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**IT Business Analyst**

**PROFILE**

* IT Business Analyst with 7 years of experience in the Healthcare domain. Proficient in Software Development Life Cycle (SDLC) methodologies such as combined with transforming business ideas into conceptual models and software solutions.
* Supported Design, Develop, and Implement (DDI) teams for new Medicaid Management Information Systems (MMIS)
* Conducted Gap Analysis, Business process analysis, SWOT analysis.
* Worked with business users eliciting business rules and various Functional & Non-Functional requirements.
* In depth knowledge about SDLC using Agile, Scrum and Waterfall.
* Strong Knowledge and experience of EDI transactions, HIPAA, ASC X12 Transaction sets: 834 (Benefit Enrolment and Maintenance), 835 (Claim Payment/Advice, 837 (Claims and Encounters), 820 (Payroll Deducted and Other Group Premium Payment for Insurance Products) 270/271 (Explanation of Benefits (EOB) /Response to EOB), 276/277 (Claim Status/Claim Status Response).
* Good understanding of X12, XML, EDIFACT and VDA. Deep knowledge of PPACA rules surrounding the Enrolment and Eligibility piece. Knowledge about ANSI X12 EDI standard and HIPPA compliancy mandates for ANSI X12 EDI.
* Exposed to Medicare and Medicaid domains of the healthcare systems and industry for inpatients, outpatients, Reimbursement Methodology and Medicaid Management Information System MMIS.
* Developed and maintained Agile artifacts; Sprint backlog, Product backlog, burn-down charts.
* Involved in Scrum events such as Backlog Grooming and Story-Point Estimation.
* Facilitated Agile Scrum Ceremonies: Sprint Planning, Daily Scrum Meetings, Sprint Review and Sprint Retrospective Meetings.
* Deliver advanced health insurance analytics and development of statistical, predictive models.
* Understand business requirements and breaking them into Epics and Features.
* Proficient in using UML in behavioral, structural modelling – created Use Case, State chart diagrams, Activity, Class, Sequence, Process flow and Data Flow Diagrams (DFD) using MS Visio.
* Performed AS IS and TO BE analysis for documenting Business Requirements Document (BRD), which in turn helps in transforming to Functional Requirements Document (FRD).
* Analyzed and worked with HIPAA specific EDI transactions for claims, member enrollment, billing transactions.
* Gather requirements by conducting Joint Application Development (JAD) sessions and Fit/Gap sessions.
* Highly proficient in coordinating with the team and in working with users, stakeholders to elicit the requirements using Focus groups, Interviews and Brainstorming sessions.
* Conducted Root Cause Analysis in identifying system gaps and deficiencies that required a business and technical based approach for problem solving.
* Created Requirement Traceability Matrix (RTM) for tracking and managing changes based on project’s needs.
* Used JIRA for defect tracking and reviewed them in subsequent iterations of the application development process and facilitated Triage meetings.
* Created workflow scenarios, designed new process flows and documented the business Process and activities of the business from the conceptual to procedural level.
* Solid database experience using Relational Database Management Systems (RDBMS) and MS Access.
* Worked with various SQL tools with a working knowledge of relational databases and structure.
* Effectively and accurately communicated relevant project information to the client and project team.
* Trained users on the changes being released and conducted postproduction activities like getting feedback from users, prioritizing tasks with business users.
* Possess excellent written and verbal communication skills. Responsible, self-motivated and organized.
* Strong knowledge in Software Testing Life Cycle, review and approve test plans and test cases, use of testing tools and Defect tracking mechanism and coordinate Sanity and User Acceptance Test (UAT) activities.

