## **Amrit Pradhan 240-459-8694** [**amrit1pradhan@gmail.com**](mailto:amrit1pradhan@gmail.com)

## **SUMMARY:**

* Qualified professional with 7 years of extensive experience in the field of Business Analyst working with the technical staff to implement management and staff's business requirements into the software application in Healthcare Pharmacy domain.
* Expertise in documenting the Business Requirements Document (BRD), Technical Requirement Document (TRD), generating the UAT Plan, maintaining the Traceability Matrix and assisting in Post Implementation activities.
* Good experience in the EDI transactions and knowledge on EDI transaction process flows.
* Strong experience and understanding of health care industry, claims management process, Knowledge of Medicaid and Medicare Services.
* Expertise in EDI and HIPAA Testing Privacy with multiple transactions exposure such as Inbound Claims 837-Institutional, 837-Professional, 837-Dental, 835-Claim Payment/Remittance Advise, 270/271-Eligibility Benefit Inquiry/Response, 276/277-Claim Status Inquiry/Response Transactions and testing in Client Server systems and Mainframe Applications
* SME for Oracle Letter generation based on the HIPAA guidelines involved in protecting the patients information
* Working experience for Dental, Professional and Institutional Claims (UBO4 and 837D, 837P & 837I).
* Expertise in understanding and supporting the client with Project Planning, Project Definition, Requirements Definition, Analysis, Design, Testing, System documentation and user training.
* Used Rational Clear Case for Version Control of requirement documents.
* Experience with TriZettos Facets Application Groups/ Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management.
* Good knowledge of Workflows and Content Management Tools.
* Expert in creating Use Cases, Use Case Diagrams, Class Diagrams, Sequence Flows using MS Visio and UML concepts.
* FACETS version upgrade implementation project and worked extensively on 837i (Institutional Claim), 837p (Professional Claims), 837D (Dental) and 834 (Enrollments).
* Experienced in EDI and HIPAA Testing Privacy with multiple transactions exposure such as Inbound 834Membership Enrollment, 837Institutional, 837Professional, 837 Dental, 835 Claim Payment/Remittance Advise, 270/271 Eligibility Benefit Inquiry/Response, 276/277 Claim Status Inquiry/Response Transactions and testing in Client Server systems and Mainframe Applications.
* Worked with different Business Areas like Claims and Enrollment to document proposed ICD 9 – 10 Code changes.
* Knowledge and expertise in working with Claims, Provider, Enrollment, Finance, Benefits, and Vendor Management Business Areas.
* Good knowledge and extensively used RDBMS, Oracle, SQL, and PL/SQL along with MS SQL administration, SQL Enterprise Manager, Data analysis and reporting.
* Maintained the Traceability Matrix table to track the Business Requirements to the design to the testing keeping track of all requirements in the BRD/Experience in conducting User Acceptance Testing (UAT) and documentation of Test Cases

## **TECHNICAL SKILLS:**

Project Methodologies: SDLC, RUP, UML, Agile, Waterfall,

Business Modeling Tools: Microsoft Visio, Rational Rose

Healthcare Tools EDI X12, HIPAA, 4010,5010, Trizetto, FACETS, ICD

Testing tools: Mercury Quality Center,

Change Management Tools: Rational Clear Quest

Office Tools: MS Project, MS Office, MS Visio

Version Control Systems: Rational Clear Case

Database: MS SQL Server, MS Access, and Oracle

## **PROFESSIONAL EXPERIENCE:**

**State of Washington - Medicaid Management Information System (WA-MMIS)  Sr. Business Analyst     May 2013 - Present**

**Project Descriptions:** Responsible for creation of the Physical Data Model for Program Management Module of Medicaid Management Information System (MMIS). MMIS is an Enterprise Medical Management System that is responsible for processing Medicare, Medicaid and Pharmacy Claims for a number of states. The project was also involved constructing a Mainframe-Cobol based system to improve the ease and efficiency in the qualifying process

**Responsibilities:**

* Helped in defining Change Management Process for Release Management Team.
* Researched, defined and deploy BI improvement opportunities and streamline the business intelligence processes
* Prepared Business Object / Business Process Models BPM that included modeling of all the activities of business from conceptual to procedural level.
* Identified Member, Provider, Coverage, Medicare, and Medicaid.
* Requirements were gathered through interactions and meetings and periodic walkthroughs with SME’s.
* Worked with the MMIS application development team on dependencies with the ongoing project.
* Responsible for providing BI support and ensuring high levels of availability in the Business Intelligence environment.
* Gathered requirements, created user stories using Version One, documented use cases using MS Blueprint and UI design Mock ups.
* Reviewed Medicaid MMIS vendor deliverable during System Development Life Cycle; worked closely with business and IT folks along with SME’s to amend, create, and updating process flow charts from “AS IS” to “TO BE” system.
* Analyzed plan requirements and then contributed further defining the plan requirements with their Project Manager. Observed the compliance of the requirements with federal and state government regulations Medicaid, Medicare, and accreditation body requirements.
* Validated the following: 837 (Health Care Claims or Encounters), 835 (Health Care Claims payment/ Remittance), 270/271 (Eligibility request/Response), 834 (Enrollment/Dis-enrollment to a health plan).
* Reviewed MMIS documents to understand the customer requirements.
* Performed Gap analysis between customer requirements and the MMIS solution.
* 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.
* Developed and maintain information and documentation related to developing and modifying business processes and systems.
* Planned and defined system requirements to Wire Frame with Use Case, Use Case Scenario and Use Case Narrative using the UML (Unified Modeling Language) methodologies.
* Led and conducted JAD sessions for requirements gathering, analysis and design of the system.
* Created context and workflow models, information and business rule models, Use Case and Object Models during the analysis using Rational tools.
* 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.
* Established RUP (Rational Unified Process) methodology and provided assistance in developing Use cases and project plans.

