**Saurin Patel**

**IT BUSINESS ANALYST**

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**SUMMARY**

* An accomplished Business Analyst with over 7 years of Information Technology experience in the Business Analysis, Business System Analysis and Project management.
* Good knowledge and experience in Software Development Life Cycle (SDLC) and its phases: Requirement gathering, Analysis, Design, Implementing, Testing, Deployment, and Maintenance.
* Used various approaches of SDLC like Agile and Waterfall, Rational Unified Process, and SCRUM software development methodologies.
* Create Functional Specification Documents and Data Mapping Analysis for System Integrations.
* Technical experience in Interfaces, Screen mockups, Data conversion and Data mapping.
* Well versed in Business Process Modeling with expertise in creating User Cases, Sequence Diagrams, Class Diagrams, Activity Diagrams, writing User Stories.
* Profound knowledge of EDI X12 standards in healthcare insurance.
* Strong institutional knowledge of Medicaid; including Medicaid Information Technology Architecture (MITA), and Medicaid Management Information Systems (MMIS)
* Development of 820, 834, 837 Claim billing, 276 Status, 834 Enrollment, 835 Claim Payments, 829, 270-278 and many other healthcare maps.
* Understanding of EDI business practice and the ability to understand the client's needs.
* Strong Experience in Claims Processing and Claims Scrubbing in HMO, PPO, Medicaid and Medicare.
* Working experience in Health Insurance Exchange (HIX), Health Information Exchange (HIE) and Encounter Data Processing System (EDPS/RAPS).
* Proficient in managing end-to-end project delivery, system & business analysis, operations & support for various projects.
* Proficient in performing project analysis which entails Requirements Analysis, SWOT Analysis, Data Analysis, Gap Analysis, Process analysis and documentation of the same.
* Expertise in creating artifacts such as Business Requirement Document (BRD), Functional and Non-Functional Requirements Document (FRD and NFRD), Use Cases (UC's), Requirement Traceability Matrix (RTM), User Manuals and Guides. Functional Requirement Specifications (FRS) System Requirement Specification (SRS), and visualizing graphical user interface (GUI) using mockup screens.
* Strong business insight with communication, interpersonal and presentation skills and can work with teams and cross functional departments of an organization. Strong analytical and problem-solving skills, capable of addressing relevant facts and recommending solutions.
* Experience with health care systems: QNXT, Medicare Part A, B, C, D, Medicaid systems, Technical Report Type 3 (TR3) Implementation Guide, and Companion Guide.
* Experience in configuration of claims processing applications, claim adjudication process, claims management process, real time claims adjudication, Electronic Medical Records / Electronic Health Records (EMR/EHR) and Medicaid Management Information System (MMIS), and Medicaid Information Technology System (MITS).
* Have knowledge of HIPAA transaction and code standards and electronic data interchange (EDI) standards like X12 837, 270, 271, 276, 277, 278, 835, 275 and knowledge of claims encounters process.

**WORK EXPERIENCE**

**Kern Family Health Care - Bakersfield, CA August 2019 to Present**

***Business Analyst***

As a Business Analyst assisted with conversion to new claims system QNXT

* Analyzed and worked with HIPAA specific EDI transactions for claims, member enrollment, billing transactions. Worked specifically with 837, 835, 834, 270/271, 276/277
* Configure Benefits and Provider Contracts in QNXT for various lines of business.
* Worked on EDI transactions: 270, 271, 834, 835, and 837 (P.I.D) to identify key data set elements for designated record set. Interacted with Claims, Payments and Enrollment hence analyzing and documenting related business processes.
* Responsible for validating EDI 837I and 837P claims output files.
* Worked on HIPAA standard/EDI Standard Transactions: 834, 835, 837 to identify the key data set elements to the designated record set.
* Participated in QNXT implementations and conversions of Medicaid-Medicare Health Plans.
* Worked on the requirements pertaining to client requests for changes / modifications required for Medicaid from stakeholders.
* Installed, integrated, and supported QNXT environments for a new line of business.
* Familiar with QNXT’s Q-Connect dental implementation, Claims Adjudication, Coordination of Benefit, Claims Payment and Adjustments, membership
* Analyzed, revised and created Use Cases according to business requirements.
* Created used cases and Activity Diagrams.
* Supported progressive elaboration of Clarity plan for future project phases being planned.
* Followed the RUP methodology for the entire SDLC.
* Installed and upgrade ClaimCheck.
* Worked closely with vendor to upgrade and manage whole project encounter data management for the client.
* Managed project schedule, managed resources, deliverables and key milestone during Project.
* Installed, configured and maintained HIPAA SUITE product to load inbound EDI transactions like 834,837 and 277CA.
* Utilized a combination of business knowledge, technical skills, and strategic analysis to provide solutions and creative insights to critical business problems.
* Effective in multitasking and effective management of assignments/deliverables according to work schedules with strong project management orientation.

**Environment**: RUP, UML, Rational Requisite Pro, SQL, Jira, QNXT, EDI, SharePoint, MS Visio, MS Excel, MS PowerPoint, MS Word, MS Access, HP ALM.

