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Professional Summary

* 7+ years of professional experience as ***Sr. Business Analyst*** in various System Integrations and Business Applications for Health Care Industry &
* Strong knowledge on HIPAA standards, ICD9/ICD10, EDI transactions & 4010/5010 versions, Medicare and Medicaid Services.
* Strong Knowledge on claim processing and EDI transactions i.e. Claims Inquiry and Response (276/277), Receipt and Verification of claim forms(837), Claim Payment and advice(835), Eligibility Inquiry and Response(270/271), Certification Request and Response(278), Benefit Enrollment(834), Order and Payment Remittance(820), Functional Acknowledgement(997/999).
* Specialized experience in healthcare insurance domain including Medicare, Medicaid, PBM, Procedural and Diagnostic codes and Claims Process. Profound experience with HIPPA X12 EDI transaction codes such as 270/271 (inquire/response health care benefits and eligibility), 276/277 (Claim-status), 278 (Transmitting health care service information), 834 (Benefit-enrollment), 820/835 (Payment/remittance advice), 837 P/I/D (Health care claim).
* Proficient in Requirement Management, including gathering, documentation, analysis, detailing and tracking requirements, Quality Assurance, Testing and End user support working as Business Analyst mainly in Healthcare sector.
* Experienced in documenting requirement using Unified Modeling Language (Use Case and Activity Diagrams). Also building business Process Flow, Context Diagrams, Sequence Diagram, Activity Diagrams, Class Diagrams using Rational tools and Microsoft Visio.
* Strong understanding of various PMO techniques used in SDLC such as Rational Unified Process (RUP), Waterfall, Agile and SCRUM with hands on experience in each of them.
* Experienced in interacting with business users to identify their needs, gathering requirements, developing detailed functional specs through JAD sessions, interviews, on site meetings and authoring Business Requirement Documents (BRD), Functional Requirement Document (FRD) and Software Requirement Specification (SRS) across the deliverables of a project.
* Extensive hands on experience in creating RTM, Defect Status Report, Change Request Form, Test Plan and Collaboration Diagram and designing User Interfaces (GUI) and wireframes.
* Strong Knowledge with Iterative approach for Software Development as per Rational Unified Process (RUP). Involved in inception, elaboration, construction & transition phases using rational tools like Requisite Pro, Clear Case, and Clear Quest during various phases of RUP.
* Experienced in SWOT Analysis, Gap Analysis, Impact Analysis, Risk Analysis, and Project Planning. Excellent analytical skills in understanding the business process (AS-IS and TO-BE).
* Exceptional Problem Solving and Sound Decision Making capabilities, along with ability to manage and resolve increasingly complex situations through Root Cause Analysis.
* Experienced in writing Test Case (manual/automated test cases), Conducting Integration/Regression testing, Black Box/White Box testing, UAT (User Acceptance Testing).

**TECHINCAL SKILLS**

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| Operating System | UNIX, Windows 9x/NT/2000/2003, MS-DOS |
| Language/Tools | SQL , PL/SQL, Shell Scripts, Java |
| Database | MS SQL Server, MS Access, Oracle8i/9i, DB2, LDAP |
| Testing Tools | Microsoft Test Manager, Mercury tools, Test Director 6.0/7.0/7.6/8.0, Quality Center9.0/10.0/ALM, QTP 9.2/10.0, TOAD, MS Office, |
| Networking Tools | Unix, Telnet, FTP,ETL – Data Staging, LDAP Server(SSE enabled) |
| GUI Tools/Internet Programming Tools | MS Visual Studio 2010, Developer 2000, Rational Requirement Composer, Power Builder and Crystal Reports, HTML, XML. |

Professional Experience

***State of Texas-TMG Health, Jessup, PA Sr. Business Analyst Jun-2014-Jul-2015***

**Texas Medicaid –Implementation** TMG is in the process of implementing a strategy and operating model for their Medicaid line of business. TMG has identified a portfolio of programs and projects that, once implemented, will serve as the basis for all future Medicaid business / customers. The first TMG customer transitioning to the new platform is Texas Medicaid.

