**Poonam Bhardwaj**

[**650-445-1167**](tel:650-445-1167)

[**b.poonambhardwaj@gmail.com**](mailto:b.poonambhardwaj@gmail.com)

**Summary:**

* Senior business analyst with 7+ years of industry wide experience in the domain of Insurance, Healthcare, Pharmacy, Life Sciences with solid understanding of Business Requirement elicitation techniques, Business Intelligence and experience in envisioning, representing and translating the product vision from the business sector to the software development.
* Script developing and testing in Facets Client, Development and Production environments.
* Experience supporting the design, implementation and maintenance of multiple, complex data warehouses including Texas Medicaid Vision 21 data warehouse, Texas Medicaid Encounters Data Warehouse, the Texas Medicaid Pharmacy Claims Data Mart, and the Connecticut Medicaid Decision Support System.
* Experience working with team members for full-cycle projects, such as developers, to complete consulting projects on time, and deliver outstanding consulting services to salesforce.com clients.
* Experience with various Facets modules such as Subscriber/Member, Property & Casualty(P&C)Claims, Plan/ Product.
* Experienced with multiple payer applications including **AMISYS**and **FACETS** and **DIAMOND, XLESYS.**
* Expertise in understanding **HIPAA 835, 834, 820, 270, 271, 276, 277, and 278, EDI, Privacy**, Security, and Medicaid.
* Worked on implementing **HIPAA 4010** and **HIPAA 5010 transaction set rules**.
* Experience dealing with enterprise data ware house projects dealing with data transactions and data analysis.
* Business Analyst with solid understanding of **Business Requirements Gathering**, Business Process Flow and Business Process Modeling
* Experience working with **Market Prominence** for administration of government health plans.
* Hands-on programming experience with SAS and knowledgeable in Big Data technologies like Hadoop, Hive, Pig.
* Hands on experience integrating and installing Genesys Suite versions 5.x, 6.x, 7.x and 8.x within multiple switching environments both single and multi-site.
* Solid background in Software Development Life Cycle methodologies such as the Traditional Waterfall Model as well as iterative approach to software development.
* Knowledgeable in dealing with **Kanban** for Logical Chain control.
* iterative approach to software development as in **AGILE**.
* Experience in building **SQL** Queries, Creating sub queries, minus, union, inline queries and performance tuning of **SQL** (DB2 and Oracle).
* Industrial practice on Cosmo, Scope, Greenplum and knowledge of Hadoop, Hive and mapreduce structure and hierarchy of big data.
* Strong experience in Requirements gathering techniques - conducting user interviews and **JAD** sessions.
* Strong Knowledge in **Telecommunication Management** and Administration of telephony systems.
* Experienced in performing Business Process Analysis to check the compatibility of the existing system infrastructure with the new business requirements.
* Involved in reviewing test procedures, defining test cases, reviewing and maintaining test scripts, analyzing bugs and **User Acceptance Testing (UAT).**
* Involved in design and development of Enterprise applications using Microsoft.Net Technologies and **SQL** server Database 2010 and 2008 **VB.NET, ASP.NET, Web Services, UML, HTML, Java Script and XML.**
* Extensive experience in using MS Project for status reporting and planning.
* Team player, result-oriented, fast learner, excellent communication skills with strong research capability.
* Strong knowledge of Business Intelligence, Data Warehousing and Business Architecture.
* Documented artifacts required for each cycle in **Agile/Scrum**. Used **JIRA Agile** for management of team projects

**Technical Skills:**

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| **Languages:** | C++, SQL, Java |
| **Operating Systems:** | Win 95/98/NT/2000, XP |
| **Internet Technologies:** | HTML, XML |
| **Databases:** | MS SQL Server, MS Access, Oracle 8i |
| **Tools:** | MS office, MS Project, Visio, Rational Rose, RequisitePro, Rational SODA, Clear case, Clear quest, MS Front Page, Blue-Print Requirements Management |
| **Reporting Tools**: | Crystal Reports |
| **Quality Management**: | Concept and Tools of Quality Management Test Director and Win Runner, ISO Concepts, Six Sigma Techniques |
| **Web Technologies**: | ASP, JavaScript, HTML, DHTML, IIS, and FrontPage |
| **User Interface:** | HTML, XHTML, CSS, Java Script |

**Client: ELI LILLY, INDIANA October 2014 –Jan 2016**

**Sr. Business Analyst**

Eli Lilly has built a reputation for exceptional clinical quality, preventive care, disease management and member satisfaction and has consistently rated among the top plans in the country.

