Kanti Bhojani

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Summary:

* Seven years of extensive experience in the field of Business Systems Analysis, Project Management working with the technical staff to implement management and staff's business requirements into the software application in Healthcare Industry.
* Proficient at creating Use Cases, GAP Analysis, Process Flows & Works using UML
* Extensive Process reengineering by documenting and evaluating existing business processes
* Conducted and facilitated JAD sessions and brain storming sessions with key user groups emphasizing the scope of the project in order to provide key initiatives in working with users in identifying and defining project and system requirements
* Highly familiar with understanding all phases of project development life cycle using standard methodologies including analysis, design, and development of software applications
* Worked with FACETS Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication)
* Experience with Medicare Advantage programs and associated federal regulations
* Researched the various steps in the lifecycle and then facilitated to construct the system in such a way that the claims could easily be identified and monitored
* Proficient in using PM/BA tools including Microsoft Project Professional, Microsoft SharePoint, and Microsoft Office Professional
* Sound knowledge & experience using Unified Modeling Language (UML), Rational Unified Process (RUP), Rational Suite including Rational Rose and RequisitePro
* Ability to create and adapt processes to monitor projects, communicate project goals to stakeholders and set performance expectations
* Detailed knowledge of X12 and XML data format standards
* Excellent communication skills and ability to lead and mentor junior level business analyst/team members

**Technical Skills**

* **Operating Systems** - Windows 95/98/NT/2000/XP, Unix
* **Software Methodologies**- SDLC, SCRUM, Agile, Waterfall Model, Rational Unified Process (RUP), Rapid Application Development (RAD), Object Oriented Design & Analysis, ER Modeling and Database Design
* **Databases -** MS Access, Automated Enrollment, Oracle (SQL), SQL Server, Oracle 10g, DB2, IBM AIX
* **Programming Languages -** HTML, Java, C/C++,PLSQL
* **Microsoft Office Suite -** MS Project, MS Word, MS Excel, PowerPoint, MS Visio, MS SharePoint, MS Office
* **Reporting tools** - Business Objects, Crystal Reports, OBIEE
* **Business Modeling Tools -**Rational Rose, Clear-Quest, Requisite-Pro and Clear-Case

Education

MBA In Healthcare Administration

**Bachelor In Pharmacy**

# Professional Experience

**Public Consulting Group, MA**

**April 2012 – Till Date**

**Sr. Business Analyst**

**Project Scope**: I am working as a Sr. Healthcare Business Analyst for the HIPPA-5010 on multiple projects implementation. Prepared detailed system requirements and specifications and participate in the development of system solution design for existing and new capabilities. Primary accountabilities include analysis and design activities, UML modeling, facilitating JAR/JAD sessions, and working with other analysts to detail use cases and analysis models, Functional/Conceptual designs, working with technical design to complete the detail technical design and testing of the application prior to full system integration testing.

**Responsibilities:**

* Responsible for conducting research and root cause analysis for customers with the goal of recommending and implementing new processes and solutions to problems; resolved issues and improve operational performance
* Involved in creating sample mappings for the conversion of EDI X12 transactions code sets version 4010 to 5010 and translation of ICD 9 codes into ICD 10 codes.
* Created Functional Specification Documents for the Agency and Membership system
* Reviewed EDI companion guides for all payers to ensure compliance, edit integrity and maintain up-to-date list of payer contacts.
* Monitor and test all new application development for health insurance clients.
* Document procedures to facilitate best practice and enhancement development
* Documentation management of all healthcare project work performed/executed by all development performed
* Liaison between the Business Team and ITD Team
* Collaborate with TPA management and clients in the prioritization of deliverables
* Provide direct consulting, operational, and technical support to the TPA Director of health Insurance reimbursement
* Hands-on involvement in the completion of deliverables, which can include both healthcare business and technical projects
* Participate in the development of project budgets and monitoring actual expenses against plan
* Ability to develop health insurance technical requirements and specifications
* Ability to develop and test use cases for all new development and enhancements
* Assist with documentation management of all healthcare project work performed
* Proficiency in all MS Office products such as Excel, Word and Visio
* Ability to work on HIPAA 837, 835, 834, 997, 999 healthcare claim transaction set.

