**Rudra Yadav**

**Summary of Qualification**

* Experience as Business Analyst with over 6+ years of industry experience in Healthcare Domain.
* Experienced in software development life cycle such as Waterfall, Agile, RUP methodology, Business Analysis and Modeling.
* Outstanding skills in Business Requirements Gathering, Functional requirements. Gathering, Business Process Reengineering, Requirements Traceability Matrix (RTM) and Software/System Requirement specification (SRS).
* Strong knowledge on Microsoft Business Intelligence tools (SQL, SSIS, SSRS, and SSAS).
* Proficient in working with Business Analysis, Risk Analysis, Business Process. Models, Business Flow Diagrams and Business Requirement Documentation.
* Experienced in performing Business Process Analysis to check the compatibility of the existing system infrastructure with the new business requirements and translating user expectations into detailed specifications by using various Text formats &Unified Modeling Language (UML).
* Extensive knowledge in HEDIS.
* Design, conversion and configuration experience.
* Work in health care sector with prime focus on claims adjudication, Migration, Provider, Eligibility and prior authorization for Medicare and Medicaid program
* Well-versed in writing and documenting Business Plan, Business Requirement document (BRD), Functional Specification document (FRS), Test Plan, Test scenario, Test Case as well as involved in white box, black box, Integration, Functional, Regression, System and Smoke testing
* Skilled in reviewing Test procedure, Defining Test cases, reviewing and maintaining test scripts, analyzing bugs, interacting with team members in fixing errors and User Acceptance testing
* Strong analytical, communication, problem-solving, decision-making and organization skills
* Extensive experience in designing Use Cases, Process Flow Diagrams, Contest diagram, As- Is, To- Be process
* Skilled at performing Risk Analysis, Impact Analysis and Cost/Benefit Analysis, along with good knowledge of process work flow tools and technique
* Experience in conducting/facilitating Joint Application Design/Use Accepting Testing (JAD/UAT) session with super organizational and presenting skill
* Hands on experience on facilitating and gathering requirements with several elicitation techniques: Document Analysis, Interface Analysis, Prototyping, Reverse Engineering, Observation, Survey, Interview, Brainstorming, Focus Group and Requirements workshop
* Experienced in Facets and its modules such as Claim, Member/Subscriber, Billing, Provider, Medicare, Medicaid and experienced with several Facets Batches
* Experienced in using Share Point, Microsoft Office and various Agile Sprint Tracking tools
* Knowledge and experience of Health Insurance Portability and Accountability Act (HIPAA)
* Experience in performing GAP Analysis to outline transaction strategy from HIPAA 4010 to HIPAA5010
* Strong knowledge of HIPAA EDI compliance regulations, transactions: 270, 271, 276, 277, 834, 835, 837) and code set.

Technical Skills

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| **Project Methodologies** | Waterfall, RUP, Agile |
| **Databases** | Oracle 9x/10x/11x, SQL Server 2000/2005/2008/2012 |
| **Operating Systems** | Windows 7/8/10, Unix |
| **Business Modeling tools** | IBM Rational Modeler, MS Visio |
| **Business Modeling Tools:** | Rational Suite, MS-Visio, MS-Project,  MS-Word, MS-Excel, MS-PowerPoint, Requisite Pro, Rational Rose |
| **Other tools** | MS Office Suite, MS Project, Share Point, BMC Remedy |

**Professional Experience**

**Fidelis Care, Buffalo, New York Aug 2016- Present**

**Business System Analyst-Level III**

**Project Description** Fidelis Care is leader in health care service provider in state of New York. Fidelis care has wide portfolio of Medicaid & Medicare offerings. Fidelis Care also offers Medicaid & Medicare services to SNP population. This project was initiated with a need felt to implement Case/Disease & Utilization Management software. To implement the desired change Fidelis Care decided to replace current care management platform, TriZetto’s Clinical Care Advance with Altruista Health’s product called Guiding Care.

