**Nihit Patel**

**609-445-4464**

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

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| SUMMARY |

Business System Analyst with over 6+ years of experience in Health Care domain with Claim adjudication, provider, eligibility and prior authorization for Medicaid and Medicare programs. Good knowledge of FACETS Member, Provider and Claim module involving Configuration, Customization, Reporting, Analysis and Enhancement.

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| AREA OF EXPERTISE |

* Created Business Requirement Document (BRD) and Functional Requirement Document (FRD) through various JAD sessions, interviews and meetings with business users, SMEs and development team.
* Comprehensive experience in different SDLC methodologies: Waterfall, Agile and Rational Unified Process.
* Designed Use case, Sequence and Activity diagram using Unified Modeling Language.
* Conducted GAP analysis and Impact analysis.
* Wrote Test cases and Conducted different integration and regression testing. Involved with UAT team in user acceptance testing.
* Skilled in mapping business requirements to test cases, maintaining traceability matrix.
* Used s for various health insurance areas such as enrollment, member, Products and other S related modules
* Extensive knowledge analyzing the relations between Sponsor, Insurer, Providers and Payers with HIPAA EDI Transactions set codes.
* Involved in analysis and configuration of data flow models.
* Prepared Functional Specification Documents, AS-IS and TO-BE workflows.
* Through system analysis and documentation experience with HIPAA compliance.
* Worked on different modules within health care: Membership, Providers, Claims, Enrollment.
* Performed the data analysis and data mapping for different source system including mainframe system, data warehouse and database to target system, database, and allocation for the Medicare part D – Prescription Drug claim.
* Thorough knowledge of Medication Therapy Management program and application.
* Experience with Medicare, Medicaid and commercial insurance in HIPAA ANSI X 12 4010/5010 formats including 270,271,276,277,835,837 and997.
* In-depth knowledge and extensive experience in Health care systems: Medicare part A, B, C, D and Medicaid system.

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| TECHNICAL SKILLS | |
| Methodologies | Waterfall, RUP, Agile |
| Project Management | MS project, Lotus Quickr, Mantis |
| Version control | Rational Clear case, Visual Source Safe, CVS |
| Change management | Rational RequisitePro, Clear Quest, Test Director, Mantis |
| Testing | Quality Center, Test Director, Mantis bug Tracker |
| Language | C, C++, Java, .Net, UML, XML, HTML |
| Database | SQL Server, Oracle, Sybase, MS Access, DB2 |
| Reporting tools | Crystal report XI, SAS,COGNOS |
| Modeling Tools | MS Visio, Rational Rose |

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| PROFESSIONAL EXPERIENCE |

**United Health Group, Phoenix, AZ December 2014 - Present**

**Sr. Business System Analyst**

**Description**: United Health Group is a diversified managed health care company. United Health Group offers a spectrum of products and services through two operating businesses: United Healthcare and Optum. Through its family of subsidiaries and divisions, UnitedHealth Group serves approximately 70 million individuals throughout the United States. As a System Analyst initially I worked in a PMA Warranty Team (Facets Solution Group) and currently I am working in a Fast Track Team in a CSP Facets platform, which is also known as Community & State Platform.

In PMA Warranty Team I use to deal with various projects as I used to do root cause analysis for various issues. Therefore, I used to come up with a solution with the help of development team and at the same time I used to push development teams, CQA teams to make sure we don’t miss the release date and all the appropriate documents are approved prior to the Release.