**Responsibilities:**

* Performed the requirement analysis, impact analysis and documented **Business Requirements Document (BRD) and Functional Specification Document (FSD) using Rational Requisite Pro**.
* Prioritized deliverables, identified gaps, tracked defects, defined software requirements, created artifacts for testing and development.
* Gathered knowledge on Medicare **Part- B, D HL7 V3, HIPAA** rules and regulations.
* Worked with customers in resolving acute issues, fixes involving **Meditech (MT) software**& coordinating all activity within each assigned Meditech module.
* Performed Impact analysis for readiness of **ICD-10** conversion.
* Worked on delivering the final phase of the new Claims Processing Engine, Compass21 as part of MMIS.
* Managed team providing end-to-end support during the deployment to customized version of **Salesforce.com** and its integration with the legacy CRM system.
* Used data centric testing when validating data between old data ware house and new enterprise data ware house enhancements project according to business rules.
* **Mapped HIPAA compliant EDI transactions** for 837: healthcare and P&C claims and 835: payment advice transactions, and also for EDI 867:Product Transfer and Resale transactions.Captured all HIPAA-related EDI data in the repository using FACETS, Supported integrated EDI batch processing and real-time **EDI** using **FACETS**. Accepted inbound transactions from multiple sources using FACETS.
* Identified and resolved medical billing, payments, coding and insurance discrepancies.
* Knowledgeable in dealing with **Genesys** and **Oracle** databases as Communications Manager.
* Hands on work experience with Waterfall, and Agile software development methodology.
* Program governance and project management responsibilities of all transformation and transition projects for Annuities client letters, confirms and account statements.
* Used **Mercury Quality Center** and created a test case to store the test cases which were created
* Collaborated efforts with technical staff and subject matter experts to establish the technical vision of product and analyze triple constraint tradeoffs.
* Expertise in working with IBM Clear Quest, Microsoft Suite and performing Root Cause Analysis(RCA) and Knowledgeable in Risk, Credit Modeling and Fraud Detection
* Experience in working with projects dealing with Data Cleaning, Data Transformation, Data Imputation and Descriptive Analysis, Building Models, Scoring Data Set and providing Strategic recommendations and presenting to clients/work teams.
* Created and presented initiative documents to internal and state customers at all stages ofCompass21 process with all deadlines met and signoff obtained(MMIS).
* Wrote and executed system test plans, test cases and test data on **MS Excel** for the web-based application.
* Efficient in using SAS EG and other data analysis & reporting tools to analyze large product usage databases to understand customers better and optimize products and content.
* Managed **BIG Data** projects with one utilizing skills in area of JMP-Pro, SQL Server Management Studio, SQL Server Analysis Services, Dimensional Modeling, etc.
* Worked as In charge of the development of Genesys call routing strategies.
* Experience with developing User Stories throughout the **Agile** Lifecycle as well as created various **UML** diagrams such as Use Case, Activity and State Chart diagrams with tools like **Rational rose** and **MS Visio** .
* Expertise in working with **Market Prominence** in compliance with CMS and HIPAA requirements.
* Analyzed business processes, requirements, and data necessary to provide detailed logic for ETL development.
* Experience managing requirements using Blue Print Requirements software for time and budget management.
* Created **UML** diagrams- Use Case Diagrams, Activity Diagrams, Sequence Diagrams and ER Diagrams in **MS Visio**.
* Documented the **Traceability Matrix** for tracing the Test Cases and requirements related to them.
* Conducted **GAP Analysis** of current state for Medicare Part-D (As-Is) ICD 9 and proposed state (To-Be) ICD 10 situations and represented the same on **MS Visio**.
* Brainstormed possible risk scenarios, thus formulating and implementing ad-hoc solutions to stay within project budget. Using Hadoop for big data.
* Supported development of UAT cycle test scripts, Review **User Acceptance Test Plan (UATP)** and attend walkthrough
* Recommended 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 like ANSI.
* Managed the planning / test process for Medicare Part D Pharmacy Claims (**PBM**).
* Analyzed, maintained and updated FAQ knowledge base in SharePoint for better data accuracy and better timely data availability.

