**Ashish Sangroula**

Senior Business System Analyst

**CAREER SUMMARY:**

* 6+ years of strong experience of business processes, user and system requirements; and implementation to functional or technical specification.
* Comprehensive knowledge of business Analysis methodologies like Iterative Software Development Life Cycle (SDLC) including Waterfall, Rational Unified Process, Agile, SCRUM, Safe.
* Hands on experience in scripting Business Requirement Documents (BRDs), Functional Requirement Document (FRD), Systems Requirements Specification (SRS) Technical Requirement Documents (TRD’s).
* Proficient in conducting Rapid Application Development (RAD) with Business Users, Joint Application Development (JAD) with developers, Joint Application Review (JAR) sessions with technical team including developers to develop and agree upon a system focusing on Business Requirements.
* Help migrate OU's into Office 365 using FIM, Dell Migration Manager, Dell OnDemand Migration Tool, Azure Active Directory and others.
* Experience in analyzing Business and Technical specifications, developing Use-Case diagrams, Activity Diagrams, Class Diagrams, Data Modeling, Data Mapping and Work-flow Diagrams to test requirements and procedures and formulate robust Business Model using Unified Modeling Language (UML) Techniques, Visio and Rose tools.
* Performed Gap Analysis and Impact Analysis on current state and future state workflow processes and documented a set of required changes in the current workflow flow process.
* Experience making as-is business processes and to-be processes.
* In-depth working knowledge in writing user stories and acceptance criteria.
* Experience tracing requirements using Traceability Matrix.
* Help Administrators to create a Site 2 Site Tunnel, Create a Yellow network outside their own network, Create a Proxy, reverse proxy and separate Domain Controller, set up Azure.
* Performed Sanity testing, Smoke testing, Positive and Negative testing and Usability testing.
* Experience using business process modeling tools Balsamiq, MS Visio.
* Strong analytical, technical and problem resolution skills; good communication skills.
* Hands on experience in creating SQL and PL/SQL Queries, Stored Procedures, Triggers, Views, Indexes in SQL Server with a strong understanding of data & analytics.
* Experience in writing and reviewing test plans, test processors, defining test cases, reviewing and maintaining test scripts, analyzing bugs, interacting with team members in fixing errors and conducting User Acceptance Testing (UAT).
* Extensive use of the Microsoft Office Package, Word, Excel, PowerPoint and Project.
* Extensive documentation skills for use in Standardization of Testing and Programming Procedures and Guidelines.
* Demonstrated effectiveness interfacing and negotiating with clients, internal customers and vendors.
* Self-starter with excellent presentation, communication, documentation, project planning and interpersonal skills.

**TECHNICAL SKILLS:**

Project Methodologies: Waterfall, Agile, Rational Unified Process (RUP)

Business Modeling Tools: MS Visio, UML, Rational Rose

Operating Systems: Windows, UNIX

Database: SQL server, Oracle, Toad, MS Access

Bug Reporting Tools: ALM/Quality Center, Clear Quest, JIRA, Bugzilla, Rally

Business Applications: Microsoft Office Suite, MS VISIO, MS Project

**PROFESSIONAL EXPERIENCE:**

**Department of Medicaid Services, Frankfort, KY August 2017 - Present**

**Senior Business System Analyst**

Facilitated meetings & interviews with Business Units and Technical Supports & Development team, identifying the business flows and process flows, conducted detailed and comprehensive business, functional & system analysis for the Medicaid Management Information Systems (MMIS) project. I worked on EDI Medical Claims in Process Documentation, Analysis and Implementation in 835/834/837/270/271 processes of Medicaid Claims from the Payer side.

