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**Background Summary**

* Over 6 years of Information Technology as Business Analyst with a focus in Healthcare including MMIS, Medicaid, Medicare, FACETS, HIPAA, EDI, and other supporting applications for insurance providers & service providers.
* Worked for the team that is responsible for receiving, documenting, processing the claims including the eligibility verification. Responsible for making the system changes if there were any changes needed to be made in the current policies, rules & regulations due to the business necessities.
* Involved in requirements analysis, design and testing phases of Software Development Life Cycle (SDLC) and also in agile methodology.
* Experience in testing Facets applications and EDI transactions
* Managed key deliverables through the project lifecycle from requirements gathering to design, development, testing and deployment within allocated timeline and budget.
* Executed the project life cycle, including requirements gathering, design, testing, implementation and documentation, as required.
* Responsible for converting the programs from 4010 to 5010 version for HIPPA standards, there was also included the NCPDP 5.1 conversion for drug claims.
* Involved in claim adjudication process of facets application.
* Responsible for migrating the codes from ICD9 to ICD10.
* Conducted walkthroughs with the end users and stakeholders to gather the modification requests from the user to upgrade or change the business specification for the product.
* Assisted in modeling and documenting the end-user's AS-IS workflow and TO-BE business processes.
* Strong writing skills in preparing Business Requirement Documents (BRD), System Requirement Specifications (SRS), Software Requirement Specifications (SRS),Use Case Specifications, Functional Specifications (FSD),Requirement Traceability Matrix (RTM) and Technical Design Document (TDD).
* Strong Data Warehousing, Data Marts, Data Analysis, Data Organization, Metadata and Data Modeling experience in RDBMS databases.
* In depth knowledge of RUP’s Iterative Software Development Life Cycle process also the experienced in managing project with Agile methodology.
* Good experience with XML files and manually created XML files from Excel spreadsheets.
* Handled the clinical data to implement to different systems.
* Helped the business users to perform the UAT.
* Experienced with document management system using FILE NET.
* Worked on FACETS up-gradation project.
* **Knowledge of Tools**

Medicare, Medicaid, MMIS, HIPAA EDI 4010/5010, 270/271, 276/277, 278, 820, 834, 835 837, Amisys, Facets, NASCO, HCPCS, ICD-9, ICD-10, ME Codes, PDD Codes, MS Office Suite, MS Project, JAD, OOAD, UML, RUP, Agile, Extreme, Waterfall, Rational Rose, RequisitePro, Clear Case, Clear Quest, 21CFR Part II, Informatics, Business Objects, SQL, BRD, FRD, Visio, Test Director, Win Runner, Load Runner, Informatics, HP Quality Center, Business Modeling, Data Modeling, Oracle, DB2, COBOL, Windows, MS Office Suite, Java/J2EE, SharePoint, XML, Spec Builder, EDIFECS, File Net, Ingenix Suites, JIRA, Lotus, SnagIt.

**Experience**

**State Division of Medicaid, Sacramento CA  Jan 2013 – Mar 2014**

**Business Analyst:** California Division of Medicaid's Medicaid Management Information System **(**CAMMIS) has to comply with Health Insurance Portability and Accountability Act (HIPAA) and ICD 10 requirements. Purpose of the project is to analyze GAP between current HIPAA 4010 / ICD 9 and compliance HIPAA 5010 / ICD 10 for state Medicaid Management Information System.

