**Madhuri**

**Professional Summary**

* Over 8 years of experience as a Sr. Business Data/ Business Systems Analyst in **Health Care**.
* Experience in Healthcare Application **Facets** in different modules like Claims, Membership, Provider and Billing.
* Experience in working **Health Care Reform** Products
* Extensive experience and knowledge on all stages of the Software Development Life Cycle (**SDLC**) and Object Oriented Analysis and Design (**OOAD**) utilizing project life cycles such as Agile, Rational Unified Process (**RUP**), and Rapid Application Development (**RAD**).
* Strong experience in Web portal projects **(Mobile applications)** with proficiency in creating wireframes (UX/ UI Designs), using tools like Snag it, Axure, Magic draw etc.
* Well versed in writing **SQL queries**, together with inner and outer Join commands for data analysis and retrieval.
* Knowledge and experienced on Health Insurance Portability & Accountability Act (**HIPAA 4010 and HIPAA 5010**), Affordable Care Act (**ACA),** **ICD-9 and ICD-10**, Current Procedural Terminology (**CPT**).
* Proficient **in Medicaid, Medicare** (Part A, B, C, and D), Procedural and Diagnostic codes, and Claims Process.
* Knowledge in Health Care Reform in **Enrollment EDI 834** out bound.
* Management of the UI/UX design business processes, and workflow for web & mobile devices, i.e. information architecture, prototypes, and mockups for concept development
* Design and implement changes to the Central Product Library, Product Catalog, Sales portal and the underlying applications to support **On-Exchange and Off-Exchange products**
* Extend the functional capability of the proposed  and the underlying processes to incorporate the newly designed products, updated existing products and the existing products based on PPACA mandates.
* Experienced working with Claim Transactions such as **837 P/I/D** - medical claims, **835** -  Health Care Claim Payment/Advice ,  **270** -  Eligibility, Coverage or Benefit inquiry, **271** -  Eligibility, Coverage or Benefit response, **276** - Claim status request**, 277** - claim status response, **820** -  Payment Order/Remittance Advice, and **834** - Benefit Enrollment and Maintenance.
* Outstanding knowledge on Preferred provider organization (**PPO**), Health maintenance organization (**HMO**), and Capability Maturity Model Integration (**CMMI**).
* Strong understanding on Electronic Data Interchange(**EDI**), both in **4010** and **5010** formats
* Extensive experience in organizing and facilitating joint application development (**JAD**) sessions,  interviews and workshops with user(s), subject matter experts (SME’s), and business stakeholders.
* Proficient in producing Business Requirement Documents **(BRD**), Functional Requirement Document (**FRD**) and Software Requirement Specification (**SRS**) across the deliverables of a project.
* Expertise on website Wireframes and Business Process Modeling Notations with excellent skills on Use Case, Activity, Sequence, Data-Flow diagrams using Unified Modeling Language (UML), in MS Visio and Rational Rose.
* Well versed in Relationship Database Management System (RDBMS).
* Strong knowledge of Business Intelligence, Data Warehousing, Data Modeling and Analytics concepts with expertise in grasping transaction flows and process management
* Expertise in Healthcare Data warehousing and BI tools (SQL server Reporting/Analytical tools)
* Skilled user in Clear Quest for defect tracking, bug reporting tools like Test Director and Quality Center.
* Experienced in handling Change Management and Release Management.
* Excellent analytical skills with extensive experience on performing GAP analysis, User Acceptance Testing (UAT), Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis, Impact Analysis, Risk Analysis and Mitigation plan, Cost benefit analysis and Return on Investment (ROI) analysis.
* Proficient in handling functional and non-functional requirements with exceptional understanding and skill set in writing Test Scenarios, Test Conditions, Test Cases, and Test Scripts.
* Possess understanding and experience in using Rational Requisite Pro to trace and update business requirements throughout the lifecycle of a project and keep stakeholders informed about the progress of the project utilizing Requirement Traceability Matrix (RTM)

**Projects**

**Cognosante, Remote Feb 2015 – Present**

**Business Analyst/EDI Analyst**

Cognosante has supported major federal health IT initiatives throughout its quarter century of service. It assisted the largest electronic health record system and the first nationwide health information network for federal customers (NwHIN Direct). Additionally, it is currently a major contributor to building the federal health insurance exchange known as the Federally Facilitated Marketplace (FFM). The project is to assist CMS in the reconciliation of the advance payment of the premium tax credit (APTC), premium, tax credit (PTC), address changes where the consumer failed to report the change to the FFM, partial payment amounts, retroactive application of eligibility appeals decisions and other Form 1095-A issues arising from, unreconciled data (i.e. incomplete base lining).

