**Sant Sah**

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**805-861-9190**

**SUMMARY**

* Over 7+ years of experience in business analysis/business systems analysis.
* Expertise in Business analysis, Gap Analysis, Business Rules, and developing business process documents.
* In depth knowledge and experience in Software Development Life Cycle (SDLC) methodologies including Waterfall, Agile Scrum, Rational Unified Process (RUP), and Rapid Application Development (RAD).
* Knowledge in creating Project Charters (PC), Business Requirement Documents (BRD), Functional Requirement Documents (FRD), and use case specifications.
* Experienced in elicitation techniques including conducting interviews, brainstorming sessions, prototyping, use case diagrams, and user observation.
* Knowledge of UML diagrams including Use Case Diagrams, Activity Diagrams, and Sequence Diagrams.
* Knowledge of Electronic Medical Record (EMR) systems.
* Experience in using Joint Requirement Planning (JRP) and Joint Application Development (JAD) sessions for gathering requirements and brainstorming ideas.
* Experienced in conducting User Acceptance Testing (UAT) by facilitating Stakeholders and business users to use the system.
* Knowledge of Risk analysis, SWOT analysis, and ROI analysis.
* Knowledge of ICD-9 and ICD-10 structure and formats and conversion and mapping.
* Knowledge of EDI claims, Member enrollment, Eligibility, and HIPAA 5010 standards.
* Knowledge of modules with Healthcare Claims Adjudication Process (Membership process, billing process, and Enrollment and Claims Process).
* Experience in conducting analysis for business processes running in Electronic Data Interchange (EDI) standards.
* Knowledge of FACETS 4.41 claims processing system.
* Skilled in developing complex SQL queries to validate, analyze, and manipulate data to ensure integrity of the database.
* Experience in defect management using HP ALM.
* Knowledge of requirement traceability matrix (RTM).
* Experience in development, implementation, and integration of strategies within a team oriented environment.
* Skilled in utilizing quantitative and qualitative analytical skills.
* Experienced in writing complex SQL queries, gathering, manipulating, and verifying data in the database.
* Excellent project management skills and experience working with Microsoft Word, PowerPoint, and Microsoft Visio.

**TECHNICAL SKILLS**

**Methodologies:** Waterfall, Agile, Scrum, RAD, RUP, UML

**Testing Tools:** HP ALM, QTP

**Requirement Management Tools:** SharePoint, HP ALM, Rational Clear Quest

**Languages:** C, SQL, Oracle, SQL Server 2014, TOAD

**Office Tools:** MS Word, MS PowerPoint

**Wire framing Tools:** Microsoft Visio

**PROFESSIONAL EXPERIENCE**

**Care More/Well Point – Cerritos, CA Sept 2015 to Till Date**

**Role: Sr. Business Analyst**

# The new Claims Processing MMIS (Medicaid Management Information System) was initiated by the Care More to replace their 20 yrs old legacy system with a new SOA based system that will be based on the Microsoft .NET Platform. The new system would automate all the business areas with minimum human inter-vention. I was the Business Systems Analyst for the all the Claims Processing data which needed to be migrated from the Mainframe to the SQL Server environment. I had to constantly interface with the legacy team & the new MMIS design team for data & design related issues. As a Business Analyst, I was involved in all aspects from beginning to end of the entire legacy migration project.

# Worked on Duals, Medicare, Business Operations, Case Management, Claims, Clinical Analytics, Clinical Operations, Compliance, EDI Validations, Finance and Accounting, Healthcare Code, Member Services, Membership and Eligibility, Network Operations Management (OM), OPMR, SOX Auditing, ICD10, Pharmacy, Pharmacy Benefits & Claims, Practice Management, Regional Performance Management, Sales, Terms and Conditions, Trainings and Utilization management, Revenue Cycle, EPIC Implementation & EMR Reporting. Project included technical and professional services related to analysis and assessment of the current MMIS and EDI claims, documentation of business and technical requirements, preparation of cost analysis and implementation of new MMIS automation system.