**Responsibilities:**

* Gathering requirements as well as scheduling a daily scrum meeting to elicit, analyze, verify, and manage the needs of the project stakeholders, customers and end users.
* For Medicare services such as Hospital, Medical insurance, Medicare advantage plan and Prescription drug coverage.
* Work on project documentation that defines the process requirements required to implement Guiding Care.
* Configure provider demographics, billing information and contract information in claim system while maintaining departmental quality and production goals and objectives.
* Configure Facets Procedure Codes application on Application Support Application by setting up the table and populate the field's name, description, Table name and Columns' name.
* Partnering with third party vendor to drive and assess strategic initiatives like; cloud compatibility, application rationalization and datacenter migration.
* Used and prepared UML models to define Business Rules of the application. Contained the role of a Business SME by solving queries from developers and testers of the application.
* Good Understanding of the EDI (Electronic data interchange), Implementation and Knowledge of HIPAA code sets
* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as, 835 / 837 transactions.
* Gathered requirement on FACETS EDI 834 Benefit Enrollment and Maintenance subsystems
* Conducted Manual testing (Functional, Integration, System, UAT) of the application and provided the Sign-Off on the application deliverables.
* Configure different applications of Facets such as, Individual user set up, Group set up, Process Control Agent and Duplicate claim rule application on Medicare application, ICD Procedure codes, MDC Codes on Application Support Application.
* Responsible for working on HEDIS quality of care analysis at various acute health care settings.
* Participated in survey and providing data to HEDIS. Coordinating with the external reviewers to provide satisfactory responses. Taking appropriate and timely actions on concerns. Understanding the scope of business requirements for various releases.
* Acquired and compared the Healthcare Benefits plans with the HEDIS information which is in turn useful for the subscribers and consumers.
* Knowledge of several functionality available in the Facets several applications such as Billing, Member/Subscriber, Accounting, and Utilization Managements.
* Tested claims adjudication and group and enrollment in for new Medicare advantage members.
* Conduct impacted analysis on the Facets functionality that is affected by 5.01 upgrade
* Collaborated with third-party vendor to analyze and decompose Target's product backlog items to ensure appropriate prioritization.
* Work on Rapid SQL to get access to Sybase Data base to see impacted table and column that is affected by upgrade
* Created SQL queries to read data from databases
* Created and maintained SQL Scripts to perform back-end testing on the oracle database.
* Facilitated Release session among customers to check as to what is the functionality they would like to enhance which are available in Facets.
* Created conceptual diagram using MS. Visio of the business process to find out the impacted area and to fix the problem.
* Tested the eligibility inquiry, enrollment in Facets, Billing and Invoice in Facets.
* Enhanced test cases and scripts by adding the required functionality as per the new business requirements
* Provided the management with test metrics, reports, and schedules as necessary using MS Project and participated in the design walkthroughs and meetings.
* Facilitated JAD session to find out the impacted area of functionality of Facets due to upgrade and cooperate with developer to come up with solution.
* Gathered Functional requirement and documented them.
* Adhere to existing configuration procedures established by department seniors and/or management.
* Communicate with vendor to regarding new updates on Facets and solution to their existing system.

**Environment:** HIPAA versions, HEDIS, XML, Sybase, HTM, Oracle, agile, XML Notepad, Medicare, Medicaid, EDI transactions and code sets, Rapid SQL, Momentum, Pearl Script, XML, SQL, Flat file, MS. Visio

**Aetna Healthcare, Hartford, CT Sep 2014– July 2016**

**Business Analyst**

**Project Description** The objective of the project is to create an application for the Claims Management and Reconciliation (CMR), with an objective of managing and processing claims in the most effective way. This application allows us to collect and store in the CMR system the patient’s information, history of diseases and medication in the CMR system. Once a claim is filed, the information is reconciled with their records which helped to manage and process claims faster and also by maintaining the information privacy.

