Ammar Bhaisaheb, PMP

Email: [abhaisaheb0105@gmail.com](mailto:abhaisaheb0105@gmail.com)

Mobile: (608) 620-5790

**PROFESSIONAL SUMMARY:**

* Project Management Institute (PMI) certified Project Management Professional (PMP) with over nine (8) years of experience in the field of Information Technology in Healthcare-Life sciences/Pharmaceutical / Pharmacy Benefit Management (PBM)/Insurance domain encompassing business systems planning, procedural development, reporting and validation
* Experienced in Requirement Gathering, Business Systems Planning, Procedural Development & Implementation, Business Process Mapping, Problem Solving/Workarounds and Business Risk/Contingency Planning, Creation of Domain Models and Creating Reports for Analytics
* Knowledge and experience in implementation of HIPAA and NCPDP standards.
* Strong understanding and working knowledge of MMIS subsystems like Claims, Prior Authorization, EDI, TPL
* Extensive experience with change management, risk management and Quality Control
* Experience in project management, business analysis, technical functional and training documentation, staff management
* Experience in preparing documentation which is in compliance with 21 CFR Part 11, Medicare Part D requirements, HIPAA ANSI X12 Transaction sets, and in accordance with NCPDP (National Council for Prescription Drug Programs) Standards
* Worked as (in) a team with Account Management, Company Management to document requirements, process flows, and wire frames, for corporate accounts/external clients
* Experience in conducting and managing User Acceptance Testing (UAT)
* Extensive experience developing project schedule using Microsoft Project
* Extensive experience with Software Development Life Cycle (SDLC) processes, Business Use Cases, Functional Use Cases, Business Process Models, Test Cases
* Strong knowledge of UML, RUP, Rational Suite including Rational Rose Requisite Pro, Clear Quest and Clear Case, Microsoft Visio
* Experienced in conducting Joint Application Development (JAD) sessions with SMEs, Business Analysts, Software Developers and Quality Assurance teams for New Corporate Accounts or Clients
* Excellent communication, interpersonal, analytical skills and strong ability to perform as part of a team for CMMI accredited and CMS Compliant (Medicare Part D) companies
* Worked with ETL Developers and Process Analysts in preparing the requirements (data and functional), and writing (documenting) work flows and process flows
* Thorough understanding of International Classification of Diseases (ICD) code sets
* Experience working with the State Government and good understanding of the Centers For Medicare and Medicaid Services (CMS) requirements for Medicaid Information Technology Architecture (MITA)
* Familiar with HIPAA EDI transactions such as 835, 837 (P, D, I) 276, 277, 278
* Experience in software development methodologies like RUP, AGILE, SCRUM and Waterfall
* Strong attention to detail and proficient in working in high pressure environments with tight deadlines

**CERTIFICATIONS:**

* **Project Management Professional (PMP)**

[September 2015 – Present]

Project Management Institute (PMI) #: 1846087

**QUALIFICATIONS/CORE COMPETENCIES:**

* Certified PMP
* Project Management
* Project Tracking/Oversight
* Information Technology
* Process Design and Improvement
* Risk Management
* Change Management
* Team Leadership Mentor
* Project Scheduler
* Testing Coordination
* Quality Control/Assurance

**TECHNOLOGY:**

* OLAP & Reporting Tools: Business Objects, Web Intelligence
* Languages: UML, C, UNIX, SQL, Fortran 77
* Business Tools: MS Project, MS Visio and Rational Rose Requisite Pro
* Methodologies: SDLC, RUP, JAR, JAD, UML
* Other Software: MS Word 2000/2010, MS Excel 2000/2010, MS Access 2000/2010, ChemBio3D
* Operating Systems: Windows/Mac OS/Linux

**PROFESSIONAL EXPERIENCE:**

**Department of Health Services (DHS) – Medicaid Department – Madison, WI**

**ICD-10 Project Manager/Business Lead** [March 2014 – Present]

The Centers for Medicare & Medicaid Services (CMS) has mandated the Project Management Oversight (PMO) for all State Medicaid Agencies involved in transition process from ICD-9 code set to ICD-10. CSG Government Solutions is currently contracted by the Department of Health Services to perform PMO, Independent Verification and Validation (IV&V) for the ICD-10 transition project.