**Responsibilities:**

* Participated and organized requirement gathering sessions with the stakeholders to elicit and analyze functional and non-functional Business requirements.
* Assisted in preparing Scope Document by analyzing – various business domains interdependencies, end to end business processes of claims adjudication, various business domains scope statement, current business process flows and current system documentations.
* Prepared the Business Requirement Document (BRD) and Functional Requirement Document (FRD) for the enhancement of the existing services.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Create and migrate Web Pages and Web Apps. Instructed, built and used Windows SQL Azure Cloud Sites
* Written WP code for pinning the tile, registering the tile and live updates from Azure service and from MPNS.
* Wrote User stories which included the business logic, expected behavior and user acceptance criteria.
* Promoted Scrum team growth and maturity while working with the Agile methodology.
* Utilized Agile/ SCRUM and PMI methodologies to monitor steer and develop project objectives.
* Executed complex integrated systems planning and solution alternative analysis and design. Executed business process analysis as-is system & To-Be systems & perform gap analysis.
* Organized and participated in JAD sessions with the system architect, SMEs & project sponsor for a faster & effective system development.
* Assisted the PM and worked with the Division of Medicaid in reconciliation of Children’s Health Insurance program (CHIP), SACWIS/CWIS and MMIS EDS issues.
* Studied the inherent system and understood the business process and associated system workflow using Balsamiq.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Worked on standard EDI transactions like 834,835,837 to identify the key data set elements to the designated record set. Collaborated with the Claims, Payment and Enrollment Team in analyzing and documenting the process.
* Responsible for creating and mapping EDI claims and with Plexis claims management system.
* Evaluated claims monthly by reviewing critical errors and correcting data in Plexis, claims management system.
* Gathered claims processing (837I, 837P) requirements from business users.
* Worked with the MMIS application development team on dependencies with the ongoing project.
* Reviewed MMIS documents to understand the customer requirements.
* Performed GAP analysis by understanding existing process flows for the Installation and Membership and Claims adjudication and identified opportunities for streamlining the process.
* Analyzed the existing claims process on Plexis claim management and specific business rule logic will be applied in the ACP model.
* Designed and developed Use Cases using UML and Business Process Modelling Notation (BPMN).
* Used MS SharePoint as a team collaboration software.
* Mapped Business requirements with Test Cases using the Traceability Matrix.
* Worked with team leads to prioritize the tasks for product deliverables.
* Analysis of business requirements for SharePoint based projects.
* Checked the data flow through the frontend to backend and used SQL Queries to extract the data from the database.
* Involved in writing extensive SQL Queries for back end testing oracle database.
* Created extensive SharePoint documentation for end users, business owners and site collection administrators.
* Assisted technical teams in creating ER Diagrams; wrote complex SQL Queries for Data Analysis; well versed with Data Modeling, Data Flow diagrams, System Architecture, User-Interface design, Data Warehouse, RDBMS.
* Documented and tracked requirements in JIRA.
* Wrote SQL Queries for data analysis and manipulation.
* Formed a bridge between project manager and different teams with effective presentations.
* Assisting with other concurrent projects, especially in Regression Testing, for the team to gain time before the clients could proceed to the system’s User Acceptance Testing (UAT).
* Involved with Medicaid claims testing.
* Was involved in Unit testing, system testing, smoke testing, interface testing, regression testing, Integration Testing, and User Acceptance Test using the test cases.
* Created test plan and Interacted with testing team through walkthroughs, meetings, etc. to resolve various issues.
* Validated the scripts to verify they have been executed and meet the scenario description.
* Involved in project status meetings, QA review meeting, and System Test meeting.
* Wrote test cases and test scripts for the User Acceptance testing (UAT).

**Medica, Minnetonka, MN May 2015– July 2017**

**Business Analyst**

The project provided a platform, which collects and synchronizes information of each person all in one place, including medical claims, lab results, self-reported data, and other relevant information and also in an effective manner. Also, it implemented the web-based claims processing and management application under health insurance claims automatically. It connected the organization to the largest payer network of commercial/government health plans nationwide to provide a wealth of real-time patient benefit information.