**Environment:** Rational Rose and Requisite Pro, MS Visio, .Net, UNIX, MS Project, UML, XML, Windows XP, NT/, HTML, Vignette Content management Tool, J2EE (JSP), XML, XSL, XSLT, HTML, Oracle

**Beebe Hospital. Lewes, De Business Analyst Aug- 2011 – May 2013**The HI-Exchange Project dealt with development of an online health information exchange (HIE) and a secure web portal to enable authorized Franklin Square Hospital providers to have fast and easy access to patient's electronic health record. The HI-Exchange web portal features EMR functions and Integrated Clinical decision Support tools for better care management. The project dealt with development of a Health Care Cost Containment System and implementation of an automated inter-operable web application that tracks patient medical history and health care plans via Viewer application and Electronic health records. The Viewer/EHR system provided online access to mobile patient records and improved communication in public health.

**Responsibilities:**

* Assist with creation and maintenance all necessary documentation and training materials for Epic Ambulatory application.
* Performed analysis, design, development and maintenance of the Epic Ambulatory applications and other clinical information systems.
* Experience with EPIC user and provider record provisioning, including the development of role-based access, security classes, and user profiles.
* Experience with Epic Hospital Billing and Ambulatory.
* Experience with Epic Healthcare Information Systems.
* Conducted user interviews, gathered requirements, and analyzed the requirements.
* Worked with the business team to collect the business requirements, security and service level requirements and documented them.
* Analyzed set behaviour and contribution to business performance, critical business metrics & tracking underlying business trends using Business Objects.
* Gathered and analyzed system requirements for mobile security application.
* Participated in the logical and physical design sessions and developed design documents.
* Designed new Business process flows for the existing system as well as for the enhanced system.
* Conducted and lead status report meetings with the business and the IT team on a weekly basis.
* Manage Scope and change throughout the life cycle of the product.
* Captured all HIPAA-related EDI data in the repository using FACETS.
* Accepted inbound transactions from multiple sources using FACETS.
* Supported integrated EDI batch processing and real-time EDI using FACETS.
* Recommend tactic to implement HIPAA 5010 (EDI X12 837,834,278,270) in the new System
* Worked on Electronic health record system as a CRM web based application.
* Working Experience in Electronic Submissions in standard format E2B

**Environment:** MS Project, Microsoft Visio, TSQL, EPIC, FACETS and Business Objects

**Texas Medicaid and Healthcare Partnership, Austin, TX Business Analyst Mar 2010 – Jul- 2011**

Texas Medicaid and Healthcare partnership- Texas State developed New MMIS system for centralizing the all-Healthcare related transactions all over the state. The New MMIS project is a large IT project replacing the Medicaid claims payment system. Participated in all aspects of testing the New MMIS; Primary responsibilities is to ensure that the system functions as designed, meets the requirements of the business community and conforms to all applicable Federal and state laws. Worked on the claims and provider modules of the New MMIS system