**CIGNA Health Insurance, PA**

**Dec 2010 – 03/20/2012**

**Business Analyst/ Data Analyst**

**Project Scope**: I worked as a Business Data Analyst for the HIPPA-5010, ICD-10 SSN Remediation and Alternative Capitation implementation. Prepared detailed system requirements and specifications and participate in the development of system solution design for existing and new capabilities. Primary accountabilities include analysis and design activities, UML modeling, facilitating JAR/JAD sessions, and working with other analysts to detail use cases and analysis models, Functional/Conceptual designs, working with technical design to complete the detail technical design and testing of the application prior to full system integration testing.

**Responsibilities:**

* Performed Requirement Analysis by gathering both functional and non functional requirements based on interactions with the process owners & stake holders and document analysis, represented them in Requirements Traceability Matrix (RTM).
* Developed plan for data feeds and data mappings for integration between various systems, including XML, to follow ICD 10 Code set and ANSI X12 5010 formats.
* Involved in gap analysis and implementation of HIPAA 5010, ICD 10 and Claim Validations
* Created System Use Cases and System Requirements documentation for Medicare project
* Conducted and lead JAR/ JAD sessions and brain storming Requirements sessions with key user groups emphasizing the scope of the project in order to provide key initiatives in working with users in identifying and defining project and system requirements
* Performed Data Conversion in different functional areas.
* Involved in analyzing the service center tickets (SCT)/requests to claims processing system.
* Develop Regression Test Scenarios for **270/271, 276/277, 834, 835, 837 ID transactions** based on the mapping specifications and compliance guidelines of EDITPS.
* Gathered requirements from the clients and developed crosswalks for **270/271, 276/277, 834, 835, 837 P/I claims.**
* Developed test cases based on the crosswalks and compliance guidelines for **270/271**, **276/277, 834, 835, 837** Professional, Institutional and Dental claims and for **270/271 eligibility benefit inquiry** and response
* Generated test data using **X12 generator** for transactions **270/271, 276/277, 834, 835, 837P/I/D**. Conducted Gap Researched and understood the **claims adjudication** and **reimbursement systems** based on **HIPAA X12 4010** standards.
* Followed Agile/ Scrum methodology throughout the project life cycle.
* Created a cross walk to gather the data items such as authorization status, error messages from back end processing system, co-pay, co-insurance, non-covered amount and deductible from XML responses.
* Created and maintained Narrative Use Cases (Business Use Cases, System Use Cases) and modeled Use Case Diagrams, Activity Diagrams, Data Flow Diagrams using MS Visio.
* Performed UAT and created test plans, test cases, test scripts and implemented them.
* Gathered UI requirements by interacting with the User Interface team and developed prototypes using AXURE.
* Created supplementary specification USE CASE Requirements for SSN Remediation and system Interfaces.
* Interacted with department heads to finalize business requirements, functional requirements and technical requirements and also created Business process model.
* Performed Data Analysis for different functional areas.
* Facilitated JRP sessions between technical and regulatory teams for meeting requirements as well as solving problems on a daily basis.
* Involved in creation and reviewing of Functional Specifications and created a Functional Design Document.
* Utilized Rational Software Architect and Rational Requisite Pro for tagging System Requirements.
* Used Rational Requisite Pro to improve the communication of project goals, enhance collaborative development, reduce project risk and increase the quality of application before deployment.
* Followed the adaptive RUP framework for the whole Project life cycle (PLC)
* Fine tuned search engines and pulled data from different databases and migrated data back and forth using SQL.
* Involved in creation and execution of manual test cases in Quality Center and automated Test Cases in QTP and analyzed the Test Results.
* Involved with the QA team to conceptualize, determine and develop test approaches and methods for unit testing, integration and functional testing, load and usability testing according to the application complexity and test requirements.

**Environment:** Rational Software Architect, Rational Requisite Pro, AXURE, Windows XP/2000, Oracle, PL/SQL, MS-Project, MS-Office Suite, MS Visio, MS Visual Source Safe, Quality Center 9.2.

