Ashok Bhatta   859-967-7115 [bhatta\_ashu@hotmail.com](mailto:bhatta_ashu@hotmail.com)

**Summary**

* Over 7 years of IT industry experience in the field Business Analyst, Software Testing and Business Analysis. Medicaid Management Information System (MMIS). Expertise in various subsystems of MMIS- of SDLC (Software Development Life Cycle)
* benefits),276/277(Claim status), 834(Benefit enrollment), 835(Payment/remittance advice),837(Health care claim)
* Expertise in HIPAA 4010-UB/HCFA Transactions, ICD 5010standards, claims (837) processing – re-pricing, EDI Billing, EDI claims, and Medicare and Medicaid.
* Using Facets for various health insurance areas such as enrollment, member, Products and other FACETS related modules
* Experienced working with x12 version 5010 transactions and ICD -10-CM and ICD-10-PCS Code set changes analysis, design and migration strategy.
* Experience working and testing mapping for X-12 transactions using Integration tools like SYBASE, TIBCO, EDIFECS and Sterling GIS suites
* Knowledge and Implementation experience in Eligibility System, Facets Data model, Configuration Implementation of FACETS module.
* Worked with SMEs and Developers to develop and design the GUI of the system.
* In depth knowledge Rational Unified Process (RUP) methodology, Use Cases, Software Development Life Cycle (SDLC) processes, Object Oriented Analysis and Design (OOA/D).
* Experienced in conducting GAP analysis, User Acceptance Testing (UAT), SWOT analysis, Cost benefit analysis and ROI analysis
* Expertise in writing SQL scripts used in manual testing both front-end and back-end
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Extensive experience in writing and executing complex SQL queries using TOAD 9.0.1 to validate data within SQL Server database.

**Technical Skills**

|  |  |
| --- | --- |
| **Healthcare Tools** | EDI , HCFA-,HIPPA, Facets,MMIS,ICD,10 To ICD 9 , |
| **Modeling Tools** | Rational Rose, MS Visio, Waterfall, RUP, Agile, UML |
| **Testing and defect tracking Tools** | Rational Robot, Rational Clear Quest, Rational Clear Case, Quality Center**,** Win Runner, Load Runner, and Quick Test Pro (QTP) |
| **Project Management Tool** | MS Project |
| **Operating System** | Windows Vista/XP/2000/98/95, Dos, Unix |
| **Integration/ Middleware Tools** | TIBCO, STERLING-GIS, PERVASSIVE |
| **Languages** | JAVA, JAVA Script, .Net, VB, COBOL, C, C++ |
| **DBMS** | MS SQL Server 2005/2000/2008/2012, Oracle, MS Access 7.x, PL/SQL |
| **Web Technologies** | ASP, .CSS, HTML, DHTML, XML |

**Professional Experience:**

**State of Oregon Healthcare Department – Salem, OR Business Analyst Apr-2013 –Till Now**

The Oregon Health Plan (OHP) provides health care coverage to low-income Oregonians through programs administered by the Division of Medical Assistance Programs (DMAP). I participated in all aspects of testing and gathering requirement for the MMIS system project. Like Eligibility Request/ Response, Request and Response for Claims Status, Prior Authorization, Claims Vision and Claims Payment.

**Responsibilities:**

* Utilized Rational Unified Process (RUP) to configure and develop process, standards and procedures.
* Performed Requirements Gathering and Analysis, interviewed the SME (Subject Matter Experts), and ensured that contributors and all key stakeholders were motivated to complete assigned tasks
* Created workflow diagrams, UML diagrams, use cases, swim lanes, process flow, and Provider Interface testing, Creating Test cases, Test Plans and Test Scripts.
* End to End working experience of Medicare, Medicaid, Duals, Hospice, LTSS, Vision, Dental, Pharmacy and behavioral health benefits projects from Patient/Member Eligibility, Patient/Member Registration to Patient/Member departure.
* Analyzed HIPAA EDI transactions in XML and X12 responses and of 270 and 276 and looked for defects for amendment.
* Responsible for checking Medicare eligibility and verifying claim payment.
* Did data analysis for various version changes of EDI messages on different sub-systems.
* Extracted patients Electronic Medical Records (EMR), Patients Medical Records from the Medical Management system, for testing.
* Assist Medicaid staff in designing/modifying MMIS processing cycle reports.
* Made sure the agency is in compliance with Medicare regulations about the OASIS collection and transmission/export of patient files to CMS, as per the mandate.
* Gathered requirements and involved in the testing of web portal of MMIS system.
* Involved in testing Medicaid eligibility rules extensively

**Environment:** Requisite Pro, Rational Rose, Clear Case, Mercury Quality Center, Quick Test Pro, Oracle

**DHHS State of Maine/ Deloitte ME Business Analyst Aug-2011-Mar-2013**

DHHS State of Maine/ Deloitte Worked on the implemantation of MIHMS which is the new solution of MMIS (Medicaid Management Information System) for the state of Maine. Pharmacy, Pharmacy Benefits & Claims Medicare Coordination of Benefits is the process for ensuring that payment of Medicare beneficiaries’ claims is properly shared among insurers when the beneficiary is covered by private insurance in addition to Medicare.

