SANDIP GHELANI

SUMMARY

* Over eight years’ of experience in all phases of SDLC (Software Development Life Cycle) as Sr. Business Analyst.
* Experience in conducting Joint Application Development (JAD) sessions for requirements gathering, analysis, design and Rapid Application Development (RAD) sessions.
* Assisted in user acceptance testing (UAT) of the system.
* Documented Requirement Traceability Matrix in Requisite Pro, Test Director and MS-Excel for traceability of requirements through test cases.
* Strong functional expertise in the Healthcare Payer Area - Membership claims, benefits, eligibility, ICD10, HIPAA, and CMS HCPCS Exposure to Health Care Industry standards like HIPAA / PHI and data format like EDI, XML, and HL7 Interface Implementation.
* Broad knowledge of 837 EDI file generation using flat files includes detailed experience working on Pro-EDI and 837 formatter tool.
* In-depth Understanding of Payer plan sponsor and the EDI transactions like 837, 835, 834
* Served as a SME for EDPS return files 999, 277, MAO\_001, MAO\_002 and MAO\_004 etc.
* Extensive knowledge of EDPS errors which includes 254, 19, 255, 465 etc., also include RAPS Errors 450, 451, 455, 400, 500 etc.
* Expert on US Health Care Industry, Electronic Data Interchange (EDI),Health Level 7(HL7) and Health Insurance Portability and Accountability Act (HIPAA)
* Developing functional specifications for business process refinement and automation, conducting feasibility studies, analyzing scope and vision of the project.
* Good knowledge of Medicare, Medicaid, and MMIS (Medicare Management Information System)
* Perfectionist in requirements collection, from clients and processing information to the project team
* Good knowledge of Business Process Modeling and Business Process Re-Engineering and experience with SWOT analysis.
* Expert in iterative software development life cycle AGILE with experience in SPRINT planning and SCRUM meetings.
* Extensive experience with process modeling using Unified Modeling Language (UML), use case diagrams, including the business workflow using Rational Suite, Rational Rose and MS Visio.
* Experience in working with Work Breakdown Structure (WBS), in project management and systems engineering.
* Assisted teams in creating different SSIS packages in different Control Flow and Data Flows.
* Strong Subject Matter expertise (SME) in Healthcare, ARMS Medical Billing Information System, Market Research, Risk Management, Product Development, Banking, Risk Analysis, Asset Management- risks and returns.
* Experience in conducting GAP analysis, User Acceptance Testing (UAT), SWOT analysis, Cost benefit analysis and ROI analysis.

SKILLS

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| Project Management:  EDI Tools:  Business Process Automation: | JIRA, MS Project, Rally, Blueprint  Pro-EDI, 837 Formatter  SSIS, Talend, SAS |
| Requirement Management: | Rational Requisite pro, UML, Microsoft Project, JIRA, Microsoft SharePoint |
| Modeling & Designing Tools: | MS Visio, SnagIt |
| Business Analysis Structure: | Agile/Waterfall/Scrum/JAD/RAD/BPM |
| Testing Tools: | Quick Test Pro, Load Runner, Win runner, HP Mercury Quality Center |
| Databases tools: | Oracle9i/10g/SQL/SQL Server/Microsoft Access/Toad for SQL, SAS, Essbase, SSIS, SPSS |
| Reporting Tool | Jasper Soft, Crystal Reports, BRIO Query, SSRS |
| Communications: | MS Outlook, Lotus Notes, TCP/IP, and MS NetMeeting/Chat |
| Languages: | VB, SQL, XML, UML, ASP |

EDUCATION

Bachelor of Business Administration, Veer Narmad South Gujarat University, India

EXPERIENCE

United Health Group - OPTUM Feb 15 – Present

Sr. Business Analyst

Untied Health Group acquired XLHealth Corporation in 2012, (XLHealth) a sponsor of Medicare Advantage health plans with a primary focus on Medicare recipients, to enable to better serve chronically ill and dual-eligible Medicare beneficiaries across the country. In this XLHealth Transion project I joined team in its initial phase. As a team, we worked on automation of claim generation & submission, return file management, reconciliation, process automation, error correction etc., throughout this whole project I got opportunity to work with any different team accorss the corporation which include CMS, EDPS, HouseCalls, Claims Adjudication etc., apart from that my expertise and knowledge also benefited for team building and to help new member for onboarding process.