**Responsibilities:**

* Involved in requirements gathering sessions with Business Analysts and Architects to understand requirements in terms of business change.
* Actively worked on Business requirement analysis and Data analysis.
* Analyzed System Impact including MMIS Tables, Windows, Reports and Interfaces to external entities.
* Created Business Rule Comparison (BRC) documents and Side-By-Side (SBS) comparison documents using 4010 / 5010 implementation guides for X12 transactions in Excel spreadsheet.
* Got hands on experience on analysis of GAP analysis between current HIPAA 4010 and HIPAA 5010 requirements.
* Analyzed HIPAA 4010 and 5010 standards for 837P EDI X12 transactions, related to providers, payers, subscribers and other related entities.
* Got exposure of IBM mainframe environment for Medicaid Management Information System impact assessment. Dealt with the EDI transaction-835 claims payments and remittance advice, which deals the payment from payer to provider.
* Ensure the UAT test scripts review sessions with business owners to test the application functionality and providing necessary training material.
* Analyzed HIPAA 5010 impact on external Data Warehouse and data warehouse extract process and mapping of MMIS database and data warehouse.
* Got exposure of EDI, Web Portal, DSS and System documentation.
* Analyzed MMIS system impact for Windows and Interfaces.
* Excellent writing skills in preparing business requirements documents (BRDs), system requirements specifications (SRS), system design specification (SDS), functional specifications, and defining project plans.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
* Gathered all the needed data (table names, column names, field names, notes) from the Windows and Interfaces documents.  Analyzed RRI/Viking Subsystem (an external system off the state, dealing with conversion of paper claims to electronic claims) and recommended changes for HIPAA 5010.
* Responsible to meet the information demands of business users by delivering timely, accurate, meaningful and standardized data and reporting.
* Prepared Test Cases (manual/automated) and Conducted Tests (Integration testing, Regression testing), Black Box/White Box testing, UAT (User Acceptance Testing).
* Documented analysis, observations and recommendations.
* Attended daily meetings and dealt with day-to-day deadlines.
* Experience in Forward Mapping and Backward mapping analysis of ICD 9 – ICD 10 Conversion for CM (Diagnosis Codes) and PCS (Procedure Codes).

**Environment’**, MS SQL MS Office, Agile, Rational Rose MS VISIO, UML, SQL, Business objectives, XML

**HealthPlan Services (HPS), Tampa FL    Aug 2011 – Dec 2012**

**Business Analyst:**Health Plan Services (HPS), a [Water Street Healthcare Partners](http://waterstreet.com/)affiliate, is the largest independent provider of sales, benefits administration, and retention; reform and technology solutions to the insurance and managed care industries. The project was to implement the FFM G2E with the different carriers on boarding to Obamacare reform. It includes Open enrolment, binder payment and Coordination of Benefits (COB) with most group policies, which is in place to minimize the over-payment or duplicate payment of claims.

**Responsibilities:**

* Involved in analyzing and writing test plan in accordance with business requirements
* Wrote test plan, test procedures, test scenario and triggers events.
* Studied the business goals that were reflected in the requirements.
* Performed Manual Testing of application identified the critical test scripts to be automated.
* Review of manual methods to design, develop and execute automated test cases using Win Runner
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions
* Configured GUI maps for the standard and custom objects.
* Got involved in designing future state processes for HIPAA 5010 transaction processing EDI's 837,835, 270, and 271.
* Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system)
* Analyzed HIPAA 5010 related to 835, 837, 270, 271, 276 and 277 transactions (both inbound and outbound) and performed gap analysis between the 4010 and 5010.
* Worked on ICD conversion from 9 to 10 with respect to the claims related to Medicare (Part A, Part B, Part C, Part D).
* Gathered Requirements, Analyzed and Documented Business Requirements Document, Functional Specifications Document, SRS, FSD, Nonfunctional Specifications
* Used agile methodology, and managed the iterative cycles through an effective project plan created.
* Worked on different modules of Facets such as Members/subscriber, commissions, provider, billing, plan and Case management.
* Worked with Source system Subject Matter Experts (SMEs) to ensure that the extracts are properly mapped. Used SQL for data mapping and querying.
* Tracked and maintained Stakeholder requested enhancements and changes using Requirement Traceability Matrix (RTM).
* Gathered documents regarding HIPAA compliance, Local County and state compliance regulations.
* Executed test scripts to conduct UAT and System testing using Win Runner.
* Performed Front-End and Functionality testing using Manually
* Participated in Weekly meeting and discussed modification request with management team

