# Shiva Kumar

# Sr. Business Analyst

Email id: **[Shivnanda.qa@gmail.com](mailto:Shivnanda.qa@gmail.com)** Ph No: 812 603 3666

**PROFESSIONAL SUMMARY:**

* 8 years of experience in Information Technology as a Business Analyst with expertise in implementation of IT projects using Project Management methodologies such as RUP, waterfall and Agile,srucm methodologies.
* Extensive experience in business requirement gathering, analysis, modeling and project management.
* Successfully conducted interviews, brain storming sessions, group interviews, prototyping, focus group sessions and JAD sessions in order to gather requirements. Proficient in using UML to create Activity diagrams, Sequence diagrams, Use case diagrams.
* In depth knowledge of Business process modeling, Business process management and workflow management.
* Excellent knowledge of Medicare (Part A, B, C and D) and Medicaid Health Insurance Policies and reimbursement forms.
* Experienced in various Healthcare areas like Enrollment, Benefits, Claims, Medicare, and implementation of HIPAA key EDI (ANSI X12) transactions.
* Dealt with the complexity of migrating from the ICD-9 set of diagnostic codes to ICD-10.
* Expert in all phases of Requirement Management, including gathering, analyzing, tracking requirements and quality assurance.
* Extensive knowledge of Software Development Life Cycles (SDLC). Thorough understanding Waterfall and Agile methodologies. Expertise in all phases of the software development lifecycle including requirements analysis, design, development, testing, implementation, integration, documentation, configuration management, training, enhancements.
* Strong experience working with Business Intelligence in order to make better business decisions.
* Experience with EDI transactions such as EDI 834 (Benefit Enrollment and Maintenance), 277/275(Health Care Claim Request for Additional Information and Response), 276/277 (Health Care Claim Status Request and Response), 835 (Health Care Claim Payment/Advice), 837P (Health Care Claim: Professional), ICD9, CPT and NDC Codes.
* Excellent knowledge of the AS-IS and TO-BE business processes and experience in converting these requirements into technical specifications for preparing test plans.
* Excellent communication and Interpersonal Skills, capable of communicating with higher management, and directors. Exceptional mediator between external and internal customers, capable of interpreting their needs and positions to ensure the success of the projects.
* Proficient in developing Analysis Model, Use Case Diagrams, Activity Diagrams, Behavior Diagrams, Class Diagrams using MS Visio for business process modeling and designing data flow diagrams (DFD).
* Ability of getting the work done in highly pressurized environment.
* Assisted the development team throughout the construction process of the software.
* Ability to work effectively with multiple teams and multiple vendors.
* Experienced in complete AGILE, RUP, SDLC, Client /server architecture providing a well-balanced understanding of business relationships, business requirements, worked for financial and technical solutions and help the team at all levels until final product release.
* Expert in writing UAT test cases, test plan, test strategies based on the process requirements. Proficient in quality control and quality assurance testing techniques.
* Highly efficient, demonstrated superior time management and multi-tasking skills by accomplishing full-time studies and employment concurrently
* Specialization in the Agile methodology(Scrum)

**TECHNICAL SKILLS:**

Automated Testing tools: Rational Unified Process (RUP), UML,

Business Modeling Tools: Rational Rose, MS Visio

RDBMS: SQL Server, MS Access, Oracle 8i/9i, MySQL

Operating Systems: MS-DOS, Windows 98/NT/2000, Win XP, UNIX

Software Tools/Utilities MS Word 7.0, MS Excel, MS PowerPoint 5.0, MS Access, IBM COGNOS Business Intelligence tool

DB Tools: Oracle, MS Access, Microsoft SQL server, Toad, SQL Developer, Transact - SQL (Query Analyzer)

Languages/Dev Tools: VB, SQL, PL/SQL, Test Scripting Language, C++, Java, SOAP UI, XML

Scripting Language: HTML, XML, VBScript, TSL, Unix shell scripts, SQA basic

Other: J2EE, Microsoft Office, IIS , Visio 2000, Rational Rose

**PROFESSIONAL EXPERIENCE:**

**Horizon Blue Cross Blue Shield, Newark, NJ**

**Apr-2012-Nov-2013**

**Lead. Business Analyst**

BCBS is one of the largest Healthcare Company in USA. The Company serves Medicare beneficiaries and individuals through its HMO/PPO plans. I worked on the claims processing module of the Group Approval Process (**GAP**). The claims processing module involved Receipt and Verification of Claim Forms (837) and Claims Attachments (275), Claims Enquiry and Response (276/277), Enrollment Implementation Format (834), Adjudication, EFT and ERA (835) as per HIPAA guidelines. I was Involved in development of claim management data warehouse to assist claim professionals to analyze and administer the claims in an efficient manner. The operational data came from multiple sources and was then loaded into claim management data warehouse.