**Responsibilities**:

* Conducted numerous JAD sessions with Business users, developer, CQA and SMEs.
* Coordinated and worked with Project Manager to prepare Project Plan in MS Project for Process Claim Domain.
* Exercised the Agile SDLC methodology during the lifetime of the project at hand
* Performed the GAP analysis to find the Root Cause of the issues.
* Evaluate business requirements and prepare detailed functional and technical specifications.
* Worked on the FACETS front end and backend for testing and for documenting the Business requirement documents.
* Worked on FACETS front end and backend on TEST and DEV environments.
* Involved in documentation of the Facets application modules like Enrollment, Billing and Claims.
* Prepared SSD (Solution Summary Document), HLD (High Level Design Document), SRI (System Requirements Inventory), RTM (Requirement Traceability Matrix) and also created BRC (Business Rule Configuration).
* Analyzed HIPAA standards for 837P transactions, related to providers, payers, subscribers and other related entities
* Followed Workgroup for Facets Electronic Data Interchange (EDI) standards for testing that need to comply with the HIPAA guidelines.
* Produced Gap Analysis documents for HIPAA 5010 and ICD-10.
* Reviewed EDI 837 claims and flagged HIPPA non­compliant claims received from the Payer side.
* Analyzed results and EDI ANSI X12 file mapping and reported on standard analysis spreadsheet. Reviewed EDI companion guides for all payers to ensure compliance, edit integrity and maintain up-to-date list of payer contacts. Acted as a liaison between client and payer/intermediary.
* Communicated design to all stakeholders and varying levels of the organization.
* Served as the liaison between business and systems analysts, developers and project management groups.
* Present and evaluate design solutions objectively and facilitate conflict resolution.
* Worked on requirements of the 835, 276,277, 837, and HIPAA transaction across the enterprise.
* Prepared several use cases and designed use case diagram, activity diagram and sequence diagram.
* Collaborate with quality assurance team to ensure testing efforts align with system deliveries and business processes.
* Develop strategies to improve service development life cycle and governance processes.
* Develop detailed source-to-target data mapping and data transformation rules.
* Develop and use enterprise services and data models.
* Analyzed data and created reports using SQL queries.

**Environment:** Agile, SQL, SQL server, Sybase, .NET, Cognos, MS Office Tools, MS Visio, SAS 9.2, UML, Sharepoint

**Leon Medical Centers Health Plans, Inc., Miami, FL March 2013 – October 2014**

**Business Analyst**

**Description:** Leon Medical Centers Health Plans, Inc. was established to meet the needs of Medicare patients of Leon Medical Centers. A project at Leon Medical Center Health Plans was undertaken to integrate the newer version Facets with the existing system and the entire company’s landscape. I worked as a System analyst to work closely with project team to identify user's business requirements, interpret complex business needs and translate them into system requirements, write business specifications and forward to technical staff for system integration. I was involved in documentation of the Facets application modules like Enrollment, Billing and Claims.

**Responsibilities:**

* Participated and organized requirement gathering sessions with the stakeholders to elicit and analyze 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.
* Worked on preparing sprint backlog and user stories in agile scrum methodology with business users, developers, and stakeholders.
* Involved in project planning, coordination and QA methodology in the implementation of the s in the EDI transaction of the claims module.
* Coordinated and worked with Project Manager to prepare Project Plan in MS Project for Process Claim Domain.
* Executed complex integrated systems planning and solution alternative analysis and design.
* Executed business process analysis “As-Is” system & “To-Be” systems & perform gap analysis.
* Created keyword files to have member data bulk loaded into the FACETS system through the MMS batch
* Full knowledge of the Diagnosis and Procedural Code changes for Healthcare Entities like Payers, Employer Groups, and Providers. Worked on ICD 9 codes and gathered future requirements based on ICD 10 codes. Managed creation of sample mappings for the conversion of EDI X12 transactions code sets version 4010 to 5010 and translation of ICD 9 codes into ICD 10 codes.
* Participated in changes for system design, methods, procedures, policies and workflows affecting Medicare/Medicaid claims processing in compliance with government compliant processes like HIPAA/ EDI formats and accredited standards ANSI.
* Analyzed EDI X12 - 837I/P, 835 and 834 transactions consistency related to providers, payers, subscribers and other related entities
* Deeply involved & being a part of the solution delivery life cycle of enterprise solutions, including software and vendor selection, package implementation, and vendor management.
* Organized and participated in JAD sessions with the system architect, SMEs & project sponsor for a faster & effective system development.
* Created use cases specifications, use case diagrams, swim lane diagrams to define the workflow and segregate high-level and low-level requirements using MS Visio.
* Created and documented test plans and test cases in the project. Formed a bridge between project manager and different teams with effective presentations.
* Responsible for attaining HIPAA EDI validation from Medicare, Medicaid and other payers of government carriers.
* Was involved in Integration Testing, and User Acceptance Test using the test cases.
* Interacted with other teams 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.

**Environment:** Windows 2008/XP, Quality Center, HIPAA Standards, MS Visio, MS Project, SharePoint

**Amerigroup, Virginia Beach, VA Feb 2011 – Dec 2012**

**Business System Analyst**

**Description:** Amerigroup offers health plans to close to 3 million customers in 19 states. I worked on the project where I helped the company make changes on the correspondence materials for the HMO and PPO plans offered by the company. I worked on over 30 different kinds of documents that were sent to the customers. Once we decided on the changes on the documents I had to write BRD for the application that generated those documents.