**EXPERIENCE**

**IT Business Analyst | Vibra Health Plan – Dallas TX | March 2019 to Present**

*The web-based Health Care Management System is developed using HIPAA guidelines and regulations which keeps track of Healthcare transactions like Request and Response for Claims Status, Prior Authorization and Claims Payment. This application also provides data to other State agencies as required.*

* Facilitated collection of functional requirements from system users, and prepared business and technical requirement specification documents.
* Wrote business case scenarios for HIPAA EDI Transactions.
* Assisted in identifying project scope, to confirm to the regulatory compliance related to X12 837 (I/P) and 835.
* Interacted with the Subject Matter Experts (SMEs), gathering business requirements to get a better understanding of client’s business processes.
* Assisted in identifying project scope, to confirm to the regulatory compliance related to X12 837 (I/P) and 835.
* Converted X12 834 files using Ultra edit tool in a readable format to understand the exact 834 file structure
* The Agile-scrum SDLC was used and worked on writing user stories to track requirements and used SharePoint to share and maintain the document versions.
* Conducted the meetings as the Business Analyst and helped maintain the product backlog and sprint backlog. Co-ordinated with scrum team for efficient delivery within designated sprint cycle.
* Created Use Case Diagrams, and Use Case Specification document (USD). Validated the following: 837 (Health Care Claims or Encounters), 835 (Health Care Claims Payment/ Remittance).
* Prioritized project efforts, developed project plans, process flows and SRS using scrum. Researched the existing client processes and guided the team in aligning with the HIPAA rules and regulations for the systems for all the EDI transaction sets.
* Conducted JAD sessions with management, SME, users and other stakeholders for open and pending issues.
* Used Unified Modeling Language (UML) for process modeling and use cases.
* Generated daily, weekly, and monthly reports using MS Office Tools and submitted to the Team Leads and Manager for reporting, status reporting and analyzing purpose.
* Developed gap analysis document, logical and physical design and remediation plan.

Environment: Agile-scrum, MS Project, MS Office Suite, SQL, UML, MS Visio, Requisite Pro, Clear Case, Rational Clear Quest, Jira

**IT Business Analyst | Capital Health Plan - Irvine, CA | October 2017 to February 2019**

As a Business Analyst Managed and recognized for multiple end-to-end infrastructure migration and upgrade projects for Regulatory (RIM) and Medical Information Systems (MIS) including documentation, testing, validation, change management. Also, Involved in implementation of HIPAA EDI Transactions (834, 835,837*.*

* Organized and facilitated Agile and Scrum meetings, which included Sprint planning, Daily Scrums or stand-ups, Sprint Review and Sprint Retrospective.
* Gather requirements and document the proposed processes to the existing system. Modules included: Claims Processing Files and HIPAA Guidelines adherence across the company.
* Worked extensively on analysing and testing the 837 institutional and professional EDI transactions.
* Proficient working on processing 834 Files upstream and downstream, identifying Enrollment Scenarios and deriving test scripts from the scenarios and adjudicating Claims effectively.
* Performed Data mapping and data modelling and used Canonical data model to map data from X12 834 transactions.
* Worked on claims, Claim adjudication Membership, Eligibility, Accumulators.
* Created and maintained Product Increment, Product Backlog and Sprint Backlog defining new systems operations for the project.
* Worked on requirements of 837 & 835 transactions across enterprises
* Excellent knowledge working on 834 Re-enrollments/Renewals and Reconciliation patient encounter data
* Developed various UAT Test Scripts for testing HIPAA 835, 834, 837(I/P), 270/271, and 276/277 EDI transactions in order to generate a wide variety of Valid Claims.
* Facilitated User story grooming sessions. Helped the team in breaking down the Epics into User Stories and tasks.
* Designed and developed various UML diagrams like Use cases, Activity and Sequence diagrams.
* Played integral part in creating test plan, test scenarios and test cases.
* Oversaw end to end defect management, bug fixes, retesting, break fixes, impact analysis and production assurance.
* Worked with multiple teams to improve the overall claim and reimbursement processes.
* Managed custom dashboards and designing of SDFC custom objects, custom fields, pick list, role-based page layouts, Workflow Alerts and Actions, and Approval Workflow, Validation Rules, Approval Processes, custom Tabs, custom reports, report folders, report extractions to various formats, design of Visual Force Pages, Snapshots, Dashboards, and Email generation according to application requirements.