**Environment: MS** Visio, MS Office Suite, Facets, Agile, MS Project, Outlook

**Assurant Health, Milwaukee, WI   Feb 2010 – Jul 2011**

**Business Analyst:** Assurant Health is part of Assurant, a premier provider of specialized insurance products and related services in North America and selects worldwide markets. It is the brand name for a family of health insurance products focused on providing a variety of affordable plan choices to consumers. The portfolio of health care products includes major medical, supplemental and fixed-benefit plans for individuals, families and small employers.  The project was to incorporate the changes proposed in HIPAA 5010 and upgrading the current system from HIPAA 4010 to HIPAA 5010 converting ICD-9 to ICD-10 so that the system is in accordance with the new standards mandated by Health Insurance Portability and Accountability Act (HIPAA). Also, had to integrate the Medicare (Part A, Part B, Part C, Part D) data all in one single system for a smooth flow through the claims processing system Facets

**Responsibilities:**

* Conducted JAD sessions with Subject Matter Experts (SME's).
* Incorporated Rational Unified Process (RUP) and analyzed User Business Requirement Document (BRD), Technical Requirement Specification and Functional Requirement Specification (FRS) using Requisite Pro, Rational Rose and MS Visio.
* Did Presentations making Stakeholders understand how the changes would affect different modules with respect to Medicare and Medicaid?
* Performed Gap analysis for better understanding of transition from HIPAA 4010 to HIPAA 5010 inside trizetto QNXT different modules.
* Revised HCFA-1500 and MCS-1500 forms with stakeholders.
* Designed and developed Use Cases, Activity Diagrams and Sequence Diagrams using UML.
* Documented, organized and tracked the requirements using Rational Requisite Pro.
* Worked on changes for HIPAA Transaction and proposed changes to be made in the current system for an easy transition from version 4010 to 5010.
* Conducting business validations, covering the following deliverables FACETS Providers, Facets Claims and Facets Membership and Operational reports
* Documented the detailed business as well as technical requirements to upgrade the current system to 5010 transactions.
* Conducted User Acceptance Testing (UAT) prior to and after implementation phase.
* Got involved in designing future state processes for HIPAA 5010 transaction processing EDI's 837,835, 270, and 271.
* Analyzed HIPAA 5010 related to 835, 837, 270, 271, 276 and 277 transactions (both inbound and outbound) and performed gap analysis between the 4010 and 5010.
* Worked on ICD conversion from 9 to 10 with respect to the claims related to Medicare (Part A, Part B, Part C, Part D).
* Checked inbound/outbound HIPPA regulated EDI transactions facets
* Worked with Source system Subject Matter Experts (SMEs) to ensure that the extracts are properly mapped. Used SQL for data mapping and querying.
* Tracked and maintained Stakeholder requested enhancements and changes using Requirement Traceability Matrix (RTM).
* Played a key role in planning UAT and implementation of system enhancements and data migration and conversions.
* Integrated Requisite Pro with Rational Rose to provide all teams visibility and maintain tractability among requirements, use cases and change requests.
* Completed a review of existing documentation for orders, referrals and reports and compared it to the clinical details needed for ICD-10.
* Assisted in writing test case scenarios for unit testing, integration testing and compliance testing.
* Involved with ICD10 implementation testing.
* Assisted with user testing of systems and maintained quality procedures and ensured appropriate documentation is in place.
* Assist end users and IT staff in the use of data to satisfy informational and reporting requirements and implementing and using SQL and DBMS.

**Environment:** FACETS RUP, SQL, Agile, Oracle MS Visio, Microsoft Office, XML, Business objectives

**Florida Healthcare Plans, Holly Hill, FL** ‎**Dec 2007 – Jan 2010 Business Analyst** : Florida healthcare plans is an HMO that provide services to Volusia and Flager counties in Florida. The goal of the project was to make enhancements to the Claims processing module of the Group Approval Process.  The claims processing module incorporated the Receiving and Verification of Claim Forms (837) Claims Enquiry and Response (276/277), Adjudication, Healthcare Claim Remittance/Payment Advice (835). Part of the project was to migrate all application functionality and convert data from a mainframe-based system to an open systems environment with Up-gradation of HIPAA 4010 transaction to HIPAA 5010. The project followed Agile Scrum methodology.