**Maestro Health – Chicago IL December 2017 to July 2019**

**Business Analyst**

The project involved gathering business requirements for the claims business area and updating EDI Transactions like EDI 837, 835 with the HIPAA 5010 (X12) changes. I was involved in implementing HIPAA EDI transactions (837 P/I/D, 835) in the application. Also, there was implementation of the Enrollment Processing System (EPS) responsible for the automated processing of incoming 834 transitions in HIPAA 5010 (X12) format

**Responsibilities:**

* Analyzed the impacts of HIPPA 5010 project on enrollment, Claims and Benefit.
* Gathered, defined and documented highly complex business requirements for NPI crosswalk implementation.
* As part of validation process for EDI 820, outlined the discrepancies in eligibility reconciliation process and updated the process after discussion with stakeholders.
* Created mapping for EDI transactions, specially 820 and 834. Outlined the updated processes for Payment Reconciliation, Eligibility, and Premium Payment Transactions
* Worked on functionalities such as Premium Payments, Enrollments and Claims.
* Review and understand the claims process and complex requirements for the enhancement of the current system created under the Requirement Specification Documents after conducting interviews with End Users, JAD Sessions and analyzed their current systems.
* Writing the General System Design Documents that demonstrate current and proposed/solution business design and changes to the current Legacy System.
* Documented complex Business requirements and made process flow diagram for the EDI transactions EDI 837, 835, 820, and 834 as per the 4010 to 5010 implementations for the Medicaid claim processing system enhancement.
* Worked on Data Mapping documents explaining flow of data from one-to-another table for the system enhancement purpose required by HIPAA 4010 implementation.
* Worked with technical staff and business users to problem-solve and identify workable solutions.
* Worked as an Interface between the users and the different teams involved in the application development for the better understanding of the business and IT processes.
* Maintained Requirements Traceability Matrix (RTM) throughout the project.
* Developed Companion Guides for the business users.
* Wrote test cases, test scenarios, test scripts and prepared test data to conduct the manual testing of EDI files and the online screens.
* Performed manual testing by building 837 claims, converting them into EDI file, uploading them into mainframe region and doing error resolution & testing for 5010 requirements & NPI crosswalks.
* EDI file testing for checking the HIPAA 4010 compliance of the inbound 837 claims.
* Conducted User Acceptance Testing and User Training for the HIPAA 5010 Project.
* Worked with the users for the enrollment process.

**Environment** - Agile Scrum, MS Office, MS Visio, MS Project, JIRA, SharePoint, Rally, UML, SQL

**Care Centrix - Hartford, CT October 2014 to November 2017**

**Business System Analyst**

My role as a Business systems analyst is to create Functional specifications, process flows of current and proposed states with Business Intelligence analysis of data and reporting based on business needs.

**Responsibilities:**

* Conducted user interviews, gathered requirements, analyzed the requirements using RUP methodology and documented the requirements using Rational Requisite Pro.
* Participated in discussions with technical team to clarify existing business processes and identify opportunities for improvements. Translated business processes to flow diagrams.
* Worked in Software development life cycle (SDLC) using Agile Scrum methodology.
* Conducted ongoing Employer Profile Maintenance (EPM) requirements gathering sessions by Interacting with Business team, Subject Matte Experts (SME's) and IT team.
* Worked on Clear Case, Visio Process Flows, developed Business Rules Documents, Business Requirement Documents (BRD), Task Specifications Documents, and Use Cases.
* Created transaction sets requirements, usually with Microsoft Excel, for transactions such as: HIPAA 270/271,835, 837-(I, P, & D), 835, 834, 820.
* Tested Schemas of EDI ANSI X12 Claims (837-HealthCare Claim and 267-Individual life, Annuity and Disability Application) and Eligibility forms in XML.
* Discussed all documents with Subject Matter Experts (SMEs) on SharePoint in requirement sessions, Joint Application Development JAD sessions (for brainstorming), root cause analysis and approval sessions were done. Involved in HIPAA assessment and HIPAA X12 EDI transaction mapping for X12 267 with long-term disability (LTD) and short-term disability (STD).
* Wrote complex SQL queries like Joins, Update, Stored Procedures, Indexes, Reports, ETL packages to understand the low-level requirements.
* Analyzed User and Functional requirements to point out gaps between used SQL queries to extract the data from the database.
* Conducted Unit Acceptance Testing (UAT), System Integration Testing (SIT), and regression testing of unemployment Insurance registration domain. Experience of working through complete SDLC process of registration domain of unemployment insurance.
* In-depth exposure to System Development Life Cycle (SDLC) on each project phase.
* Created Business Requirement Document, Functional Requirement Specification Document, User Requirement Specification and Change Request Document for system application development.
* Facilitated ceremonies to encourage collaboration, communication and feedback within an Agile software development team; promoted a learning culture on the line and challenges the line to be innovative.
* Produced performance reports and implemented changes for improved reporting.
* Worked as a User/Customer advocate and negotiated with user as well as the technical team and management staff to resolve any outstanding requirement conflict during the whole SDLC process.

**Environment** - Agile Scrum, MS Office, MS Visio, MS Project, JIRA, SharePoint, Rally, UML, SQL.

**EDUCATION**

Bachelors of Computer Science (CMJ University)