Interview Prep Pack

Senior Business Analyst, Northwind Health | Round 2 with the hiring manager

Candidate	Sam Rivera
Role	Senior Business Analyst
Company	Northwind Health
This round	Round 2, Hiring manager, 45 min video call
Your most-feared question	Tell me about a time a stakeholder disagreed with your requirements.
Prepared	12 Nov 2026

What this round decides: can you be the bridge between clinicians, product and engineers in a domain you are new to? Your answer is that you already do this between warehouse floors, finance and IT, and you learn a domain fast. Proof: a 14-site WMS go-live and a portal conflict settled in 2 sessions.

How to use this pack

- **The night before:** read sections 2, 3, 5 and 6. Say the opener and both full stories out loud twice. Out loud, not in your head.
- **The morning of:** skim sections 7 and 8. Pick your 3 questions from section 9.
- **10 minutes before:** read only the cheat sheet (section 1, page 2). Close everything else.
- Anything tagged **[Confirm: ...]** is a detail only you know. Fix it or delete it before you say it. Never say a number you can't back up.

What's inside

#	Section	What it gives you
1	Cheat sheet (next page)	One page to read 10 minutes before the call
2	Company snapshot	What Northwind does, what's new, and why they are hiring now, with sources
3	The role and how you match	Your strengths, your gaps, and the honest line for each
4	This round and who you're meeting	What round 2 tests, how the 45 minutes run, and what your interviewer cares about
5	Opening: tell me about yourself	A 60-75 second opener, and what each line is doing
6	Your five stories	Five true stories from your resume; the two that matter most written out in full
7	Likely questions and short answers	The questions this round will probably ask, with short spoken answers
8	The questions you dread	The questions you told us worry you, with an answer for each
9	Questions to ask the interviewer	Questions worth asking, what each one tells you, and your closing line
10	Words to know, and how to say them	Terms from the job post in plain words, and how to pronounce the ones you'll say
11	Checklist	What to do the day before, the hour before, and right after
A	The job post you sent us	The full posting, so this PDF is the only thing you need to open

*Source tags used throughout: **[From resume]** = your resume. **[From JD]** = the job post. **[From you]** = your intake answers. **[Inferred]** = our reading, check it. **[Confirm: ...]** = only you know; fix it before you say it.*

1. Cheat sheet: read this 10 minutes before the call

Opener (60-75 seconds)

You: Business analyst, six years in logistics tech. I turn messy operational problems into requirements teams can build. Fourteen-site warehouse migration: stories, UAT with forty-five supervisors, live on schedule. Data-first: SQL invoice audit found about four hundred thousand dollars. Referrals are the same kind of handoff problem, but the stakes are a patient, not a pallet.

Your five stories

Story	Number to say	Use for
A. 14-site WMS	45 supervisors, mis-picks -18%	Discovery, UAT, delivery
B. Finance vs operations	2 sessions, calls -22%	**Disagreement (your feared Q)**
C. Invoice audit SQL	$410K found	Data, initiative
D. Order-to-cash	9 to 5 days	Process mapping
E. EDI to REST	3 carriers	Integrations, FHIR bridge

Four lines to have ready

If they ask	Say
No healthcare?	The BA work is the hard part and I've done it at scale. I learn a domain fast, I already have once.
FHIR?	HL7's API standard, data as resources. Same shape as my carrier work: mapping, errors, testing.
HIPAA?	I treat minimum necessary access as acceptance criteria, reviewed with security.
Coaching?	**[Confirm]** Trained 45 supervisors for UAT; want to grow into coaching.

Story B in four beats

- Finance wanted invoices first; operations wanted tracking first.
- Met each lead alone: what problem is your ask solving?
- Brought call data to the workshop; tracking in release 1, invoices in release 2 for billing roles.
- Agreed in 2 sessions; calls -22%. Lesson: it's about which problem matters first.

Your 3 questions

- What would success look like in the first six months?
- How does the new referral API change what the BA team works on?
- What would you want me to help the two junior BAs get better at?

