**Prabal Nath**

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| **PROFESSIONAL SUMMARY** |

* Over 6 years of diverse experience as a Business System Analyst/ Facets Analyst in developing and implementing innovative business processes.
* In-depth knowledge and experience in full SDLC with RUP, agile and waterfall methodologies.
* Functional experience in health Care Industry with vast knowledge on Medicare and Medicaid.
* Expertise in creating the companion guides on various EDI transactions.
* Specialize in HIPAA 5010 implementation including GAP analysis
* Expertise in impact analysis on the key application systems (claims processing, reporting, payments) and business process of health insurance companies.
* Clear understanding of ICD-9-CM and ICD-10-CM/PCS
* Well versed with ANSI X12, HIPAA and HL7 standards.
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Medical Claims experience in Process Documentation, Analysis and Implementation in 835/837/834/270/271/277/997(X12 Standards) processes of Medical Claims Industry from the Provider/Payer side
* Exceptional ability to maintain and build client relationships with business owners to identify, prioritize and document business requirements.
* Extensive experience in Healthcare/Claims adjudication with knowledge of industry compliance standards like HIPAA and EDI X12 transactions (834, 837, 835, 270/271, 276/277)
* Experience with testing HealthCare applications like Trizetto Facets, Automated Enrollment applications like AEv2, TPM, Business Objects Reports , BAM(Business Accounting Management).
* Proficient in all phases of Requirement Management, including gathering, analyzing, detailing, and tracking requirements.
* Expertise in creating prototypes and mock-ups for user interface designs.
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.
* Experience in Business Requirement and System Specifications Analysis.
* Specialized in creating UML Diagrams, like Use Case, Activity and data flow diagrams using Rational Rose and MS-Visio and consistently translate business requirement into IT solutions.
* Skilled in bug reporting and tracking using HP’s Application Life Cycle Management (ALM), Quality Center, TFS.
* Extensive knowledge of reporting tools such as SQL and ACCESS for underlying database tables and resolve data issues.
* Expertise in RDBMS concepts and running SQL queries.

**TECHNICAL SKILLS**

**Microsoft Technologies:** MS Project, Visio, Excel, Word, Outlook, PowerPoint

**Requirements Management:** Rational Requisite Pro

**Business Modeling:** Rational Rose, MS Visio

**Defect Tracking Tools:** HP ALM/Quality Center, TFS, JIRA

**Languages/Standards:** SQL, XML, HTTP, Java, HIPPA 4010/5010, ICD9/10, ANSIX12

**Methodologies:** Rational Unified Process (RUP), Agile, Waterfall

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| **PROFESSIONAL EXPERIENCE** |

**CIGNA Healthcare, Raleigh, NC Jan 2015- Present**

**Business Analyst**

CIGNA Healthcare provides quality health insurance at affordable prices. I worked particularly on analyzing Facets interfaces involving a new feature for SPP (Strategic Partnership program). My duties included working with claims module and processing them for various scenarios. I had responsibility of testing mainframe systems for CBoR (Claim Book of Records). As an analyst, worked on ETL projects to construct and verify data requirements. Experiences working in ANSI x12 270-271 EDI Transaction .

Involved in Documenting EDIs according to code set X12 835 Claim Payment & Remittance Advice Claims processing and 837 Claim transactions .