* + - * Involved in Planning, Monitoring/Controlling and Closing Phase of successful implementation of ICD-10 Code Set Transition Project for the State of Wisconsin – Department of Health Services
      * Managed the team of testers to successfully carryout testing for ICD-10 Code Set Transition Project
      * Worked as the CSG Business Lead/Project Manager to oversee the User Acceptance Testing of the WI Medicaid Management Information System (MMIS) for the ICD-10 transition project
      * Reviewed and RevisedMedical policies for the State Medicaid system
      * Coordinated with Centers for Medicare and Medicaid Services (CMS) for timely reporting of the project status
      * Managed system and integration testing, critical-path tasks, defects and corrective actions
      * Developed test plans to ensure accurate testing of the WI State MMIS and also reviewed the test results to ensure accurate claims processing and proper adjudication of claims using ICD-10 codes
      * Developed and Maintained WI ICD-10 Project Master Schedule and reported the project status to the State Implementation Manager each week
      * Supported development and software quality assurance to ensure optimal progress and product stability for end users
      * Developed communication plan for the external stakeholders
      * Coordinated the effort to document the lessons learnt during the course of entire project
      * Facilitated in the overall management of the project including risk analysis, client presentations, defining milestones deliverables, budgeting, scheduling and establishing critical success factors
      * Facilitated all the daily testing stand-up meetings, weekly status meetings and testing manager meetings
      * Conducted Independent Verification and Validation (IV&V) of ICD-10 deliverables developed by the State fiscal agent (HP)
      * Developed and maintained ICD-10 Risk-Issue Register to appropriately document all the ICD-10 project related risks and issues and escalated the risks to the management as and when required
      * Conducted orientation and training sessions for the User Acceptance Testing (UAT) testers
      * Documented and executed UAT test scenarios, test cases, test scripts and user procedures
      * Assisted the State project managers with the day-to-day project management tasks assigned
      * Performed requirements validation to ensure smooth transition of the WI MMIS from ICD-9 to ICD-10 code set
      * Developed System Freeze document to enlist all the processes that needs to be followed before the implementation
      * Hands on experience with Wisconsin’s Decision Support System (DSS)/Business Objects
      * Performed administrative duties for personal time-off requests, status reports and timesheets
      * Hands on experience authoring and running comprehensive test suites from business and functional specs
* Good hands on experience working with reimbursement rules and regulation to have the accuracy with Claims submission and compliance with reimbursement policies
  + - * Involved in developing Supporting External Testing Environment (SETE) for external end-to-end testing
* Managed and Used CSG SharePoint for the purpose of managing documents and for hosting websites that was used to access shared workspaces and documents.
* Created ICD-10 CM/PCS training modules for the State of Wisconsin staff members which would assist them in their day to day activities
* Facilitated ICD-10 Risk Management Workgroup Meeting, ICD-10 Status Meeting and Team Meetings
  + - * Worked with the State Fiscal Agent (HP) to successfully carry-out ICD-10 provider end-to-end testing and oversee volume testing, regression testing, model office testing, financial testing and smoke testing

**Florida Department of Medicaid Services (DMS) – Fort Lauderdale, FL**

**Senior Business Systems Analyst**

[September 2010 – March 2014]

The Centers for Medicare & Medicaid Services (CMS) is encouraging states to implement a "big picture" approach to Medicaid, on an "enterprise" level that prioritizes global population health and financial goals while improving the coordination and delivery of care to each Medicaid beneficiary, with an emphasis on those who have the greatest health needs and highest costs. The RFP for the state Professional Services has seven individual professional service modules. PBSI is proposing a Professional Service that will meet or exceed the requirements of MITA business processes and handle the professional services required for CMS certification. PBSI is proposing for Claim Management section of Professional Service.