Don't: blame a stakeholder (say their reason instead). Don't say "same as logistics" (say "the BA work transfers, the stakes are higher"). Don't say "we" for everything (say what you did). Answer, then stop.

2. Company snapshot

Sample company is fictional, so its sources are .example pages. In a real pack every row cites the company's own site, filings or dated news, with links, so you can check it in one click.

	What we found	Source
What they sell	Cloud software for hospitals and clinic groups: patient scheduling, referrals, care coordination	**[From JD]** · northwindhealth.example/about
Customers	120+ health systems; the platform connects to their EHRs	**[From JD]**
Your product	Referral management, part of the Care Coordination Platform	**[From JD]**
Your team	Business Analysis and Product Operations; reports to the Director	**[From JD]**
Recent news	Sep 2026: launched a FHIR-based referral API for partner clinics (fictional item)	northwindhealth.example/news
Who they compete with	Referral modules built into the big EHR suites, and smaller referral-only tools	**[Inferred]**
Why hiring now	A new FHIR API plus 120+ customers means more integration requirements; coaching two junior BAs suggests the team is growing	**[Inferred]**

How to use this in the interview

- **"Why Northwind?"** Name the referral API launch in one line, then link it to your EDI-to-REST work (Story E).
- **Your questions:** ask how the API changes the BA team's work (section 9).
- Use one fact, not five. Reciting their website back sounds rehearsed.

3. The role and how you match

*Built only from your resume, the job post and your intake answers. Nothing here is invented. Where we can't know, it says **[Confirm]**.*

Topic	The truth	How to say it
Healthcare experience	None. 6 years in logistics tech. **[From resume]**	"I haven't worked in healthcare yet. The job post says the domain can be learned, and I've learned a new one before: I came into freight from customer ops."
Integrations	Yes: EDI 214/210 to REST with 3 carriers. No HL7 or FHIR. **[From resume]**	"Same BA work, different standard: field mapping, error rules, partner testing. FHIR is newer for me, I've read the basics."
SQL and data	Strong: invoice audit found $410K; data checks cut address errors 30%. **[From resume]**	Lead with it. The job post asks you to size problems with SQL before building. This is your strongest match.
Stakeholder conflict	Real example: finance vs operations on the portal, settled in 2 sessions. **[From resume]**	Use Story B. This is the question you fear most, so it is written out in full in section 6.
Coaching junior BAs	Not on your resume. **[Confirm: have you trained or reviewed work of anyone junior?]**	If yes, add one line to the opener. If no: "I haven't had direct reports. I trained 45 supervisors for UAT, and I'd like to grow into coaching."
Why leave Lakeshore	Unknown. **[Confirm: your real reason]**	Pick the true version. Safe shape: "I want to do the same work where it matters more to people, and healthcare is that." Never criticize your employer.

Your world vs their world: the words to translate your experience

	Your world (Lakeshore Freight)	Their world (Northwind Health)	Bridge line
Customer	Shippers and their warehouses	Hospitals and clinic groups [From JD]	"Both are B2B with many sites, each doing it slightly differently."
What moves	A shipment	A patient referral	"A referral is a handoff, like a shipment between carriers. Most failures happen at the handoff."
Frontline users	Floor supervisors, dispatchers	Schedulers, nurse navigators [From JD]	"Busy people who'll drop a tool that slows them down."
Integration	EDI 214/210, REST APIs	HL7 v2, FHIR APIs with EHRs [From JD]	"Different standard, same work: mapping, errors, partner testing."
Rules	Contracts, carrier billing rules	HIPAA, minimum necessary access [From JD]	"I'd treat privacy rules like acceptance criteria, not an afterthought."
Cost of a miss	A late truck, a billing dispute	A patient who never gets seen	"The stakes are higher, which is a reason I want this."

Your edge in one sentence: you are a data-first BA who has already shipped a multi-site system with real frontline users. Most candidates with healthcare experience can't say the 14-site part.

