**Suhag Pandya  
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| **PROFESSIONAL SUMMARY** |

* + - * Motivated, energetic, and result-oriented with **5+ years** of experience in **business analysis, implementation project management, and training** in the health care industry.
      * Acquainted with **SDLC methodologies like Agile, Rational Unified Process (RUP), and Waterfall**.
      * Coordinate with **subject matter experts** to gather and develop detailed business requirements for implementations and service requests.
      * Experienced in writing **Software Requirement Specifications, Business Requirements Document (BRD), Functional Specifications document (FSD), Use Case diagrams, Sequence diagrams,** and **Class diagrams.**
      * Able to gather business and technical requirements from both formal and informal sessions through **one on one interviews**, **Virtual Online Meetings, Video Conferencing, Client/Conference Calls, Questionnaire, and JAD sessions.**
      * Profound understanding of **Use Cases, Sequence Diagrams, Collaboration Diagrams, Activity Diagrams, and Class Diagrams.**
      * Strong Knowledge of **Electronic Health Records (EHR), Practice Management System (PMS/Billing), Patient Portal, mobile apps, Interface testing, Data Conversion, Templates, eRx, Meaningful Use, PQRS, Claims,** and **ICD10.**
      * Expertise as an **EHR/EMR implementation project management** and **training.**
      * Ability to create **medical** **specialty-focused templates** and **clinical workflow configuration.**
      * Worked on different modules within healthcare **(eRx, Labs, Problem/Dx, Templates, membership, billing, enrollment, claims, capitation, and providers).**
      * Worked on analysis, configuration, as well as user acceptance signoff on the various modules like **Allergy care, CDC based child immunization schedules, Chronic Care Management, Clinical Decision Support (Utilization Management, and Pain Assessment Measures.**
      * Sound knowledge of **HIPAA standards, CDC, CMS, Electronic Data Interchange (EDI), Implementation and Knowledge of HIPAA Transaction sets, ICD-10,** and **Insurances policies like Medicaid, Medicare, HMO, PPO.**
      * Expertise in **ICD-9 to ICD-10 Conversion.**
      * Experience in working for call center applications such as CTI, IVR and Balanced Scorecard.
      * Experience in Process Documentation, Analysis and Implementation in **Eligibility Inquiry and Response (270/271), Claim Status Request/Response (276/277), Authorization/Referral (278), Claims (835), Electronic Remittances (837), Functional Acknowledgment/ Implementation Acknowledgement (999), and 997(X12 Standards).**
      * Worked on healthcare standards such as **HIPPA 4010, 5010, ICD-9 ICD 10.**
      * Extensive experience in **Functional, Integration, Regression, User Acceptance (UAT), System, Load Testing.**
      * Excellent Management, Execution and Documentation skills.
      * Complete understanding of application/system development life-cycles; **concurrent development strategies, process streamlining, iteration modeling, DOORS, Rational Unified Process (RUP) using Rational Rose, Requisite Pro, Test Manager, Unified Modeling Language (UML), Rapid Application Development (RAD), and Joint Application Development (JAD).**
      * Ability to **design, develop, and deploy team, resources and timeline** to successfully complete the project in timely manner.
      * Served as a focal point of contact to **coordinate and assist end clients, business partners, and third party vendors**.
      * Knowledge of MS Office especially MS Excel, MS Powerpoint, MS Word, etc.
      * Deep understanding of business systems functionality and technicality.
      * A proactive high performer team player with an ability to work with multi-discipline, multi-tasking, cross-cultural teams, business owners, and end users.
      * Excellent written and verbal communication and interpersonal skills.

**SKILLS:**

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| Business Skills | Business Process Analysis & Design, Requirement Gathering, Use Case Modeling, Gap Analysis, Impact Analysis, JAD/JRP Sessions. |
| Methodologies/Frameworks | RUP, UML, E/R Diagram, QTP |
| Operating Systems | Windows 95/NT/XP/2000/2010, Unix, Mac OS9/10 |
| Databases | MS SQL Server, Oracle DB2 |
| Software Tools | Mercator, Rational Rose, Rational Requisite Pro, Azure, Clear Quest, Clear Case, SharePoint and MS Visio. |
| Office Tools | MS Access, Excel, Power Point, Word, MS Outlook Express, Outlook Exchange |
| Project Management | MS Project 2002/2003 (PERT, GANTT Charts) |
| EDI Transactions | 834, 835, 837, 270, 271, 276, 277, 278, VXU |
| Modules | eRx, Problem/Dx, Templates, Labs, Claims, ICD-10, CPT, Meaningful Use, PQRS |
| Testing Tools | HP ALM/ Quality Center, Win Runner, Load Runner and TOAD |
| Claim Engines | Facets, QNXT, Diamond |

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| **PROFESSIONAL EXPERIENCE** |
| **iPatientCare Inc, Woodbridge, NJ March 2015 - Present**  **Sr. Healthcare Analyst/Implementation Project Management** |

iPatientCare is a New Jersey based healthcare IT organization known for its Cloud-based product suite of Electronic Health/Medical Record and integrated Practice Management/Billing System, Patient Portal/PHR, and Health Information Exchange (HIE) for ambulatory and acute/sub-acute market segments. My job profile is inclusive of analysis on existing integrated suite of product (EHR + PMS) as well as Implementation Project Management.