**Responsibilities:**

* Involved in Business Process Redesign and its documentation.
* Prepared the Business requirement Document (BRD) and functional requirement document (FRD) for the enhancement of the existing services.
* Performed Analysis and Design of existing transaction sets, and modification of these transaction sets to ensure HIPAA compliance.
* Worked with subject matter experts to update existing Medicaid Management Information System (MMIS) in order to ensure HIPPA compliance.
* Conducted JAD sessions with business units and stakeholders to define project scope, identify business flow and determine whether any current or proposed systems are impacted by the new development efforts.
* Involved in validation and submission of RAPS (Risk Adjustment Processing System) data to CMS (Centers for Medicare and Medicaid Services) and correction of rejected RAPS data.
* Interacted with PBMs and NCPDP throughout the process of negotiating and processing prescriptions.
* Attended daily SCRUM and guided QA and Developer regarding the defects, Technical Specification Documents and Mapping Documents.
* Worked with Cash Posting to ensure immediate adjustment to the customer's Accounts Receivable balance.
* Utilized Agile Methodology to configure and develop process, standards and procedures.
* Involved in claim adjudication process of facets application.
* Created workflow diagrams, UML diagrams, process models, activity diagrams, use cases, swim lanes, for incorporating design changes in the order creation/ management system
* Coordinated the upgrade of Transaction Sets 837 P/I (Health care claim Professional/Institutional), 820/835 (Payment/Remittance advice) and 834 (Benefit Enrollment) to make it HIPAA compliant.
* Took action to mitigate claim denial through a complete analysis of the application “Claims Scrubber” to ensure 277CA (Claims Acknowledgement) accepted claims would not result in an increase in denials at the payer adjudication level.
* Performed on the EDI 834; loading files to Facets through MMS (Membership maintenance sub-system).
* Involved in forward mapping from ICD 9 to ICD10 and backward mapping from ICD10 to ICD9 using GEM. Also performed gap analysis between ICD 9 and ICD 10.
* Performed gap analysis and impact analysis for the Facets up gradation system.
* Developed the business requirements and use cases for Facets batch processes; automating the billing entity and commission process.
* Performed as a facilitator for Testing Efforts and New Requirements between the Healthcare Company and its various Vendors.
* Successfully elaborated the Current process and proposed process for the projects in the organization. Work actively for completing High Priority Tasks on time.

**Environment:** Health Rules UI, System, Windows 7 Enterprise, EDI X12N 4010&5010, MS SQL Server 2008, Microsoft Test Manager, Visual Studio 2013,SOAP UI

***Nebraska Medicaid, LINCOLN, NE Business Analyst Sep-2012-May-2014***

**Projects:** Nebraska Medicaid covers many medically necessary services from health providers who participate in the Nebraska Medicaid program. The Medicaid Management Information System of DHHS is a 30 year old legacy system which processes payments for covered medical services for eligible Nebraskans. The MMIS Legacy team handles all Business Analysis functions required to modify and enhance the current Medicaid Management Information System (MMIS) to meet State and Federal requirements. Hands on experience on various subsystems (Provider, Member, Managed Care, TPL-Third Party Liability, Claims, And Prior Authorization) in MMIS.

**Responsibilities:**

* Performed Gap analysis for the modules in production, conducted feasibility study and performed impact analysis for proposed enhancements and also worked on reporting skill set.
* Produced complete data mappings and data conversion documents needed for the Claims application.
* Good knowledge about automated business process (Sterling B2B integration)
* Compiled the BRD, FRD and composed detailed Use Case Specification Documents in Rational RequisitePro.
* Created UML class diagrams, use case diagrams and sequence diagrams to view the system from different perspectives.
* Contributed in the database section of the technical design document.
* Performed Functional and GUI Testing to ensure that the user acceptance criteria are met.
* Co-coordinated the UAT with the SME’s to make sure that all the Business Requirements are addressed in the application.
* Professional experience in writing Test Scenarios, Test Conditions, Test Cases and Test Scripts for Functional and non-functional requirements and mapping validation.
* Experienced with Rational tools like Rational Requisite Pro, Clear quest, Clear Case, JIRA, Rational Rose.
* Experience in claim processing system
* Good knowledge about the Patient Protection and Affordable Care Act (PPACA).
* Worked collaboratively with top management and senior team members to discuss project strategies and deliverables.
* Extensively worked on SQL queries and good experience on data transformation and data mapping from source to target database schema.
* Created test cases and testing strategies for System Testing (Development Environment), Integration Testing (UAT) and Production in Agile/Scrum environment.
* Implemented the concepts of HTTPS, SSL, and SOAP + MIME functionality to address the security concerns for real time system in Xengine environment (EDIFECS).
* Worked extensively with the users and with different levels of management to identify requirements, use cases and to develop functional specifications.
* Documented Requirement Traceability Matrix (RTM) for requirement elicitation and linkup to deliverables.
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets.