**Responsibilities:**

* Document all EDI solutions for system development life cycle and maintain all documents   
  specifications and develop various transaction specifications as per requirement.
* Work with the technical and development team to resolve identified issues in a timely manner.
* Review documented training material for accuracy and assist in end user training and support.
* Maintain a dictionary of common bugs and typical fixes, such as software and IE bugs and related   
  fixes.  Prepare and analyze defect-tracking reports on existing applications.
* Participation in all phases of testing. Perform testing and thoroughly document issues.
* Perform ad hoc testing on recently developed applications or application components.
* Participate in all system tests and analyze all data and processes and recommend improvements   
  to same and manage all communication with individuals and internal and external stakeholders   
  and ensure compliance to all policies and procedures.
* Respond to regular EDI inquiries and troubleshooting issues from internal organizations, trading   
  partners and vendors regarding healthcare transactions (claims, enrollment, payments,   
  encounter, etc.) and clearinghouse activities.
* Maintain knowledge on working of all HIPAA EDI protocols and map all data for various ERP   
  systems and applications and perform audit on all EDI processes to maintain accuracy.
* Analyze and resolve all EDI issues in processes and maintain accuracy in all inbound and   
  outbound documents and perform troubleshoot on processes and analyze all errors.
* Monitor all EDI file processing and perform troubleshoot on processes to resolve all transaction   
  file issues and perform tests on same and provide support to all client issues and maintain   
  documents for all operational procedures according to data requirements

**Environment:**

SharePoint, FileZilla, MS Office 2013, MS Visio,

**Coventry Healthcare (Aetna), Cranberry Twp., PA Jun 2013 – Dec 2014**

**Sr. Business Data Analyst**

The goal of the project involved HIX members’ enrollment, billing claims and customer services process that are required to participate in the federal health insurance exchange (HIX). This exchange was according to the compliance with Patient Protection and Affordable Care Act (PPACA). The project employed RUP methodology.

**Responsibilities:**

* Gathered user and business requirements through open-ended discussions, brainstorming and prototyping to achieve the following goals:
* Prototyped the automation and enhancement of the manual processes in member enrollment, terminations and   reconciliation
* Establish business processes and supporting infrastructure to onboard new members
* Facilitated JAD sessions for Updating Member Billing capabilities / processes and reporting, Updates to Delegate/Vendors Interfaces, Develop / Enhance Call Center and Customer Service Processes
* Prepared Future Process Models that includes modeling of all the activities of business from (a) Enrollment, Initial Billing and Payment and (b) Post Enrollment, Subsequent Billing and Payment
* Ensured billing and premium collection are modified to support 820 HIPAA transactions set.
* Involved profoundly in the GAP Analysis organizations’ current systems’ capabilities and future system requirements for facilitating connectivity with the Exchange.
* Enhanced 834/999 EDI file transfers to enable transfer of member data with Exchange platforms.
* Prepared Business Requirement Documents (BRD) as well as high-level project plans and used Rational RequisitePro to manage, analyze, and convert business requirements into functional specifications.
* Worked with Health Care Reform / Customer Service team to establish a dedicated Customer Service Model to address member needs at each point in the customer experience (pre enrollment, during enrollment, post-enrollment etc.).
* Worked on different EDI scenarios for batch processing and ensured day-to-day EDI transmission, Reject tracking and Reconciliation.
* Analyzed System Impact including MMIS Tables, Windows, Reports and Interfaces to external entities..
* Tested the ability to accept an 834 electronic application and validate complete transactions.
* Tested the ability to store Identification number received from the Exchange and create a unique identifier for members received through the Exchange.
* Worked with IT in developing a new capability that will allow tracking new HIX membership’s alignment across their consumption and utilization within organization’s plans/products.
* Used Rational Clear Case to keep different versions of the documents and Rational Clear Quest to report bugs or defect.
* Maintained a Requirements Traceability Matrix (RTM) in order to keep the clients and all the teams up-to-date with the current progress of the project.
* Assisted the QA team in designing the test plan and test cases.
* Involved with reviewing defects reported from UAT efforts and analyzed for root cause and took actions based on the findings.
* Conducted final Business Process (As Is/To Be) sessions with various department directors and staff to ensure the Testing Plan and Test Approach has met the User’s expectations and ensured the Training Program covered all identified new and changed processes.