1. Worked on identifying legacy systems **post implementation of ICD10 and HIPAA 5010** Form. My role is also to work with the team on the Change Control of many features and functionalities enhanced or developed during and after the ICD‑10 implementation including EDI transactions; mainly documenting change requests suggested by the clients.

2. The project was to develop a newly introduced **Chronic Care Management** by Center for Medicare and Medicaid Services as a critical component of primary care management contributing towards better health and care for patients. The project was on developing a tool that identifies the health of populations with chronic diseases, providing and documenting chronic care management services by physicians or other qualified healthcare professional every calendar month where comprehensive care plan is established, implemented, revised and monitored by different care team members to reduce cost and better health.

3. Furthermore, I am also involved in **implementation project management** including training, mentoring, and assisting to doctor offices, business/channel partners, and third party vendors.

**Roles & Responsibilities:**

* Gathered requirements using **interviews, conference calls and joint application development (JAD)** sessions with end clients, stakeholders and business owners.
* Worked with end client and business owners to gather **Business Requirements, Technical Details, Change Request Approval, Design and Implementations**.
* Prepared detailed **System Requirements Specification (SRS)** documents and **Business Requirement Documents** in alignment with guidelines and standards to make programmers can interpret, design and enhance the application.
* Developed functional cases and provided Use Case and **Activity Diagrams** in **MS Visio**.
* Used **Rational Requisite Pro** application to handle business and technical requirements.
* **Participating in project meetings and liaison** between the business owners, third party vendors, channel partners, end clients, and software development teams to make sure user requirements and issues are addressed correctly and in time.
* Worked on clear and measurable **SDLC** process by following **Agile and Waterfall** methodologies.
* Documented detailed analysis of **end-to-end business processes, functional design, workflow mapping and action items,** issues and ensured information is accurate and complete.
* Involved in preparing “**Business requirement Documents for post implementation effect of HIPAA 5010.**
* Involved inpost deployment **HIPAA 4010 to HIPAA 5010** **Conversion Analysis** and documented **HIPAA 5010** changes to various electronic data interchange forms like **EDI (ANSI 12) 276, 277,** **837, 835, 834, 820, 999** Transactions.
* Expertise in **ICD-9 to ICD-10** Conversion and created a crosswalk between **ICD-9 to ICD-10.**
* Participated in **System and Use Case modeling** like activity and use case diagrams between **ICD-9 to ICD-10**.
* Prepared a detailed document on the change management post implementation of **ICD 9 to ICD10**.
* Create Access queries to compare full membership dumps between Medicare Advantage systems, analyze data output from programs, and fix and report errors found in the data
* Performed eligibility analysis of **EDI (ANSI 12) 837, 834, 820, 835, 999** protocols in Medicaid and Medicare Services.
* Accepted various **EDI (ANSI 12)** related inbound /outbound **276, 277, 820, 834, 835, 837,** **999 (Claims, Provider, Portal, Billing, Benefits)** transactions from multiple sources and documented the change post HIPAA 5010 change.
* Analyzed and tested the **First Pass Claim Acceptance Rates** post implementation of ICD10 codes.
* Analyzed and documented the changes required with the use of **General Equivalence Mappings (GEMS) (backward mappings and forward mappings)** in calculating claims reimbursement.
* Worked on **Medicare Advantage (A, B, C), Medicare Part D**, Medicaid Options (Under 65 and Over 65) and Managed Care (Care, Disease and Case Management and also in Insurance regulations and Claims Processing and claim to scrub in **HMO**, **PPO, Medicare and Medicaid**.
* Provided support to **Medicare** **Part A, Medicare Part B, Medicaid program and Fee For Schedule (FFS) programs**, by providing technical, analytical, testing, and implementation support to existing interfaces.
* Understood the **requirements of care management** and its relevance with **chronic care management** laid out by CMS.
* Analyzed on identifying the **patient population requiring care management** through different care team members (both within physician office and outside physician offices).
* Gathered the **chronic care management** requirements through reference options like CMS, business owners, physicians.
  + - **Documented the care management workflow including time management and coordination of care by various care team members.**
    - **Prepared test cases to analyze the workflow and its correctness.**
    - **Worked on user acceptance sign off and implemented care management module at the clients’ end.**
    - **EHR project implementation including software configuration, customization, Pharmacy, eRX, lab interface acceptance (HL7), data conversion testing, training, and deployment.**
    - **Implementation, configuration, and training on Patient Portal and mobile apps to channel partners and end users.**
    - **User acceptance sign off on newly developed mobile apps (miPHR and miPatientCare)**
    - **Planning and monitoring implementation project activities using MS Project Plan (MPP).**
* **Documenting and reporting to stakeholders, management, and development team of project status, issues and client requirements.**
* **Involved in clinical workflow setup, and templates configuration due to good understanding of medical terminologies.**
* **Identifying the needs of product enhancement, customization, and workaround to meet client requirements.**
* **Assisting** business partners, channel partners, third party vendors, and end users at an L2 level.
* Worked closely on **adherence to HIPAA compliance, meeting CDC and CMS requirements** to meet the needs of implementation projects.
* Strong Experience in Claims Processing and Claims Scrubbing in **HMO, PPO, Medicaid** and **Medicare**.
* Managed code walkthroughs and variance meetings at scheduled intervals to define the status of the testing process and discuss areas of criticality.

