**VIK KAPOOR**

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**Sr. Business Analyst**

**PROFESSIONAL SUMMARY:**

* Over **(7+) seven plus years** of experience as a **Business Analystin Healthcare field**.
* Worked on various Line of business **PPO**, **HMO**, **FEP**, **Medicare and Medicaid (CMS) enrollments** and **claims processing**. Good Mixture of experience in **Provider**, **Payer**, **PBM** and **CMS**.
* Acted as a **primary liaison** between **Business**, **Product**, **Technology**, and **End-users** to gain a common goal on the requirements.
* Adept in facilitating **JAD sessions** with **Stake Holders**, **End-users**, **SMEs**, **Project Manager**, **QA** team and **Developing** Team.
* Extensive experience and lucid understanding in all phases of the **System Development Life Cycle (SDLC)** including requirements gathering, analysis, design, implementation, testing and deployment as well as SDLC methodologies like **Rational Unified Process (RUP)**, **Agile/ SCRUM**, **Waterfall, Prototyping** and **Rapid application development (RAD)**.
* Adept in making **Business requirement document (BRD)** and **Functional requirement document (FRD)**.
* Deep knowledge of **Medicare-Medicaid Rules**, **NCPDP**, **HIPAA**, **ICD-9/ICD-10 codes**, **CPT**, **HCPCS**, **EMR**, **EHR**, **PHR**, **HL7**, **X12 EDI transactions (270/271, 276/277,834,837/835)**.
* Deep knowledge in **conversion from HIPAA 4010 to 5010**.
* Experience in using **HL7 guidelines, FACET** application.
* Experience in IBM Rational Software integrated tools like **Requisite Pro**, **Rational Rose**.
* Expertise in **analyzing Business and Development Specifications**, **Use Cases** and **High level design** to develop **Requirement Gathering**, conducting **Scope**/**Technical Feasibility studies**, creating **Business/Functional requirement documents**, **Use Case modeling** and conducting **brainstorming** sessions.
* Experienced in performing **Gap Analysis, SWOT Analysis, Feasibility analysis** and **Riskanalysis.**
* **Proven ability to work under pressure**, **prioritize and meet deadlines**. Open to dynamic work environment and **ability to work collaboratively** with business analysts, testers, developers and other team members in the overall enhancement of software product quality.
* Flourished in independent as well as collaborative work environments with **quick learning abilities** for new technologies and quickly **adapting to new environment** with **excellent communication/ interpersonal skills**, **organizational** and **presentation skills**, and **time management skills**.

**TECHNICAL SKILLS:**

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| **Methodologies** | RUP, RAD, Waterfall, Agile, Joint Application Development (JAD), Unified Modeling Language (UML) |
| **Reporting Tools** | Crystal Reports, Desktop Intelligence |
| **Testing Tools** | Quick Test Pro, Test Director, Win Runner, Load Runner |
| **Project Management Tools** | FACET, Microsoft Project, Microsoft Project Server |
| **Presentation Tools** | Microsoft Power Point, Visio |
| **Requirement Tools** | Rational Rose, Rational Requisite Pro |
| **Languages** | SQL, Java, C, C++, VB Script |
| **MS Office Suite** | MS Word, MS Excel, MS PowerPoint, MS Access, MS Outlook |
| **Operating System** | Windows 95/98/2000/NT/XP/7/8, UNIX, |

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**PROFESSIONAL EXPERIENCE:**

**Total Home Health, Inc., Houston, TX Sep 2012 – Till Date**

**Sr.Business Analyst**

Total Home Health, Inc. is a licensed and Medicare certified home health care agency committed to providing coordinated and quality health care to qualified individuals with disabilities and/or chronic illness and persons who are returning home from inpatient hospital stays through professional and compassionate personnel. The company operates with five branches in Florida and two branches in Texas.

