**Shivam Prakash**

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## Professional Summary

* **Over 8 years** of professional experience as **Business Analyst** with expertise in **Software Development Life Cycle (SDLC)** and Business Process Reengineering in Health Care Sector with prime focus on claims adjudication, provider, eligibility and prior authorization for **Medicaid** and **Medicare** programs.
* Extensive experience in the development, implementation and integration strategies towards a **team oriented environment**, utilizing quantitative and qualitative analytical skills. With ease in **communicating/converting** clients **vague/non-technical requirements** into precise/concise representation to the team.
* Experience in developing detailed functional specs through **JADsessions**, interviews, on site meetings with business users & development team.
* Documentation: **BRD (Business Requirement Document**), **FRD (Functional Requirement Document)** and **Non-functional Requirement Document**.
* Experience with PMO techniques such as **Rational Unified Process** (RUP), **Agile& Waterfall life cycle**
* Experience in interviewing **Business users**&**SME** providing recommendations to resolve issues for various business/technical groups & defining strategic solutions to business problems in a multiple project environment.
* **Test Case writing** (**manual/automated test cases**) and Conducting **Tests (Integration testing, Regression testing)**, **Black Box/White Box testing**, **UAT (User Acceptance Testing)**.
* Analysis & Design (**Use Case, Sequence and Activity diagrams).**
* Writing Manuals (**System guides**, training material for business users and **Deployment guides**).
* User training on the changes being released and conducting post production activities like getting feedback from users. In case of any issues - doing **Root Cause Analysis**, prioritizing tasks with business users
* Good knowledge and extensively used **RDBMS, Oracle, SQL, and PL/SQL** along with **MS SQL administration, SQL Enterprise Manager, Data analysis and reporting.**
* Extensive experience in **SQL and PL/SQL**, application integration experience with backend database systems that include **Oracle, SQL, Informix** and **DB2**
* Working experience in a cross-functional team environment/different geographical locations teams.
* Experience with **data analysis**, **data mapping** and **dimensional modeling** experience in decision support systems (**data marts**) using **Star Schema**.
* Good knowledge on different modules within health-care (**Membership, billing, enrollment, claims, capitation, providers**).
* Knowledge of **Electronic Medical Record ( EMR )** and **Electronic Health Record( EHR)**
* Knowledge in **Health Care Reform and Patient Protection and Affordable Care Act (PPACA)**
* Experience with HIPAA compliance **(4010 & 5010**) and Health care systems
* Experience with **Medicare, Medicaid, Medigap/Medsupp& commercial** insurances in **HIPAA ANSI X12 4010, 5010** formats including **270,271, 276, 277, 835, 837, 997,NPI, ICD 9,ICD 10, NDC, DRG, CPT, NCPDP** codes **& NSF** formats for interfaces & images to clearinghouses/ trading partners applications.
* Experience with health care Systems: **FACETS**, Medicare **Part A, B, C, D**, Medicaid systems.

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| **Technical Skills** | |
| * ***Methodologies:*** | SDLC, RUP, Agile. |
| * ***Project Management:*** | Microsoft Project, Microsoft Office. |
| * ***Modeling Tools:*** | Rational Rose, Microsoft Visio. |
| * ***Change Management Tools:*** | Rational Requisite Pro, Clear Quest, Test Director. |
| * ***Version Control Systems:*** | Rational Clear Case. |
| * ***Testing Tools:*** | Rational Enterprise Suite, Test Director, Win Runner. |
| * ***Languages:*** | C, C++, Java, .Net, XML, UML, HTML. |
| * ***Databases:*** | Oracle, MS SQL Server, MS-Access |
| * ***Operating Systems:*** | Windows Family, Familiar with UNIX and LINUX |
| * ***RDBMS and Databases:*** | SQL Server, Sybase MS Access |

# Education Credentials

**Masters In Healthcare Administration- University Of Houston 2012**

# Professional Experience

## UCare, Minneapolis, MN May 2014 – Current

**Sr. Business Analyst**

UCare will deploy the Edifecs ICD-10 solution, which is designed to help health plans toachieve operational and financial neutrality after the ICD-10 transition by providing greater ability to understand and mitigate risks during each transition stage. UCare will use the Edifecs ICD-10 solution for impact analysis to prioritize remediation and testing efforts, and then use its code-mapping capabilities to speed up the process and improve accuracy.

