Apurva P.

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## **SUMMARY:**

* Business Analyst with 5 years of experience in HealthCare insurance and data governance.
* Create Business Requirement Document (BRD), Functional Requirement Document (FRD), Technical specification Document (TSD), Requirement Traceability Matrix (RTM), Scope Statement and other project related documents.
* Expertise in SDLC methodologies which includes significant experience in Waterfall and Agile methodology.
* Highly proficient in working with users and stakeholders to elicit, analyze, communicate and gather requirements using techniques such as Brainstorming sessions, Workshops, JAD sessions, interviews.
* Strong experience and understanding of health care industry, claims management process, Knowledge of Medicaid and Medicare Services.
* Experience with Facets and HIPAA compliance.
* Good experience in the EDI transactions and knowledge on EDI transaction process flows.
* Validated 837 (Healthcare Claims), 835 (Healthcare Claims payment / Remittance), 276/277 (Claim Status inquiry and response).
* Involved in end to end testing of Facets Claims Processing and Subscriber/Member module.
* Knowledge and expertise in working with Claims, Provider, Enrollment, Finance, Benefits, and Vendor Management Business Areas.
* Extensive experience in writing SQL queries for data gathering and generating reports.
* Excellent experience in writing SQL queries to validate data movement between different layers in data warehouse environment.
* Conduct walkthrough of deliverables, component validation, solution evaluate & solution approval and critical requirement prioritization for upcoming releases.
* Gathered functional and data requirements, analyzed workflows and created Use Cases, Requirement Specifications, Data Mappings, Data Flow Diagrams and sequence diagrams.
* Excellent experience in writing and executing unit, system, integration and UAT scripts in a data warehouse projects.
* Good knowledge of EHR (Electronic Health Records) in compliance with Meaningful use program and HIX (Health Insurance Exchange) etc.
* Experience in SQL to perform data analysis, data mapping, data verification & data validation
* Maintained the Traceability Matrix to track the Business Requirements with the design and further with the testing keeping track of all requirements in the BRD.
* Change Control Process – Led the Change Control Process for changes submitted for the BRD once the document was submitted to IT department.
* Experience in conducting User Acceptance Testing (UAT) and documentation of Test Cases.
* Advance proficiency in Microsoft, particularly Word, Excel, PowerPoint, Visio and Project.
* Good documenting and excellent communication skills.

## **TECHNICAL SKILLS:**

**Project Methodologies**: SDLC, UML, Agile, SCRUM, Waterfall,

**Business Modeling Tools**: Microsoft Visio, Rational Rose

**Platforms:** Windows

**Testing tools:** HP ALM, Quality Center

**Change Management Tools:** Rational Clear Quest

**Office Tools:** MS Project, MS Office, MS Visio

**Version Control Systems:** Rational Clear Case

**Database:** MS SQL Server, MS Access, and Oracle

## **PROFESSIONAL EXPERIENCE:**

**Client: Allegis Group Inc, Hanover MD July 2019 – Current**

**Privacy Data Analyst (Risk)**

Support the development of data quality processes and procedures needed within the newly established Data Governance Department in Allegis Group. The “Data Governance Program”, is a program implemented by the Allegis Group to ensure the quality of the organization’s and it’s operating/sister companies’ data is secure and has high data standards meeting the Business requirements. The key objective of this project is to profile the data to understand if data is in good quality or poor and make suggestions or take actions to cleanse the data to help them make business decisions.

**Responsibilities:**

* Solid understanding of GDPR and CCPA articles and standards.
* Worked with Data Governance Program Management to develop a target data governance model along with a road map.
* Gained a solid understanding of customer request via analysis and interviews with Product Owners and subject matter experts to fully manage user stories from inception through acceptance.
* Verified the functional aspect as per the business process and validated the interfaces with the other systems and data conversion from the existing systems
* Created user stories and/or use cases by decomposing high-level information into testable acceptance criteria.
* Organized and hosted grooming and design meetings with Product Owners, Architecture, Run and Build Teams.
* Involved in defining the Data Modelling, Data Mapping and Data transformation features across the integrated systems under the data governance.
* Worked with Data Engineers and the Source System SMEs to understand the data flow and create Data lineage reports.
* Tracked mapping and/or data issues and discrepancies in VersionOne and update the Mapping documents to resolve the identified issues.
* Documented the business process and various business scenarios based on the source to target data mapped to migrate the necessary data to new System.
* Created, documented and maintained logical and physical database models in compliance with enterprise standards and maintained corporate metadata definitions for enterprise data stores within a metadata repository.
* Established and maintained comprehensive data model documentation including detailed descriptions of business entities, attributes, and data relationships.
* Created Mapping Documents, ETL technical specifications and various documents related to Data Migration.
* Extract transform and load data directly from different source systems, Excel, Oracle, and SQL Server to the Tableau desktop application for analysis purpose.
* Generated Tableau dashboards for data visualization with combination charts for clear understanding along with Data blending implementation on databases and generated interactive dashboards.
* Created data flows and validated data flow across each system.
* Partnered with the Data Privacy and Security team to enable consistent processes and workflows.
* Use Informatica Enterprise Data Catalogue (EDC) to classify the PII information in the assets.