**Responsibilities:**

* Conduced Joint Application Development (JAD) sessions and walk in interview with the business users to gather requirements.
* Built business requirements into the Medicare Advantage (MA) requirements database and created the Project
* Requirements Document for the three functional areas
* Matched the requirements for programs such as Medicare and Medicaid, which are part of the Social Security Act.
* Created Use Cases diagram and Activity diagram to depict the interaction between the various actors and the system in
* RationalRose for the Business Use Case and System Use Case.
* Acquired and compared the Healthcare Benefits plans with the HEDIS information which is in turn useful for the subscribers and consumers.
* Responsible for interpreting HEDIS specifications, wrote data element requirements, designed and implemented  SAS programs for various projects.
* Successful in writing the business and system requirements for HEDIS and other health care measures and compliances.
* Responsible for submitting HEDIS rates to NCQA via IDSS portal. Responsible for submitting Patient Level Detail (PLD) files to CMS via Gentran/Edaptive.
* Created current and future state processes, along with prototype BPM solution at medical device company
* Worked With HIPAA compliant ANSI X12 837 formats for both professional claims and institutional claims.
* Responsible for employing the User-Centered Analysis techniques such as Interviews, direct observations, JAD sessions, to understand the business needs (MS Dynamics).
* Analyzed the mainframe reports for member/eligibility/claims and mapped the fields with FACETS batch jobs and reports.
* Performed configuration/ compatibility and user interface testing manually.
* Used HP Quality Center for tracking Defects and tracing requirement functionality performances.
* Executed test cases manually. Compared and analyzed actual with expected results and reported all deviations to the appropriate individual(s) for resolution.
* Assisted Business User during deployment in formulating User Acceptance Testing (UAT) for customized application and getting confirmation for product Release
* Review of high-level design document and low level design of classes and sequence diagrams.
* Ensuring that deliverables were delivered on time as scheduled.
* Responsible for working on HEDIS quality of care analysis at various acute health care settings.
* 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 creating detailed design reports within MS dynamics.
* 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.
* Analyzed forms and successfully crosswalk details to corresponding ANSI X12 formats.
* Developed the business anomalies workarounds and described them in documentation and presented the matter to the upper management for review.
* Developed non-functional requirements and documented them as Business Rules, Quality attributes and constraint documents.
* Interacted with database developers for formulating the ER diagrams and data flow diagrams.
* Responsible for GAP analysis of ICD9-ICD10.
* Responsible for interpreting HEDIS specifications, wrote data element requirements, designed and implemented  SAS programs for various projects.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
* Created customized reports with complex calculations that were used to study the potential financial impacts of changes to Medicare and Medicaid payments.
* 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.
* Used RequisitePro for writing/analyzing project vision, goals, specifications and requirements.
* Write SQL scripts for adding, changing or deleting various benefit or contract data to or from QNXT that would take several man hours to complete via the front end software
* Incorporated HIPAA standards, EDI (Electronic data interchange), transaction syntax like ANSI X12, Implementation and
* Knowledge of HIPAA code sets, ICD-9 ICD-10 coding and HL7.
* Conducted JAD Sessions with Infrastructure management team, SME, policy holders and stakeholders for issues which were open and pending.
* Performed extensive data modelling to differentiate between the OLTP and Data Warehouse data models
* Prepared Business Context Diagram, Use Case diagrams and corresponding Activity Diagrams using Rational Rose to depict the workflows to be incorporated into the development of Pega Business Process Management (BPM) tool.
* Conducted the FRS and URS reviews and walkthroughs with designers, developers and stakeholders. Also conducted feasibility and adaptability study.
* Responsible for the requirement-gathering phase and project plan.

**Environment:** Windows, MS Project, MS Office MS Visio, HEDIS, SQL,MS Dynamics, Facets, Oracle, Informatica, Autosys, Quality Center.

