**Divya Kasargod**

[**kasargod04@gmail.com**](mailto:kasargod04@gmail.com)

**702-843-0088**

**Business Systems Analyst- Healthcare**

**SUMMARY**

* Over Six years of experience as System/Business Analyst 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.
* Documentation: BRD (Business Requirement Document), FRD (Functional Requirement Document) and Non-functional Requirement Document.
* Experience in developing detailed functional specs through JADsessions, interviews, on site meetings with business users & development team.
* 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.
* Analysis & Design (Use Case, Sequence and Activity diagrams).
* Test Case writing (manual/automated test cases) and Conducting Tests (Integration testing, Regression testing), Black Box/White Box testing, UAT (User Acceptance Testing).
* Worked closely in team oriented environment utilizing quantitative and qualitative analytical skills. Ability to understand business problems and apply technology to formulate workable solutions
* Excellent in developing detailed functional specs through JAD sessions, interviews, on site meetings with business users and development team
* Excellent writing skills in preparing BRD (Business Requirement Document), FRD (Functional Requirement Document) and Non-functional Requirement Document
* In depth knowledge of PMO techniques such as Rational Unified Process (RUP), Agile and Waterfall life cycle
* 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.
* Experience with data analysis, data mapping and dimensional modeling experience in decision support systems (data marts) using Star Schema.
* Working experience in a cross-functional team environment/different geographical locations teams.
* Good knowledge and extensively used RDBMS, Oracle, SQL, and PL/SQL along with MS SQL administration, SQL Enterprise Manager, Data analysis and reporting.
* Well versed in translating business requirements and user expectations into detailed specifications employing Unified Modeling Language (UML) diagrams using MS Visio and Rational Rose.
* Good knowledge on different modules within healthcare (Membership, billing, enrollment, claims, capitation, providers).

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| **TECHNICAL SKILLS:** |

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| **Process/Modeling Tool:** | MS Visio, MS Project, Win Runner, HP Quality Center |
| **Reporting Tool** | SAS, HP Quality Center |
| **Methodology** | SDLC, Agile, UM (User & Maker), UML |
| **RDBMS and Databases** | MS Access, SQL server, Oracle 9i |
| **Languages** | C, C++, Java, .NET, XML, UML, SQL, HTML |
| **Operating Systems** | Windows Family, Familiar with UNIX and LINUX |
| **Office Tools** | MS Office, Word, Excel, PowerPoint, Visio, Outlook. |
| **Project Management** | MS Project, Microsoft Office |
| **PROFESSIONAL EXPERIENCE:** | | |

**Guardian Health, Bethlem, PA Feb 2013 to Present Role: Business System Analyst**

Guardian Health is a organization dedicated to the delivery of quality health care plans and products to its customers. This project aimed at developing software for auto-adjudication of claims process to improve the efficiency in processing claims. The system is primarily aimed at handling Medicare / Medicaid insurance claims and process exceptions.

**Responsibilities:**

* Apply Audit and Generic Updates to change the status of the Encounters.
* Ensure all artifacts complied with HIPAA 4010 policies and guidelines.
* Involve in 5010 test file submission process.
* Formulates and defines systems' scope and objectives through research, data mining, analytics and fact-finding.
* Articulates and presents business analysis results clearly and concisely to programming staff and senior management.
* GAP Analysis: Analyzed the client’s applications programs to determine the impact of the HIPAA final rule onEDI Transaction Set and Code List implementation and defined the changes to bring the affected systems into HIPAA compliance
* Worked with FACETS Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication)
* Did the forward and backward data mapping between the fields in mainframe and FACETS
* Analyzed the mainframe reports for member/eligibility/claims and mapped the fields with FACETS batch jobs and reports.
* Gathered detailed business and technical requirements and participate in the definitions of business rules and data standards
* Tested validity and integrity of the calculation engines for Deferred Annuities, Past Services Pension adjustments
* Facilitated SME interviews and assisted in identifying and analyzing the possible technical solutions
* Developed reports using SQL in MS SQL Server environment
* Created Activity Diagrams, Sequence Diagrams and ER Diagrams
* Tested the changes for the front end screens in FACETS related to following modules, test the FACETS batches (membership, Billing, Provider, etc.)
* Conducted extensive analysis on migration and conversion of Provider and Member data, Group configurations, plan codes, benefit set-ups, fee schedules, provider pricing, capitation set-ups, etc. from Legacy system to FACETS (Client Server based system).
* Works with business users to document current end to end work flow processes and collaborates with users in identifying, defining, and documenting process improvement options and alternatives, as directed by business needs
* Works with business users to define and document business rules
* Check the status of the outbound claims.