***Responsibilities:***

* Worked with Delegates/vendors for the entire project of ICD 10 in UCare. Dealt with internal and external representatives to capture requirements.
* Coordinated about performance of quality management system to top management.
* Monitored quality management system and ensured it is compliant to current ISO 9001 requirement.
* Created Test cases using excel sheet and implemented the test cases in the test environment.
* Researched data using SQL queries to capture and analyze back end system. Mapped the ICD 9 codes to the corresponding ICD 10 Procedure and Diagnostic codes.
* Serve as a conduit between Curam technical staff and client subject matter experts when the Curam technical staff develops extensions.
* Define and document EDI business process requirements.
* Monitor the flow of data through EDI applications to ensure all operational systems are functioning properly when needed.
* Responsible for running Premium billing and updating Bill
* Worked on Medicare Part D Enrollment & Billing.
* I am writing in response to the opening of Business Analyst. I have around 8 years of experience working as a Business Analyst, and I am available for immediate openings. I am attaching my Resume along with this mail. Let me know if you have any further questions.
* Develop detailed specifications of X12 and XML data format standards.
* Developed gap analysis and risk assessments for the FACETS upgrade project including effects on internally developed extensions and third party software for pricing and contract configuration.
* Served as a point of contact for CMS and trading partners to do the testing for various types of claims and real time transactions like 270/271/276/277 for Medicare and Medicaid programs in FACETS.
* Worked on ICD-9 to ICD-10 conversion in FACETS.
* Worked on Medicare Part D Enrollment & Billing.
* Created electronic data interchange maps including 850, 855, 856, 810, 844, 849, 852, 836 and 846.
* Tracked all the report, files and extracts exchanged between Vendors. Identified the location, purpose and requirement change after the ICD 10 updates are performed on the data.
* Apply knowledge of Medicaid in defining and functional designing the modernization of client’s eligibility systems within the Curam Applications Suite.
* Exposure to HIPAA Compliance requirements and HL7 standards for the exchange, integration, sharing, and retrieval of electronic health information.
* Captured the requirements for ICD 10 changes in the EDI 837 P&I X12 file.
* Propose strategies to implement HIPAA 4010 in the new MMIS system & eventually move to HIPAA 5010.
* Configured auditing and error handling tables on the database to capture Business Connect related information
* Documented data quality and traceability documents for each source interface.
* Designed and implemented data integration modules for Extract/Transform/Load (ETL) functions.
* Involved in data warehouse design.
* Created private processes using Business Works for receiving inbound documents and for preparing outbound documents and for performing various business validations
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS. Also, accountable for Medicaid Claims Resolution/Reimbursement for peach state health plan using MMIS.
* Used the companion guide and coordinated with the internal and external teams to capture detail loops and segment for the ICD 10 updates.
* Analyzed defects and issues using Microsoft Access Database as the front end system for Disease Management/Customer service team.
* Responsible for writing test cases and implementing them for the Business team.
* Gathered Reconciliation requirement and created Business Object Report spec for the internal Disease Management team.
* Co-ordinated with test leads of various projects to make sue relevant defects were logged in and fixed by the development team. Updated BRD's based on the defects identified by the Team.

***Environment****:* Agile, Requisite Pro, MS Access, MS Visio, MS office, MS word, MS excel, SQL.

## Express Scripts, Franklin Lakes, NJ Oct 2013 – Apr 2014

**Sr. Business and Solution Analyst**

Express Scripts, Inc. is the largest pharmacy benefit management organization in the United States. The company processes pharmaceutical claims for members at network pharmacies and at their own mail order pharmacies. The project is to migrate from legacy system to new system. As we know, Express Scripts bought Medco Health Solution and for this reason they migrate whole Medco Health Solution system to Express Scripts. I am responsible to manage several projects which have impact on IDF (Integrated Drug Files) department.