**Responsibilities**:

* Coordinated with Business Owner, Application Vendor, Business Project Teams, Payers and Clearinghouses to bring all processes to a level of execution to mitigate any impact to current revenue flow under the 5010-compliancy requirements
* Involved in mentoring specific projects in application of the new SDLC based on the Agile Scrum and Rational Unified Process, especially from the project management, requirements and architecture perspectives.
* Helped with building ICD 9 to ICD 10 crosswalk map by grouping thousands of codes and ranges in Clinical, Benefits, Financial, Medical policy waves
* Implemented Agile Scrum methodology for the project life cycle and scrum framework for team management.
* Ability to architect, design and develop an enterprise Business Intelligence (BI) and data warehousing solution
* Conducted working sessions to gather and document high level business requirements and detailed level business requirements for different business units impacted by ICD 10 such as EDI Claims Intake, FACETS for Claims Adjudication, Medical Management- Utilization Management, Case management and Provider Reimbursement- Provider Payment
* Worked on Financial Analysis of DRG shifts from ICD 9 to ICD 10 to avoid any over or under payments to the providers
* Organized impacted systems into high, medium and low impact to help business analyze the level of effort for remediation activities and ease resource allocation work
* Prepared use cases and data flow diagrams to analyze the impact of ICD 10 diagnosis codes embedded in different systems and applications
* Prepared and maintained requirements traceability matrix (RTM) throughout the project lifecycle
* Extensive experience with Data Warehousing, Extraction, Transformation and Loading (ETL) and Business Intelligence (BI) tools
* The project followed Agile Scrum methodology
* Gathered and validated inventory of applications, interfaces, and reports that will need to be modified to comply with ICD-10 requirements
* Validated that the system claim scrubber included editing based on the CEM published edits to ensure a positive 999 and 277CA transaction
* Designed and developed Business Rules Document about the Claim Component and HIPPA
* Created business workflows on the claims module for the client to get a better understanding of the software and prepared a detailed BRD including all functional and non-functional requirements
* Used UML for Specifications, Documentation and Construction of systems
* Worked closely on 834 transaction code for Benefit Enrollment and was involved in Validation of HIPAA for 837, 270/271, 276/277,835, 834 EDI transactions
* Performed the Gap analysis of the earlier systems, generated a detailed Requirements document describing new system architecture through Use Cases and Activity diagrams
* Designed robust 5010 testing and 4010 regression SIT and UAT Testing Scripts for the 5010 Project
* Used UML methodology to define the Data Flow Diagrams (DFD).
* Analyzed the testing results to ensure that the results were in accordance with the Gap Analysis and expected results for 5010 compliance
* Documented workflows and executed comprehensive testing and training plans to ensure the new acknowledgement results demonstrated in the 999 and 277CA were properly interpreted and managed to ensure Payer acceptance of the 837 files
* Took action in the process flow to prevent rejected claims from falling into “limbo”.  
  Mitigated claim denial increase through a complete analysis of the application “Claims Scrubber” to ensure 277CA accepted claims would not result in an increase in Denials at the payer adjudication level
* Validated the receiving A/R applications (up to 12 recipient applications) received the correct split file and the application was able to correctly post the 5010 compliant 835 file
* Identified all risks associated with the project and proposed suggestion for mitigating the identified risk related to the business

**Environment:** SQL 2008, Visual Studio MTM, MS Visio, Windows, MS Office, Agile/Scrum Methodology, Visual Studio

**Humana, Louisville, KY**

**Jun-2010-Feb-2012**

**Sr. Business Analyst**

Humana provides health insurance coverage for more than 1 million people in the United States. The project was focused on the redesign of health insurance claims processing system covering the configuration of existing system with QNXT for Group, benefits, eligibility & claims, compliance check of various transactions according to **HIPAA** rules (834, 278) and EDI X12 standards, re-engineering and capturing of transactions with legacy systems [Enrollment -834, Health Plan Premium-820, Eligibility Transaction (270/271), Service request for review and response (278), Claims (837) Claim Status Request and Response (276/277), Remittance (835)