**Blue Cross and Blue Shield, Eagan, MN Feb 2012 – Aug 2014**

**Sr. BusinessSystem Analyst**

**Project Description:**Blue Cross and Blue Shield of Minnesota is the state's oldest and largest not-for-profit health insurer, serving some 2.8 million members, including employees for General Mills and Northwest Airlines. The project involved implementation of new version of Facets.

**Responsibilities:**

* Identified the problem of SSN/SID duplication.
* Worked on various applications such as EAB mainframe, CARE, FACETS, FLEXX mainframe, HIPAA data enquiry, SIR, Look up.
* Followed Agile/Scrum Methodology for Software Development Life cycle.
* Assigned tasks among development team monitored and tracked progress of project following agile methodology.
* Also worked on FACETS member’s implementation.
* As a part of operational production support team, received work request tickets for resolving on daily basis.
* Troubleshoot any problems found within FACETS and when testing the SQL data database while validating the business rule.
* Provided weekly project status report to project manager and project presentation to the high level management on monthly basis.
* Worked on developing the business requirement and use cases for FACETS batch process, automating the billing entities and commission process.
* Coordinated with the EDI team in developing and documenting the detailed testing work plans and created the various testing documents for the assigned EDI transactions
* Worked with EDI team to assure the collection and transfer of accurate data in order to report PQRS data.
* Coordinated with the EDI team in developing and documenting the detailed testing work plans and created the various testing documents for the assigned EDI transactions.
* Involved in writing and implementation of the test plan, and various test cases for UAT.
* Assisted project manager for planning and organizing the project activities, and in communicating with other business center managers and stakeholders of the project.
* Analyzed and documented the limitations of the billing system.
* Participated in various meetings and discussed enhancement and modification request issues.
* Performed Gap Analysis.
* Facilitated Joint Application Development (JAD) Sessions for communicating and managing expectations.
* Involved in the testing of web portal of New MMIS system
* Develop and implement SQL queries, based on business needs, scheduled and ad hoc.
* Scheduled the meetings with domain leads to determine the mapping parameters for each field.
* Highly involved in Gap Analysis to identify the deficiencies of the current system and to identify the requirements for the change in the proposed system.
* Played major role to create the Business Requirement Documentation (BRDs), using MS Word and MS Visio that provided appropriate scope of work for technical team to develop prototype and overall system.
* Identified the crosswalk table schema to persist the mapping of new system to existing system codes.

**Environment**: Agile, SharePoint, MS Visio, MS project, XML, UML, Oracle, MS SQL Server, MS Office

**CalWIN- Hewlett Packard, Folsom, CA Apr 2011 – Jan 2012**

**Business Analyst**

**Project Description:**CalWIN supports CalWORKs, RCA, Food Stamps, Medi-Cal, CMSP, CAPI, IHSS, Foster Care, KinGAP, and Medi-Cal. I worked on CalHEERS Interface project to determine the eligibility for MAGI & Non-MAGI (Modified Adjustment Gross Income) Medi-Cal cases for Covered CA(Obama Care) for 18 CA counties. I was also involved in creating change request on CalWIN applicationto be implemented in all CalWIN initiated counties as per the Covered CA (Obama Care) regulations.