**Responsibilities:**

* Conduct gap analysis between the current system and new requirements to be implemented thereby mapping the business requirements to the application
* Involved in training and test session on HIPAA Privacy policy.
* Prepared high level and detailed system requirements documents for the application
* Analyzed HIPAA 5010 standards for 835, 837P transactions, related to providers, payers, subscribers and other related entities
* Identified the requirements for accommodating HIPAA 5010 standards for 837P transactions and captured these requirements to develop new GUI for the internet based application
* Involved in FACETS Implementation, involved end to end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Set claim processing data for different Facets Module.
* Involved HIPAA regulations in Facets HIPAA privacy module
* Involved EDI Claim Process according to HIPAA compliance.
* Involved HIPAA regulations in Facets HIPAA privacy module.
* Involved in daily Scrums to determine the status of the project and impediments, if any.
* Used MTM and TFS for importing Test Cases from MS Excel for its validation in application.
* Used defect tracking and Bug reporting using ALM, JIRA, and TFS including HTTP, XML, SOAP UI.
* Involved in sprint planning meeting to identify the tasks for the sprint and getting team members acceptance/commitment for the assigned tasks.
* Involved in Sprint review meeting with the team and stakeholders to review the achievements from the sprint and get approvals
* Identified the requirements that go in each sprint, collect them in the sprint backlog and collecting and managing the requirements that are not part of the current sprint into the product backlog
* Designed the Internet based application and managed the business and design specifications in the business specific wikis
* Write high level and low level business requirements and design mock-up screens for the application
* Analyzed the existing data model and provided suggestions and recommendations
* Translated the requirements prepared for SDLC methodology to User Stories and implementing Agile methodology as a standard for the ongoing project
* Wrote user stories and acceptance criteria for the requirements of the project
* Involved in daily scrum meeting to discuss any roadblocks or impediments in the project path
* Involved in sprint planning session to identify the features and functionalities that should be achieved by the new application.
* Prepared Requirements Traceability Matrix and Test cases to insure the desired functionalities are present.
* Used TFS to open bugs, create tasks and user stories, initiate change requests.
* Worked closely with the business team, development team and the quality assurance team to ensure that desired functionalities will be achieved by the application

**Environment:** MS Office Tools, Windows XP, MS Project, RequisitePro, TFS, MS Visio, MS PowerPoint, HP ALM, JIRA, MS-SharePoint, MS-Word, MS-Excel, Facets.

**Care Source, Dayton, OH March 2013- Dec 2014**

**Business Analyst**

**Care source** is one of the leading health insurance providers in US. Application such as Facets has been widely used across their network for the claim adjudication and claim processing. Facets are a fully integrated CLAIMS data processing and Medicaid and/or Medicare Management information system for managed healthcare. Facets uses the data feed for the claims adjudication, claims error processing and to prepare the auto- generated reports and correspondence using the Batch Cycle. As Business Analyst, I was involved in various kinds of Requirement Gathering and UAT testing of the Facets application modules like Membership, Providers, Finance and Claims.

**Responsibilities:**

* Responsible for the requirement-gathering phase and project plan.
* Responsible for requirements analysis, design and developing technical requirements.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
* To create a single point of contact for all Medicare related communications between CareSource and CMS through the application MBE designed using off the shelf product Market Prominence (MP)
* Used HIPAA 4010 transactions to support the analysis of current business processes and work with management to improve and implement enterprise solutions to ensure compliance and got involved in designing future state processes for HIPAA 5010 transaction processing EDI’s 837, 835, and 834 and ICD-10 Code sets.
* Profound understanding of insurance policies like HMO and PPO and proven experience with HIPPA 4010 EDI transaction codes such as 270/271(inquire/response health care benefits),276/277(Claim status), 834(Benefit enrollment), 835(Payment/remittance advice), 837(Health care claim).
* Upgraded HMO Medicare EDI and reporting.
* Designed enhancements and workflows for a Market Prominence system.
* Create named provider groupings for various business purposes using Market Prominence system.
* Managing and Billing Medicare, Commercial HMO/PPO claims on a daily basis.
* Created BRD and FRD for Medicaid managed care requirements and documenting them.
* Acted as a SME for the application team and the Infrastructure team.
* Analyzed HIPAA 5010 related to 837,835, 834. Transactions and performed gap analysis between the 4010 and 5010.
* Gathered managed care specific business requirements from several different managed care programs.
* Used RequisitePro for writing/analyzing project vision, goals, specifications and requirements.
* Involved in the testing of web portal of New MMIS system.
* Performed Back-end Testing using PL/SQL for Database Validation.
* Used tools including Project Server , Share Point and Load Runner center to perform job execution, MTM and TFS for development and execution of test cases.
* Used TFS to open bugs, create tasks and user stories, initiate change requests.
* Performed gap analysis by matching the requirements for managed care programs.
* Matched the requirements for programs such as Medicare and Medicaid, which are part of the Social Security Act.
* Held regular JAD meetings with the system architects, developers, database developers, quality testers during the entire project to assure that the critical as well as the minute details of the project were discussed and issues were resolved beforehand.
* Worked With HIPAA compliant ANSI X12 837 formats for both professional claims and institutional claims.

**Environments:** UML, JAD, Facets, Excel, SQL, DB2, Crystal Report, HP ALM/QC, TFS.

**Health Corporation of America HCA, TN July 2011– Feb 2013**

**Business Analyst**

I worked as an Analyst on Medicaid Claims Processing, which includes prioritization of claims, creating Medicaid reports and checking the status of claims. I also worked with Facets application where the implementation of Facet newest applications was involved to help healthcare payers improve productivity, enhance service and improve service.