**Responsibilities:**

* Worked on the entire life cycle for requirements management which includes identifying, defining and delivering the requirements.
* Used JIRA tool to track and maintain different versions of the project documentation.
* Reviewed Business and Technical Requirement documents to ensure the solution meets the business’s needs.
* Performed preliminary business and data analyses of functional requirements to identify information, procedures, decision flows and/or corrective actions.
* Performed Requirement Traceability Matrix to map the requirements with the test cases and performed gap analysis.
* Provided system and business expertise to Analysts, Developers, Architects and other Solution Designers.
* Worked in a collaborative manner with the Business Analysts to define technical requirements, as well as the business rules for data population/transformations.
* Facilitate Joint Application Development (JAD) between Business, Development and stakeholders to determine and validate business requirements
* Decompose the high-level business requirements into Business requirement (BRD), Functional requirements (FRD), user requirements and technical requirements
* Delivered technical design documents and FRD.
* Worked as the member of the Maintenance Team in identifying the defects and bugs in the Claims Engine.
* Involved in Healthedge Implementation, involved end-to-end testing of HealthRules Billing, Enrollment Claim Processing and Subscriber/Member module.
* Attended Healthedge Payor fundamentals training class and gained an understanding of Member enrollment, premium billing and claim processing in Healthedge Payor.
* Worked closely on EDI’S 271 and 270 transaction codes for benefit enrollment and to validate the HIPAA 5010, 837, 835, 834 EDI transactions.
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet portals.  This includes HIPAA 834, 837, 835, and 270/271.
* Analyzed configuration across Medicare and Medicaid lines of business.
* Worked on Validating claim encounter files in EDI 837 X12 formats from different MCO for our Medicaid eligible members.
* Medicare/Medicaid Claims processed from Admin/Provider/Payer side for requirement gathering.
* Built foundation of understanding functionality of Market prominence and the internal modules of the Healthedge Medicare Claim and Enrollment Module.
* Utilized corporation developed Agile SDLC methodology. Used Scrum Work Pro and Microsoft Office software to perform required job functions.
* Resource allocation management, Review weekly Testers' status reports through Agile Process and Scrum Calls.
* Assist with QA team in preparation of Test plans, Test Cases, Test Execution, Business Acceptance Testing 4(BAT) and User Acceptance Testing (UAT).
* Analysed the scope of the project to review it with the customers for different review sessions of the application.
* Intensively involved in project testing efforts by doing System Integration Testing, Regression Testing and by helping UAT team in User Acceptance Testing.
* Created and maintained the Data Model repository as per company standards.
* Used to execute test cases for several transactions such as 837, 835, 820, 834, 277, 278, 270/271.
* Wrote detailed Functional and Integration User Acceptance Test (UAT) Plans for the Healthedge payor system, Business requirement documents and Test Cases helping satisfy Business Requirements and Functional Specifications.
* Create SQL queries to read data from databases.
* Create and maintain SQL/T-SQL scripts consisting of stored procedures, functions and triggers for OLTP and OLAP processes.
* Perform ad hoc data analysis to troubleshoot and resolve operational issues within the production environment
* Identified testing scenarios and defined test cases for detailed functional testing.
* Ensure accuracy in data transmission & shared processes for EDI transactions such as 834, 835 and 837
* Automate reconciliation processes and evaluate turnaround time for the EDI 834 transactions
* Created Test plan and write test cases for unit testing, Interface testing, smoke, sanity, regression testing, User Acceptance Testing (UAT).
* Involve in drafting System Requirements & Data Requirements documents and getting them approved by the intent director.
* Created process flows and use case diagrams to provide user a comprehensive summary of the whole system in a single illustration.
* Documented the Requirement Traceability Matrix (RTM) for tracing the Test Cases and requirements in Blueprint.
* Assisted Project Manager to complete the project approval process.

**Cigna, Hartford, CT Jan 2014 – April 2015**

**Business System Analyst**

**As a Business System Analyst I worked on the system that initiates all the necessary procedures, standardizes and validates the data according to Medicare, Medicaid and HIPAA regulations, and provides error-processing for the transactions that could not be fully processed through the system. The new application also allows the agents to track and manage the status of a health benefit claims.**

