 segments used by the organization to identify the ones that need to be changed.
* Worked with the SMEs to convey the modifications that need to be made and the processes and systems affected by the same.
* Responsible for the mainframes that receive the HL-7 message in pre-approved format from the middleware as disclosed in the documentation.
* Worked extensively on migrating ad-hoc reports from SSRS2005 to SSRS 2008 using TFSserver
* Extensively used **SQL queries** to retrieve data for testing and analytics.
* Interpreted the **ICD-9 to ICD-10** and reverse translation logic; fully understanding the **GEM (General Equivalence Mappings)** for ICD-10 CM and ICD-10 PCS.
* Understood complete **claims processing cycle** from the payer/provider perspective and the processes impacted by the conversion to ICD-10.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS. Also, accountable for Medicaid Claims Resolution/Reimbursement for peach state health plan using MMIS
* Developing reports on SSRS on SQL Server (2008
* )Using SSRS creating well-formed reports and web-based reports for financial applications and transactions
* Performed **impact assessment** for complete application inventory using **Microfocus –** a tool for impact analysis and application remediation; worked with the business team to identify **business challenges, risks, opportunities and corresponding mitigations**.
* Assisted the development team with the **design and implementation of the ICD-9 to ICD-10 GEM crosswalk tool.** Executed **manual test cases** to confirm the logic was implemented as desired.
* Participated in **weekly meetings** and walkthrough's for **project updates** to detect bottlenecks and devised plans to handle the bottlenecks.
* Facilitated the overall management of the project by **collaborating with the team**, providing **weekly status reports** and delivering **presentations**.
* Analyzed **ICD-10 project readiness** and recommended **best practices** for **ICD-10 transition** based on research conducted.
* Worked with the team to create a **project road map/blueprint** ensuring **effective remediation** of all applications that participate in the ICD-10 transactions

**Environment :** COBOL, GEM, MS Visio, Rational Rose, MS Office, SQL, Oracle, PowerPoint, MS Word, MS Excel, SQL, PL/SQL, ETL, ERWIN, UNIX, Windows

## American Family Insurance, Madison, WI *April 2008 – April 2010*

**Business Analyst**American Family Insurance is a Fortune 500, private mutual company offering a broad range of insurance plans. The project involved re-engineering of the Company's **HealthInsurance application** to meet the needs of end-users more efficiently and effectively.    
   
**Responsibilities**:

* **Prepared specifications** for enhancements to the existing application by using existing legacy system documentation and procedures.
* Interacted extensively with End users in Underwriting, Claims Processing teams and Subject Matter Experts (SME's) in order to obtain the business needs and requirements.
* Organized, Facilitated and managed meeting sessions with major stakeholders and users in order to **review business requirements**.
* Prepared Business requirement document (BRD) using Rational RequisitePro.
* Analyzed the business requirements and **designed work flows** in order to communicate to the major stakeholders how the system would be realized in the implementation phase.
* Interacted extensively with technical and development teams in order to ensure clear understanding of expected functionality, process flows and navigational flows of the new application.
* Assisted in **EMR system implementation** to enhance full two-way interoperability between Insurance Company and Physicians. Optimized training documentation prior to go-live.
* Documented system work flows and **executed EMR training plans** for staff that led to significant increase in EMR usage from 35% to 80%.
* Work with IT Development and QA staff to improve and customize the EMR application.
* Defined test cases, created test scripts and interacted with QA / development teams in identifying and resolving errors and in **User Acceptance Testing** (UAT).
* Actively participated in high level meetings with users and stakeholders to identify problems areas, resolve issues and improve the process in order to ensure an accurate and stable solution.
* Implemented the **Rational Unified Process** (RUP) to implement **iterative SDLC**. Developed RUP Analysis Model that included entity classes, use case diagrams, sequence diagrams in order to provide an accurate view of the requirements.
* Followed the Standard Operating Procedure (SOPs) of the company in documenting Test Plans, Test Cases and Test Procedures using Business requirements document and Functional requirements document of the system.
* **Managed project progress** by measuring against milestones, managed resource allocation, tracked project activities, resolved bottlenecks, published status reports and recommended actions.

**Environment:** MS Visio, Rational Rose, MS Office, SQL, Oracle, PowerPoint, MS Word, MS Excel, UNIX, Window

## Unichem Laboratories, Mumbai, India                                               June 2007 – March 2008

**Business Analyst**

The Unichem Customer Connection project aims at developing a B2B tool to link Unichem in a more efficient and productive way to their drug wholesalers/distributors through an access-protected extranet platform. The application provides the users with an array of options such as place and view orders, track shipments, etc. Streamlining such internal processes brings outstanding service to all business customers.

**Responsibilities:**

* Involved in requirement gathering, conducting requirement review meetings and working with other cross functional teams to maintaining the project plan
* Gap Analysis of business requirements, generated workflow process, flow charts and relevant artifacts.
* Defined and documented the vision and scope of the project.
* Developed Process Model and detailed Business Policies.
* Worked with the project manager to estimate best/worst case scenarios, track progress with weekly estimates of remaining work to do, conducting informal meetings ad hoc and as needed.
* Performed manual testing on different modules of the application.
* Developed Test Matrix to give a better view of testing effort.
* Verified that the data outputs and transformations between systems remain true and not compromised as systems are bundled together.
* Participated in various meetings and discussed Enhancement and Modification Request issues.
* Attended weekly meeting to discuss progress and modification to test plans due to change in business requirements.

**Environment:** Microsoft Office suite, Rational Requisite Pro, Rational Rose, Microsoft Visio, Clear Case, UML, Quality Center, Oracle, JAVA