**Roles and Responsibilities**

* End to End working experience of Medicare, Medicaid, Duals, Hospice, LTSS, Vision, Dental, Pharmacy and behavioral health benefits projects from Patient/Member Eligibility, Patient/Member Registration to Patient/Member departure.
* Experience with Patient Billing, Payer Compliance, Payer Reporting and Analytics.
* Worked with HIPAA 4010 implementation in designing EDI X12 (837,834,278,270) transaction to the newly implemented Duals System.
* Propose strategies to implement HIPAA 4010 in the new MMIS system and eventually move to HIPAA 5010
* Interviewed the stakeholders to gather high level requirements.
* Responsible for gap analysis in changing old MMIS to new MMIS.
* Did Gap analysis on the ICD9 to ICD 10 conversion and subsequently the mapping between those
* Performed workflow analysis toward automated disability claims process.
* Experience with Clinical, HL7, CCDs, EMR and EHR projects.
* Implemented Healthcare Enterprise Core Administration Platforms such as FACETS and Electronic Health Record & Practice Management applications such as NEXTGEN. Also involved in migrations and customizations of these systems.
* Experience in migration of clinical data from ICD 9 to ICD 10.
* Designed and Developed various Business Intelligence reports against ODS, Claims systems such as Facets, HER systems such as NEXTGEN and Care Management systems, Network Management systems, Revenue Cycle Management systems.
* Involved in SSAS Cubes design by creating KPI, Actions and Perspective from huge dataset using SQL Server 2008 Analysis Services (SSAS).
* Designed and developed matrix and tabular reports with drill down, drill through and drop down menu and used gauge reports with KPI’s in SSRS.
* Converted the logical request and response documents into the physical XML schema, compile a Data Dictionary and convert the logical data model into a physical data model that will be implemented within SQL Server RDBMS.
* Develop interfaces to third party system and create business rules and data transfer mappings using XPath, XSLT, and XML.
* Designing and Implementation of XSD schemas using XML Spy Tool keeping reusability in view across the systems.
* Analyzed customer needs and existing functions in the area of HIPPA transactions to determine feasibility, consistency with the established scope of work.
* 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 user stories using JIRA. User stories are dissolved to the granular level and are supported by acceptance criteria which are in turn used by both development and QA team for both development and testing throughout the iterations. Also was involved in writing test cases for checking the functionality of the processing system constructed.
* Created SSRS reports from raw data to answer executive management questions on many topics.
* JIRA has been thoroughly used for maintaining the Test Plans, Test Cases repositories along with the Defects.
* Involved in writing SQL queries to test the mappings and to track the requirements as per the user requirements.
* Validated the following: 837 (Health Care Claims or Encounters), 835 (Health Care Claims payment/ Remittance), 270/271 (Eligibility request/Response), 834 (Enrollment/Dis-enrollment to a health plan).
* Involved in creating requirements that comply with HIPAA and HL7 regulations to protect the privacy of the employee insured under any policy and also regulations for claim submission that is required by Medicare and Medicaid policies.
* Used SDLC (System Development Life Cycle) methodologies such as the Agile (Scrum) and the waterfall.

**Environment:** MS Office; ICD-10 and ICD-9; GUI; Quality Center; MS Visio; Agile Scrum; XML; UAT; and SQL Server, HIX, MMIS, MMARS,

**Better Health Medical Center, Rockville, MD July 2013-Aug 2015**

**Business Analyst**

Better Health Medical Center is a Pain Management and Physical Therapy Clinic, which needed help with implementing an Electronic Medical Records (EMR) System. The clinic was seeking the ability to conform to a paperless office by streamlining all their clinical data, and medical claims data to the newly implemented system. This would allow for better transparency, increased productivity, and improved workflow among the clinical and non-clinical staff. Some benefits of this newly implemented system was to improve on the quality of care giving to patients; provide a patient –centric environment through the use of a full integrated EMR system; ensure patient demographics are entered into the system and adequately tracked; and track all clinical supplies used to treat patients.

