**Khela Raj**

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Professional Profile:

* BUSINESS ANALYST with 6+ years of hands on experience in healthcare business consulting and application development with excellent skills in client interfacing, requirement gathering, user support, problem solving, and documentation.
* Strong understanding of various SDLC methodologies such as RUP, Waterfall and Agile with hands on experience with all of them.
* Proficient in identifying, documenting and analyzing Business Requirements Specifications (BRS), System Design Specifications (SDS) and Software Requirement Specification (SRS).
* Excellent knowledge of the healthcare industry, Electronic Health Record (EHR) and Electronic Medical Record (EMR), clinical industry standards (HL7, CCD) and Health Information Exchange (HIE).
* Excellent knowledge of various HL7 messaging types – ADT, ITS ORM and ORU.
* Worked on MEDITECH HIS application and have good knowledge of ADT and ITS module.
* Extensive knowledge of Medicaid, Medicare, Procedural and Diagnostic codes, Claims Process.
* Experienced in gathering requirements for HIPAA EDI Transactions (837,834, 835,270,271) in various phases of implementation.
* Experience in the conversion of HIPAA X12 4010 codes to X12 5010 code sand ICD 9 codes to ICD 10 codes.
* Involve in the implementation of HL7 V3 in XML format for CCD interfaces.
* Experienced in writing SQL queries to extract data for analysis.
* Actively involved in end-to-end implementation of Billing, Enrollment and Claims Processing and Subscriber/Member module.
* Proficient in Requirement Engineering Process, including gathering, analyzing, detailing and tracking requirements
* Experience in interacting with stakeholders like business clients, end users, vendors, SDLC team, configuration manager and production team to identify information needs and initiate process change.
* Expertise in creating various artifacts like BRDs, Functional Specs, Used Cases, UML Diagrams, Data Mapping Documents, Test Plans and Test Strategies, pre and post RTMs and Status Weekly Reports etc.
* Strong visual modeling and business process modeling skills using Rational Unified Process (RUP) with tools like Rational Rose, and MS Visio.
* Expertise in using various tools like RequisitePro and MS Office for requirement gathering, Quality Centre and Clear Quest for Defect Management/Defect Tracking, MS-Visio for UML Diagrams, MS Outlook, and SharePoint for information sharing.
* Hands on experience in the complete Quality Assurance (QA) life cycle from Requirements Gathering and Documentations to developing Test Plan, Test Cases, Traceability matrices and conducting User Acceptance Testing (UAT) for QA Testing.
* Experienced in writing SQL queries to extract data for analysis.
* Excellent analytical, organizational, communication and documentation skills along with good process management skill to gather requirements to bring out the quality product.
* Motivated self-starter, good team member with exceptional team building, leadership, and interpersonal skills to resolve issues.

Technical Skill:

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| Project Methodologies | Rational Unified Process (RUP), Waterfall, Agile, Spiral, SCRUM |
| HealthCare skills | HL7, CCD, clinical interface analysis, Clinical knowledge, Healthcare workflow, HIS Meditech |
| Business Modeling Tools | Rational Rose, MS Visio, CVS, Ensemble, Cherwell, Interface explorer |
| Requirement Management Tools | Rational Requisite Pro |
| Defect Tracking Tools | Rational Clear Quest, Quick Test Professional, Quality Center |
| RDBMS | Oracle, SQL Server, IBM DB2 |
| Languages | Visual Basic, Java, XML |
| Business Applications | MS Access, Excel, Outlook, PowerPoint, Visio and SharePoint, FACETS |
| Clinical Systems interfaced | Meditech |
| Version Control Systems | Rational Clear Case |
| Operating System | Windows, MAC OS, UNIX/Linux |

Professional Experience:

St. Joseph Hospital (Anaheim, California) Oct 2012 - Present

Business System Analyst

The St. Joseph Health (SJH) is an integrated healthcare delivery system sponsored by the St. Joseph Health Ministry and organized into three regions:

- Northern California

- Southern California

- West Texas/Eastern New Mexico

SJH range of care includes 14 acute care hospitals, home health agencies, hospice care, outpatient services, skilled nursing facilities, community clinics, and physician organizations.

