**Prashant Naresh**

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To take a challenging role on business operations as Business Analyst and give an efficient and effective solution that would help the organization to achieve the best solution in business that would increase its productivity in market.

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| **PROFESSIONAL SUMMARY** |

* Results-driven, versatile consultant with over 6 plus years’ experience as a Business Analyst.
* A proactive high performer with proven ability to work with multi-discipline, cross-cultural teams and end handle multiple tasks and work independently as well as in a team.
* Experience on working with multiple FACETs data models.
* Good team player with excellent written and verbal communication and interpersonal skills
* Experienced in customer/client interaction, deep understanding of business systems functionality and technicality.
* Partner with **subject matter experts** to gather and develop detailed business requirements for system implementations and service requests.
* Skills in developing **Use Case diagrams, Sequence diagrams, State Chart diagrams, and Class diagrams.**
* Proficient in gathering business and technical requirements from both formal and informal sessions through interviews, **NetMeeting, questionnaire, video conferencing, JAD sessions and conference calls.**
* Strong knowledge of **Use Cases, Sequence Diagrams, Collaboration Diagrams, Activity Diagrams, and Class Diagrams.**
* Expertise in **ICD-9 to ICD-10 Conversion.**
* Medical Claims experience in Process Documentation, Analysis and Implementation in **835/837/834/270/271/277/997(X12 Standards) processes of Medical Claims Industry from the Provider/Payer side**
* Worked on healthcare standards such as **HIPAA 4010, 5010, ICD-9 ICD 10 .**
* Strong experience and understanding of **Medicaid** and **Medicare** Services in health care industry, claims management process.
* Experienced in creating Test Plans. Thorough hands on experience with designing test cases covering all test conditions and eliminating redundancy and duplications
* Monitored the Defect Tracking Process and generated customized graphs and reports for the client using Jira
* Written and executed test cases on HP ALM
* Extensive experience in **Functional, Integration, Regression, User Acceptance (UAT), System, Load and Black Box Testing.**
* Good Management, Execution and Documentation skills
* Expert in application/system development life-cycles; concurrent development strategies, process streamlining, iteration modeling, DOORS, rapid application development (RAD/RUP/UML), and legacy/waterfall methodologies.

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| **PROFESSIONAL SKILLS:** |

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| EDI Transactions | 834, 835, 837 (P.I.D), 270, 271, 276, 277, 278 |
| Operating Systems | Windows XP/ Vista / 7, Mac OS X10 |
| Databases | MS SQL Server, Oracle 9i |
| Methodologies/Frameworks | RUP, UML, E/R Diagram |
| Software Tools | Mercator, Rational Rose, Rational Requisite Pro. |
| Office Tools | MS Access, Excel, Power Point, Word, MS Outlook Express, Outlook Exchange |
| Project Management | MS Project 2007 (PERT, GANTT Charts), MS Navision |
| Testing Tools | Jira, HP ALM |
| Data Modeling Tools | Erwin 4.0, MS Visio |
| Claim Engines | Facets, Diamond |

**PROFESSIONAL EXPERIENCE**

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| **Group Health Insurance. Chicago, IL Jan 2016 – June 2017**  **Business Analyst** |

Description: GHI contracted with the Medicare Centers and Medicaid Services (CMS) to provide quick, easy, and affordable access to the health care service of their choice. Market Prominence(TM) is the only system that provides management with the ability to tailor each step of the regulatory process based on the health plan's interactions with each of its beneficiaries. Project involves integrating Market Prominence and the Claims processing System with the data warehouse to support the reporting requirements.

**Roles & Responsibilities:**

* Coordinated with market BAs and business owners to **gather requirements**.
* Responsible for identifying and maintaining a clear and measurable software development process that is deployable throughout the enterprise using **SDLC.**
* Expertise in payer domain System Integration with Health plans eligibility and claim information. Strong understanding and Claims Processing/adjudication, Memberships and other standards.
* Involved in preparing “**BRD” Business requirement Documents for 5010.**
* Gathered analyzed, documented business and technical requirements from both formal and informal sessions and validate the needs of the business stakeholders.
* Performed Cost benefit, ROI and ROM studies
* Conducted user interviews and documented business and functional requirements.
* Performed Requirement Analysis and developed Use Cases, Activity Diagrams using Rational Rose
* Defined, developed specs for federal reporting specific to Medicare Advantage
* Performed Data mapping, logical data modeling, created class diagrams and ER diagrams and used SQL queries to filter data.
* Used XML for building and parsing of Application Configuration file.
* Upgraded HMO Medicare EDI and reporting.
* Completed the documentation of Claims Scenario's for the source system
* Configured Medicare data for the Enrollment, Billing and Reconciliation modules in Market Prominence.
* Created workflows in enrollment system with what client expects.
* Monitor data quality and integrity of internal systems and applications and CMS Centers for Medicare Medicaid Services extracts.
* Analyzed the existing claims process and specific business rule logic will be applied in the ACP model. Prepared and modified **Requirement Specification Documents** for different markets for **EDI (X12) 837, 834, 820, 835,999, 276, 277** Transactions.
* Participate in **System and Use case modeling /design artifacts** like activity and use case diagrams between **ICD-9 to ICD-10**.
* Supported the **Medicare** **Part A, B program, Medicaid program**, by providing technical, analytical, testing, and implementation support to existing interfaces.
* Strong Experience in Claims Processing and Claims Scrubbing in **HMO, PPO, Medicaid** and **Medicare**.
* Conducted walkthroughs and defect meetings periodically to assess the status of the testing process and discuss areas of criticality