* Conducted JAD sessions to elicit requirements from medical personnel while ensuring feasibility with technical leads.
* Gathered business requirements for the design of the systems database.
* Successfully accomplished the design of a conceptual data model as well as a logical model of a database.
* Ability to identify Data Entities, Attributes, Relationships, Constraints Primary key, Foreign Key as well as organize data in a normalized fashion using normalization techniques within the database.
* Ability to configure and define various Database Dimensions in a related database based on the given criteria.
* Configured and designed a Data Dictionary in order to provide a good understanding of the database to various stakeholders.
* Produced product requirement documents including use case diagrams and scenarios that provide detailed explanation of what is to be delivered with level of priority.
* Review test cases to ensure accurate and complete testing of user requirements.
* Performed risk analysis of the requirements in order to identify business risk areas for the project and prioritize application development and testing efforts.
* Conducted requirement workshops and interviews to gather business and systems requirements from approvers, team leaders, and other stakeholders.
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, while using UML.
* Assist with the successful roll out of new EMR systems.
* Involved in the gathering, analysis and documentation of business requirements.
* Worked as a liaison between business users, testers and application development team.
* Design and implement patient flow sheets.
* Ensure systems compliance with meaningful use guidelines.
* Routine Clinical Documentation on Electronic Medical Record Software.

**Environment:** MS Office; ICD-10 and ICD-9; GUI; Quality Center; MS Visio; Agile Scrum; XML; UAT; and SQL Server, HIX, MMIS, MMARS,

**Cigna Healthcare, Raleigh, NC Apr 2011-June 2013**

**Business Systems Analyst**

CIGNA Healthcare provides quality health insurance at affordable prices. I was involved in forward mapping and analysis of ICD 9-ICD 10 conversion for Clinical modification diagnosis codes and Procedural Code Systems (PCS) and General Equivalence Mapping (GEM) tools for forward mapping of ICD 9-ICD 10 codes.

* Conducted gap analysis and determined the "As-Is" system and "To-be" system and developed documentation.
* Conducted gap analysis of client requirements, generated workflow process, flow charts, and relevant artifacts.
* Assisted in defining and documenting the vision and scope of the project.
* Assisted in development of business and technical requirement document (BTRD) and business system design (BSD) document for the project.
* Participated in JAD sessions with subject matter experts and project team members.
* Conducted analysis on ICD 9-ICD 10 codes conversion.
* Effectively communicated business and technical need to the development team.
* Analyzed the requirements from Group Class Plan (GCP) documents for members and subscriber demographic information.
* Maintained a requirement traceability matrix (RTM) of the requirements.
* Involved in end-to-end testing.
* Developed SQL queries for data validation, analysis, manipulation, and for maintaining the data integrity of the database.
* Executed SQL queries to check duplicate records.
* Participated in defect review meetings to assist in resolving defect scenarios, and weekly walkthroughs with the management.
* Facilitated User Acceptance Testing (UAT) for stakeholders and end users.

**Environment:** HP ALM, MS Visio, DB2, XML, UML, Rational Clear Quest, HIPPA, SME, ERD, DFD, SQL, EDI, UAT, RUP, SDLC, UML,MMS, Windows OS, MS Excel, MS Word, MS Access, BRD, FRD, FSD.

**Leon Medical Centers Health Plans Inc, Miami, FL Jan 2010-Mar 2011**

**Business Analyst**

Leon Medical Centers Health Plans Inc. Meets the needs of Medicare patients of Leon Medical Centers. Leon Medical Centers Health Plans as a Medicare contracted Health management organization is qualified to provide such services to its members with unique and comprehensive Medical Center benefits. The company used Trizetto's Facets Extended Enterprise(TM) Administrative system to help it efficiently manage the demands of the growing market. The project involved integration of its newer version with Facets 4.41 with numerous enhancements. I worked as a business systems analyst, I was responsible for identifying user's business requirements, interpreting business requirements and translating them into system requirements, writing business requirements, and communicating with development team for system integration.

* Developed end-to-end business process flows for HIPAA 5010 EDI transactions including 834(Benefit enrollment and maintenance), 835 (Electronic Remittance Notification) and 837 (Claim Submission) transactions.
* Developed business requirement documents, product backlog with prioritized list of user stories, and sprint backlog.
* Participated in daily stand up meetings, sprint planning meetings, and sprint review and retrospective meetings.
* Conducted user acceptance testing (UAT) using MORAE usability testing tool using the observer and the manager mode.
* Participated in Joint Application Development Sessions (JAD) with the management, users and other stakeholders for open and pending issues.
* Analyzed user interface designs, technical design documents, quality assurance test conditions, and the performance of the application from various dimensions.
* Assisted in creating Business Glossary to facilitate efficient understanding of the business process amongst teams.
* Conducted walkthroughs with the development team and the testing team.

**Environment:** Windows, XP, ETL, MS -TFS, SQL, SharePoint, MS Office, MS Excel, XML, HTML.