**Environment:**

Rational Rose, Rational Requisite Pro, UML, MS Office, Visual Basic, HP Quality Center, Windows, Java, Oracle, VB.Net, RUP.

**Humana, Overland park, KS June 2012 - May 2013**

**Sr. Business Data Analyst**

The project was based on ICD-10, a federal mandate to replace the current ICD-9 Diagnosis codes with the ICD-10 Diagnosis code set. The US Department of Health and Human Services (DHHS) is requiring Health Plans, Physicians, Hospitals, and other Health Care Professionals to be ICD-10 compliant by October 1, 2014. The project was based on Agile Scrum methodology.

**Responsibilities:**

* Defined ICD-9 to ICD-10 mapping process using GEM (General Equivalency Mapping) crosswalk file.
* Participated in the initial Impact Analysis (ICD-10) for all the critical functions, i.e., Membership and Enrollment, Claims Processing, Utilization Management, Medical Policy, Reporting, Vendor Management, etc.
* Gathered a business requirement through user interviews, JAD sessions and analyzed the requirements which include health and business compliance regulations.
* Obtained support from clinicians, lab analyst team members and IT clinical team manager to develop policies and documents (CCD) as per standards.
* Participated in ICD 9 to ICD 10 codes conversion requirement gathering sessions and created high level business requirements documents (BRD’s).
* Prepared product backlog working with product owner and other SME (Subject Matter Experts).
* As Scrum Master facilitated daily stand ups and managed task board with user stories and board.
* Prepared and tracked burn down charts and velocity charts for timely delivery of projects.
* Documented User Interface Requirements (UIR) and visual patterns by creating wire frames, screen mockups and story boards.
* Prepared 5010 GAP documents involved with 835 and 837 transactions in collaboration with other team members.
* Facilitated clinical workflow design independently after consulting other clinicians.
* 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 business requirements to ensure that all requirements have been developed into a solution and that it has been tested and tracked.
* Maintained awareness of health care environment and information systems technology and best practices in communication
* Managed and coordinated small to medium projects with minimal direction.
* Established and maintained positive customer relationships

**Environment:**

MS Office Suit, MS Visio, Java, Rally, UML, Oracle, SQL, SharePoint, MS Project, HP Quality Center, QTP and Business objects, Facets

**Minnesota Department of Health Services, St. Paul, MN Jun 2011–May 2012**

**Systems Analyst**

Minnesota Department of Health Services, the State Medicaid Agency (SMA) is responsible for the Medicaid Incentive Program. The System developed, leverages department to manage the whole Medicaid Management System effectively by adding the Medicaid Incentive program along with updating the different functional areas – Provider Enrollment, Claims Status and Prior Authorization EDI transactions following HIPAA Regulations and Implementation Guidelines. The Present System (Inter Change) for the Medicaid Management Information System (MMIS) was enhanced with HP as the implementation partner.

**Responsibilities:**

* Facilitated sessions to collect User Requirements, Business Requirements and Functional Requirements.
* Created Business/User/Functional/Technical Requirement Specification document using MS Project, MS Word and MS Visio that provided appropriate scope of work for technical team to develop prototype of the overall system
* Created Use Cases, various UML Diagrams and Data Flow Diagrams to determine the data flow via various systems
* Proposed the change and reengineering of the ‘AS IS’ Business processes into the ‘TO BE’ process flow
* Involved in the day-to-day implementation of the Agile methodology of application development with its various work flows, artifacts and activities.
* Gathered requirements from the administrative staff and business rules for determining member eligibility and successfully converted them into functional requirements for the developments team.
* Created workflow diagrams, UML diagrams, process models, activity diagrams, use cases, swim lanes, for incorporating design changes in the order creation/ management system
* Coordinated the upgrade of Transaction Sets 837P, 835 and 834 to HIPAA compliance.
* Did gap analysis for HIPAA 4010 837P and 835 transactions and HIPAA 5010 837P and 835 transactions.
* Utilized Agile Methodology to configure and develop process, standards and procedures
* Re-engineering and capturing of transactions with legacy systems [Enrollment -834, Eligibility Transaction (270/271), Claims (837), Claim Status Request and Response (276/277), Remittance (835)].
* Developed and maintained the Requirement Traceability Matrix (RTM) for the project deliverables using Rational Requirements Composer
* Analyzed if the system abides HIPAA regulations as portal displays member’s private information.
* Assisted in designing test plans, test scenarios and test cases for integration, regression and UAT to improve overall quality of the Application.