Client: LIA Health Alliance Island, NY

Role: Sr. Business Analyst

Period: Jan 2010 – Nov 2010

My primary role on this project was working on conversion of ICD-9 CM and PCS codes to ICD-10 (Clinical Modification and Procedure Coding System) codes and conversion of all EDI HIPAA X12N-4010 transactions to HIPAA X12N-5010 version and prepare necessary supporting mapping/crosswalk documents as part of project deliverables

**Responsibilities:**

* Responsible for conducting research and root cause analysis for customers with the goal of recommending and implementing new processes and solutions to problems; resolved issues and improve operational performance
* Involved in creating sample mappings for the conversion of EDI X12 transactions code sets version 4010 to 5010 and translation of ICD 9 codes into ICD 10 codes.
* Created Functional Specification Documents for the Agency and Membership system
* Reviewed EDI companion guides for all payers to ensure compliance, edit integrity and maintain up-to-date list of payer contacts.
* Created file layouts for the inbound interfaces and the outbound interfaces for the Agency and Membership system
* Wrote use cases, prepared use case diagrams (using Rational Rose & UML) and followed Agile at every stage of the processes
* Developed the business crosswalks for 837(P, I, D), 835, 834 and 276/277 according to HIPAA implementation rules
* Conducted user interviews, gathering requirements, analyzing the requirements using Requisite pro
* Responsible for customer interface, requirements definition, general and detailed design, testing, maintenance and training programs and managed requirements using Rational Requisite Pro
* Conducted analysis of HIPAA compliance and took part in discussions for designing the healthcare transactions to be HIPAA 5010 compliant
* Analyzed the impact of new HIPAA standards on targeted systems, processes, and business-associate relationships
* Involved in the process of data conversion and data migration of the existing systems.
* Gathered functional, technical and UI specifications.
* Extracted the data from SQL Server, Oracle, files, and Access into Data warehouse
* Created issue logs, work request template, change request template and problem request template for the users
* Analyzed data and investigated service related issues to identify root cause of problem(s)
* Worked with business users to come up with Reporting Requirements and the reports were developed in Cognos
* Identified and communicated business needs as required
* Participated in presentations to internal and external audiences
* Translated business requirements and assisted IT with the development of technical specifications
* Worked on the service requests and changed requests for the Agency System
* Developed complex forecasting tools using current technology/systems (Access, Excel, Monarch, etc.)
* Recommend solutions based on data analysis to increase business efficiency and/or improve existing processes
* Conducted User Acceptance Testing (UAT) for projects, implementations, system fixes and enhancements, etc

**Environmen**t: Clarity, IBM Mainframe (VSAM, COBOL, JCL), FTP Client, MS Access, MS Visio, RUP, OOAD, SQL , Agile, MD 3270 Mainframe, MS Excel, MS Office, HP Open View, Windows XP

**Client: Health Partners Inc. Philadelphia, PA** 

Role: Sr. Business Systems Analyst

Period: Jun 2007 – Dec 2009

The Health Insurance Portability and Accountability Act (HIPAA) require that all health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The Addenda version of the ANSI ASC X12 834 transaction set was selected as the HIPAA-mandated format for electronic enrollment and disenrollment in a Health Plan.