4. This round and who you're meeting

The job post lists the process: recruiter screen, then this 45-minute hiring manager call, then a case exercise with a product manager and an engineer, then a values conversation. [From JD]

Round 1 checked that you are real: years, skills, salary range. Round 2 asks a different question. **Can you do this job on my team without me holding your hand, and will my stakeholders trust you?** [Inferred]

What they're testing	Evidence they want	Your best proof
Can you run discovery with people who aren't technical?	A story where you got a clear answer from busy frontline users	UAT with 45 floor supervisors on the WMS (Story A)
Can you handle disagreement calmly?	A real conflict, what you did, how it ended	Finance vs operations on the portal (Story B)
Do you use data, not opinions?	A number you found that changed a decision	$410K invoice audit (Story C)
Can you work with engineers on integrations?	Requirements an engineer could build from	EDI to REST with 3 carriers (Story E)
Will you learn healthcare fast?	How you learned a domain before, and that you've started	Freight domain from customer ops; section 8 terms used naturally

How a 45-minute hiring manager call usually runs [Inferred]

Minutes	What happens	Your job
0-5	Small talk, "tell me about yourself"	Opener from section 5, 60-75 seconds, then stop
5-30	4 to 6 behavioral and role questions	One story per answer. Result first, then how.
30-38	A mini scenario: "how would you approach..."	Talk through steps out loud. It's a preview of the case round.
38-45	Your questions	Ask 3 from section 9. This is scored too.

Who you're meeting

The role reports to the **Director of Business Analysis and Product Operations**. That is very likely your interviewer. [From JD] You didn't paste their profile, so this part works from the type of person. When you paste the interviewer's headline and past roles in the form, this becomes about them by name.

If their background is...	They will probe...	Lead with	Your note
Clinical (nurse, practice manager)	Whether you'll respect clinical workflow and not just "optimize" it	Story A: you designed with supervisors, not for them	
Product management	Prioritization and trade-offs, backlog judgment	Story B and your proxy product owner months	
Engineering or integration	How precise your requirements are, edge cases	Story E and acceptance criteria examples	
Operations or consulting	Process mapping, measurable results	Story D: invoice cycle 9 to 5 days	

What likely keeps this person up at night [Inferred]

- **Rework.** Engineers building the wrong thing because a requirement was vague. Show that your acceptance criteria are testable.
- **Customer escalations.** A health system unhappy after a release. Show that you run real UAT with real users.
- **Two junior BAs to coach.** [From JD] They want someone who raises the team's standard, not someone who needs coaching.
- **Patient data.** One requirement that exposes more patient data than needed is a compliance problem. Show you think about minimum necessary access (section 8).

5. Opening: tell me about yourself

Structure: one-line identity, then three proofs, then why this role. It ends on Northwind, so the next question is about the job, not your past.

Hiring manager: So, tell me a bit about yourself.

You: Sure. I'm a business analyst, six years in logistics technology, and the part I'm best at is turning a messy operational problem into requirements a team can actually build. Most recently at Lakeshore Freight, I led the requirements for a warehouse system migration across fourteen sites. I wrote the user stories and ran testing with forty-five floor supervisors, and we went live on schedule. I'm also very data-first. An invoice audit I built in SQL found about four hundred thousand dollars in overbilling in the first year. And a lot of my job is being in the room when operations, finance and IT want different things. What draws me to Northwind is that referrals are the same kind of problem, a handoff between teams where things fall through the cracks, but the stakes are a patient, not a pallet. That's the work I want to do next.

Line	What it does
"turning a messy operational problem into requirements"	Your identity in one line. Matches the job post's "bridge" language.
"fourteen sites... forty-five floor supervisors"	Scale and frontline users. Answers "can they run discovery" before it's asked.
"four hundred thousand dollars"	The SQL proof. The job post asks for data sizing.
"in the room when operations, finance and IT want different things"	Plants the conflict story, so you choose when it comes up.
"a patient, not a pallet"	Shows you've thought about why healthcare. Say it once, warmly.

Time it. If you go past 80 seconds, cut the invoice sentence, not the Northwind sentence.

6. Your five stories

Every story comes from a line on your resume. One story can answer many questions; the table shows which. Two are written in full: Story A, the result you said you're proudest of, and Story B, your most-feared question.