**Responsibilities:**

* Managed the various phases of the Software Development Life Cycle (SDLC) during overall over project coordination.
* Utilized Rational Unified Process (RUP) to configure and develop process, standards and procedures.
* Prepared the business requirement document (BRD) and system requirement document (SRD).
* Facilitated Provider Enrollment, Setting up Provider profile & Trading Partner Agreement.
* Set up Provider's Access to the System (Security Setup).
* Helped creating Provider Reports i.e. Financial, Claims processing.
* Wrote FRDs for the defects and enhancements and got approval from business for the developers.
* Worked on Technical design documentation (TDD) of the claims processing system.
* Designed, prepared and implemented test cases for system testing as well as for User Acceptance testing.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for Medicaid Part C and Part D Claims.
* Involved in HIPAA/EDI Medical Claims , Design and Documentation
* Extensively used Agile Methodology in the process of the project management based on SDLC.
* Performed testing for Medicare, Medicaid for Medicaid Management Information System (MMIS)
* Conducted Joint application development (JAD) sessions by convening project sponsors, end-user representatives, SME’s. Also, used Brain storming, Document analysis, and user task analysis for various reporting types like CLUE (Comprehensive loss underwriting exchange, Change Report, Claim Count, Claim summaries).
* Interacted with the SMEs and stakeholders to get a better understanding of client business processes and gathered business requirements.
* Regression Testing of Web applications and applications dealing with MEDICAID and MEDICARE Services
* Recommended changes for system design, methods, procedures, policies and workflows affecting Medicare/ Medicaid claims processing.
* Developed test cases based on the crosswalks and compliance guidelines for 837 Professional, Institutional and Dental claims and for 270/271 eligibility benefit inquiry and response
* Generated test data using X12 generator for transactions 837P/I/D. Conducted Gap Researched and understood the claims adjudication and reimbursement systems based on HIPAA X12 4010 standards.
* Participated in the JAD sessions along with the technical team members and clients to elicit requirements for HIPPA 4010 to 5010 migration process.
* Involved in the testing of web portal of New MMIS system.
* Analyzed results and EDI ANSI X12 file mapping and reported on standard analysis spreadsheet. Reviewed EDI companion guides for all payers to ensure compliance, edit integrity and maintain up-to-date list of payer contacts. Acted as a liaison between client and payer/intermediary.
* Gathered good knowledge of Medical and Healthcare Standards and Regulatory vehicles such as HIPAA, FDA, ICD, MMIS, EDI, and HL7.
* Involved in Up-gradation of HIPAA X12 4010 transactions to HIPAA X12 5010 and ICD-9-CM to ICD-10.
* Broad domain exposure in the areas of EDI, HIPAA Testing privacy with multiple transactions related to claims, payments, registration etc and extensive knowledge in Medical Management Information Systems (MMIS) and National Provider Identification.
* Skilled at utilizing EDI translation software, including mapping, debugging, trading partner relationships, and user files. Extensively uploaded test cases from MS Excel, MS Word to Test Director & Quality Center.
* Created Use cases, activity report, logical components and deployment views to extract business process flows and workflows involved in the project. Carried out defect tracking using Clear Quest.
* Analyzed trading partner specifications and created EDI mapping guidelines.
* Developed test scenarios and implemented test plans for Product test, integration test, system test and user acceptance test (UAT).

**Environment**: MS Office Suite, Agile, Oracle, SQL, Windows XP, Quality Center, Java, Java Script, Win Runner, Business Objects, MS Visio, FileNet, Rational Clear Quest, Rational Clear Case

**CIGNA Healthcare, Raleigh, NC Business Analyst Sep 2008-Feb 2010**

The company serves individuals and Medicare/Medicaid beneficiaries through its HMO/PPO plans. I worked on the claims processing module of the Group Approval Process (GAP). The claims processing module involved Healthcare Claim Transaction Set Forms (EDI 837), Health Care Claim Payment/Advice Transaction Set (EDI 835), Claims Status Request (EDI 276), and Claim Status Notification (EDI 277) as per HIPAA guidelines.

**Responsibilities:**

* Responsible for requirements analysis, design and developing technical requirements.
* Involved in the creation and maintenance of the Workflow plans and artifacts. Used Agile Scrum methodology.
* Utilized SDLC Methodology to configure and develop process, standards and procedures.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS
* Created Simulations and wrote requirements using iRise studio.
* Facilitated SME interviews and assisted in identifying and analyzing the possible technical solutions.
* Profound understanding of insurance policies like HMO, PPO, EPO and POS with proven experience in HIPPA 4010 EDI transaction codes such as 270/271(inquire/response health care benefits), 276/277(Claim status), 834(Benefit enrollment), 835(Payment/remittance advice),  837(Health care claim).
* Assisted in upgrading HMO Medicare EDI and reporting.
* Gathered requirement on FACETS EDI 834 Benefit Enrollment and Maintenance subsystems.
* Assisted in managing and billing Medicare, Commercial HMO/PPO claims on a daily basis.
* Conducted business validations, covering the following deliverables: FACETS Providers, Facets Claims and Facets Membership and Operational reports.
* Involved in creating BRD and FRD for Medicaid managed care requirements and documenting them.
* Acted as a SME for the application team and the Infrastructure team.
* Gathered managed care specific business requirements from several different managed care programs.
* Used RequisitePro for writing/analyzing project vision, goals, specifications and requirements.
* Involved in the testing of web portal of New MMIS system.
* Performed Back-end Testing using PL/SQL for Database Validation.
* Performed gap analysis by matching the requirements for managed care programs.
* Matched the requirements for programs such as Medicare and Medicaid, which are part of the Social Security Act.
* Designed and implemented basic SQL queries for reports and data validation.
* Held regular JAD meetings with the system architects, developers, database developers, quality testers during the entire project to assure that the critical as well as the minute details of the project were discussed and issues were resolved beforehand.

**Environments:** UML,RUP, Rational Requisite Pro, Rational Rose, Rational Clear Quest, MS Office (Word, Access, Excel, Project, PowerPoint, Visio), SQL, DB2, Crystal report, HP Quality Center