**Environment:** Microsoft Office (MS Word, MS Excel, MS PowerPoint, MS Visio, MS Access), Rational Requisite, RUP, XML, SQL, Test Director, Rational Test Management, FACET

***Medco Health, Parsippany, NJ Business Analyst Jul-2010-Aug-2012***

Medco is a leading pharmacy benefits manager (PBM) with the nation’s largest mail order pharmacy operations. Through clinical management, Medco engages members, their physicians and pharmacists, in making better, most cost effective use of prescription drugs thus providing members safety and their care more effective and affordable Account Information System, clearinghouse and Claim processing group to evaluate and settle the

**Responsibilities:**

* Reviewed and analyzed the business requirements document to derive the functional specifications document and assisted in the preparation of System Requirement Specifications.
* Involved in Planning, Defining and Designing data based on business requirements and provided documentation.
* Occupied in Logical, Physical design and Development of the DSR (Data Staging Repository) for the Database and AMS (Asset Management Reporting System) using Erwin.
* Gathering all system requirements for Business Intelligence, Data Warehouse
* Interacting with Developers and SME (Subject Matter Experts) about HLD & LLD.
* Interacted with the business partners and database administrators to identify the business requirements and data realties.
* Analyzing the code, data and preparing the spec’s for Developers
* Analyzing the system performance. Configured SQL mail agent for sending automatic emails when a SSIS package is failed or succeed.
* Created Drill-through, Drill-down, Cross Tab Reports and Sub-Report using RDL.
* Generated periodic reports based on the statistical analysis of the data using SQL Server Reporting Services (SSRS) & developed ad-hoc reports using SAS/SQL queries and MS Access and Excel.
* Gathered requirements from the users and analyzed the requirements for RQ System, Facets etc.
* Gathered and documented functional requirements for testing and verification of HIPAA.
* Web Portal Development – Worked as a Business Analyst gathering requirements to develop a referral portal.
* Designed, developed and tested data mart prototype (SQL ), ETL process (SSIS) and OLAP cube (SSAS)
* Documented the UAT Plan for the project and worked with the UAT Team to ensure every acceptance criteria for the requirements has been included in the UAT task plan.

**Environment**: MS Visio, Word, Excel, UML, Oracle SQL Server, PowerPoint, Rational Requisite.

***Vention Medical, Salem, NH Business Analyst Aug-2008-Jun-2010*  
Descriptions:** Vention medical is a worldwide market leading manufacturer and distributor of high tech medical devices that enable or enhance diagnostic and therapeutic medical procedures for completed tomography, magnetic resonance and cardiovascular applications. The project was to support the Clinical Trials Office (CTO) and working on Clinical Trial Management System (CTMS). The tasks also included gathering Business requirement, GAP analysis and writing use cases to design and develop internet based form submission application for Specialty Billing data from DB2. Used mainframe platform to retrieve data and utilized SAS/ETL to extract data from operating data system. **Responsibilities:**

* Gathered Business Requirements from the Subject Matter Experts (SMEs) and documented the requirements in the BRD.
* Extensively involved in requirement gathering and design meetings with Integrated Product Team (IPT) Business / Lead users to understand requirements for configuring / test System Workflows
* Created ensuing use cases, report requirements/templates, scope documents, issue tracking and project plans in an Agile environment
* Successfully conducted numerous Joint Application Development (JAD) Sessions with various stakeholders at different phases of the Software Development Life Cycle (SDLC)
* Performed GAP Analysis to identify areas of improvement for the business process.
* Handled Source to Target Data Mapping, Technical Specs documentation, and ETL
* Working through the phases of SDLC using the Agile methodology
* Worked closely with Development team on ETL process, data infrastructure, data modeling, business intelligence reporting and dashboards
* Developed, compiled and updated the Requirement Traceability Matrix (RTM) during all phases of the software lifecycle.
* Worked with Technical Writer and Senior System Analyst to prepare User Manuals, System Administrator, Facility Administrator and BHQ Administrator Manuals.
* Wrote standard and complex SQL queries using MS SQL Server and also in Mainframe for data validation process.
* Provided Training to Business Users, Test Team, and Product Specialists
* Involved in Prototyping of the application and Gap Analysis
* Worked with Senior Requirement Analyst to understand the User Requirements
* Prepared User Acceptance Testing (UAT) Protocol from Use Cases encompassing basic and alternate flows

Environment: SDLC, RUP,  Agile Methodology, Rational Rose, Requisite Pro, Microsoft Visio, MS Excel, MS Word, SAS/SQL, .NET, Microsoft Project, Microsoft Office, Erwin, Clinical trial Management Systems, Crystal Report, MS Windows XP.