**Environment**: Java, JSP, MS Visio, Oracle Clinical, **Agile**, LIMS, CSS, cGMP, **SAS**, **BIG Data,** UI, **FDA** Regulations, SAS EG, Windows NT, MS Office (MS Excel for reporting), Genesys, Cognos, Rational Rose, Requisite Pro,**Xcelys**.

**HANCOCK GROUP OF PHARMACIES, CT** **July 2012 – September 2014**

**Sr. Business Analyst**

Senior Business Analyst for the department of Pharmacy in 16 Hancock groups of pharmacies.

**Responsibilities:**

* Performed the requirement analysis, impact analysis and documented **Business Requirements Document (BRD)** and **Functional Specification Document (FSD)** using Rational Requisite Pro.
* Prioritized deliverables, identified gaps, tracked defects, **defined software requirements**, created artifacts for testing and development.
* Interacted with customers and established new corporate business. Fast paced customer service and sales driven work environment with sales force.
* Gathered knowledge on **Medicare Part- B, DHL7 V3, HIPAA** rules and regulations.
* Worked with customers in resolving acute issues, fixes involving **Meditech (MT) software**& coordinating all activity within each assigned Meditech module.
* Served as SME for FINCEN guidelines, case management, relationship retention/termination, implementation of technological solutions, and AML issues/processes concerning Compliance, Legal, and Business sector.
* Performed Impact analysis for readiness of **ICD-10** conversion.
* Initial analysis and design on the Cash and Financial initiatives for the MMIS project.
* Verified billing accounts with accounts receivable ledger to ensure all payments were properly posted.
* Supported data migration team in executing, managing and monitoring regular data loads in the Salesforce production instance.
* Root cause analysis and uncovering core issues using big data and then assisting the FC improve and create new measures for site productivity.
* Having good experience of SAS programming and generated various graphs and charts for data analysis using statistical procedures in SAS Enterprise Guide (EG).
* Our application has provided customer with various web portal options including Genesys Callback, GVP and custom softphones.
* Responsible as part of a team in preparing a report on enterprise data warehousing requirement for Customer Relationship Management.
* Experience supporting the design, implementation and maintenance of multiple, complex data warehouses including Texas Medicaid Vision 21 data warehouse, Texas Medicaid Encounters Data Warehouse, the Texas Medicaid Pharmacy Claims Data Mart, and the Connecticut Medicaid Decision Support System.
* Created interactive dashboards to enhance the User Experience using **Microsoft VISIO** and Requisite Pro.
* Executed test cases with **Mercury Quality Center**, Load Runner, Test Director and communicated the results of testing to the QA manager
* **Mapped HIPAA compliant EDI transactions** for **837: healthcare claims and 835: payment advice transactions,**and also for EDI 867: Product Transfer and Resale transactions. Captured all HIPAA-related EDI data in the repository using FACETS, Supported integrated EDI batch processing and real-time EDI using FACETS. Accepted inbound transactions from multiple sources using FACETS.
* Experience monitoring and managing the **Kanban** systems.
* Experience working with business intelligence tools like SAS, Cognos, and Tableau.
* Used **Market Prominence** as a process to have central unifying source for all data and for management of relationships and workflow processes.
* Collaborated efforts with technical staff and subject matter experts to establish the **technical vision of product** and **analyze triple constraint tradeoffs**.
* Interacted with providers and other medical professionals regarding billing, documentation policies, procedures and regulations.
* Analyzed business processes, requirements, and data necessary to provide detailed logic for ETL development.
* Experience dealing with **Avaya** communication management system by making interactions to the communication manager regarding objectives.
* Created **UML** diagrams- Use Case Diagrams, Activity Diagrams, Sequence Diagrams and ER Diagrams in **MS Visio**.
* Documented the Traceability Matrix for tracing the Test Cases and requirements related to them.
* Conducted **GAP Analysis** of current state for **Medicare Part-D** (As-Is) ICD 9 and proposed state (To-Be) ICD 10 situations and represented the same on **MS Visio**.
* Supported development of UAT cycle test scripts, Review **User Acceptance Test Plan (UATP)** and attend walkthrough
* Recommended changes for system design, methods, procedures, policies and workflows affecting Medicare/Medicaid claims processing in compliance with government compliant processes like **HIPAA/ EDI** formats(850, 860, 855, 856, 810, 867, 830, 862, 846) and accredited standards like ANSI.
* Managed the planning / test process for **Medicare Part D** Pharmacy Claims (**PBM**).
* Analyzed, maintained and updated FAQ knowledge base in SharePoint for better data accuracy and better timely data availability