Responsibilities:

* Analyzed existing Business units, Business process, System/ Application and their Interfaces through KT session, open-ended discussions, brainstorming sessions, prototyping etc., which heled in designing business process restructure and automation.
* Conducted KT session and developed Job Aids for different RAPS and EDPS claim file generation process for other team member reference purpose and to help in audit too.
* Developed claim submission and return tracking structure using SQL and also helped with automation with the help of SSIS packages which also include reconciliation report, served to top management in weekly status meetings.
* Assisted in automation with the help of TalEND, SSIS packages, MS Excel etc.
* Extensive knowledge of Pro-EDI tool and generated EDI file for EDPS submission to CMS.
* Took initiative to work on development of 837 formatter to replace Pro-EDI tool, used to generate 837 EDI Claim files getting submitted to CMS.
* Processed EDPS return files including 999, 277, MAO\_001, MAO\_002 and MAO\_004.
* Performed UAT on 837 formatter and validate all the features and process.
* Successfully brought 837 Formatter in production environment and with the efficiency of 95% time saving in file conversion.
* Assisted and organized inbound KT session from offshore team to on shore team which held mostly on 3rd shift for more than 3 months.
* Produced BRD for RAPS and EDPS file return process which helped to increase efficiency in reducing processing time by more than 95%.
* Researched un-submitted and invalid claims pending for submission by achieving remarkable goal by generating extra 99 million in revenue also got served by Bravo award.
* Streamlined OPTUM EDPS claim generation and submission process with achievement of 99% acceptance rate.
* Functioned as a CMS point of contact for whole RAPS and EDPS claim submission process, also include tracking all claim submission and their return file processing on time.
* Restructured SQL scripts to generate claims which helped reducing query running time by 80%.
* Investigated errors claims in RAPS and EDPS process and worked on its correction and submitting them followed by 70% acceptance rate.
* Worked on RAPS Errors which includes 450, 451, 455, 400, 500 etc., and EDPS errors which includes 254, 19, 255, 465 etc.
* Developed submission schedule Jan 16 and 17 sweep time helping timely submission of 14 & 15 DOS for the last time to CMS.
* Helped new team members with on boarding process, getting required system access, providing system knowledge and sharing documentation.
* Successfully finished and meet all the deadline in sweep time which includes claim submission of all DOS 2014 as this was the last chance to get everything submitted to CMS.

ALLSCRIPTS, Chicago, IL Nov 13 – Feb 15

Business Analyst

Allscripts is recognized industry wide as a provider of leading healthcare software solutions. I was part of EHR development project for a hospital to convert all the hard data to electronic format and ease the access to these records amongst the facilities and demographic.

Responsibilities:

* Managed project and was involved in resource management.
* Co-ordinated with documenting processes used agile methodology to write the Business Requirements documents and designed Functional specifications.
* Served as a liaison between the internal/external business community and the IT organization in order to provide technical solutions to meet user needs.
* Participated in design review meetings and translated the requirements to the developers and guided the team when issues related to business requirements arose.
* Worked with Associates and understood the business rules, systems and integrated them into the requirements document and assisted in generation of test cases and test data.
* Created workflows, data diagrams, and other industry standard documents to represent client’s business processes.
* Conducted JAD sessions between the business users, Developers, testers & Subject Matter Experts to resolve bottlenecks.
* Used HL7 guidelines and dictionary for defining business rules associated with pre-defined workflows according to business requirements.
* Played important role into creation of CRUD (Create, Read, Update and Delete) Metric to make analysis and better understand data flows between different systems
* Conducted Risk Analysis to identify the risks associated with developing the patches, and formulated a Mitigation Plan to eliminate or reduce risks of high severity and any major effects.
* Played an active role in performing of Gap Analysis and its documentation.
* Designed and implemented SSIS packages to translate data from operational systems.
* Work closely with the application development and design team onsite and offshore to resolve technical issues and interact with them to ensure overall quality of the project.
* Met with client to present future functionality of the application, gather information from them to know about their need and send this information to test manager.
* Worked closely with the application development and design and testing team to resolve technical issues and interacted with them to ensure overall quality of the software
* Responsible for creating & maintaining Requirement Traceability Matrix in order to track the development and QA process.
* Interacted closely with QA to finalize the Test strategies and maintained quality assurance using HP Quality Center.
* Provided production support pre-production and post- production issue management and defect tracking.

Environment: Windows, MS Office 2013 (MS Word, MS Excel, MS PowerPoint, MS Visio), MS Access, MS Project, Apache Subversion, Erwin, SSIS, Rational Rose, MySQL, Clear Case, Requisite Pro

EMBLEM HEALTH, New York City, NY Dec 12 – Oct 13

Business Analyst

Emblem Health is a health maintenance organization (HMO) and [Health Insurance Company](http://en.wikipedia.org/wiki/Health_insurance_company) based in [New York City](http://en.wikipedia.org/wiki/New_York_City). It is a $10 billion company with 3.4 million members. Worked on ICD-9 to ICD-10 conversion Project is also undertaken for making the system compliant for the ICD-10 codes from the current ICD9 codes.

