**Suganya Sankar suganya1610@outlook.com 2034916311/9293442710**

**SUMMARY:**

* Business Analyst with 7+ years of industry experience in identifying business needs and determining solutions to business problems for complex software projects including system development component, business process improvement, strategic planning and policy development.
* Experience with full Software Development Life Cycle (**SDLC**) and project life cycle including **Feasibility Analysis, Requirements Planning and Management, Application Design and Development, Testing, Implementation and Post-Implementation Validation, and Solution Assessment**.
* Strong knowledge of Object Oriented Analysis and Design (**OOAD**) using Unified Modeling Language (**UML**), Rational Unified Process (**RUP**)**,** Capability Maturity Model **(CMM), Six Sigma (DMAIC)**. Also worked using various methodologies such as **Waterfall** methodology, **Agile** Software Development, Rapid Application Development (**RAD**), Joint Application Design (**JAD**) and **Prototyping**.
* Experienced in Business writing skills and Technical writing skills in developing **Business Case**, **Scope Document**, **Business Requirements Document(BRD)**, **Functional Requirements Document(FRD)**, **Non Functional Requirement Document (NFRD), Use Case Scenarios**, **Test Plans**, **Test Cases**, **AS-IS** and **TO-BE** Workflows.
* Proficient in **Rational Suite including Rational Rose, RequisitePro, MS VISO, MS Project and MS Access, Crystal Reports**, and **FACETS.**
* Excellent communication skills and proficiency in interacting with the stakeholders, and SME’s (Subject Matter Experts) to get a better understanding of the Business Processes.
* Extensive experience with **Property and Casual Insurance** and Business Process Management System (**BPM**), Medical Management Information Systems (**MMIS**), Third Party Liability (**TPL**), and National Provider Identification (**NPI**).
* Excellent knowledge of Health Insurance Portability & Accountability Act (**HIPAA**) standards, Electronic Data Interchange (**EDI**), and Implementation and knowledge of HIPAA code sets, **ICD-9, ICD-10** coding and **HL7**.
* Worked with **ANSI X12 5010** and **ANSI X12 4010** including the standards for medical **EDI transactions** like **837** (medical claims), **835** (medical claim payments), **270** (eligibility inquiry), **271** (eligibility response), **276** (claim status), **277** (claim status response), **820** (enrollment), and **834** (premium payments).
* Extensive knowledge of the **gap between HIPAA 4010 and 5010**.
* Excellent knowledge of **Medicare** (Part A, B, C and D) and **Medicaid** Health Insurance Policies, Personal Injury Protection (**PIP**) insurance, billing experience with life and disability in health plans with thorough understanding of **CPTcoding**, **UCR**, **HCFA-1500** and **CMS-1500** claim forms and reimbursement forms.
* Efficient in handling **Change Requests** by the client.
* Experience in **White Box, Black Box, Unit, Functional, Integration, Back End** and **System Level Load and Stress Testing** for many type of applications including web and client server applications.
* Working knowledge and experience with **SQL/PL SQL, HTML, and MS Access**.
* **Excellent analytical** and **problem solving skills** in designing, developing and implementing innovative business processes using new approaches and technology.

**TECHNICAL SKILLS:**

|  |  |
| --- | --- |
| Business Skills | **Business Process Analysis & Design, Requirement Gathering, Use Case Modeling, JAD/JRP Sessions, Gap Analysis and Impact Analysis.** |
| Methodologies | **SDLC, RUP, Agile, OOAD and Waterfall**. |
| Standards | **ISO, CMM, Six Sigma** |
| Programming Languages | **C, C++, SQL, PL/SQL, HTML.** |
| Project Management Tools | **MS Office Suit, MS Visio, MS Project, MS SharePoint** |
| Change Management Tools | **Rational ClearQuest** |
| Modeling Tools | **UML, Rational Rose, MS Visio** |
| Project Management Tools | **Rational Rose, RequisitePro, Clear Quest, Clear Case, Serena Team Track and MS Visio.** |
| Testing Tools | **HP Quality Center, Win Runner, Load Runner and TOAD**. |
| Data Modeling Tools | **ERwin, Informatica 7.1.1/6.5.** |
| Database | **Oracle 11i, DB2, MS SQL Server**. |
| Operating Systems | **Windows 95/2000/NT/XP, 2007 and MS-DOS**. |

**PROFESSIONAL EXPERIENCE:**

**DHHS State of Nebraska, Lincoln, NE                                                                     Sep 2014– Present   
Sr. Data Business Analyst**The Division of Medicaid and Long-Term Care encompasses the Medicaid Program, Home and Community Services for Aging and Persons with Disabilities and the State Unit on Aging. The project work was to deal with different system change request that came from the clients in processing the claims, workarounds and payment methodology. **Responsibilities:**