**Environment**: Java, JSP, Oracle Clinical, LIMS, CSS, cGMP, SAS, FDA Regulations, Genesys, MS Visio, Windows NT, MS Office (MS Excel for reporting), Rational Rose, Requisite Pro, Xcelys.

**Allergan, Texas August 2010 – June 2012**

**Business Analyst**

Worked in Clinical trial system as well as good manufacturing practices; this is an application used to collect the patient data who is taking part in the new study for a drug/vaccine. This is a **CFR Part 11** validated and Regulated Systems for clinical trials. For document management system and quality management

**Responsibilities:**

* Identified and validated high potential business opportunities for stakeholders and develop customized business strategies that are aligned with corporate strategic objectives.
* Processes claim adjustment requests in **Xcelys** following all established adjustment and claim processing guidelines.
* Utilize **SharePoint and Excel** as necessary to work through daily inventory assignments.
* Identifies and escalates root cause issues to supervisor for escalated review.
* Reviews and responds to internal escalated provider disputes transferred by management and other associates.
* Provided Salesforce usage training and support to end users including developing necessary documentation.
* Used **MS Visio** for flow-charting, process model and architectural design of the application.
* Created, iterated, and drove approval of process for creating and defining HL7 V3 Transport Method from the Lab to the Centers for Disease Control (CDC).
* Assisted with proposal development (i.e.; writing proposals, contracts PMPs, cost analysis, etc.), contract compliance and the development of new business initiatives.
* Worked on delivering the final phase of the new Claims Processing Engine, Compass21.
* Produced ad hoc reports and extracts from Texas Medicaid Vision21 Data Warehouse, ranging from small Excel deliverables to massive text file extracts, based on specifications provided by requestors (MMIS).
* Acts as liaison with other departments when additional clarification is needed about claims payment policy disputes.
* Managed from inception to closure, 30 Customer Reporting project based around the Genesys CCA solution.
* Successfully completed system upgrades of core **AMISYS** system from legacy version to **AMISYS** advance 3.1 in 2008.
* Initial analysis and design on the Cash and Financial initiatives for the Compass21 project
* Conducted **GAP analysis** of current state for Medicare Part-D (As-Is) ICD 9 and proposed state (To-Be) ICD 10 sit**uat**ions and represented the same on **MS Visio**.
* Worked with Vision21 Maintenance and Modifications organizations as a Subject Matter Expert for Managed Care encounter transactions. (MMIS)
* Interviewing business area experts (**R&D**), asking detailed questions and carefully recording the requirements in a format that can be reviewed and understood by both business people and technical people.
* Produced ad hoc reports and extracts from Texas Medicaid Vision21 Data Warehouse, ranging from small Excel deliverables to massive text file extracts, based on specifications provided by requestors.
* Validated PQ’S of Mass Spectroscopy, Color Chromatography.
* Maintained records for lab assay data and converted them to Electronic lab notebook. Programmed **SAS** based Monte Carlo simulation models for real business scenarios. Also conducted **statistical analysis** of data to predict impact and outcome.
* Conducted **JAD** sessions to develop an architectural solution that the application meets the business requirements, resolve open issues, and change requests
* Followed the **UML** based methods using Rational Rose and Visio to create Use Cases, Activity Diagrams/State Chart Diagrams, Sequence Diagrams, Collaboration Diagrams
* Assuring that all **validation documentation** such as IQ's, PQ's, Process Validation, Cleaning Validation, and Software Validation are in compliance with cGMP's.
* Wrote documentation for all aspects of the computer systems validation lifecycle, in accordance with **FDA** regulations, particularly **CFR 21**, part 11. Validating processes and equipment utilized to manufacture active pharmaceutical ingredients in **FDA** environment.
* Involved in weekly walkthroughs, inspections and verification meetings with various stakeholders in the project. Conducted periodic Software Quality Assessment meetings to come up with test metrics and gauge the progress of the testing effort.