**Responsibilities:**

* Conducted weekly meetings for deciding the Policies and Procedures to be followed while constructing new sites.
* Performed the requirement analysis, impact analysis and documented the requirements using JIRA.
* Documented the server farm requirements and requirements related to security within Share Point and using Windows Active Directory.
* Performed Gap Analysis to check the compatibility of the existing system infrastructure with the new business requirements.
* Interacted with client and the Technical Team for requirement gathering and translation of Business Requirement to Technical specifications.
* Conducted interviews, meetings and JAD sessions during the process of Requirement Gathering.
* Ensured system configuration and functionality adheres to HIPAA 5010, Medicare, Medicaid other market-specific regulations and business rules.
* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as EDI X12 270/271/277/ 837/835, 834 transactions.
* Worked on Institutional Encounters for EDI X12 837.
* Worked on Member Management, Eligibility, Claims and Billing modules within Facets.
* Associated with business users and product owners for processing of different transactions at EDI Gateway such as Benefit Enrollment and maintain (834), Healthcare Payment (835) and claims (837).
* Validated the following: 837 (Health Care Claims or Encounters), 835 (Health Care Claims payment/ Remittance).
* Developed, coordinated and supported Information Technology Division on all operational requirements of Facets claims processing system and production management.
* Created and maintained detailed test cases to perform Smoke Test, Functional Test, Regression Test, and E2E (End to End) testing.
* Prepared and analyzed dataflow, workflow, and process flow for business users using MS Visio.
* Analysis of inbound and outbound interfaces and extensions to Trizetto’s Facets Claims Processing system.
* Worked in Facets Reconfiguration of member/subscriber, Data Element Definition and Usage with values and completed configuring Facets Applications like Related Entity, Parent Group, Group, and Subgroup.
* Created and maintained detailed test cases to perform Smoke Test, Functional Test, Regression Test, and E2E (End to End) testing.
* Used Query Analyzer, Execution Plan to optimize SQL Queries.
* Meticulously assessed data from various sources and generated conceptual and logical database designs using ERwin data modeling tool.
* Involved in writing complex SQL queries to extract the data from Oracle database.
* Planned and documented procedures for data processing and prepared data flow diagrams for the application.
* Designed and implemented SQL queries for reports, Data Management, Data Mapping, Data analysis and data validation.
* Conducted User Acceptance Testing (UAT).
* Analyzed trading partner specifications and created EDI mapping guidelines
* Completed GAP analysis in detail on all entities in CCL for a source system.
* Created and maintained Test Matrix and Traceability Matrix.
* Created and managed project templates, use case templates, requirement types and tractability matrix in MS Visio.
* Involved in mentoring specific projects in application of the new SDLC based on the Agile, especially from the project management, requirements and architecture perspectives.

**GE Health Care, Milwaukee, WI Nov 2012– Nov 2013**

**Business Analyst**

**GE Healthcare is committed to serving healthcare professionals and their patients in more than 100 countries.**

**My team enhanced delivered enhancements to the medical billing and claims processing system. Some of the features we worked on included the Payer, Member, Provider, Group and the Claims modules.**

**Responsibilities**

* Gathered business requirements and analyzed workflows.
* Conducted JAD sessions with Subject Matter Experts (SME’s) to obtain domain level information, interviewing and asking detailed questions and carefully recording the requirements in a format that can be reviewed an understood by both business and technical team.
* Coordinate between stakeholders and Development Team.
* Facilitated the documentation of Functional Requirements from system users.
* Ensured adjudication for Medicare claims, professional claims and institutional claims.
* Documented process flowcharts, cross-functional workflows, use cases, product requirements and data mapping specifications.
* Created UML diagrams including use case diagrams, activity diagrams, sequence diagrams, and collaboration diagrams using MS-Visio.
* Also worked on FACETS Data Tables like (MEES, MEME, BLEI, MESU and BLDF etc.) and created audit reports using queries.
* Tested the changes for the front-end screens in FACETS related to Membership, Benefit and Plan modules.
* Manually loaded data in FACETS and have good knowledge of FACETS Business rules.
* Followed Agile as the software development lifecycle methodology
* For project management purpose worked on Microsoft project, able to update Microsoft Sharepoint portal with the updated project documentation.
* Served as a point of contact for CMS and trading partners to do the testing for various types of claims and real time transactions like 270/271/276/277 for Medicare and Medicaid programs.
* Used HIPAA 5010 transactions to support the analysis of current business processes and work with management to improve and implement enterprise solutions to ensure compliance and got involved in designing future state processes for HIPAA 5010 transaction processing EDI’s 837, 835, and 834 and ICD-10 Code sets.
* Analyzed and optimized the process, prepared business requirement document and managed requirements using Rational Requisite Pro.
* Used bug tracking tools like JIRA and HP Quality Center.
* Compile SQL Queries to validate the data integration between the various Database tables.
* Conducted and participated in walkthroughs to generate consensus, maintaining quality and resolve issues among different stakeholders in the SDLC.
* Worked on the scope prioritization and the scope estimation to decide the priority of the scope items

**Education**:

Bachelors in Business Entrepreneurship, Royal Business College, New Zealand.