**Environment:** Windows, SQL, Share Point, MS Office, UAT, MS Visio, MPP, HIPAA, CMS Use Cases.

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| **InSync Healthcare Solutions, Parsippany, NJ January 2014 – February 2015**  **Business Analyst/Data Analyst** |

InSync Healthcare Solutions is New York based one of the nation's largest nonprofit health plans. It is a $10 billion company with more than 3 million members. They offer various managed care and related services to both individuals as well families.

1. The project was on **ICD 9 to ICD 10** migration and modification of ANSI X12 5010 transactions anticipated in lieu of postimplementation of ICD10 by October 2014. The project also covered analysis of **General Equivalency Mapping** tool (**Forward/Backward Mapping** of **ICD 9 – ICD 10 Conversion)** for both CM (Diagnosis Codes) and PCS (Procedure Codes). I was given a responsibility to do Root Cause Analysis and Gap Analysis of existing system anticipating an effect of ICD10 implementation and postimplementation, update and document the guidelines as per **HIPAA compliance**. I was also responsible to analyze the integrated application with a set of rules and processes for claims adhering to HIPAA, and EDI transactions 837 and 835 once the claims will be sent using ICD-10 codes by the providers (ambulatory).

**Roles & Responsibilities:**

* A team player in the phases of **Software Development Life Cycle** and worked under **Agile method environment.**
* Conducted **Joint Application Development** sessions with Business owners, stakeholders, developers, SMES, and QAs.
* Participated in **Scrum, Iteration, and Review meetings**.
* Worked in a multidisciplinary and cross-functional team environment to capture and convey accurate requirements and ensure confirmation for **Business Requirement Documents (BRDs) and Functional Requirement Documents (FRDs)**.
* Conducted and attended sessions to elaborate on User Stories making sure they provide enough and clear information.
* Drafted down high level business requirements into user stories.
* Tested claims adjudication and group and enrollment for New Medicare advantage members.
* Reported to Project Manager to update Project Plan in MS Project for **ICD10 implementation**.
* Participated in **Quality Assurance** **Testing** and **User Acceptance testing**.
* Created reports using Excel that assist Compliance Liaison in guaranteeing completion of Medicare Advantage Compliance Training and yearly refresher Compliance Training.
* Worked on **Gap** **Analysis** for **ICD 9 to ICD 10 codes** and **EDI 5010 X12** for **EDI transactions like 834, 835, and 837.**
* Looked after overall **HIPAA** compliance throughout the software development life cycle from gap analysis, enhancement, mapping, implementation and testing of ICD 10 codes for **Medicaid and Medicare Claims processing with CMS.**
* Involved in **configuration, change management** and **release management**.
* Documented business requirements related changes of **EDI transactions** **(X12) like 276, 277, 820, 834, 835, 837, 999 (Claims, Advice, Provider, Portal, Billing, Benefits)**.
* Prepared an implementation document for on EDI ANSI X12 transactions like **837 (claims), 835 (claims payments/remittance advice), 270 (eligibility inquiry), 271 (eligibility response), 276 (claim status), 277 (claim status response), 820 (enrollment), and 834 (premium payments) for partners like providers, billing companies, and clearinghouses**.
* Developed **high level system models** by **analyzing the existing models** and incorporating the suggested changes.
* Worked on mapping of ICD 9 codes with ICD10 codes based on matching criteria **(Exact Match, Approximate Match, One to Many Relationship, One to One Relationship, No Match)**.
* Shown thorough understanding of **General Equivalency Mapping** tool **(Forward Mapping and Backward Mapping)** and its impact in claims processing.
* Analyzed existing Interactive Voice Response (IVR) system in place, to modify for future system.
* Analyzed and documented **Backward mapping and Forward mapping** concepts into business requirements.
* Worked on the **EDI 834, 835,837** file load through MMS (Membership maintenance sub-system) and including **Claims, Provider, Portal, Billing, Benefits** using **ICD10** codes.
* Analyzed and documented **Dual Coding approach (Both ICD9 and ICD10 codes)** to make the conversion smooth upon Recognized as a subject-matter expert in Workers' Compensation, **Medicare**, and **Medicaid** regulatory interpretation and the translation of policy into information technology systems.
* Analyzed and evaluated **User Interface Designs, Technical Design Documents and Quality Assurance Test Conditions** the performance of the application from various dimensions.
* Performed the **User Acceptance Testing (UAT)** with the testing team.
* Developed **Test Scripts** using **Test Director/Quality Center** and coordinated with developers to quickly resolve the defects associated with them for **EDI 834, 835,837** Transactions.