* Studied business requirements and conduced User Interviews to identify and document the data discrepancies and their sources as related to Government Contract Compliance (GCC), Government Disclosures, Government Pricing, Customers, Products, Product pricing
* Prepared Test Plans for each release, written Test Cases and executed them as part of Functional Testing. Prepared Test Reports and Deliverables and submitted for version releases
* Performed In-Death analysis of systems and business processes of Medicare Part D as per CMS rules and procedures
* Incorporated Rational Unified Process (RUP) to create Requirement Document Specifications using Visible Analyst
* Responsibility included modifications to a customer’s mainframe system to support new product features or regulatory requirements and, in some cases, involved a system upgrade
* Converted Business Requirements to the Functional Specification and Conducted JAD Sessions to develop an architectural solution that the application meets the business requirements, resolve open issues, and change requests
* Involved in the scope defining process of ICD 9-10 conversion
* Worked with in the areas of Clinical, Corporate and Finance, Pharmacy, Sales, Provider Network and identified the use of ICD 9 codes and prepared documents for the conversion of ICD 9-10 and vice versa
* Gathered requirements and developed Use Cases by interacting with different Functional Groups for ICD 9-10 Conversion
* Used gap analysis framework to identify AS-IS processes of claims transactions of HIPAA X12 4010/4010A standard and TO-BE processes (ICD-10-CM and ICD-10-PCS compliance requirements) of 5010 standard
* Involved in creating sample mappings for the conversion of EDI X12 transactions code sets version 4010 to 5010 and translation of ICD 9 codes into ICD 10 codes
* Performed impact analysis for deadliness of ICD-10 conversion
* Reviewed EDI companion guides for all payers to ensure compliance, edit integrity and maintain up-to-date list of payer contacts
* Created file layouts for the inbound interfaces and the outbound interfaces for the Agency and Membership system
* Wrote use cases, prepared use case diagrams (using Rational Rose & UML) and followed Agile at every stage of the processes
* Developed the business crosswalks for 837(P, I, D), 835, 834, 270, 271 and 276/277 according to HIPAA implementation rules
* Conducted user interviews, gathering requirements, analysing the requirements using Requisite pro
* Responsible for customer interface, requirements definition, general and detailed design, testing, maintenance and training programs and managed requirements using Rational Requisite Pro
* Conducted analysis of HIPAA compliance and took part in discussions for designing the healthcare transactions to be HIPAA 5010 compliant
* Analyzed the impact of new HIPAA standards on targeted systems, processes, and business-associate relationships
* Identify Member, Provider, Coverage, Medicare, and Medicaid
* Provider inquiry about the status of claims. This involved checking the MMIS claims subsystem to see the status of claims sent and informing the providers if the claims have been suspended / denied or paid
* Conducted GUI and functionality testing using QTP
* Responsible for Lotus Notes Server installation, configuration and troubleshooting on the UNIX Server
* Documented Requirements for Management Reporting out of Clear Quest using Crystal Reports
* Established a RUP (Rational Unified Process) centric business analysis methodology
* Data mapping, logical data modeling, created class diagrams and ER diagrams and used SQL queries to filter data within the Oracle database
* Conducting requirement sessions and successfully translating of those requirements into Use Cases and GUI wireframes
* Planned and defined system requirements to Wire Frames with Use Case, Use Case Scenario and Use Case Narrative using the UML (Unified Modeling Language) methodologies
* Automated confidence tests that run on new builds on regular basis
* Managing overall testing process and project to production change management life cycle
* Involved in creating automated Test Scripts representing various Transactions, Documenting the Load Testing Process and Methodology. Created meaningful reports for analysis and integrated the Performance Testing in the SDLC
* Designed workflows and allocated permissions within SharePoint
* Involved in setting up different configuration environment for compatibility testing and manual testing

**State of Louisiana –Louisiana**

**Business Systems Analyst**

[August 2008 – August 2010]

The goal of this procurement is provide the State of Louisiana with the information management tools and business partners that can assist the Agency in managing the Louisiana Medicaid Enterprise and its programs in an era of national health care system transformation due to Health Care Reform and the embracing of health information technology (HIT). The State will utilize a modular design, built on an enterprise architecture and complementary framework developed by the state Core System Contractor. The Contractor will create the MMIS by integrating key system modules and product modules to facilitate AME business operations. The architecture and framework developed by the state’s Core System Contractor will be interoperable with other state enterprise-wide applications; the system modules will be licensed products. The DMS strategy is to avoid wherever practical "buying" custom software code for any of the modules.

The project was to Work with team involved in the implementation of a MMIS system, Cover cross-functional groups including provider, recipient, claims, etc. Managed the project to import Medicare Part D claims into vendor application for use in reporting and financial reconciliation.