**Responsibilities:**

* Gathered Business Requirements from the Subject Matter Experts (SMEs) and documented the requirements in the BRD.
* 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.
* Created process flow diagrams describing provider and member access to the web portals. Elicited and documented business, user, functional and non-functional requirements.
* Developed, communicated, and validated requirements package with business and developers.
* Engaged with clients to understand business processes and determine their specific requirements.
* Facilitated Joint Application Development (JAD) Sessions for communicating and managing expectations
* Validate EDI Claim Process according to HIPAA compliance.
* Tested HIPAA regulations in Facets HIPAA privacy module.
* Extensively used Agile Methodology in the process of the project management based on SDLC.
* Gathering requirements to develop a referral portal
* Conducting business validations, covering the following deliverables: FACETS Providers, Facets Claims and Facets Membership and Operational reports.
* Created process flow diagrams describing provider and member access to the portals
* Tested the HIPPA EDI, 834, 270/271, 276/277, 837/835 transactions according to test scenarios and verify the data with Facets on different modules.
* Participated in frequent Agile team meetings (Scrum planning, daily stand-ups, retrospectives) to provide UX input and guidance to an Agile product development process.
* Designed and developed scenarios based on business requirements.
* Followed RUP methodology for the entire SDLC.
* Design, development, implementation and roll-out of MicroStrategy Business Intelligence applications, Rational Unified Process (RUP) was used to implement iterative SDLC.
* Create Data Flow Diagrams (DFD) to depict the source-to-Target Mapping and Data Lineage Analysis
* Created job schedules to automate the ETL process.
* Extensively worked on all kind of joins and operators to fetch data from multiple tables.
* Assisted in implementation plans related to new/revised applications/services.
* Worked with the client to create and execute the acceptance test strategy.
* Worked closely with the Enterprise Data Warehouse team and Business Intelligence
* Obtained signoff from project stakeholders on tasks completion

**Environment:** RUP, UML, Crystal Reports, Oracle, SQL, Lotus Notes, Agile, JAVA, HTML, MS VISIO, MS OFFICE (Word, Excel, MS Access, PowerPoint, Project) , Basel II

**Asurion, Nashville, TN   
Oct-2008-May-2010  
 Business Analyst**

Asurion is a largest insurance provider for Handsets in USA. Asurion provides customers phone protection services and technical support to help customers ensure their phone content privacy and the rapid replacement of lost, stolen, damaged or malfunctioning devices. Some of the major clients of Asurion include

**Responsibilities:**

* Participated in creation of Business Process Workflow Diagrams with Stakeholders.
* Conducted meetings with business users and SMEs to identify and gather various functional and non-functional requirements.
* Analyzed business requirements and organized high-level and low-level Use Cases.
* Utilized Rational Unified Process (RUP) to configure and develop process, standards, and procedures to create a Business requirement Document (BRD).
* Conducted GAP analysis of the different reports that are being presented to clients to accommodate their requirements.
* Analyzed the Interfaces to mainframe application data sources, reviewed and verified the data quality in Business Intelligence Reports
* Created artifacts such as Use Cases, Activity Diagrams, and Sequence Diagrams using MS Visio. Planned all the RUP iterations and documented the artifacts throughout various phases.
* Data cleansing, data migration, and data mapping were used to and validation of database structure in the OLAP.
* Work with the business to analyse business process and system issues and turn them into actionable system changes that benefits the business.
* Created Data Structure and data mapping to increase efficiency of data usage for transactional and analytical processes
* Participated in ICD 9 to ICD 10 codes mapping sessions as well as status meetings and provided comments and suggestions on challenges.
* Adopted Rational Unified Process (RUP) methodology with emphasis on its six best practices for iterative and incremental development.
* Interacted with DBA for the process of data extraction, data transformation, data load, data integration and conversion processes using business intelligence tools on the Benefit Plan functionality.
* Played a key role in planning, testing, and implementing system enhancement requests.
* Conducted JAD sessions during the various stages of upgrading the matching system and discuss the current system preference.
* Reviewed System Test Plans, wrote test scripts and worked with business folks to validate and execute the test scripts.
* Functioned as the primary liaison between the business line, operations, and the technical areas throughout the project cycle.
* Participation in SCRUM, stands up, and Sprint planning meetings.