**Responsibilities:**

* Conducted gap analysis, create project charter and LOE (Level of Effort) to identify the budget of the project and request for approval.
* Conducted JAD session with business people, stakeholders, SMEs, developing team as well as QA teams to gather high level requirement and in the meantime discuss with Dev team and QA team about the requirements’ feasibilities according to the system using Agile, Scrum Methodology.
* Created work packages, task lists and schedule meetings with different group such as Business side, development side, QA and core project team to begin with HLR (High Level Requirement) gathering and HLD (High Level Design) session.
* Assisted ISO Team Leaders and Internal Auditors and formulated reports on the status of quality management system.
* Data mapping on Enrollment Module (EDI 834) of FACETS.
* Worked with project team representatives to ensure that logical and physical data models were developed in line with corporate standards and guidelines.
* Apply knowledge of Medicaid in defining and functional designing the modernization of client’s eligibility systems within the Curam Applications Suite.
* Documented data quality and traceability documents for each source interface.
* Designed and implemented data integration modules for Extract/Transform/Load (ETL) functions.
* Involved in data warehouse design.
* Managed cost efficient quality system improvements.
* Assists with improvement and completion of financial projects, monthly invoicing and forecasting to track pharmaceutical market trend and accuracy.
* Maintain cost models used in route forecasting and competitive analysis for consumer buying plan, pricing change and market behavior
* Gathered and reviewed HLR (High Level Requirements) and DLR (Detail Level Requirements) and send to business people for approval as well as Included context diagram, activity diagram, high and low level business process flow as well as decomposition diagram to make clear understanding about the proposed business processes as well as interface system.
* Create and propose new business process model and process improvement logic and ideas.
* Created and reviewed HLD (High Level Design) and DLD (Detail Level Design) included logical and physical diagrams, sequence diagrams by using MS Visio and send to technical people for approval.
* Scheduled weekly meeting with core project team and discuss about different problems (if there is any) and on the basis of identified problem, we find out the appropriate solution.
* Created and maintained PTR (Project Traceability Matrix) so find out what is the current phase, delivery date, extended delivery date, issues related project and various follow up.
* Created change request to change management department if there is any requirement include or exclude.
* Collected different screen shorts and created new ware frames, mockups and prototypes for the project and introduce those wire frames to the team as well as business and technical team to develop those wire frames into the web services.
* Communicate with developers and QAs to collect information about their release schedule and make them understand about various artifacts.
* Managed offshore developing team for several project as well as create budgeting on the basis of their effort, did meetings, solved issues if there any.
* Used Share Point for uploading, editing and deleting new and existing document to the team members.
* Worked on Medicare and Medicaid clams for PBM (Pharmacy Benefit Management). Identified different Medicare Part D and Medicaid plans and procedures for claim adjudication and provide various claim process as well as focused on ICD 9 to 10 conversion, HIPAA, other Drug claims and adjudication.

**Environment:** Agile Scrum, Microsoft Office Suite, Smart Draw, MS SQL 2008, HP Quality Center, MS Share Point, MS Visio, MS Office, MS Project.

## Fallon Community Health Plan, Worcester, MA November 2012- Oct2013

## Business Analyst

Fallon Community Health Plan is a not-for-profit health care services organization. It offers traditional insurance products as well as senior health care services. FCHP is automating all their Paper enrollments into EDI transactions. They are ensuring that they could minimize manual interventions and automate and generate reports electronically.