*Environment: SQL Server, EDI, Microsoft Office Suite, MS Visio, MS Project, JIRA, Rally*

**Business Analyst | AultCare Health Plans, Canton, Ohio | August 2015 to September 2017**

*As a Business System Analyst. I have participated in full software development life cycle implementations (SDLC) from project initiation to final deployment. I have worked with various Business Areas like Enrollment, Claims, Finance, Providers, and Benefits Admin. In this project I was involved in gathering Business Requirements for the Claims Business Area and updating EDI Transactions like EDI 837, 835, 276 and 277.*

* Involved in analysis of the functional, technical specifications, data mapping document and conceptual diagrams.
* Wrote System Requirements Specification (SRS) and Functional Requirements Specification (FRS) and Data Requirement Matrix (DRM) documents as per the business requirements and process flow.
* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as 837 health care claim transactions.
* Worked on Technical design documentation (TDD) of the claims processing system
* Performed data analysis for various version changes of EDI messages on different sub-systems
* Involved in gathering Business Requirements for the Claims Business Area and updating EDI Transactions like EDI 837, 834, 835, 270, 271, 276 and 277 with the HIPAA.
* Documented user stories and modelled use case diagrams by utilizing MS Visio.
* Involved in JAD sessions to develop and agree upon a system that focuses on a Business Requirement.
* Defined User Stories (Functional Stories, Technical User Stories, Service User Stories).
* Reviewed and approved Test Scenarios and Test Cases based on user stories.
* Participated in Sprint ceremonies to suggest improvements
* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as 837 health care claim transactions.
* Defined frameworks for the application development and analysed the areas of improvement.
* Highly interacted with the development team and claim settlement experts making sure that the development of the project is meeting the business requirements.
* Created Wireframes & Mock-ups, Analysis Models, Design Models, Activity diagrams.

Environment: Microsoft Office (Word, Excel, PowerPoint, Visio, Access), Agile, MS Project, SQL Server.

**Business Analyst | DISA Global Solutions, Houston, TX | November 2014 to July 2015**

*DISA has been providing full-service employee screening solutions for over 20 years. The services include drug and alcohol testing, background screening, occupational medicine and testing, safety training and transportation compliance. The project is to redesign the existing Web application “DISAWorks” to make it more robust, lightweight, user friendly and to be compatible with all browsers used by employees, clients, marketing teams, background check, drug and alcohol test departments.*

* Collaborated with Product Owners, Project Stakeholders, SMEs of departments such as Sales and Marketing teams of Background Checks, Drug and Alcohol Test departments to develop business strategies in order to optimize the sales performance.
* Performed duties related to the review, assessment, analysis, and development of business processes of the new Deskwork’s Web application.
* Validated existing AS IS process communicated gaps and suggested TO BE process with key Stakeholders, Business Product Owners and Technical teams.
* Gathered, analyzed and created functional specs including User Stories, BRD, Use Cases & Visio flow diagrams.
* Collaborated with project stakeholders and technical teams regarding enhancements, participated in weekly executive level meetings to speak about project status, details and next steps.
* Implemented application using Agile/Scrum framework and created User Stories, Use Cases, Product Backlog items and participated in Daily Stand up meetings, Sprint planning sessions, Backlog Grooming sessions, Backlog Review meetings, Sprint Demos and BRD Sign off meetings.
* Acted as a liaison between departmental end-users, technical analysts, and consultants in design, testing and maintenance of case management systems to ensure optimal operational performance.
* Worked closely with UI teams and involved in the process of improving the UI/UX wireframes/mock-ups.
* Coordinated and facilitated workshop sessions with UI team, business and IT teams to gather requirements and understand the business needs from various departments.
* Worked closely with the QA team in reviewing test plans, test cases and performed smoke testing, regression testing, cross browser compatibility testing, security testing, role-based testing, UAT (User Acceptance testing) and production testing in collaboration with ensure necessary enhancements, patches and configuration changes.

*Environment: Agile-Scrum, Jira, SQL Server database, MS Word, Excel, Visio, SharePoint*

**EDUCATION**

BS in Management , 2013