**Environment:** FACETS (4.71, 4.51), Remedy CMDB Windows, SQL Share Point, MS Office, DOORS, Clear Quest, CDMA, Oracle, SQL Quires, Jira, HP ALM

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| **District Of Columbia Healthcare Systems, Washington DC Feb 2013 – October 2015**  **Business Analyst** |

District Of Columbia Healthcare Systemscollaborated to launch a not-for-profit individual practice association (IPA) model health maintenance organization (HMO). The organization is offering a variety of commercial and government-sponsored plans to the diverse communities it serves. It was migrating from **ICD 9 to ICD 10** and modification of X12 5010 transactions. As a Business Analyst I was responsible and involved with Detailed Gap Analysis, update and manage the guidelines as per **HIPAA**. I was also involved in the **Forward Mapping** and **Backward Mapping** analysis of **ICD 9 – ICD 10 Conversion** for CM (Diagnosis Codes) and PCS (Procedure Codes) Involved in **GEM (General Equivalence Mapping)** tools for forward mapping of **ICD 9** – **ICD 10** codes.

**Roles & Responsibilities:**

* Acted as a primary contact in all the phases of **Software Development Life Cycle SDLC**, including **Quality Assurance** **Testing, Performance & User Acceptance testing**.
* Conducted **JAD sessions** with the management, users and other stakeholders for open and pending issues to develop specifications.
* Performed **GAP** analysis for **ICD codes** and **EDI 5010 X12** with the **4010 Structure** for **EDI 834, 835,837 Transactions.**
* Responsible for the full **HIPAA** compliance lifecycle life cycle from gap analysis, mapping, implementation and testing for processing of **Medicaid and Medicare Claims.**
* Extensively involved in **gathering requirements** for implementing **NPI.**
* Experience in using Remedy CMDB for configuration the Incident Management, Change Management, Problem
* Implemented NPI for transactions **EDI (X12) 837, 834, 820, 835,999, 276, 277(Claims, Provider, Portal, Billing, Benefits)** Transactions.
* Gathered business requirements from the users, both in terms of enhancements to existing systems and in entirely new applications.
* Developed **gap analysis document, logical and physical design** and **remediation plan**
* Developed **high level system models** by **analyzing the existing models** and incorporating the suggested changes.
* Helped create the **'Business Glossary'** to facilitate efficient understanding of the business process amongst the other teams.
* Worked on the **EDI 834, 835,837** file load through MMS (Membership maintenance sub-system) and including **Claims, Provider, Portal, Billing, Benefits**
* 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.
* **Testing -** 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:** MSMumps Cache, IDX, MS Visio, Remedy, CMDB, Word, Share point Excel, PowerPoint, CMMI, Rational Rose, Requisite Pro, Clear Case, Clear Quest, SQL, Oracle, Jira, HP ALM

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| **Medicos Health Solutions Inc.,** **Franklin, NJ**  **June 2011 – Dec 2012**  **Business Analyst** |

Medicos Health Solutions Inc. is the nation's leading health benefits company serving the needs of approximately 35 million medical members nationwide. The project at was a data warehousing project which included the warehousing of data from ACES and NASCO source systems into the target data warehouse. I worked as a business analyst for the warehousing of ACES source system data.

**Roles & Responsibilities:**

* Studied existing **business application** **and processes, current source system**, **collected end user requirements** and suggested the improvised business process model.
* Analyzed the “**As is” and “To be”** system documents to show the current and proposed functionalities of the system using MS VISIO.
* **Gap Analysis** of client requirements, generated workflow process, flow charts and relevant artifacts.
* Involved in defining and documenting the vision and scope of the warehousing project.
* Worked with ACES claims data for claims subject area, Enrollment and billing data for membership subject area.
* Involved in the development of **Business and Technical Requirements Document (BTRD)** and **Business System Design (BSD**) document for the project.
* Involved in identifying and **studying the ACES system** data for the attribute mapping purpose
* Conducted and participated in **the JAD session** with the SME’s and project team members.
* Worked as a liaison between the business and technical side to convey the business needs to the system architects.
* Participated in weekly status meetings to present status and incorporate any digressions from the original scope.
* Capture information from Centers for **Medicare** and **Medicaid** Services enrollment forms..
* Created and managed **project templates, Use Case project templates, requirement types and traceability relationships in Requisite Pro.**
* Review client business requirements to identified the gaps.
* Involved in cross-functional teams, developing new ways to boost efficiency and delivering results in a fast changing environment to achieve company goals.
* Participated in the walkthroughs and meetings specifically **for Claims and Membership modules**.

**Environment: Windows XP, Unix, ACES,** **Rational Requisite Pro, MS Office, SQL, MS Visio, UML, COBOL, IBM classic event publisher, TeraData, DB2, IMS, Jira, HPALM**