***Responsibilities:***

* Analyzed the Plan Data Database using **SQL Server**. Surveyed and examined the current documentation.
* Gathered and documented business requirements from **SMEs**, user groups and vendors via workshops, interviews and **JAD sessions**.
* Co-coordinating with the team to analyze the **834, 835 and 820 EDI Transactions for** dual eligibility Project (**FTC**)**.**
* Exposure to HIPAA Compliance requirements and HL7 standards for the exchange, integration, sharing, and retrieval of electronic health information.
* Analyzed the functionality and came up with test scenarios for split-billing process on **FACETS**.
* Monitor the flow of data through EDI applications to ensure all operational systems are functioning properly when needed.
* Develop detailed specifications of X12 and XML data format standards.
* Prepared the Functional requirement for the automation of 834 and 820.
* Analyzed the level of **HIPPA Validations** for the EDI transactions. Worked with the Solution architect on the approach to correct the current errors in the HIPPA validation.
* Using **Process flows** and **Use Case** diagrams to demonstrate **AS IS** and **TO BE** state.
* Worked in close collaboration with the Project Manage and IT team.
* Created and gathered requirements for the Vendor. Helped PaySpan to create Data Mapping document for the **EFT, 835 and Remittance Advise** sheet.
* Gathered and documented requirements for **EFT Project** for PaySpan (Third Party Vendor).
* Coordinating with the QA team to create **UAT** test cases.
* Participated on cross-functional teams developing new or enhanced systems processes, procedures and policies.
* Worked on various Professional billing and Hospital billing products.
* Provided project status reporting, updating of project information, effort & resource estimating.
* Effectively established and maintained working relationships with peers and constituents.
* Produced various artifacts **Functional Requirement Specifications** (FRS) and User Requirement Specification (URS).
* As a point person responsible for resolving business rules/conflict resolution for the development team.

***Environment:***Waterfall, Requisite Pro, MS Access, MS Visio, MS office, MS word, MS excel, SQL.

## First Care Health Plans, Austin, TX *May 2010- September 2012*

**Business Analyst/System Analyst**

FirstCare is a Texas based health plan provider offering diverse healthcare products including prepaid medical, hospital, and related comprehensive health care services. The project was initiated to conduct a complete **discovery, technical assessment and impact analysis** for the **HIPAA 4010 to 5010** and **ICD-9 to ICD-10 transition**. And, an ICD-9 to ICD-10 (bidirectional) crosswalk tool was built for code look up.

***Responsibilities:***

* Gained understanding of **HIPAA 4010 versus 5010and ICD-9 versus new ICD-10code sets**. Studied and analyzed the **conversion information** provided by the CMS (Centers for Medicare & Medicaid Services).
* Prepared Business requirement document (BRD) using Rational RequisitePro.
* Performed gap analysis for 4010 to 5010 Upgradation.
* Worked on EDI transactions **276 (claim inquiry), 277 (claim response), 837 (Institutional and Professional claims) and 834 (enrollment)**.
* Went through the **companion guide** of the organization to understand the 837 and 834 segments used by the organization to identify the ones that need to be changed.
* Worked with the SMEs to convey the modifications that need to be made and the processes and systems affected by the same.
* Served as a point of contact for CMS and trading partners to do the testing for various types of claims and real time transactions like 270/271/276/277 for Medicare and Medicaid programs in **FACETS**.
* Worked on **ICD-9 to ICD-10** conversionin**FACETS**.
* Extensively used **SQL queries** to retrieve data for testing and analytics.
* Interpreted the **ICD-9 to ICD-10** and reverse translation logic; fully understanding the **GEM (General Equivalence Mappings)** for ICD-10 CM and ICD-10 PCS.
* Understood complete **claims processing cycle** from the payer/provider perspective and the processes impacted by the conversion to ICD-10.
* Performed **impact assessment** for complete application inventory using **Microfocus –** a tool for impact analysis and application remediation; worked with the business team to identify **business challenges, risks, opportunities and corresponding mitigations**.
* Assisted the development team with the **design and implementation of the ICD-9 to ICD-10 GEM crosswalk tool.** Executed **manual test cases** to confirm the logic was implemented as desired.
* Participated in **weekly meetings** and walkthrough's for **project updates** to detect bottlenecks and devised plans to handle the bottlenecks.
* Facilitated the overall management of the project by **collaborating with the team**, providing **weekly status reports** and delivering **presentations**.
* Analyzed **ICD-10 project readiness** and recommended **best practices** for **ICD-10 transition** based on research conducted.
* Worked with the team to create a **project road map/blueprint** ensuring **effective remediation** of all applications that participate in the ICD-10 transactions