* Prepared various documents such as Business Requirement Documents (BRD), General System design (GSD) and Impact documents
* Modeled Use Case Diagrams, Activity Diagrams and Data Flow Diagrams using MS Visio
* Facilitated meeting discussions between business users, business analysts and technical analysts
* Gather requirements by conducting meetings and brainstorming sessions with end users and SME and document them using Requisite Pro - the documentation tool offered by Rational
* Involved in HIPAA EDI transactions such as 270, 271, 835, 837 (P, D, I) 276, 277, 278
* Worked within the areas of process improvement and enhancements of Billing/ Payment systems for Medicare Part D functional area
* Defined Functional Test Cases, documented, Executed test script in Facets system
* Worked with users to understand the needs and develop necessary artifacts like BRD's, FRD's, Use Case documents following the CMS reimbursement methodologies
* Analyzed various inbound and outbound interfaces to determine the impact of HIPAA 5010 and NPI implementation
* Gathered, defined and documented highly complex business requirements
* Worked on Procedure codes, Provider types, Service types, Specialty codes and Diagnosis codes
* Worked with technical staff and business users to problem-solve and identify workable solutions
* Developed workflows that demonstrate current and proposed business requirements.
* Extracted data from disparate sources by SAS/ACCESS
* Designed High level design, for New process, integrating with legacy and Facets
* Prioritized the individual word load that involves multiple project assignments and deadlines.
* Created and executed test cases, test scripts, data sets and user procedures
* Established traceability matrix using Rational Requisite Pro to trace completeness of requirements in different SDLC stages
* Ensured testing results correspond to business users expectations
* Assisted JAD sessions to identify the business flows and determine whether any current or proposed systems are impacted by the EDI X12 Transaction, Code set and Identifier aspects of HIPAA
* Analyzing the ETL process created in Informatica, developed SQL queries and tables which replicated the ETL, and compared the SQL results with the Informatica tables
* Worked with HIPAA rules and regulations to draft business rules and claim processes
* Extensive Data Warehousing experience using Informatica as ETL tool on various databases like Oracle, SQL Server, Teradata, MS Access

**Prime Therapeutics, MN**

**Business Systems Analyst**

[August 2007 – August 2008]

Prime Therapeutics is a pharmacy benefits solutions company dedicated to providing innovative, clinically based, cost-effective pharmacy solutions for its clients and their members. Providing services to approximately 8 million covered lives, Prime’s client base includes several Blue Cross and Blue Shield plans, employers, union groups and third party administrators. The Project was to gather reporting requirements pertain to Medicare Part-D and automate reporting on Business Object with respect to CMS regulations (Center for Medicare and Medicaid Services).

* Met with various HMO, PPO, Medicaid/Medicare, and Tricare / Champus Representatives discussing benefits of contracts on behalf of facilities or appeals from denials and compliance issues
* Integrating systems of record into conformed dimensions and fact tables
* Involved in analyzing the claims on basis of Primary and Secondary Payers and performed Medicare subsidy eligibility check for employee group plans
* Track and archive monthly receipts and payments, update budget tracking programs
* Managed the team of consultants responsible for developing on-demand Medicaid Management System reports
* Prepared automated generic Test Scripts and Functions using Rational Robot for functional/GUI and regression testing
* Provider inquiry about the status of claims. This involved checking the MMIS claims subsystem to see the status of claims sent and informing the providers if the claims have been suspended / denied or paid
* Experience with data migration (ETL development), document data manipulation processes and scripts
* Developed detailed use case models and supporting specifications
* Involved in decision making of converting manual test cases into automated test scripts and analyzing their life time and time required to update the scripts
* Used Castor to create objects from XML documents. Involved in Logical & Physical Data Modeling. Database Schema design and modification of Triggers, Scripts, Stored Procedures in Sybase Database Servers
* Uploaded documents produced onto SharePoint, an intranet website for all Technology Information Group members to download, revise and upload shared documents
* Assisted front-end development teams in integrating Crystal Reports in the .NET application using SDK
* Reported and analyzed all application defects, user issues and resolution status to the higher manager using Mercury Quality Center
* Implemented data access, storage and validation routines on the database server using Procedural Language/Structured Query Language (PL/SQL)
* Used Lotus Notes for project delivery and internal communication
* Created use cases, activity diagrams and process diagrams using Microsoft Visio
* Derived the requirement dependencies by working with other business analysts from different modules
* Validate test plans/scripts and perform final reviews of test results
* Supported in creating test cases to check the functionality of the enhanced application

**EDUCATION:**

* BS in Computer Science