**Environment:** MS Visio, MS Word, Share point, MS Excel, MS PowerPoint, Rational Rose, Requisite Pro, Clear Case, Clear Quest, SQL.

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| **Noridian Healthcare Solutions, Fargo, ND Apr 2012 – December 2013**  **Business Systems Analyst** |

Noridian Healthcare Solutions is a leading healthcare service providers offering affordable and high quality program for all. They have an experience of over 50 years in private health care sector, public sector, and government contracting with an enrollment of more than 500,000 providers, processes $55 billion in claims annually. The project was to develop a new claims application while loading data from T837 Claim Processing to provide a single and smart interface for its users to process claims. This should allow the user to view, perform, and complete the claim process as an integrated claims application. It will enable faster decision making on aspects of the claim by improving the workflow of the claims processing system. This integrated system will eliminate the existing billing system FACETS.

**Roles & Responsibilities:**

* Developed business process models and followed **Agile** process to document current and future business requirements.
* Prepared and maintained Business Use cases, Software Specification Documents, System Use cases, Use Case diagrams, Flow Diagrams, Business Flow Diagrams, Activity diagrams, Sequence diagrams with the help of **MS Visio**.
* Review sales paperwork and configure benefits in Facets for commercial health insurance and Medicare Advantage products.
* Conducted **JAD (Joint Application Development)** sessions with business owners, stakeholders, and development teams.
* Thorough understanding of **Facets** to compare and test the claims.
* Coordinated requirement gathering sessions with the business team to gather the business and service level needs.
* Conducted user interviews and conference calls to reduce the errors and document analysis in elicitation of requirements.
* Gap Analysis to compare all elements of existing **"as is"** with desired **"to be"** processes.
* Thorough study of the application features and functions and analyzed the scope and possible impact on business needs.
* Discussed Business Requirements and User Requirements with SMEs.
* Co-worked User Requirements and Functional Requirements Documents by interacting with development team.
* Gathered requirements from **Subject Matter Experts (SMEs), end users,** and **business owners on Medicare** and **Medicaid** policy.
* Mapped **EDI 837I& P and Paper claims** data from Gateway (EC Maps) to excel sheets.
* Gap analysis of **4010** and **5010 forms** for all the EDI transactions such as 837, 835, 999.
* Analyzed **EDI transactions** like **Institutional/Professional Inbound/Outbound (837)**, **Inbound (834), Outbound (835), Functional Acknowledgement Inbound (997)** and **Outbound**.
* Understood and followed **HIPAA implementation guide** to prepare the EDI files.
* Expertise of **EMR/EHR** responsibilities and **PMS (Practice Management System)**.
* Knowledge of subject matter expertise related to **Medicare Part D**.
* Enhanced the customer experience from the moment calls to Voice Response (IVR) system to call resolution through contact center solution.
* Defined and developed specifications for federal reporting specific to Medicare Advantage.
* Data mapping of **EDI transactions** like **834, 835, 270/271**. Co-ordinated with technical team to verify and validate the data.
* Participated in **designing EDI transactions** using the new **HIPAA 5010 version**.
* Performed UAT on behalf of the client for testing various software’s like IVR/Payment Tech for billing and payment.
* Documented the Physical Data mapping and new claim processing flow of **Facets** and compared with the new application.
* Worked on **Medicare D** beneficiary level issues including **enrollment/eligibility, claims processing, claims adjustments, and beneficiary level**.
* Worked closely with management and documented status of project using MS Project (schedules, timelines, and resources for the project).
* Participated in **code walkthrough** to discuss issues with the design, development, and QA teams in UAT.

**Environment:** SQL, FACETS, MS Visio, SharePoint, JIRA, MS Outlook, MS Project, MS Word, MS Excel, Clear Quest.

**Education:**

* **Master of Science in Computer Information Systems - Health Informatics (2 subjects)**
* **Bachelor’s Degree in Arts (English)**

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| **Professional Affiliations** |

* **Healthcare Information and Management Systems Society (HIMSS)**
* **American Health Information Management Association (AHIMA)**