**Environment:** SQL, HP Quality Center, MS Visio, Windows, MS Office, Agile/Scrum Methodology, CRM, DAX ,MS Project,.

**UNICARE, Minneapolis, MN**

**Mar-2007-Sec-2008**

**Business Analyst**

Unicare is a national organization dedicated to the delivery of quality health care plans and products to its customers. This project aimed at developing software for auto-adjudication of claims process to improve the efficiency in processing claims. The system primarily aimed at handling Medicare / Medicaid insurance claims and process exceptions.

**Responsibilities:**

* Analyzed current business process flow by understanding preset business rules and conditions.
* Conducted formal interviews, Live Meetings and JAD sessions with business users Subject Matter Experts (SME’s)
* Designed and developed Use Cases, Activity Diagrams and Sequence Diagrams using UML.
* Involved in Backend Testing to verify data integrity by using SQL.
* Documented, organized and tracked the requirements using Rational Requisite Pro.
* Created Data Flow Diagrams (DFDs), ER diagrams for data modeling and Web-page mock-ups using MS Visio for acceptance from end users.
* Defined project milestones, schedules, and monitored progress using MS-Project and updated plans as required.
* Analyzed and tested Data Interface needs with external systems.
* Analyzed, manipulated and updated Database using SQL.
* Gap Analysis: Analyzed the client’s applications programs to determine the impact of the HIPAA rule on EDI Transaction Set and Code List implementation and defined the changes to bring the affected systems into HIPAA compliance.
* Assisted with user testing of systems and maintained quality procedures and ensured appropriate documentation is in place.
* Maintained Requirement Traceability Matrix (RTM) and Utilized Clear Quest for change requests and defect tracking.
* Claim validation and Pend/Denied Claims Analysis for the Health plans Medicaid programs.
* Worked closely with the technical team to look up for the best possible solution on requirements by keeping business needs and technical constraints in mind.
* Updating, transferring and sharing Files using FTP between Windows and UNIX machines.

**Environment:** UML, MS Word, Rational Requisite Pro, Rational Clear Quest, Quality Center, SQL, FTP, Telnet

**United Insurance, (India)   
Jul-2005-Feb-2007  
Business Analyst**

UI is a leading General Insurance Company which is formed by the merger of twenty two companies, consequent to nationalization of General Insurance to provide Insurance protection to all.

**Responsibilities:**

* Studied and assessed the clients systems and business processes. Developed project plans and managed scope.
* Established a business Analysis methodology around the Rational Unified Process.
* Assisted in building a business analysis process model using Rational Rose and Visio.
* Conducted JAD sessions for communicating with Stakeholders and Project directors.
* Linked business processes to organizational objectives, perform critical path analysis, and identify opportunities for business process improvement
* Communicated extensively with the clients and with different levels of management to identify requirements, use cases and to develop functional specifications.
* Created Use-Cases and Business Use-Case Model after accessing the status and scope of the project and understanding the business processes
* Integrated RequisitePro with ClearQuest and Rose to provide all teams visibility and maintain tractability among requirements, use cases and change requests
* Managed all the requirements in RequisitePro, making requirements available to all team members.
* Used SQL Plus and Toad to create, query and verify test data for backend testing.
* Assured that all Artifacts are in compliance with corporate SDLC Policies and guidelines.
* Coordinated and prioritized outstanding defects and enhancement/system requests based on business requirements.
* Addressed all aspects of the claim processing lifecycle, starting from identifying a claim right up to closure.
* Researched the various steps in the lifecycle and then constructed the system in such a way that the riskier claims could be easily identified and monitored.
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, OOD using UML
* Experience using SQL queries to test the Backend applications and database
* Used Date warehousing for the arrangement of customer data.
* Implemented Traceability Matrix and User Requirement Specification Document (URS) verified the functionality coverage.

**Environment:** Rational Requisite Pro, MS Visio, SDLC, UML, Rational Clear Quest, Rational Clear Case, Rational Tools Suite, AGILE methodology, Windows, XML, HTML, Facets.