**Responsibilities:**

* Facilitated Joint Application Development (JAD) Sessions for communicating and managing expectations involved in FACETS Implementation, involved end to end analysis of FACETS Billing, Claim Processing and Subscriber/Member module
* Worked closely with the Lead BA in establishing team goals
* Set claim processing data for different Facets Module
* Design, analyze and performed Integration and wrote System requirements on different leading health care software’s such as FACETS
* Writing /Test Scenarios/Test Cases/Test Matrix
* Used the Rational Unified process methodology for the application development and created Use cases, activity diagrams and drafted UML diagrams using MS Visio
* Involved in writing and executing test cases using MQC based on the requirements
* Developed design Specification writing Test report s and documenting Test results
* Used RUP to create use cases, activity, class diagrams and workflow process diagrams
* Worked with the Project Manager on various Project Management activities like keeping track of Project Status and Deadlines/Milestones

**Environment:** Windows XP, HP Quality Center, TFS, MS-Visio, Ms Projects.

**NeDHHS (Department of Health and Human Services), Lincoln, NE June 2010– May 2011**

**Business Analyst**

DHHS provides payment and Primary Care Case Management administration duties to the State of Nebraska. It is dedicated to helping low income families, children and elderly people to improve their health, well-being and security. As a Business Analyst for the Business System Delivery (BSD) team, I was involved in providing support through the entire lifecycle for multiple projects involving web service and user interface development, covering Provider, Claims and Reimbursement Processing domains.

**Responsibilities:**

* Facilitated JAD sessions to collect requirements from system users and prepared business requirement that provided appropriate scope of work for technical team to develop prototype and overall system.
* Identified processes for developing and documenting detailed business requirements. Data was collected from end-users, and analysts.
* Implemented systematic approach (BPR) to redesign of business processes.
* Through Business Process Re-engineering designed the cost effective and competitive business processes possible.
* Worked on the HIPAA 4010 conversions and worked on the EDI 834, 837, 835 and 278 files and validated the functionality according to the new HIPAA 4010 changes.
* Worked on the EDI 834 inbound and 834 outbound data movement with our trading partners.
* Conducted process mapping to identify current As-Is business processes and To-Be road map for reengineering the products.
* Created Use-Cases and Requirements documents to document business needs.
* Requirements were gathered through interactions and meetings and periodic walkthroughs with loan analysts, credit analysts and other potential users of the application.
* Conducted Use-Case reviews and identified gaps, leading to improvements/enhancements in the same.
* Created and maintained the Requirements Traceability Matrix (RTM).
* Worked with the Project Manager on -various Project Management activities like keeping track of Project Status, Deadlines, Environment Request, and Compliance Issues.
* Ensured Use-Cases were consistent and covered all aspects of the Requirements document.
* Refined the requirements (use-cases) and Business Process Models to detailed level appropriate for technical analysis and system design.
* Was responsible for tracking issues that are detected and updating the status of existing issues based on the daily meetings with the off-shore team.
* Identified and analyzed the data requirements for the various site teams and made sure that the required data is available in the testing environment.
* Assisted in the data conversion and data mapping of the legacy data to new data base.
* Worked directly with software engineers to ensure clear communications on requirements and defect reports.
* Developed requirements integrating E-R diagrams and designed the testing process flows.
* Followed the RUP methodology for the entire SDLC.
* Was involved in Functional System Testing, Integration Testing, Regression Testing, and User Acceptance Test using the test cases given by the client before releasing the application.
* Used the guidelines and artifacts of the Rational Unified Process (RUP) to strategize the implementation of Rational Unified Process effort in different iterations and phases (Inception, Elaboration, Construction and Transition) of the Software Development Life Cycle.
* Interacting with other teams through walkthroughs, teleconferences, meetings, etc. to resolve various issues.
* Validated the scripts to make sure they have been executed correctly and meets the scenario description.
* Wrote test cases and test scripts for the User Acceptance testing.

**Environment:** SQL, MS Word, Excel, EDI, SQL, ACCESS, Lotus Notes, File Viewer, Web Client, HP Quality Center, MS Visio, SharePoint.

**Education:**

Masters of Business Administration

In Management Information Systems (MIS)