This project is for Meditech Regionalization of all 9 instances of Meditech and upgrade to version 5.66 and Migration of integration engine from Sybase to Intersystem Ensemble. It involves coordinating with third party application vendor to implement the changes required in this exercise.

Responsibilities:

* Gathered project detailed information from SMEs, directors and focus group.
* Scheduled and hosted high lever project meeting with application owners and third party vendors.
* Analyze the MEDITECH HL7 data feed and it involves generation of HL7 v2.4 message for ADT, orders and ITS results.
* Impact analysis of ITS radiology, cardiology, mammography applications like Fuji’s Synapse PACS, Nuance eScription, PowerScribe speech recognition solution, MModal, GE Centricity (CPN), Iodine, As-OBGYN, Mammography Reporting System.
* Involved in FACETS Implementation Testing, involved end to end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Identified HL7 interfaces that need to be standardized and consolidated with timeline (immediate, future).
* Gathered all impacted HL7 field information of each applications in to Impact Analysis document.
* Prepared GAP analysis, impact analysis, migration documents of the assigned application.
* Design, analyze and performed Integration andSystem testing on different leading health care software’s such as FACETS, MedPlus, Onyx etc to test all the different software components under one complete system.
* Implementation of HL7 V3 in XML format for CCD interfaces in the new Meditech ring.
* Involved in the verification of CCD documents after translation of XML messages to XSL and style sheet as provided by the CCD suppliers.
* FACETS Implementation assessments and planning, functional planning activities exposing functional gaps and recommending resolutions, identifying project risks and developing mitigation strategies to avoid budget, resource and scheduling overruns.
* Worked with business owners and vendors and development team to implement the changes required for HIPAA 5010 EDI Transactions (837,834, 835,270,271) in various phases of migration.
* Worked on setting up the database SQL lookup tables in interfaces codes to map the dictionary values changes done in Meditech with those of third party application vendors.
* Writing SQL queries to query lookup tables to implement the HL7 message level filtering and HL7 field level transformations.
* Collected purchase orders from applications to help remediate all project related activities and submitted it to the legal team for approval.
* Managed communications between application users and vendor and contacted application vendor as needed.
* Raised change request and participated in Change Management as required (To perform testing on the production).
* Co-ordinated connectivity testing between applications, Ensemble engine and Virtual Private Network (VPN) if the application is connected vie private network.
* Part of integration and system testing of interface.
* Identified code modification for specific downstream application.
* Involved in manual testing and UAT with the Meditech team, development team and QA team.
* Involved in intensive system level testing of analyzing the HL-7 messages coming out and in of Meditech.
* Responsible for scheduling and supported User Acceptance Testing (UAT) for each downstream application with application owner and vendor, obtain sign-off.
* Coordinated with Meditech team, Meditech Interface team and Engine migration team for the updates in the Meditech dictionary, interface change, code change.
* Supported downstream applications during Meditech Standardization 5.66 Go-Live.
* Involved in post Go-Live issues of downstream applications and track them in to Cherwell.
* Supported applications from the beginning (analyzed impact) to the end (migration, go-live and post go-live issue resolution) of the project and participated in the end to end testing.

Environment: Meditech , HL7,CCD,X12,Interface Explorer, Ensemble, Cherwell, FACETS, MS Project, Microsoft Office Suite.

IASIS HEALTHCARE FOUNDATION (Phoenix, AZ) July 2011 to Sept 2012

Business Analyst

The IASIS Healthcare Foundation is a charitable organization that was created in an effort to provide health care services, supplies and training to disadvantaged regions around the world.

As a part of the huge scope of the project, I have worked on gathering requirement to develop interfaces for HL7 ADT registration and admission module .Also involved in E834/835 Health plan X12 4010 to 5010 conversion project that focuses on 835 (Electronic Remittance and Advice) and 834 (Benefit Enrollment and Maintenance) transaction sets. I have also reviewed HIPAA and HL-7 coding standards for the process and products developed.  
  