**Responsibilities:**

* Worked on all kinds of correspondence materials such as Welcome Kits, ID cards, Coverage documents, etc.
* Worked closely with Subject Matter Experts regarding the changes that were made.
* Worked with both technical and non-technical users throughout the project.
* Followed AGILE methodologies, and was involved from gathering requirements to testing phase.
* Gathered requirement on FACETS EDI 834 Benefit Enrollment and Maintenance subsystems.
* Worked as a part of Claims Adjudication Team on FACETS.
* Gathered business requirements (functional and non-functional) and documented then in the BRD.
* Created swim lane diagrams for “As-Is” and “To-Be” Business Process Flow using MS Visio.
* Worked closely with the project team to identify use case dependencies and planned the use case development.
* Worked on 837, 835, 276 and 277 Institutional and Professional EDI Gateways.
* Validated X-12 files sent by external vendors to ensure that they are passing EDI Gateway level using Spec Builder.
* Worked on multiple 837 and multiple Eligibility (270/271) and healthcare claim status (276/277).
* Analyzed results and EDI ANSI X12 file mapping and reported on standard analysis spreadsheet. Reviewed EDI companion guides for all payers to ensure compliance, edit integrity and maintain up-to-date list of payer contacts. Acted as a liaison between client and payer/intermediary.
* Responsible for creating and maintaining requirements traceability matrix (RTM) using Quality Center.
* Worked with the QA team in writing Test Plan and conducting the testing process.
* Wrote SQL queries for database related works such as creating test data, identifying data sources and verifying data integrity.
* Used HP QTP to execute the test cases and carry out the testing process.
* Logged issues and kept track of them until they were resolved.
* Conducted walkthroughs and trainings after the application was deployed to make sure the end users knew to navigate the new changes in the application.

**Environment:** MS Project, MS Office, Quality Center, UML, JAD, SQL, SDLC, Agile, Scrum, and HIPPA.

**Computer Science Corporation. Albany, NY Mar 2009 – Dec 2010**

**Business System Analyst**

**Description:** Computer Sciences Corporation (CSC) is an American information technology (IT) and business Services Company headquartered in Falls Church, Virginia, USA. CSC predominantly provides IT services to different clients. The Project was all about implementation of Facets extended version of TriZetto for Universal American. As a Business System Analyst I was responsible for monitoring and validation of Conversion process, Front end and Back end validation as well as business process rules.

**Responsibilities:**

* Review CMS regulations of EGWP and PDP programs and translates regulations into business requirements.
* Conducted numerous JAD sessions with business users, developer and SMEs.
* Attend regular project team meetings and scrum meetings every day.
* Created User Stories, Test Cases utilizing Target Process Agile methodology tool.
* Wrote different SDLC documentation: BRDs , FRDs , Process flow diagram, test scenarios on TrOOP, Co-pay calculations, COB, EOB, Plan finder, Retro Changes and PDE creation and PDE reject handling.
* Prepared several use cases, designed use case diagram and process flow diagram.
* Responsible for providing business owners (BOs) an overview of processes involved in EGWP and PDP programs.
* Worked extensively on Business Requirements, Functional Specification, Data-Integration, Data Mapping, and Data Warehouse access using SQL and Crystal Reports, ETL process, use cases modelling (UML) using MS Office (Word, Excel, Access, Visio) and dashboards
* Performed Data analysis from the data warehouse along with business intelligence solutions delivery team.
* Review existing functional practices and recommends modification to processes or new strategies in meet business requirements.
* Involved in testing and reporting of errors of subsequent builds during the process of development and production.
* Working with different IT & Business groups to understand and determine the Impacts to the Data Warehouse and/or Data Marts for different projects.
* Created and executed test plans that improved data warehouse report quality using Word, Excel and Access.
* Created detailed mapping documents and technical specification documents mapping the fields between multiple databases and the reporting data warehouse.
* Align with the BOs for defining test scenarios; workflow (or business process flows) and training processes.
* Reporting and updating any issues to SharePoint repository, as necessary.
* Involved in data mapping for new databases created to support PDP/ EGWP project.
* Helped database architects define the various fields necessary and create database structure.
* Provide QA support in writing test cases.
* Involved in the PDE design session, provided support to development team in PDE creations as well as PDE reject handling process.
* Wrote SQL queries to produce various day- to-day report and for testing purpose.
* Actively participated in CMS audit.

**Environment:** Agile, IBM AS/400, MS Office Tools, MS Visio, Share point, UML, COGNOS, Decision Stream