**Advantasure/ Department of Health and Hospitals – State of Louisiana Mar 2018 – Jun 2019**

**Business Analyst-Data**

The project was related to the enhancement of the Medicaid Management Information System (MMIS). It included technical and professional services related to analysis and assessment of the current MMIS and EDI claims, documentation of business and technical requirements, preparation of cost analysis and implementation of the new MMIS automation system.

**Responsibilities:**

* Involved in all the phases of Software Development Life Cycle (SDLC) involved gathering, analysis and documenting business and technical requirements from both formal and informal sessions.
* Created in GAP analysis around the identification of business rules, business and system process flows, user administration.
* Involved in conducting meetings for Agile projects requirements sessions with stakeholders and able to articulate and create the requirements in User Story format.
* Facilitate sprint planning, daily scrums, stakeholder meetings and retrospective meetings.
* Gathered Business Requirements: Interacted with the Users, Designers and Developers, and the Project Manager to get a better understanding of the Business Processes.
* Involved in Prioritization of the requirements from the Product Backlog maintained in JIRA.
* Extensively used ETL to load data from XML files, Flat files data also used import data.
* Performed Data mapping, logical data modeling, created activity diagrams and ER diagrams and used SQL queries to filter data.
* Used SQL tools like Oracle SQL Developer and TOAD to run SQL queries and validate the data in warehouse.
* Involved in writing SQL statements to extract data from the relational database.
* Extracted data from the source views by writing the procedures to load the data into staging tables
* Written complex Oracle SQL queries with complexity using Inner/Outer joins.
* Performed data mapping, traced data from system to system in order to solve a given business or system problem.
* Responsible for Medicaid Claims Resolution/Reimbursement for state health plans using MMIS.
* Facilitated meetings with the technical team and client team to analyze the current process and gather requirements for the proposed process.
* Creating several Test Cases and Test Conditions for testing various Claims, Membership, Billing and Provider reports.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Gathered Requirement from the Client to fulfill the Application need for the newly designed enrollment platform.
* Worked within project team to identify and interpret state Medicaid policies as applicable to enrollment
* Coordination with the stake holder for getting sign offs on the user stories, wire frames and Mockups.
* Presented several documents and Use Cases for multiple transactions and worked with ANSI X12 5010 including the standards for medical transactions like 837I, 837P, 835, 276, 277, 270, 271(both inbound and outbound) transactions.
* Analyze EDI-X12 data elements captured by the existing system to validate it against the data elements required for new system.
* Involved in project using SoapUI and run request with input XML to receive a response XML for the request sent.
* Strong knowledge in Tableau on how to import, shape, and transform data for business intelligence (BI), Visualize data, author reports, schedule automated refresh of reports and create and share dashboards based on reports in Power BI desktop.
* Created sub-reports, drill down reports, summary reports, parameterized reports, and ad-hoc reports using Tableau upon the requests.

**Cigna, Hartford, CT Nov 2016 – Feb 2018**

**Business Data Analyst**

Cigna is a leading health services company with Medicaid and Medicare Advantage offering. TriZetto Facets is a third-party Enterprise Managed Care System used at Cigna-Health spring for claims processing and care management. Part of the Provider Data Management team, this project was initiated to migrate from legacy to TriZetto Facets System for data management.