Story	Answers questions about	Resume line
A. 14-site WMS go-live	Discovery, UAT, delivering on time, frontline users	160+ stories, UAT with 45 supervisors, mis-picks -18%
B. Portal: finance vs operations	**Stakeholder disagreement**, prioritization, influence	Conflict resolved, scope agreed in 2 sessions, calls -22%
C. Invoice audit in SQL	Data, sizing a problem, initiative	$410K duplicate and overbilled charges, year one
D. Order-to-cash mapping	Process mapping, as-is to-be, measurable result	6 regional teams, invoice cycle 9 to 5 days
E. Carrier EDI to REST	Integrations, working with engineers, edge cases	3 carriers, field mapping, error-handling rules

Story A, spoken in full (the result you're proudest of)

Hiring manager: Tell me about a project you're proud of.

You: Situation. Lakeshore was moving fourteen warehouses onto a new warehouse management system, and the floors had to keep shipping while we did it. **Task.** I owned the requirements and the user acceptance testing. **Action.** I wrote over a hundred and sixty user stories with acceptance criteria. Then, instead of testing with made-up data, I ran UAT with forty-five floor supervisors on their real orders. **[Confirm: that you used real orders]** That showed us the steps people skip on busy days, which were in nobody's process document, and we fixed them before go-live. **Result.** We went live on schedule, and mis-picks fell eighteen percent in the first quarter. What I took from it: test with the people who will use it, on their real work.

Why this works: the number proves the result, and the real-orders detail shows how you work, which is what a hiring manager is buying. Also answers: discovery, UAT, delivering on time.

Story B, spoken in full (your most-feared question)

Hiring manager: Tell me about a time a stakeholder disagreed with your requirements.

You: Situation. We were building a customer self-service portal at Lakeshore. Finance wanted invoices and payment status on the first release. Operations wanted shipment tracking first, and didn't want billing data in front of every customer user. **[Confirm: this is how each side's ask really looked]** **Task.** I owned the requirements, so I had to get one release scope both teams would sign. **Action.** I didn't argue it out in the big meeting. I met each lead on their own and asked what problem their ask was solving. Finance wanted fewer invoice disputes. Operations wanted fewer "where is my shipment" calls. Then I brought data to the workshop, how many calls of each type we got. **[Confirm: the data you actually used]** We prioritized together: tracking in release one, and an invoice view in release two, only for customer billing roles. **Result.** Scope was agreed in two sessions, and after launch, "where is my shipment" calls fell twenty-two percent. What I took from it is that a disagreement about requirements is usually a disagreement about which problem matters first, and data settles that faster than debate.

Why this works: you never say anyone was wrong, you show the reason behind each side, and you end on a number plus a lesson. If they push "what if data hadn't settled it?": "Then I'd take the trade-off to the product owner with both options written down. My job is to make the decision easy, not to make it."

Stories C, D, E, short spoken versions

You: C. I noticed we paid carrier invoices without checking them against shipments. I wrote SQL to match them and built a Power BI dashboard on top. In the first year it found about four hundred and ten thousand dollars in duplicate and overbilled charges. **[Confirm: what made you start looking]**

You: D. Six regional teams each handled order-to-cash their own way. I mapped every version, as-is, then designed one to-be process with them. The invoice cycle went from nine days to five.

You: E. Three carriers moved from EDI to REST APIs. I wrote the field mapping and, more important, the error rules: what happens when a status is missing or arrives out of order. That's the part engineers thanked me for. **[Confirm: an example of one edge case you defined]**

When you tell Story E, add one bridge sentence: "I expect FHIR work to feel similar, the standard is different but the mapping and error questions are the same."

7. Likely questions and short answers

Conclusion first, then one example. Each answer is 30-60 seconds. Stop when it's done; silence is fine.

Hiring manager: How do you run discovery with a customer team you've never met?

You: I start with the people who do the work, not just the manager. I watch them do it with real cases, map the steps, then check the data, because the data often tells a different story. For the warehouse migration, that's how we found the steps supervisors skipped on busy days.