Responsibilities:

* Worked with the various stakeholders, business owners and third party applications in the process of gathering the requirements for HL7 ADT interfaces.
* Was involved in preparation of Functional Specification and Technical specification document for ADT interface coding using HL7 Standards.
* Writing SQL queries to query lookup tables to implement the ADT message level filtering and HL7 field level transformations.
* Test HIPPA regulations in FACETSHIPPA privacy module.
* Performed gap analysis between HIPAA X12 4010 835 and HIPAA 5010 835 Companion Guides.
* Performed impact analysis of other enrollment processing systems to determine potential scope/impacts
* Performed a thorough analysis of the companion guides from each trading partner both Medicaid as well as Commercial clients and identified the specific changes that clients need.
* Reviewed with business owners to identify data requirements and business rules based on the changes within the 5010 834 transaction set
* FACETS system upgrades, identifying gaps between your current version and the new version and provides the support needed to successfully migrate to the new version.
* Mapped the data according to the client requirement.
* Provided dual usage processing capabilities to support both the 4010 and 5010 versions of the 834 transaction set to accommodate those clients who choose to remain in the 4010 version and for those clients who convert to the 5010
* Monitored state communications to determine if states will be moving from proprietary formats to 5010.
* Prepared Requirement Traceability Matrix, Functional Specification, System Change Documents, Technical Specification Documents, As-is and To-be flows for the entire conversion process.
* Mapped the new data in 5010 to the X- translator to make it 5010 compatible.
* Maintained the dual usage functionality in order to receive the 4010 formatted files for the clients who are not ready to switch to 5010 and 5010 formatted files that are willing to switch to 5010.
* Prepared the common as well as the translator specific test plan for testing the new 5010 process flow.
* Performed System Testing for the X12 formatted data that gets translated to the flat file through a translator.

Environment: Windows Vista/7, TIBCO Foresight™ Enrollment Correction Manager for HIPPA 834, FACETS, MS Office, MS Visio, SharePoint, HL-7, SQL,HIPAA X12 4010/5010.

Texas Medicaid and Healthcare Partnership (Austin, TX) Dec 2010 to Jun 2011

Business Analyst

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 testing of the new MMIS system. 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 using Facets.

Responsibilities:

* 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.
* Prepared the Business requirement Document for the enhancement of the existing services.
* 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.
* Performed task estimations and documentation of procedures.
* Involved in FACETS Implementation Testing, involved end to end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Designed, prepared and implemented test cases for system testing as well as for User Acceptance testing.
* Involved in the testing of web portal of New MMIS system.
* Design, analyze and performed Integration and System testing on different leading health care software’s such as FACETS, Med Plus, Onyx etc to test all the different software components under one complete system.
* Conducted integration testing and regression testing with developers in development and QA, also conducted user acceptance testing with UAT team. Safety reporting on system-based projects, acted as a liaison, writing documentation and increased project coordination.
* Analyzed and documented system release/deployment issues according to version management, backward compatibility, load balancing of components in production environment.
* Did impact analysis for changing requirements and coordinated with business users for prioritizing the testing/release of the changes.
* Maintained a very close interaction between business users and developers to avoid any gaps in understanding or implementation of requirements.
* Did data analysis, created data mapping and data interface documents and kept the documents updated with changes in requirements and functional specifications.
* Performed Risk Analysis based on defect severity and priority
* Tested User Interface inconsistency and application functionality
* Developed Reports and Graphs to present the Stress Test results to the management
* Wrote VB script for automated testing in QTP
* Created BPR charts for AS IS and TO BE processes of different business functionalities

Environment: RUP, UML, MS VISIO, Rational Requisite Pro, HTML, FACETS, MS OFFICE, SQL Server, WINDOWS 2000/XP/Vista/7.

McKesson (Atlanta, GA) Feb 2009 to Nov 2010

Business Analyst

McKesson is the nation's leading health care services company. They provide pharmaceuticals; medical supplies and health care information technologies, helping healthcare providers deliver better, safer care.