The project at THH was **implementation of New Electronic Health Record System, KINNSER** and transferring all the existing patients’ medical records into the new system. The additional components of this project involved **Computerized Physician Order Entry(CPOE) inbound e-referrals from hospitals, nursing homes and other healthcare facilities,Electronic Prescribing (e-Rx) and outbound E-referrals,Recording of Demographics, Patient Reminders, Intake and Scheduling, Clinical Decision Support (Coding & Claims), Electronic copy of health info, Clinical Summaries, and Exchange of clinical information, with Practice Management and Billing Software.**

**Responsibilities:**

* Worked in an **Agile Development Environment** fractioning out the functionalities of Electronic Health Record (EHR) and Practice Management and Insurance verification.
* Gathered **Business requirementsby interviewingSubject Matter Experts (SME)** and end-users, nurses, physical therapists and other clinical staffs who actually will use the EHR software.
* Assisted in recognizing the weaknesses **(Gap Analysis)** in the existing functionality of EMR System (which was VISITRACK) besides adding additional functionalities.
* Developed comparative statements, reports to examine the existing functionalities and presented to the Board of Directors. Also created **Business Process Workflow Diagrams**.
* Provided the solution to enhance the existing functionalities and segregated Business Requirements into **high level and low level Use Cases**.
* Configured Member Data via EAI tools for ID card and **HIPAA** Gateway for claims **EDI** files.
* Documented detailed **Business Requirements Documents(BRD)** and **Functional Requirement Documents (FRD)** using **Rational Requisite Pro.**
* Developed data conversion programs for membership, claims, and benefit accumulator data - converted thirteen corporate acquisitions. Developed data field mappings. Provided programming and support for claims processing functions and auto-adjudication.
* Created **UML diagrams** with the help of **Rational Rose** to understand the **process flow.**
* Conducted **JAD sessions** periodically in order to resolve any issues in requirements and providing the data to the external vendor.
* **Act as a liaison** between the company, Kinnser software and other outside vendors like physical therapy contracting companies and contracted durable medical equipment companies.
* Followed a structured approach to organize requirements into logical groupings and ensured that the critical requirements are met.
* Participated in **ICD 9** to **ICD 10codesmapping sessions** as well as status meetings and provided comments and suggestions on challenges faced with the outsourced medical coding partner company.
* Identified the business flows and determined whether any current or proposed systems are impacted by the **EDI X12 Transaction**, Code set and Identifier aspects of **HIPAA**.
* Used **Electronic Data Interchange (EDI) codes** for verifying patient eligibility and receiving the insurance benefits, patient information, health care claim request, and **healthcare claim** through the new EMR System.
* Made sure the agency is in compliance with **Medicare regulations** about the **OASIS collection and transmission/export** of patient files to CMS, as per the mandate.
* Coordinated **periodic meetings** between the user group and KINNSER at various phases of software installation and training phase.
* Used **Rational Clear Case** to track and fix bugs.
* Participated in coordinated team effort in **User Acceptance Testing (UAT).**
* Actively involved in the **training of end users** of all levels. **Conducted training sessions** for the staff and vendor companies.

**Environment:** Agile Methodology, MS Office (MS Word, MS Excel, MS PowerPoint), MS-Project, Windows 2000 server, SWOT analysis, Clear Case, Clear Quest, UAT, JAD, UML Diagrams, MS Visio, EMR

CLIENT: **Health Net, Los Angeles, CA**  March 2011 – Sept 2012ROLE : Sr. Business Analyst

**PROJECT DESCRIPTION:**

This project was focused on the redesign of health insurance claims processing system covering the configuration of existing legacy system with QNXT for group, benefits, eligibility & claims, compliance check of various transactions. This was done in accordance with HIPAA and EDI rules (834, 837, and 276) and X12 standards, re-engineering and capturing of transactions with legacy systems