**Environment:** HIPAA 4010/5010, EDI 837I and 837P, Pharmacy, Share point, Toad, Word, Excel, Magic/app

**AIG,Euless Texas Sep 2011 to Dec 2012 Role: Business System Analyst**

AIG is an insurance company engaged in, insurance, and other support services. The company offers a diversified portfolio of health insurance products and related services to employer groups, government-sponsored groups, and individuals. Plans include national networks, open access networks, tiered network plans, co-pay plans, deductible plans, self-insured plans, senior, individual, dental plans and health savings accounts.As a Business Analyst I was responsible and involved Detailed Gap Analysis, update and manage the guide lines as per HIPAA advanced guideline comparison to assess the scope of 5010 migration effort.

**Project 2**: **Support Project**- The scope of the project was to upgrade the IVR system by developing an application in Siebel Call Centre.This system would allow better call tracking and reduce customer response time and implementing Click-to-Call functionality across mobile and web channel.

**Responsibilities:**

* GatheredBusiness Requirements from the SMEsand documented the requirements in the BRD and creating Service Level Agreements (SLA) for 5010.
* Ensured all artifacts compiled with HIPAA 5010 policies and guidelines.
* Worked on EDI 834, 835,837 as per HIPAA guidelines.
* Assisted in process modeling, conducted and participated in JAD sessions with system users and stakeholders for base lining architecture.
* Performed the detail comparison between 4010A and 5010 to identify differences across loop structures.
* Knowledge and experience on Claims Billing, Claims, Payment Processing in relation to HIPAA, EDI 5010 codes 834, 835, 837.
* Prioritized outstanding defects and system problems, ensuring accuracy and deadlines were met.
* Performed User Acceptance Test (UAT) for 5010 and ICD 10 codes.
* Coordinated work plans between project manager and client.
* Created BRD and Technical Requirement Documents for 5010 from 4010A as a result of meetings with the Business Areas. Obtained business sign offs on the documents after reviewing the final documents with them.
* Performed Gap Analysis of business rules, business and system process flows, user administration and requirement for HIPAA 4010 and 5010.
* Developed Use Case with UML for new product functionality, workflow, screen mock-ups and conversion requirements.
* Prioritized business and system problems analyzed legislation and conducted Impact Analysis.
* Change Control Process – Led the Change Control Process for changes submitted for the BRD once the document was submitted to IT department.
* Documented the UAT Plan for the project and worked with the UAT Team to ensure every acceptance criteria for the requirements has been included in the UAT task plan.
* Maintained the Traceability Matrix table to uniquely trace the identified business requirements to general design to testing as proof that requirements requested have been developed into a solution and that it has been tested and tracked.

**Environment:** HIPAA 4010/5010, EDI 837, 835, 834, ICD 9 CM& ICD 10 CM, MS Visio, Word, Excel, PowerPoint, SQL.

**HealthSpring, Nashville, TN Jun 2010 to Jul 2011** **Role: Business System Analyst**

Based in Nashville, Tennessee, HealthSpring got its start in 2000 and is now one of the country’s largest and fastest-growing coordinated care plans whose primary focus is Medicare Advantage plans. HealthSpring currently owns and operates Medicare Advantage plans in Alabama, Delaware, Florida, Georgia, Illinois, Maryland, Mississippi, New Jersey, Pennsylvania, Tennessee, Texas, and Washington, D.C., as well as a national stand-alone prescription drug plan.HealthSpring has initiated a project called COMPASS. Within the COMPASS project, they wanted to migrate data in existing legacy system to FACETS

**Responsibilities:**

* Worked on Member Management, Eligibility, Claims, and Provider modules within FACETS
* Conducted extensive analysis on migration and conversion of Provider and Member data, Group configurations, premium billing, benefit set-ups, fee schedules, provider pricing, capitation set-ups, etc from Legacy system to FACETS.
* Clarified QA team issues and reviewed test plans and test scripts developed by development team and QA team to make sure all requirements have been covered in scripts and tested properly.
* Used MS SQL Manager Studio 2008 to query the MS SQL database.
* Involved in documenting the business process by identifying the requirements and also involved in finding the system requirements
* Worked in creating interfaces for various external vendors
* Created Technical Specifications for the 835 and 837 I and P files with their changed and new contents to create 5010 complaint files.
* Facilitated Joint Application Development (JAD) sessions with all IT group members for communicating & managing expectations and to discuss various means for integrations with current system using an adoption through execution strategy
* Performed the analysis of the earlier systems, generated a detailed requirements document describing new system architecture through use cases diagrams and activity diagrams using MS Visio
* Identified and documented the requirements for 5010 conversion.
* Collected the information related to ongoing application upgrade and their impact on ICD-10 implementation and impact, benefits and risks of ICD-10 code application.
* Re-Organized the collected data and prepared documentation for implementation.
* Facilitated data mapping activities and helped with the expansion of membership and provider data model
* Created workflow diagrams, process flow and data flow diagrams
* Assisted team with Data Mapping and Data Extracting Strategies for data migration.
* Involved in creating use case diagrams for the purpose of the team to understand the workflow of the system.
* Analyzing the business needs for the reports and documenting the requirements in SSRS forms.
* Facilitated JAD sessions and captured meeting minutes
* Analyzed EDI ANSI X12 file mapping and reported in analysis spreadsheet. Performed validation of 837 (P, I) & 835 format files
* Effectively communicated user acceptance test results between users and development team and provided recommendations for change control requests (CCR).