**Environment :**COBOL, GEM, MS Visio, Rational Rose, MS Office, SQL, Oracle, PowerPoint, MS Word, MS Excel, SQL, PL/SQL, ETL, ERWIN, UNIX, Windows

## American Family Insurance, Madison, WI *April 2008 – April 2010*

**Business Analyst**American Family Insurance is a Fortune 500, private mutual company offering a broad range of insurance plans. The project involved re-engineering of the Company's **HealthInsurance application** to meet the needs of end-users more efficiently and effectively.    
   
**Responsibilities**:

* **Prepared specifications** for enhancements to the existing application by using existing legacy system documentation and procedures.
* Interacted extensively with End users in Underwriting, Claims Processing teams and Subject Matter Experts (SME's) in order to obtain the business needs and requirements.
* Organized, Facilitated and managed meeting sessions with major stakeholders and users in order to **review business requirements**.
* Experience with Epic Resolute Professional and Hospital Billing system experience
* Prepared Business requirement document (BRD) using Rational RequisitePro.
* Analyzed the business requirements and **designed work flows** in order to communicate to the major stakeholders how the system would be realized in the implementation phase.
* Interacted extensively with technical and development teams in order to ensure clear understanding of expected functionality, process flows and navigational flows of the new application.
* Assisted in **EMR system implementation** to enhance full two-way interoperability between Insurance Company and Physicians. Optimized training documentation prior to go-live.
* Documented system work flows and **executed EMR training plans** for staff that led to significant increase in EMR usage from 35% to 80%.
* Work with IT Development and QA staff to improve and customize the EMR application.
* Defined test cases, created test scripts and interacted with QA / development teams in identifying and resolving errors and in **User Acceptance Testing** (UAT).
* Actively participated in high level meetings with users and stakeholders to identify problems areas, resolve issues and improve the process in order to ensure an accurate and stable solution.
* Implemented the **Rational Unified Process** (RUP) to implement **iterative SDLC**. Developed RUP Analysis Model that included entity classes, use case diagrams, sequence diagrams in order to provide an accurate view of the requirements.
* Followed the Standard Operating Procedure (SOPs) of the company in documenting Test Plans, Test Cases and Test Procedures using Business requirements document and Functional requirements document of the system.
* **Managed project progress** by measuring against milestones, managed resource allocation, tracked project activities, resolved bottlenecks, published status reports and recommended actions.

**Environment:** MS Visio, Rational Rose, MS Office, SQL, Oracle, PowerPoint, MS Word, MS Excel, UNIX, Window

## Unichem Laboratories, Mumbai, India                                               June 2006 – March 2008

**Business Analyst**

The Unichem Customer Connection project aims at developing a B2B tool to link Unichem in a more efficient and productive way to their drug wholesalers/distributors through an access-protected extranet platform. The application provides the users with an array of options such as place and view orders, track shipments, etc. Streamlining such internal processes brings outstanding service to all business customers.

**Responsibilities:**

* Involved in requirement gathering, conducting requirement review meetings and working with other cross functional teams to maintaining the project plan
* Gap Analysis of business requirements, generated workflow process, flow charts and relevant artifacts.
* Defined and documented the vision and scope of the project.
* Developed Process Model and detailed Business Policies.
* Worked with the project manager to estimate best/worst case scenarios, track progress with weekly estimates of remaining work to do, conducting informal meetings ad hoc and as needed.
* Performed manual testing on different modules of the application.
* Developed Test Matrix to give a better view of testing effort.
* Verified that the data outputs and transformations between systems remain true and not compromised as systems are bundled together.
* Participated in various meetings and discussed Enhancement and Modification Request issues.
* Attended weekly meeting to discuss progress and modification to test plans due to change in business requirements.

**Environment:** Microsoft Office suite, Rational Requisite Pro, Rational Rose, Microsoft Visio, Clear Case, UML, Quality Center, Oracle, JAVA