Hiring manager: How do you write a user story an engineer can build from?

You: Who it's for, what they need, and why. Then acceptance criteria in a given-when-then format, including the edge cases. If an engineer has to ask me what happens when a field is empty, the story wasn't done.

Hiring manager: Two product managers both want their feature first. What do you do?

You: I make the trade-off visible. Same scoring for both, usually impact and effort, with whatever data we have. Then I take it to whoever owns the roadmap with a recommendation. When I was proxy product owner for four months, that's how I ran refinement.

Hiring manager: How do you know a requirement worked after release?

You: I agree the measure before we build. For the portal, it was "where is my shipment" calls, and they fell twenty-two percent. For the warehouse system, it was mis-picks, down eighteen percent.

Hiring manager: How would you approach our referral workflow in your first month?

You: Learn before I fix. I'd shadow two or three customer sites, map where a referral can stall, then pull the data to see which stall point is biggest. By the end of the month I'd want one clear problem, sized, that the team agrees is worth solving first.

7A. Technical questions in their world

You don't have healthcare projects, so don't pretend. Each answer shows you know the basics and how a BA would use them. If you don't know a detail, say "I'd confirm that with the integration team"; that is a strong answer, not a weak one.

Hiring manager: What do you know about FHIR?

You: It's the HL7 standard for exchanging health data through modern APIs. Data comes as resources, like Patient, Appointment or a ServiceRequest for a referral. I haven't built against it yet, but my carrier work was the same shape: map the fields, define what happens when data is missing, and test with the partner.

Hiring manager: How would HIPAA change the way you write requirements?

You: I'd treat it as part of the acceptance criteria. Mainly minimum necessary: each role sees only the patient data it needs. So for every screen or API, I'd ask which roles see which fields, and get that reviewed with security before build.

Hiring manager: An EHR sends a referral with a missing field. What should happen?

You: It depends on the field, so I'd define it per field. If it's critical, hold the referral, flag it to a person and tell the sender. If it's optional, accept it and log it. The worst outcome is a referral that silently disappears, so every failure path needs an owner.

Hiring manager: Which SQL would you write to size a referral problem?

You: Start simple. Count referrals by status and by age, then find the ones older than, say, seven days without a scheduled appointment, grouped by clinic. That one query usually shows where to look first.

7B. "Why" questions

Hiring manager: Why Northwind?

You: Because you work on handoffs between teams, and that's where I've done my best work. And referrals matter. If one gets lost, a patient waits. The new referral API is exactly that kind of handoff, and it's the part I'd most like to work on. [From company snapshot]

Hiring manager: Why this role, and not a product manager role?

You: I like being the person who gets to the real requirement. Product managers decide what to build; I make sure what we build actually works for the people using it.

8. The questions you dread

*From your intake: you worry about **a stakeholder disagreeing with your requirements** and **having no healthcare experience**. You ticked **Changing industry**. Each one has an answer below; the first is Story B, also written in full in section 6.*

Hiring manager: Tell me about a time a stakeholder disagreed with your requirements.

You: Finance wanted invoices on our first portal release; operations wanted shipment tracking first. Instead of arguing it out in the big meeting, I asked each lead alone what problem their ask was solving: fewer invoice disputes, fewer "where is my shipment" calls. I brought call data to the workshop, and we agreed tracking first, invoices in release two for billing roles only. Scope was agreed in two sessions, and those calls fell twenty-two percent. **[Confirm: the data you actually used]**

This is the 40-second version. The full story is in section 6. If they push "what if data hadn't settled it?": "Then I'd take the trade-off to the product owner with both options written down. My job is to make the decision easy, not to make it."

Hiring manager: You've never worked in healthcare. Why should we take the risk?

You: Because the hard part of this job is the BA work, and I've done that at scale. The domain I'll learn. I came into freight from customer operations and was writing integration requirements within a couple of years. I've already started on FHIR and HIPAA basics.

Hiring manager: Why leave logistics?