**Environment:**UML, Windows, Mainframe, SQL, Microsoft Office, MMIS, MS Access, HTML, XML, Java Script, Java, ASP, DB2.

**Aetna, Hartford, CT Jan 2010- May 2011**

**Business System Analyst**

The objective of the project was to upgrade the current system from HIPAA 4010 to HIPAA 5010. Responsible for performing GAP analysis for EDI 834/835/837/270/271 transactions from HIPAA 4010 to 5010 focusing on how current transactions would affect the new Federal compliance. Conducted impact assessment on the secured web portal used by various users dealing with claims transactions according to HIPAA 5010 regulations. This project followed Agile Methodology.

**Responsibilities:**

* Gained a clear understanding of the claims adjudication and reimbursement systems based on HIPAA X12 5010 standards.
* Actively involved in building training material and planning material for 4010 - 5010. Defined communication plans and build a project budget for the transition.
* Worked with Facets Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication) and assisted in version upgrade and impact analysis on data warehouse tables.
* Assisted in EDI transactions of medical claims (837) /underwriting for support and point of reference for the providers in business issues.
* Produced transaction sets 835 and 837, complete gap analysis 4010 - 5010 against the document application 5010 enhancements ensuring the upgraded application included the required changes and additions for 5010 compliance.
* Involved in the upgrading process of 4010 transactions to 5010 by conducting impact analysis and risk assessment and worked on the mitigation plan to avoid the risks.
* Gathered analyzed, documented business and technical requirements and prepared both the non-functional and functional requirement documents and validated the needs of the business stakeholders.
* Performed extensive Gap Analysis in order to understand and to identify AS-IS processes of claims transactions of 4010/4010A standard and TO-BE processes of 5010 standard.
* Worked closely with the product owner and SMEs and developed the product backlog and prioritized the user stories and assigned them to different sprints.
* Managed task board with user stories. Facilitated daily stand-ups meeting for timely delivery of the projects and generated burn down and velocity charts.
* Designed and defined User Interface Requirements and visual patterns and incorporated the UML methodologies to design and develop system requirement into Wireframes with Visio and Mockup Screens.
* Developed business flow diagrams, activity diagrams, and interaction diagrams so that the development team and other stakeholders could understand the business process clearly.
* Conducted Claims and HIPAA Compliance Training in order to run the test cases.
* Helped requirement documentation for Data Extraction, Data Transformation, and Loading processes as a part of data mapping procedures.
* Interacted with the QA team to performed Unit and Integration Testing for multiple transactions and implemented Alpha Test in order to confirm the functionality of recent conversion.

**Environment:**UML, IBM Websphere, Rally, MS Word, HP Quality Center, MMIS, FTP, Facets, Microsoft SharePoint, Microsoft SQL, MS Visio, Windows, XML/XSLT, JavaScript, Windows NT, Erwin, MS Project, Power Point.

**ProMedica Health System Inc, Toledo, OH                                        Jan 2008- Dec 2009**

**Business Analyst**

The project involved working with an application that was taking care of Online Account Services that included Billing Application, Checking the bill history, Changing customer profile, Ordering auto insurance ID cards and Modifying the load provider details.

**RESPONSIBILITIES:**

* Implemented an integrated RUP solution with complete line of traceability for all the artifacts of web development projects.
* Created and updated tasks in the MS Project and Project Management Directory for the senior management reviews.
* Performed GAP analysis and documented business and system level use cases to derive the requirements illustrating the functional behavior.
* Collaboration and reviews with different application owners and SME’s to ensure the GAP Analysis was performed accurately.
* Business Process Modeling: Business process improvement and optimization, Document and model business processes automated workflows and managed business rules.
* Involved in documenting Business Requirements Documents by conducting interviews with the project stakeholders, SME’s and Business users.
* Involved in documenting various modeling diagrams using UML.
* Documented Traceability to ensure all the features for the project has been captured and mapped back to the requirements in the BRD.
* Performed application functionality user acceptance testing (i.e. front-end application testing) in a controlled testing environment that replicates the end user usability of the application.
* Documented test plan, test cases and test summary to ensure the desired application functionality.
* Ensured UAT test scripts review sessions with business owners to test the application functionality, providing necessary training material.
* Used Rational clear quest to log defects and assign to the right team to ensure the defects are addressed on a timely manner.

**Environment:**

 RUP, Rational Rose, Clear Quest, Requisite Pro, UML, SQL, MS-Office, MS Project.