**ROLES AND RESPONSIBILITIES:**

* Involved in documenting business rules for the Health Care Reform initiative in accordance with Patient Protection Affordable Care Act (**PPACA**)
* Created Communication management plan to inform affected stakeholders about the new ACA changes
* Conducted **GAP** analysis and suggested measures and recommendations to improve the new application’s performance
* Conducted several cross functional meetings to understand the program level impact of all areas and represented business in the defect triage meeting during both SIT and UAT
* Worked in the PMO developing and maintaining project plans and project budget
* Involved in technical analysis/assessment of upgrade of Healthcare payer functionality from mainframe to **QNXT**
* Worked with technical writing team to update various internal documents such as enrollment guides, coverage manuals, group and individual applications etc.
* Created project charter, project plan, detailing project’s mission, process flow, timelines, requirements and risks using RUP methodology
* Documented **BRDs**, use case diagrams along with **FRDs** and traceability matrix for full understanding of the business process in accordance with RUP methodology
* Facilitated **JAD** sessions with SMEs, Business users, Technical architects, Data management team for understanding the complete impact of the project
* Conducted iterations and communicated results and milestone achievements to the stakeholders while keeping the developers and testers closely updated on all documented refinements
* Created presentations for analysis & design of integration strategy along with deployment planning to cover the impacted modules
* Elicited information to determine where and how **ICD-9/10** conversion will need to be performed for written documentation, processes, procedures and IT systems
* Identified and clearly defined functional issues and support IT development staff throughout the design, development, unit testing, and implementation phases of the software development life cycle
* Worked closely with Test Data Management (**TDM**) team for creating appropriate test data
* Provided Weekly/monthly status reporting to senior management and provided recommendation on usage of new tools and technology

**ENVIRONMENT:**

MS SharePoint 2007, Rational Requisite Pro, Rational Rose, QNXT , MS Visio, MS Office Tools, MS Project, RUP, EDI, HIPAA, ICD-9, ICD-10, HTML, AXURE, SQL, HP Quality center, Windows 2003/XP

**Health Springs, Nashville, TN Jan 2010- Feb 2011**

**Business Analyst**

Based in Nashville, Tennessee, Health Spring got its start in 2000 and is now one of the country’s largest and fastest-growing coordinated care plans whose primary focus is Medicare Advantage plans and prescription drug plans. **The project was in Coordination of Benefits (COB),** a Federal Health Care Financing Administration (HCFA) Program. Medicare Coordination of Benefits is the process for ensuring that payment of Medicare beneficiaries’ claims is properly shared among insurers when the beneficiary is covered by private insurance in addition to Medicare. By coordinating benefits, the COBC assists Medicare in paying claims more accurately the first time, which saves costly follow up and mistaken payments.

**Responsibilities:**

* Used **UML diagrams** for data capture activities which required working with SMEs ensure consistency and accuracy of data during the data loading process and that the data passes validation and integrity constraints with corporate database repositories.
* Clear understanding of **Medicare (Part A, Part B and Part D)** and **Medicaid benefits** as well as business processing.
* Involved in process analysis and defined executed **data migration plans** for local data for global applications.
* Worked with **837, UB92, UB04, CMS 1500 claims and HIPAA 835, 270/271, 276/277, 278** transactions.
* **Database support** that includes activities required correcting, deleting or summarizing medical history of members as well as provider information.
* Experience in **CMS and MMA Guidelines**.
* Collaborated on the development of **user requirements and design specifications** using standard UML techniques such as **use case, activity, sequence, and class diagrams.**
* Conducted **JAD sessions**, **Focus groups** and **individual interviews** to facilitate elicitation with regards to analysis, specifications, and design of the relevant business processes and systems.
* Thorough understanding of health benefit products, assisted in consolidating the summary of Benefits.
* **Involved in Smoke, Functional, Integration, End-to-end and Regressions Tests** in each environment by tracking the test status in Quality Center (Test Director).
* Applied advanced Excel skills (pivot tables, macros, lookups, charts) and Access database querying skills in streamlining and automating accounting processes.
* Documented detailed **business, functional, and User Interface system specifications** using standardized company templates for the business, development, and QA team.
* Build relationships with Information Systems and other relevant business partners, balancing practicalities with innovative and efficient business systems solutions.
* Knowledge of **HCFA 1500** and **UB 92 claim** forms.
* Helped developers with the following list of **HIPAA-EDI Transaction Code sets: (837, 835, 270/271, and 276/277).**
* Created test cases and participated with QA team in testing of the functionality of the application by inserting varying data on different test runs.
* Documented **Requirement Traceability Matrix** in **Requisite Pro**for traceability of requirements through test cases.
* Developed Forms using **MS Access** using Forms and Reports for reporting.
* Produced clear user manuals & training guides for **User Acceptance Testing (UAT)** and deployment for end-clients with step-by-step instructions and created appropriate GUI screenshots.