**Responsibilities:**

* Translate the law and regulations that BCW (My Benefit CalWIN) use.
* Responsible for providing Business Requirement Document (BRD) and Functional Requirement Document (FRD).
* Creating of Business Process Workflow Diagrams with Stakeholders throughout the Business System including Ballparks, ACD (Abbreviated Change Document), PAC (Project and Cost Estimates), FBR (Functional Business Requirement), which contains high-level requirements and functional requirements.
* Worked closely with clients, SME’s, design and developers on high level requirements and detailed requirements.
* Development Life Cycle (SDLC), to create the provider portal, which allows providers to access patient information to increase convenience.
* Involved in requirements gathering session’s requirements in terms of business change.
* Worked on Daily Logs from CalWIN and CalHEERS to evaluate the daily errors on day-to-day basis.
* Created and maintained the Requirements Traceability Matrix (RTM).
* Facilitated Joint Application Development (JAD) Sessions for communicating and managing expectations
* Identified processes for developing and documenting detailed business requirements.
* Bridging the gap between law and functionality with in CalWIN.
* Worked on various CR’s (change request) in CalWIN.
* Make transition from Law to functionality.
* Created cases on CalWIN application to determine the EDR (Eligibility Determination Response) and DER (Determination of Eligibility Request) for Medi-Cal eligibility.
* Worked on resolving defects and issues within CalWIN and closely worked with CalHEERS team in resolving issued and defects related to their system.
* Created and maintained SQL Scripts to perform back-end testing on the oracle database.
* Connected to SQL plus in UNIX and created and executed complex SQL queries.
* Wrote complex SQL queries to perform the Back End Testing of the Oracle database using SQL and UNIX.
* Worked with developers to test the iterations of the system under development (SUD) to ensure it met the user’s needs.
* Written and executed Test cases for the application when in (UAT) Environment.
* Assisted in implementation plans related to new/revised applications/services.
* Worked with the client to create and execute the acceptance test strategy.
* Created Test Plan, Test cases and test scripts as well as steps for manual and automated implementation of test cases in Quality Center.
* Evaluated and imported projects to look up EDR and DER in Soap UI and ran SQL query to determine the eligibility in Toad.

**Environment:** Windows XP, RUP, UML, Rational Tools, ClearQuest, JIRA, Toad 11, Soap UI 5.0.0, MS Office.

**Well Care, Tampa, FL Jan 2010– Mar 2011**

**Business Analyst**

**Project Description:** Well Care Health Plans, Inc. provides managed care services exclusively for government-sponsored health care programs, focusing on Medicaid and Medicare. Headquartered in Tampa, Florida, Well Care offers a variety of health plans for families, children, and the aged, blind and disabled, as well as prescription drug plans.  
I was involved in enhancement for working on claims process, coordination of benefit & pricing process.

**Responsibilities:**

* Helped to communicate business priorities to the organization to effect business solutions
* Created and maintained BRD to assist PM close basis while managing multiple projects
* Converted Business Requirements to the Functional Specification
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Health Insurance Claims. Worked on HIPAA Standard/EDI standard transactions: 270, 271, 276, 277, 278, 834, 835, and 837 (P.I.D), 997 and 999 to identify key data set elements for designated record set. Interacted with Claims, Payments and Enrollment hence analyzing and documenting related business processes.
* Involved in gathering clinical data and supported application development. Data includes patient’s admission status, discharge details and transfers. Also tested claims and diagnosis reports of the patient
* Used Requisite Pro for the Requirement Documents Preparation
* Prepared Business Process Models that includes modeling of all the activities of business from the conceptual to procedural level
* Participated in process of preparing verification master plan to describe clearly and concisely the company’s philosophy, expectations, and approach to be followed. Met with users to generate and review business test cases
* Created Use Cases / Activity Diagrams / State Chart Diagrams, Sequence Diagrams thus defining the Data Process Model and Business Process Mode
* Extensively used the SQL queries to validate data from source system to target systems.
* Worked on Data mapping, logical data modeling used SQL queries to filter data within the Oracle database tables
* Conducted JAD Sessions to develop an architectural solution that the application meets the business requirements, resolve open issues, and change requests. Implemented and monitored Individual Development Plans focusing on total performance, including both quality and productivity.
* Monitored client expectations through client involvement and communication throughout the lifecycle of the project; educate clients and stakeholders on the benefits and risks associated with the project.
* Worked with the Quality Management team to ensure that requirements documentation can be easily translated into test plans, and ensure that the proper testing plans have been completed.

**Environment:** Rational Unified Process, Rational Rose, UML, Visio 2003, Office 2003,C, MS Project 2002, Ms FrontPage, Windows XP

Education

Bachelors in Science

Masters in Marketing Management