**Environment**: Java, JSP, Oracle Clinical, LIMS, CSS, cGMP, SAS, FDA Regulations,Genesys, MS Visio, Windows NT, Cognos, MS Office (MS Excel for reporting), Rational Rose, Requisite Pro,Xcelys.

**MetLife Insurance, San Francisco, CA Dec 2008- August 2010**

**Business Analyst**

Metropolitan Life Insurance Company is one of the largest and most recognized insurance companies in the United States. It not only provides personalized customer service but also have fast claims services. MetLife Insurance offers various insurance policies to customers like providing health, life and Auto Insurance.

Worked on multiple projects, Contributed in designing a prototype for future system claim processing by developing a web-based service application to streamline office workflow processes involved in **Electronic Data Interchange (EDI) (**214, 810, 830, 844, 845, 846, 849, 850, 852, 855, 856, 860, 864,867,888) transactions and benefits in claims management cycle based on **HIPAA Guidelines (ICD 9 – ICD 10).**

**Responsibilities:**

* Process claims for all lines of business including but not limited to **HMO, PPO, POS, TPA,P&C** and Medicaid/Medicaid.
* Audit claims for accuracy as it relates to State Medicaid and appeal denials as needed.
* Work all pending holds according to plan benefits to ensure timely and proper payment.
* Create and implement workflows to use for claims processing.
* Assist in all trainings and meetings related to claims processing and implementations.
* Educate providers on benefits and eligibility related to member utilized health services.
* Collaborate with the health improvement department to create and implement health related activities.
* Performed the requirement analysis, impact analysis and documented **Business Requirements Document (BRD)** and **Functional Specification Document (FSD)** using Rational Requisite Pro.
* Analyzed business processes, requirements, and data necessary to provide detailed logic for ETL development.
* Created **UML** diagrams- Use Case Diagrams, Activity Diagrams, Sequence Diagrams and ER Diagrams in **MS Visio**.
* Documented the Traceability Matrix for tracing the Test Cases and requirements related to them.
* Conducted **GAP Analysis** of current state (As-Is) ICD 9 and proposed state (To-Be) ICD 10 situations and represented the same on **MS Visio**.
* Supported development of UAT cycle test scripts, Review **User Acceptance Test Plan (UATP)** and attend walkthrough
* Managed the planning / test process for Medicare Part D Pharmacy Claims (**PBM**).

**ENVIRONMENT:** MS PowerPoint, Requisite Pro,XML, **MS Visio**, Dreamweaver, Genesys, UI, MS Excel, MS Access, MS Word, Oracle, Waterfall **SDLC**.