**Responsibilities:**

* Responsible for system analysis, requirement specifications, project planning and identifying the resources and implementation of the project.
* Designed and documented test cases according to the application requirements
* Collaborated with Enterprise Data Governance to analyze and consolidated enterprise critical data elements and definitions across various business lines.
* Create BRD and design documents according to the business and technical impact to the system/application.
* Validated and re-engineered HIPAA EDI transactions 270/271, 276/277, and 835/837.
* Responsible for executing User Interface Testing, System Testing, Data Quality Testing on the configuration design and prototypes in Facets.
* Performed the Gap analyses of the earlier systems, generated a detailed Requirements document describing new system architecture through Use Cases and Activity diagrams.
* Used Rational ClearCase and Rational ClearQuest for Source code management & bug tracking, respectively. Created highly integrated modules using the SOA architecture.
* Designed message formats, queues, legacy systems interfaces, and worked with the business Users through interviews and JAD sessions. Created front-end prototypes as deliverables and projected the end-delivery modules.
* Involved in defining the Data Modelling, Data Mapping and Data transformation features across the integrated systems under the Data Governance.
* Worked closely with business power users to create reports/dashboards using tableau desktop.
* Mastered the ability to design and deploy rich Graphic visualizations with Drill Down and Drop-down menu option and Parameterized using Tableau.
* Assisted the testing team to execute the designed test scenarios via multiple stages of testing (Unit testing, System Integration Testing (SIT), UI Testing and User Acceptance Testing (UAT).
* Created functional flow diagrams, context diagrams and other high-level diagrams for documenting the functionality of separate modules using MS-Visio and UML.
* Created Data Mapping Document and Metadata for the Enterprise Data Warehouse (EDW).
* Develop PL/SQL Packages and Object types for incorporating the business rules.
* Participated in the collection of data from regular network monitoring using automated as well as manual SQL/XML scripts and queries.
* Collected data associated with phone monitoring using SQL scripts and queries.
* Responsibilities involved interface with end-users, obtaining approval, identifying information, procedures and decision flows, evaluating existing procedures, methods and technical documentation.
* Created wireframes using Visio on the application UI for enhancements and conducting web testing.
* Developed Class Diagrams, State diagrams and physical Component diagrams/ DFD created to capture the entire system functionality and thereafter built a framework for the software development phase.
* Involved with the requirement validation for Enterprise Data Warehouse (EDW) with the state stakeholders.
* Utilized business and technical tools to develop business and system requirement analyses with supporting variance reports, current and target business process flows and traceability matrices.
* Created a repository for each module consisting of information about data tables, dimensions and report structures.

**State of WI (DHHS), Madison, WI May 2015- Nov 2016**

**Business System Analyst**

The scope of the project was to integrate the Medicare (Part A, Part B, Part C, Part D) data all in one single system for a smooth flow through the claims processing system. My project was focused on providing support through the entire lifecycle for multiple projects involving web service and user interface development, Reimbursement Processing domains, Claims, modifying MMIS (Medicaid Management Information Systems), etc.

**Responsibilities**:

* Performed a project analysis on new projects, including requirements, personnel, and costs.
* Developed and maintained a work plan for system projects.
* Facilitate daily scrum, sprint planning and sprint retrospectives meeting.
* Worked on release on multiple sprints after successful completion of sprints.
* Performed Gap Analysis for HIPAA 5010 and statistical analysis using SQL and Excel.
* Created user stories with use cases in applications like JIRA & Confluence to have enhanced traceability and visibility to the entire team.
* Bug tracking reports on daily basis using JIRA.
* Worked on analyzing source systems and their connectivity, discovery, data profiling and data mapping and generated SQL queries
* Validate 834 EDI files, request for batch job to load the files and validate membership in MMIS.
* Requirements, Functional requirements, Use cases, User stories, Req. traceability matrix, Mockup Screens for UI, Business.
* Impact Document, System Flow diagram, high level Data Flow diagram, GAP Analysis and Data Mapping documents.
* Managing and Billing Medicare, Commercial HMO/PPO claims daily.
* Involved in the documentation of extraction, of the data from various tables in the Data warehouse.
* Worked closely with Business Team, SME’s, Infrastructure team, and coordinated with Offshore Team.
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet portals.
* Worked on ICD 10 with respect to the claims related to Medicare (Part A, Part B, Part C and Part D).
* Created JIRA stories and managed their workflow starting from development till deployment.
* Tracked bugs and prepared the reports using JIRA and interacted with developer team to discuss technical issues.
* Work with solutions/delivery teams to implement data quality processes during acquisition, ETL, and delivery stages for Business Intelligence solutions and changes to Data Warehouses.
* Performed numerous data extraction requests using SQL scripts to prepare ad hoc reports.
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet portals. This includes EDI 837, 835, 270/271, and others.
* Responsible for Medicaid Claims Reimbursement for state healthcare plan using MMIS.
* Designed Claims Inquiry screen within the MMIS and executed Testing Scenarios, Cases & Conditions involving User Acceptance testing, Regression, Integration and System testing.
* Worked on BRD’s for 834(member Eligibility), Provider files and Claims tracking system, Use-Case Narratives including business process workflow diagrams and Requirements Traceability based on any of the projects need.
* Worked on Business requirement for payer information in geographical area and contact payers to facilitate contracting.
* Documented and gathered Functional specifications for 837 (claims), 278(Authorizations) and 270/271 (Eligibility and Benefit Response).
* Led & facilitated numerous meetings to help answer any question on requirements during Design, Development, Testing and Implementation phase.
* Performed SQL queries for retrieving and organizing the database using Select, Create, Update, and Joins.
* Performed complex ad hoc SQL queries for analysis and reporting purposes.
* Created Use Case diagrams by analyzing the business process followed by Activity diagrams using MS-Visio and participate in production of HIPAA 5010 EDI Test data.
* Developed use case Designed process flow diagrams using MS-Visio and Business Context Diagram.

## **EDUCATION**

Doctorate in Business Administration