Responsibilities:

* Conducted Joint Application Development (JAD) sessions and walk in interview with the business users to gather requirements.
* Did impact analysis for changing requirements and coordinated with business users and Project Manager for prioritizing the testing/release of the changes through CAB.
* Work as part of an Agile team to solve problems and deliver projects in a fast paced environment
* Helped creating Reports for Claims processing, Provider and Member.
* Prepared the Business requirement Document for the enhancement of the existing services. Wrote TRD for the requirements and RTM for testing and defect tracking.
* Modeled the AS-IS system and performed GAP Analysis for the existing system in order to map it to the TO-BE system.
* Worked on improvement of Claims Reimbursement User Interface for a better experience and incorporate changes as per HIPAA guidelines using the gap analysis.
* Assisting business users in defining UAT test cases and plans; Established and maintained test cases and test data in Quality Center.
* Coordinated with the QA Team for testing activities across multiple systems and managed Conversion test execution.
* Helps in conducting User Acceptance Testing (UAT), and System Integration testing (SIT) and SWOT analysis.
* Performed GAP Analysis for HIPAA 5010 transactions and Performed Analysis of ICD 9 Procedure and Diagnosis Codes in accordance with ICD 10 CM and ICD 10 PCS Conversion Compliances
* Provided SQL queries to developer as source queries to identify the data provided logic to assign.
* Responsible for providing the Data Mapping document and rewrite of the SQL queries from As-Is To-Be and validating the data through SQL.
* Lead through UAT procedure and also conducted training sessions for the end users along with the necessary documentation
* Created test plan and facilitated its implementation, create Test cases and assisted manual testing
* Worked closely with the testing team to discuss the functionality and fix any defects found in the Crystal reports created
* Used SharePoint to ensure all team members have easy access to all the documents created
* Lead through UAT procedure and also conducted training sessions for the end users along with the necessary documentation

Environment: Blueprint, Rational Rose, Rational Requisite Pro and UML, Rational Clear Quest, SQL, Microsoft Visio, Test Director, HP Quality Center, Crystal reports, MS SharePoint, MS Project, ER-Win, MS Office.

UNITED HEALTH GROUP, Hartford, CT Mar 10 – Aug 12

Business Analyst

The project was to build an online insurance handling application that would facilitate the users to find the right insurance for their individual needs. It needed a new User Interface for clients to interact with during the Claim approval/rejection process. Once they've been authenticated, the user can retrieve a quote, a plan or buy an insurance policy.

Responsibilities:

* Thoroughly studied the incumbent systems to get an understanding of the processes and the functional workflow in order to analyze and initiate the project.
* Defined vision and scope of the project and transformed them into documents to better analyze and understand the rationale for the application.
* Facilitated Gap analysis to get a hold of the new business model and to extract additional functionalities that would be incorporated into the module.
* Worked closely with claim system processing to incorporate claim approval/denial and claim reimbursement and evaluated the claim system with which the data would be interfaced for the user.
* Conducted JAD sessions for clarity and gathered requirements through brainstorming sessions with the stakeholders and SMEs and with the help of rational requisite pro, prioritized these requirements.
* Documented Business Requirement Documents and use case specification documents and came across various functional requirements through UML diagrams with the help of activity, use case and specification diagrams.
* Aggressively participated in the design process along with the architect in attaining technical requirements to provide technical expertise to the developers for the development phase of the application.
* Developed reports using Crystal Reports and SSRS.
* Dealt with ICD 9 encryption to verify and confirm the validity of the incoming claims and documented them by saving it in the database.
* Helped streamline the 276/277 transaction in order to enable easier and faster exchange of information between the payer and the provider.
* Assisted QA team by reviewing test cases and test protocols for verifying the requirements to ensure complete coverage of all functional and technical requirements. Used Requirement Traceability Matrix to conduct thorough testing and verification.
* Managed offshore teams in different geographical places.
* Designed SSIS Packages to transfer data from flat files to SQL Server using Business Intelligence Development Studio.
* Provided training to the end users, conducted Regression testing and User acceptance testing sessions to gain user approval and feedback.

Environment: Windows, MS Office 2010 (MS Word, MS Excel, MS PowerPoint, MS Visio), MS Access, SSIS, MS Project, Rational Rose, MySQL, Crystal Reports, SSRS, Clear Case, Requisite Pro

UNITED HEALTH GROUP, Mumbai, India Aug 08 – Mar 10

Business Analyst

United Health Group working with escalating R&D discovery cycles the company planned to expand its CRO (Clinical Research Organization) to convert all of it hard data to electronic form.

Responsibilities:

* Documented detailed Business Requirements Documents (BRD), Technical Requirement Specifications (TRS) and Functional Requirements Specification (FRS).
* Acted as liaison between clinical staff and the technical developers conducting and facilitating JAD sessions for the analysis of current and future state processes through interviews, workshops, business process storyboarding, use case evaluation, task and workflow analysis, process modeling and simulation.
* Initiated Use Case Analysis using UML, which provided the framework for potential use case deliverables and their inter-relationships, and allow for maximizing software reuse
* Participated in various meetings and discussed Enhancement and Modification Request issues. Performed Gap Analysis of Client requirements, generated workflow process and necessary documents.
* Maintained traceability matrix throughout the SDLC to ensure complete and comprehensive delivery.
* Developed test plans, test cases and conducted User Acceptance Testing (UAT).

Environment:  XML, MS Office Word, Excel, MS Access, Visio, Rational Requisite Pro, Rational Rose, SQL, PL/SQL