**Responsibilities:**

* Involved in HIPAA/EDI Medical Claims , Design and Documentation
* Facilitated Electronic Data Interchange, Eligibility Data, Electronic Claims, Payer Billing, Revenue Cycle Management, Electronic Claim Submission, e-Statements, Workflow Automation, Patient Accounts, Billing, Class, Denial, Requests,
* Creating document and diagrams for membership enrollment according to HIPAA 834 compliance standard for membership enrollment.
* Worked with Business Owners to ensure that Eligibility and Membership File exchanged on daily and weekly basis is updated with the Medicare changes.
* Performed testing for Medicare, Medicaid for Medicaid Management Information System (MMIS)
* Checked inbound/outbound HIPPA regulated EDI transactions facets
* Wrote standard and complex SQL queries using MS SQL Server and also in Mainframe for data validation process.
* Prepared BRDs (Business Requirement Documents) supporting documents containing the essential business elements, detailed definitions, and descriptions of the relationships between the actors to analyze and document business data requirements from Data ware house.
* Regression Testing of Web applications and applications dealing with MEDICAID and MEDICARE Services
* Worked on solving the errors of EDI 834 load to Facets through MMIS.
* Performed End to End testing for the member, provider and claims modules as per the MITA business process
* Collected requirements and provided test data for the developers in order to fix the defects related to Enrollment, Eligibility, Claims, Providers, Billing, Capitation, Fee For Service for the Medicare, Medicaid, Duals and Marketplace applications.

**Environment:** MS Visio ,SDLC, UML, Rational Clear Quest, Rational Clear Case, Rational Tools Suite, AGILE methodology, Windows, XML, HTML,.

**WellPoint, Richmond, VA Business Analyst Jan-2010-Jun-2011** WellPoint, Inc. is one of the largest health benefits companies in the United States. Through its networks nationwide, the company delivers a number of leading health benefit solutions through a broad portfolio of integrated health care plans and related services, along with a wide range of specialty products such as life and disability insurance benefits, dental, vision, behavioral health benefit services, as well as long term care insurance and flexible spending accounts.

**Responsibilities:**

* Developed business scenarios and acceptance criteria to analyze roles and processes of the departments
* Developed the Business Requirements document after interviewing the stakeholders, like business users, application SME's, Project management people and system architects
* Maintained EDI Maps with the specified business rules. HIPAA map transactions: 837P v4010/5010 Health Care Claim, 276/277 v4010/5010 Claim Status Request/Acknowledgement, 270/271 v4010/5010 Eligibility Coverage, 277U v4010/5010
* Performed Data analysis, Data Warehousing, Data Modeling, Data Mapping and Reports analysis.
* Performed Data Analysis using procedures and functions in PL/SQL.
* Developed Use cases, Use case models, Activity models, sequence diagrams and other UML’s to define the functioning and desirability of the application.
* Assisted with building the EDI 837, 835, 270/271, 276/277, 278, 820 and 834 transactions processing flow from the Trading Partners to the translator.
* Facilitated review of Enrolment, Claims, Commissions, and membership port designs with architects.
* Conducted working sessions to gather and document high level business requirements and detailed level business requirements for different business units impacted by ICD 10 such as EDI Claims Intake, FACETS- Claims Adjudication, Medical Management- Utilization Management, Case management and Provider Reimbursement- Provider Payment.
* Created SQL tables with referential integrity and developed queries using SQL and SQL\*PLUS.
* Sourced procedure codes and medications from the data store of FACETS claims.
* Understand rules and regulations of HIPAA as imposed during Electronic Data Interchange (EDI).

**Environment:** Facets, MS Office, Rational Requisite MS Project, MS Visio, MS SharePoint, MS Excel, Agile/Scrum, RUP, Quick Test Pro , Quality Center, SQL, SQL Server ,

**Magellan Health Services Inc. Avon, CT Business Analyst Apr-2007-Dec-2008**

Magellan Health Services Inc, is a computer-based system that supports policy issue, billing, collections, actuarial, claims, and commission functions in order to maintain more than 25,000 active group insurance policies. The system handles basic (LB), supplemental life (LS), accidental death and dismemberment (AD&D), weekly indemnity (WI), long term disability (LTD), major medical (MM), dental (DN) and drug (RX) group insurance. My role in the project involved lot of interaction with Underwriter Eligibility system, Account Information System, clearinghouse and Claim processing group to evaluate and settle the insurance claim payments  
**Responsibilities**

* Extensively used Agile Methodology in the process of the project management based on SDLC.
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, Object Oriented Design (OOD) using MS Visio
* Gathered and documented Business Requirements, created Functional specifications and translated them into Software Requirement Specifications.
* The HIPAA component efforts included mapping and gap analysis of legacy claims formats conversion: CMS1500 and UB92 to 837P
* Networked with Subject Matter Experts, Project Manager, Developers, and Process Analysts to understand the business process, gathered Business Requirements and identified enhancements.
* Facilitated SME interviews and assisted in identifying and analyzing the possible technical solutions.
* Developed test cases and test scripts and assisted Quality Assurance activities, with system integration testing and user acceptance testing (UAT), developing and maintaining quality procedures and ensuring that appropriate documentation is in place.
* Worked with the full SDLC, elicit, analyze and define requirements.
* Responsible for identifying and documenting business rules and creating detailed Use Cases
* Participated in the process of internal and external auditing activities and developed timelines for project delivery, and managed projects and resources to successful completion
* Involved in data dictionary management, extraction, transformation and loading (ETL) of data from various sources. Participated in ETL requirements process during data transition from source systems to target systems
* Supported team to provide Application Development Enhancement to IBM -Rational tools.
* Involved in Data Analysis & Mapping to track all data elements used in the application from the user interface through different interfaces to the target databases in which they are stored.
* Writing Complex SQL queries and optimizing SQL Queries
* Helped in creating of Data-Mapping best practices document including visual processes and trained team members on Data Mapping process and tools

**Environment:** Rational Unified Process (RUP), UML, Rational Test Manager, Quality Center, Win Runner, Rational Clear Quest, Crystal Reports, FileNet, Web Services ,TIBCO ,MS Office, SQL Server , HTML, Ph