**Responsibilities:**

* Converted business and user system needs into Vision Documents, Business Process Flows, Use Cases, and Non Functional Requirements
* Conducted user interviews, gathered requirements, analysed the requirements using RUP methodology and documented the requirements using Rational Requisite Pro
* Followed the business rules, and ensured that HIPAA compliant Rules are followed to display minimum benefit information that the Provider is required to pass on the EDI transactions
* Working with and utilized a growing knowledge of X12 F4010 HIPAA 837 I, P, D, 835, 834, 820, 270, 271, 276, 277, and 278, EDI, Privacy, Security, and Medicaid
* Managed the privacy and security environments of healthcare data that was governed by HIPAA and other government mandates
* Used the Agile methodology to build the different phases of the SDLC
* Planned and led large Joint requirements sessions
* Utilized OOAD and UML to create use cases, UI development, usage models, layout and wireframes, test cases and user training
* Played a key role in helping the company adopt RUP and use UML notations for OOAD
* Developed requirements through elicitation, analysis, specification and verification of business needs
* Implemented Change Management and Change Control for effective results
* Interacted with the testers while transporting the requirements to Mercury Quality Center
* Wrote detailed description of user needs, program functions, and steps required to develop or modify computer programs.
* Using the Business Logic Requirement Document (BLRD) derived the User Requirement’s Document and the technical requirements
* Used the RTMIS tool (Requirement management tool) to structure the requirements
* Performed Gap Analysis to identify gaps in the BLRD
* Used The Waterfall model to break down the tiers into further more detail, to eliminate high level defects while testing
* Elaborated on high level schedule into a detailed work plan that incorporates all aspects of the testing initiative
* Developed test scenarios and implemented test plans for Product test, integration test, system test and user acceptance test (UAT).
* Used the CMMI Model to guide process improvement across a [project](http://en.wikipedia.org/wiki/Project)
* Created process flow for moving the claims related data from EDW to EDM
* Develop documentation / matrix of dependencies that exist between technologies and processes
* Interacted with clients and other members of the development and QA teams to ensure delivery

**Environmen**t: IBM Mainframe (NASCO, EAB), MS Access, MS Visio, RUP, OOAD, MD 3270 Mainframe, MS Excel, COBOL, iRise Studio, Ultra Edit, Oracle, MS Office, SQL, Windows XP

Client: Assurant Health, Cleveland, OH

Role: Systems Analyst/Requirement Analyst

Period: Sept 2005 – May 2007

Assurant provide a variety of product and services such as individual health and small employer group health insurance, dental insurance, disability insurance and life insurance. I worked on Healthcare system specifically designed to incorporate with clinical, material management and medical billing applications needs of the users. The system was also easy to integrate with most patient accounting and clinical healthcare software solutions.

Responsibilities:

* Liaised with business and functional owner during risk engineering and high-level review sessions to derive and execute action plans, meeting deadlines and standards
* Authored various Use Cases and Activity diagrams, Sequence diagrams using Rational Requisite Pro and used UML methodology to define the Data Flow Diagrams (DFD)
* Followed SDLC, which included requirements specifications, design, analysis and testing
* Followed RUP methodology with Agile/Extreme Programming and using Rational Test Suite for various phases of RUP
* Gathered requirements during inception phase, documented and delivered functional specification documents, technical specs and assisted architecture analysis and design using UML and Rational tools
* Responsible for attaining HIPAA EDI validation from Medicare, Medicaid and other payers of government carriers
* Developed Logical and Physical data models that capture current state/future state data elements and data flows using Erwin
* Worked with development team while creating class diagrams and logical flow diagrams
* Responsible for analyzing and developing queries and reports using BO full client and infoview to provide Web-enabled data analysis solutions to business users
* Used MS Project for status reporting and planning to maintain the project schedule and track its status
* Validated the reports in Model Office after the migration of accounts in the Test Phase
* Processed Claims in NPS System (Nasco Processing System) with IBM mainframe Technology
* Experience in processing 270, 271, 276, 277, 834, 835, 837 in NPS system
* Performed Data Mapping by moving the data from the subscriber member database to business layout on the mainframe
* Performed regression testing after the implementation of accounts
* Performed monthly and quarterly audits for some of the accounts using MS Access
* Worked with the Membership Touch Point Measures MTM team to perform their audits
* Analyze business problems and opportunities in the context of the requirements and recommend solutions that enable the organization to achieve its goals
* Worked with the **UAT** team to validate that the developed application will meet the business requirements
* Provided support for migration and implementation of new accounts
* Experienced with all the transactions used to view a subscriber’s information in NASCO and EAB systems
* Worked with the business user to create new group structures and build mapping documents
* Hands on experience with Facets Accounting, Dental, provider, billing, member and subscriber data models
* Familiar with current industry standards, such as HIPAA, SOX, Layouts, Group structures, Business rules

**Environmen**t: MS Access, MS Visio, MD 3270 Mainframe, RUP, OOAD, Agile, SQL , MS Excel, COBOL, CICS, iRise Studio, Ultra Edit, Oracle, MS Office, Windows XP