* Conducted formal interviews, Live Meetings and JAD sessions with business users and matter experts.
* Designed and developed Use Cases, Activity Diagrams and Sequence Diagrams using UML.
* Documented, identified, 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.
* Worked on System Change Request (SCR) sent by the clients to change the current work process and work methodology for some pre entered process using IBM Lotus Notes, Microsoft Access and Microsoft SharePoint.
* Facilitated and documented current and future state business process maps (flows) to further define requirements and re-engineered standard operating procedures.
* Worked on changes for HIPAA Transaction from version 4010 to 5010.   
  Documented the detailed business as well as technical requirements to upgrade the current system to 5010 transactions.
* Worked on processing claims information by analyzing 837(Professional, Dental and Institutional) encounters between patient and healthcare provider.
* Worked extensively on both inbound and outbound transactions, creating test cases for multiple transaction types including 837P, 837D, 837I, 835, 276, 277, 270 and 271.
* Intensive working on the current ICD code conversion from ICD 9 to ICD 10 by conducting Gap Analysis, assisting and leading various teams by complying with already going works in the health care domain and work with the conversion.
* Installed and configured SharePoint 2010 in multiple environments (development, staging, production)**.**
* Worked intensively on Facets for audit trails made on the used account and check and store information related to the HIPAA authorizations.
* Prepared project reports MS SQL SSRS by data extraction from data warehouse for management for review of Medicaid Plans and assisted project managers in the development of weekly and monthly status reports, documented process flows, policies and procedures.
* Assisted with Regression, Integration and User Acceptance testing of systems and maintained quality procedures and ensured appropriate documentation is in place.
* Maintained Requirement Traceability Matrix (RTM) and utilized HP Quality Center for defect tracking.

**Environment:**: UML, MS Word, MS Share Point 2010, Facets MS Access, IBM Lotus Notes, IBM Main Frame, IBM Business Process Manager, Rational RequisitePro, HP Quality Center, Crystal Reports, SQL, FTP, SCRUM

**Group Health Inc., New York, NY Jan2013–Aug2014  
Business Data Analyst**The organization offers its members a variety of innovative tools to engage them in managing their health. This initiative is resulting in high quality care while providing a sound way to control costs. The project was to perform gap analysis and identify the changes proposed in HIPAA 5010 to upgrade the secured web portal to comply with the new standards mandated by the Health Insurance Portability and Accountability Act (HIPAA). The process consisted of gap analysis, compilation of results, impact assessment and designing new screens for secured web portal.

**Responsibilities:**

* Aided in the collection of **User Requirements** and **Business Requirements** to create the Business Requirement Documentation (**BRDs)**, using MS Word and MS Visio.
* Incorporated and implemented all the **HIPAA standards**, Electronic Data Interchange (**EDI**), transaction syntax like **ANSI X12, ICD-9, ICD-10coding** and **HL7**.
* Conducted **AS-IS** and **TO-BE** analysis and assisted in developed process models and systems integration structure.
* Conducted and facilitated Joint Application Development (**JAD**) sessions between stakeholders, team members, and Subject Matter Expert (**SME**) to ensure that the extracts are properly mapped.
* Wrote **test cases** and **test plans** for the related and assigned scripts according to the test strategies defined in the project and testing team guidelines in **Quality center**.
* Tracked and maintained Stakeholder requested enhancements and changes using Requirement Traceability Matrix (**RTM)**.
* Identified critical areas of business risk and modified business processes to reduce risk by using the **Risk-Management Process**.
* Knowledge of the complete EDI format used in electronic documentation which was part of the knowledge transfer program to the vendors as per the requirements.
* Used **SQL** for data mapping and querying.
* As part of the data mapping procedures, assisted in writing requirement document for ETL - **Data Extraction, Data Analysis** and **Loading process of collected data**.

**Environment**: MS Office, Quality Center, SQL Server, Facets, MS Project, MS Visio, Rational ClearQuest, ClearCase, Windows XP

**Kindred Healthcare, Louisville KY Aug 2011 – Dec 2012**

**Business Analyst**

Kindred Healthcare is the largest diversified provider of post-acute care services in the United States. The project was to implement the COB processing in the Kindred Health System. Coordination of Benefits (COB) is a clause in most group policies, which is in place to minimize the over-payment or duplicate payment of claims.  COB applies to patients covered by more than one insurance plan and limits the amount paid by each plan.