**Responsibilities:**

* Facilitated all aspects of the scrum framework, including sprint planning sessions, backlog grooming sessions, daily scrums, product demos, sprint reviews and sprint retrospectives.
* Supported and consulted product owner in developing, maintaining and grooming product backlog.
* As Scrum Master maintained the capacity plan, iteration board, sprint backlog, velocity charts and burn down charts
* Identified and removed impediments to the success of the sprint by working with every single team member.
* As Scrum Master communicated dependencies and potential risks to the completion of the sprints including resources, costs and systems.
* Conducting business validations, covering the following deliverables FACETS Providers, Facets Claims and Facets Membership and Operational reports
* Conducted JAD sessions, workflow diagrams, UML diagrams, process models, activity diagrams, use cases, for incorporating design changes in the order creation/ management system.
* Actively participated on creating Migration strategy from existing PDE (Microsoft Access files) to Gold Data Repository.
* Clearly understood coding standards required for all Medicare Part D Users transactions involving electronic data interchange as provided by department of health and human services and incorporated at every stages of the project wherever found necessary.
* Prepared the Business requirement Document (BRD) and functional requirement document (FRD) for the enhancement of the existing services.
* Analysis and Design of existing transaction sets, and modification of these transaction sets to ensure HIPAA compliance.
* Did data analysis, created data mapping and data interface documents and kept the documents updated with changes in requirements and functional specifications.
* Worked on developing the business requirements and use cases for Facets batch processes; automating the billing entity and commission process.
* Coordinated the upgrade of Transaction Sets 837P, 835 to HIPAA compliance.
* Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system).
* Did gap analysis for HIPAA 4010 837P and 835 transactions and HIPAA 5010 837P and 835 transactions.
* Involved in impact analysis of HIPAA 5010 835 and 837P transaction sets on different systems.

**Environment** : Rally, Agile, Microsoft Office, HTML, Microsoft Visio, Share Point, Mega, XML schema, J2EE, UML, Quality Center.

**Trinity Health Information Services, Livonia, MI       Jan 2007 – Nov 2007**

**Healthcare Clinical Application Analyst**

Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation. It serves people and communities in 21 states from coast to coast with 82 hospitals, 89 continuing care facilities and home health and hospice programs that provide nearly 2.8 million visits annually. The goal of the project was to implement NextGen which is an EHR system. NextGen is customized to satisfy Physicians and Office staffs for easy access of lab results, radiology results and documents. EHR is implemented to reduce the time invested for clinical data review and they by helps Physicians to provide more time for patient’s healthcare.

**Responsibilities:**

* Organized JAD sessions between key surgeons, Pharmaceutical Research Scientists and Technology team
* Involved in Modeling and developing Business Requirements, Design process and providing Knowledge Transfer to the Support Teams
* Gathered Business Requirements from SME’s and drafted Business Requirement Document (BRD) and presented for approval
* Involved in Clinical Data Gathering, Compendium Mapping, Data Analysis and Management for Physician Office and Hospital Services for Electronic Health Records.
* Documented functional specifications for Patient Clinical Information, Health Records, Pathology Test Ordering and Results, Physician Requirements and Hospital needs.
* Analyze these Data, Investigate, Approve, Customize, Change management for more innovative and cost effective ways for Hospitals.
* Worked with Physician and Nursing Informatics people to understand their current performing technology and provided inputs in NextGen applications.
* Understood the Business Logic and developed User Interface Specifications.
* Developed Business Flow Diagrams, Dataflow diagrams, Activity diagrams and Use cases diagrams using MS Visio.
* Coordinated between Test team, Development and Business team in clarifying the Functionality issues and Requirement Specification.
* Worked as a Liaison between Technology and the Business clients to improve Business processes and Strategies.
* Coordinated UAT with the stakeholders for Pilot and Go Live implementations and support.

**Environment: MS** Excel, Visio, SQL, Outlook, Rational Request Pro, Axure, Water fall, Adobe Photoshop and other MS Office.