**Environment**: Facets 4.8, MS Visio, Word Excel, PowerPoint, Rational Rose, Requisite Pro, SQL.

**Assurant Health, Cleveland, OH Oct 2009 to May 2010 Role: System Analyst**

Assurant Health is a leader in the individual medical health insurance market. Assurant is a premier provider of specialized insurance products and related services in North America and select worldwide markets.

**Responsibilities**

* Engaged in different phases of SDLC of the project executing **RUP** methodology of iterative software development from Inception to Transition phase. Performed the role of a liaison between Business Units and Technical Solution Developers.
* Developed UML Use Cases using Rational Rose and developed a detailed project plan with emphasis on deliverables.
* Successfully conducted JAD sessions, which helped synchronize the different stakeholders on their objectives and helped the developers to have a clear-cut picture of the project.
* Used SDLC (System Development Life Cycle) methodologies like the RUP and the waterfall.
* Understand the As Is system and develop the To Be system concept and also prepare the System Process Maps.
* Followed Workgroup for Facets electronic Data Interchange standards for testing that need to comply with HIPAA guidelines
* Worked on report customization of FACETS for different department.
* Prepared and documented System Requirements and workflows for the Content Management Application tool.
* Responsible for integrating with Facets.
* Designing test scripts for testing of Claims in Development, Integration and production environment.
* Understand and articulate Business Requirements from SME interviews and workshops and translate requirements into Business Requirement Specifications (BRS). Involved in conducting JAD with SMEs, Developers, Project Managers and Quality Analysts to discuss business requirements, test planning, resource utilization, and defect tracking sessions as a facilitator to gather requirements from the business area.
* Implemented Unified Modeling Language (UML) methodologies for process modeling and developing use cases. Developed Use Cases, Sequence diagram, State diagram, and Activity diagram.
* Involved in implementing Six Sigma practices to systematically improve processes and standards and by eliminating defects.
* Analyzed EDI ANSI X12 file mapping and reported in analysis spreadsheet. Performed validation of 837 (P, I, D) & 835 format files according to the EDIFECS engine.

**Environment**: Windows NT/2000, MS SQL Server, Rational Unified Process (RUP), UML, Rational Rose, Mercury Test Director, MS Office Tools.

**ING Vysya, Mumbai, IndiaJul 2006 to Aug 2008 Role: Business Analyst**

Electronic Medical Record Management System is a physician Support System built to capture the out-patient clinical data using an Electronic Health Record System. The purpose of this system was to have a Paperless Medical Record and instant retrieval of data and laboratory records by the doctors, especially for Behavioral and Mental Health Record Systems. Besides information such as physical examination and information specific to the medical discipline, the system could also capture information about the patient’s appointments with the doctors; the patient’s medical summary and track the flow of patients through the clinic.

**Responsibilities:**

* Participated for the creation of Business Process Workflow Diagrams with Stakeholders.
* Involved throughout the business Software Development Life Cycle (SDLC).
* Conducted JAD sessions with business users and SMEs to identify and gather various functional and non-functional requirements.
* Hands on experience on electronic medical record management system (EMR) and electronic health record (EHR)
* Using of Request Tracking System, which is a part of the proprietary CMS application for fulfilling actions on different action codes relating to a corresponding number of actions.
* Utilized Rational Unified Process (RUP) to configure and develop process, standards, and procedures to create a Functional requirement Document (FRD).
* Work with Facets software for maintaining data about the enrolment, billing and health care claims management and to store, send, receive HIPAA transactions and facilitate the administration of HIPAA privacy rights.
* Created artifacts such as Use Cases, Activity Diagrams, and Sequence Diagrams using MS Visio.
* Come up with change enabling ideas and lead initiatives executing the same. Should have a significant impact at the Service Line level in terms of revenue, processes or people.
* Demonstrate expertise in multiple payers.
* Ensure that data reconciliation activities are performed regularly.
* Ensure timely approval of data loads and timely escalation of data issues.
* Identify all possible automation opportunities on the project and get the reports automated.
* Reviewed System Test Plans, wrote test scripts and worked with business folks to validate and execute the test scripts.

**Environment:** HTML, XML, MS Visio, MS Excel, MS SQL, Rational Requisite Pro, UML, Rational Unified Process, SQL.