The project involved developing a web-based medical claims application, which is HIPAA compliant. This application automates the health insurance claims process from the time a claim is received to the time when the claim is adjudicated and fully paid. The implementation of this quality system involved the use of the following ANSI X12 Transaction Sets: 837, 835, 270, and 271.

Responsibilities:

* Facilitated JAD sessions, which focused on the definition of business requirements associated with McKesson’s claims process.
* Created Use Cases that defined the role of users who receive claims, users who process claims, and users who adjudicate claims. Used MS Visio to develop UML diagrams
* Used Rational Requisite Pro for gathering and documenting requirements from business users.
* Determined eligibility benefits for customers with EDI Health Care Eligibility/Benefit Inquiry (270).
* Utilized EDI Health Care Claim Payment/Advice Transaction Set (835) to make payments, send an explanation of benefits (EOB) remittance from a health insurer to a health care provider.
* Authored data flow diagrams, sequence diagrams, and business process models that describe how the EDI Health Care Claim Transaction set (837) is used to submit health care billing information and encounter.
* Acted as a liaison by working closely with the development and testing team for achieving milestones.
* Collected test metrics weekly from the Clear Quest in RUP suite database that reflected the current status of the test execution and the state of the defects. Used Rational Clear Case for managing the version changes across all stages of the SDLC
* Worked with the technical architect to design security, interaction, and interface of the application. Also worked with architects to create logical and physical data models.
* EDI Health Care Claim Status Request (276) was used as part of the implementation by McKesson to request a status of a health care claim.
* Performed manual testing of the functional items by checking a summary of all claims entered and submitted.

Environment: Windows /Vista/7, Rational suite (Rational Rose, EDI, Rational Requisite Pro, Rational Clear Quest, Rational Clear Case), RUP, MS Office 2007, UML.

Regence BCBS, Tacoma, WA Jan 2008 to Feb 2009

Business Analyst

Implementation of the new processing system for Benefit Enrollment files (834) along with review, design and reconfigure of the following FACETS functional areas:

* Enrollment
* Claim
* Billing
* Provider
* Member Information.

Responsibilities:

* Have good knowledge on Facets data model.
* Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system)
* Performed Requirement Gathering by interacting with Business users and documented the requirements in story cards.
* Captured Use Cases in Story Cards.
* Worked with Business Users and Solution Engineers to solve the capture defects in the MMS system and to effectively solve them.
* Performed Data Mapping to map the EDI 834 data to XML.
* Worked on solving the errors of EDI 834 load to Facets through MMS.
* Performed Gap Analysis to review the existing XML XSD and make necessary changes.
* Worked with XML files and suggested changes to the XSD.
* Conduct JAD Sessions, Peer Review sessions with the SMEs, Solution Engineers, developers, Business users.
* Analyze the scope of the project to review it with the customers for different review sessions of the application.
* Good understanding of Agile Methodologies.
* Intensively involved in project testing efforts by doing System Integration Testing, Regression Testing and by helping UAT team in User Acceptance Testing
* Used to execute test cases for several transactions such as 837, 835, 820, 834, 277, 278, 270/271
* Create SQL queries to read data from databases.
* Requirements Gathering & Analysis always ensured HIPAA Compliance Auditing
* Worked with the Testing team to test the system extensively and log defects.
* Used BizTalk 2006 R 2 to developed orchestration to consume WCF service to extract the lookup values from the database.
* Defined the maps from the existing BizTalk 2004 solution and validated it with the client for any changes.
* Performed data mapping and tracing data from system to system in order to solve a given business or system problem
* FACETS experience in the areas of Enrollment, Enrollment Pre-processing (834 & proprietary enrollment file mapping, Business rules design & Enrollment Keyword creation) MMS Batch processing.

Environment: MS Office Tools, Windows XP, Facets 4.51, MS Project, SharePoint 2007, BizTalk Server utilities, MS-PowerPoint, JIRA, SQL Server 2005, Content Management Services, Mercury Quality Center 8.2, Agile framework.

Education Details:

* Bachelor in Business Administration (BBA)