**Environment:** SQL Server, UML, Rational Requisite Pro, Test Manager, Clear Quest, Windows XP, MS Visio, MS Access, MS Project, UAT, JAD, UML Diagrams

**Humana Health Insurance, KY. Nov 2008 - Jan 2010**

**Business Analyst**

**Responsibilities:**

* Responsible for creating and reviewing business requirements, functional specifications, project schedules, technical documentation and test plans to meet user needs
* Gathered user/business requirements by meeting with business users and generated business models and use case analysis
* Responsible for defining the scope of the project, gathering business requirements, doing gap analysis and documenting them textually or within models
* Interfaced with internal clients and technical vendors on new feature requirements and conducted a thorough analysis of the system features to assist project team with implementation of new features.
* Conducted individual and group (JAD) sessions with business and technical units. Gathered requirements by interacting with the stakeholders by interviewing them, by preparing questionnaires and getting feedback which helped in developing application according to **HIPAA** Rules
* Exposure to **HIPAA** Compliance requirements. Considered **HIPAA** rules while data validation and testing
* Designed/Implemented the performance testing environment for SQL Reporting Services using the SQL Tracer
* Contracted with the Medicare Centers and Medicaid Services (CMS) to provide quick, easy, and affordable access to the health care service of their choice

**Environment:**

SQL Server 2005, EDMS, CMC, GPC, PDM, PMO, Windows, VBA, UML, MS Access, SQL, PL/SQL, MS Visio, HTML, XML.

**O.U Medical center, OKC Aug 2007 to Nov 2008**

**Business Analyst**

**Electronic Medical Record Management System**

A Physician Support System was built to capture the out patients clinical data using an Electronic Medical Record and Electronic Health Record Management System. The purpose of this system was to have a Paperless Medical Record and instant retrieval of data and laboratory records by the doctors, especially for Behavioral and Mental Health Record Systems. The patient’s medical record contained information such as physical examination and information specific to the medical discipline. The system could also capture information about the patient’s appointments with the doctors; the patient’s medical summary and also track the flow of patients throughout the clinic.

**Responsibilities:**

* Collaborating with project stakeholders throughout all SDLC phases to ensure timely delivery of specified business solutions.
* Implemented the Rational Unified Process (RUP) methodology of iterative software development with and developed user stories and dashboard for the system.
* Participated in the development of project plans, assessing business processes, working with business users and IT to develop system solutions and implementing solutions on a FACETS Platform
* Recognize scope limitations and raise potential scope issues while designing the best system approach.
* Analysis for making system compliant with HIPAA. Involved in making the Medicare patient profiles being compliant with the HIPAA regulations. Management of patient profile transfer (PPT) reports created by data team by verifying the associated data.
* Collected Business Requirements and converted them to Functional Requirements  in the Facets Platform
* Mentored business analysts in methodology for defining ICD-10 mapping processes and documenting business requirements. Developed additional processes specifically designed to handle Benefits Administration.
* Extensively created test cases for the claims administration and customer service modules like subscriber/member enrollment, adding premium rates, claims, billing and recoveries. Third Party liabilities, benefits. Service authorizations, entity relations.
* Used Use Case diagrams during analysis to capture the requirements diagrams and Sequence diagrams so that the development team and other stake holders can understand the business process.

**Environment:Windows 2000 server, MS Office, RUP, UML, Rational Rose, SQL, SWOT analysis.**