**Responsibilities**:

* **Gathered requirements** from stakeholders for provider management and member management.
* **Identified** and **validated** **business rules** and **data elements**.
* Propose strategies to implement **HIPAA 4010** in the new **Medicaid** (MMIS) system & eventually move to **HIPAA** **5010**.
* Created 837(P, I, D) claims, and maintained data mapping documents in reference to HIPAA transactions primarily **837(P, I, D), 835, 270/271, 276/277 and 278.**
* Modeled the **‘as-is’** process flow and the **‘to-be’** process flow and **analyzed the gap** and **developed** the **action steps to fill the gaps**.
* Analyze **EDI –X12** data elements captured by the existing system to validate it against the data elements required for new system.
* Worked with legacy team in developing **BRD** for multiple system change requests and participated in **system testing**.
* Worked within project team to identify and interpret state **Medicaid** policies as applicable to customer defined algorithm research as well as assist with internal development of new healthcare analytics.
* Conducted **Impact analysis** when there is any change in the requirements and updated the Business Requirements Document (**BRD**) and Systems Requirements Specification (**SRS**).
* Facilitated meetings with the technical team and client team to analyze the current process and gather requirements for the proposed process.
* Created functional requirement specification documents such as **UML diagram, use case diagram, scenarios, activity diagrams and mapping**.
* Developed the User Interface (**UI)** prototypes to capture and validate requirements and spike solutions to the current problem.
* Facilitated **JAD sessions** for Requirement Validation with Dept. of Cleveland clinic to gather requirements for the new **MMIS**.
* Participated in developing **test plan, test scripts,** and **test scenarios** and **designed user documentation**.
* Examine the system design deliverables & validating it against the SLA.
* Developed **UAT** test cases associated with the functional requirements.

**Environment:** MS Office, Windows, .NET, Agile, MS Visio, MS SharePoint, TFS, MS Project, MS Visio, SQL, Oracle, SOA, HTML.

**Cigna Healthcare, Bloomfield, CT Jan 2010 to Jul 2011**  **Business Data Analyst**

For more than 125 years, CIGNA Corporation has been serving people to live healthier and more secure lives. The Project involved developing a new **Consumer Driven Product Line** called “**MYCIGNA.COM**”, which offers a user friendly web **portal** for the members as well as the providers based on several features including the **Medicare Part –D (pharmacy)** and **Medicaid** features. MYCIGNA helps consumers manage health care benefits and provides access to WebMD's suite of health information and decision support tools

* Involved in Inception Phase called **PP & R (Project Process and Requirements)**
* Incorporated **CIGNA Project Solutions (CPS) Methodology which was based on a traditional Water Fall Methodology** to create Business Requirement Specifications and Functional specifications using MSWord.
* Participated in all project requirement related issue and Q&A session and translated those requirement into High level **process requirement**
* Worked on **Medicare Part-D** ,**Medicaid** projects in compliance with **CMS requirements**
* Analyzed **As-Is system**, gathered user and business requirements through interviews, surveys, prototyping and observing from User Interface.
* Worked on various processes like ECPP for **Claims Processing** and **Billing.**
* Followed **HIPAA** guidelines in preparing the documents.
* Planned and defined system requirements to **Use Case**, **Use Case Scenario** and Use Case Narrative using the **UML (Unified Modeling Language)** methodologies
* Conducted interviews **with management, Subject Matter Experts, vendors, users and other stakeholders** for open and pending issues.
* Created **Use Case Diagrams, Activity Diagrams, Sequence Diagrams and ER Diagrams in MS Visio.**
* Used power point presentations for conduction walkthroughs with stakeholders.
* Assigned problems to appropriate software development team for fixes

Environment: MS Office (MS Excel, MS Access MS Word, MS PowerPoint), Microsoft Share point, MS Visio, PP & R (Project Process and Requirements),Windows XP/NT HIPAA, Gap Analysis, UML.

**Unilever, Bangalore, India Jun 2008 to Nov 2009 *Business Analyst***Unilever is world’s third largest FMCG Company owning over 400 brands. It’s a dual-listed company headquartered both in UK and Netherlands. Procurement operations for Unilever’s 6 R&D sites around the world are based in India. I was part of the team responsible for implementation and maintenance of purchasing and procurement components like **Purchasing, Inventory Management, Vendor Management, Invoice Verification and Material Evaluation** through the **SAP Material Management Module.**

**Responsibilities:-**

* Identified process improvements and worked with various business users and outsourced 3rd party support provider in defining, prioritizing, executing, and resolving application configurations and projects.
* Analyzed and synthesized results from Joint Application Development (JAD), proposed alternative tasks and transformed those into Business Requirement Document (BRD).
* Developed and created application system requirements necessary to get from current state to desired state using Rational Requisite Pro, Use cases, UML diagrams.
* Prepared and delivered informative and well-organized presentations.
* Provided project status reviews to stakeholders, process owners, and customers.
* Prepared test plans and conducted UAT.
* Wrote manuals/training materials and defined the scope of training.

**Environment:-** MS Office, Quality Center, MS Project, MS Visio, Unix, SQL Server, SQL Developer, XML, SAP MM Module, Rational Requisite Pro, Rational Rose, Windows XP.