You: **[Confirm: your real reason, then keep this shape]** I want to do the same work where the outcome matters more to people. A late shipment costs money. A lost referral can mean someone doesn't get care.

Hiring manager: This is a senior role with two junior BAs. Have you coached anyone?

You: **[Confirm: true answer]** If no direct coaching: Not as a manager yet. I trained forty-five supervisors to test our warehouse system, and I set the story template my team used. I'd like to grow into coaching, and this role is part of why I applied.

Hiring manager: What's your biggest weakness?

You: **[Confirm: pick one that is true for you]** Example shape: I used to over-document before sharing. Now I share a rough draft in the first few days and let people shape it early.

Hiring manager: Tell me about a requirement you got wrong.

You: **[Confirm: a real miss]** Shape: what I assumed, what broke, what I changed in my process since. Keep the fix bigger than the mistake.

9. Questions to ask the interviewer

Ask at least 3. Hiring managers score your questions: good ones show you're already thinking about the job.

Question	What it tells you
What would success look like for this role in the first six months?	The real priorities, often not in the job post
How does the new referral API change what the BA team works on?	Uses your company research; shows you read past the job post
Where do referrals most often get stuck for your customers today?	Shows domain interest; tells you the problem you'd own
How do BAs, product managers and integration engineers split the work here?	Whether you'd write requirements or also own decisions
What would you want me to help the two junior BAs get better at?	Their coaching expectations, and it shows you read the job post
What's the next step after this conversation?	Timeline; also prepares you for the case exercise

Closing (last 30 seconds)

You: Thank you, this was really helpful. Hearing about where referrals get stuck makes me more excited about the role, it's the kind of problem I like working on. I'd love to move forward.

10. Words to know, and how to say them

Use 2 or 3 of these naturally. Don't list them. Sources: [HHS] US Department of Health and Human Services, [HL7] HL7 International, [ONC] US health IT office, [IIBA] business analysis standard body.

Term	Plain English	How to use it in the interview	Source
EHR	Electronic health record. The hospital's main clinical system	"Most of the integration work is getting data in and out of the EHR cleanly."	[ONC]
HL7 v2	Older, very common message standard between health systems	"Many sites will still send HL7 v2 messages, so I'd expect both."	[HL7]
FHIR	HL7's newer standard. Data as resources through web APIs	"Same work as my REST integrations: mapping, errors, testing."	[HL7]
ADT feed	Admit, discharge, transfer messages about patient movement	"Does the platform use ADT events to trigger referral follow-ups?"	[HL7]
HIPAA	1996 US law that protects health information	"I'd treat privacy as acceptance criteria."	[HHS]
PHI	Protected health information. Health data linked to a person	"Which roles need to see PHI on this screen?"	[HHS]
Minimum necessary	Use or share only the patient data a task needs	"Each role sees only the fields it needs."	[HHS]
BAA	Business associate agreement. Contract a vendor signs to handle PHI	Know it exists; don't lead with it.	[HHS]
Information blocking	Rules under the 21st Century Cures Act against blocking health data sharing	Only if they raise interoperability.	[ONC]
Referral leakage	Patients referred inside a network who end up going elsewhere, or nowhere	"Is reducing leakage a goal for your customers?"	Industry
Care coordination	Organizing a patient's care across providers so nothing is missed	Your bridge to "handoffs": Story D and the opener.	Industry
Prior authorization	Insurer approval needed before some services	"Where does prior auth slow down scheduling?"	Industry

Term	Plain English	How to use it in the interview	Source
Acceptance criteria	Conditions a story must meet to be done. Often given-when-then	"If an engineer has to ask, the story isn't done."	[IIBA]
MoSCoW	Must, should, could, won't. A prioritization method	Story B: how the workshop agreed scope.	Industry
UAT	User acceptance testing with real users before release	Story A: 45 supervisors.	[IIBA]
Traceability	Linking each requirement to its source and its test	"Every HIPAA-related requirement links to a test."	[IIBA]
SOC 2	Audit report on a SaaS company's security controls	Know it; security team owns it.	Industry

Say it right

Saying a term wrong signals you only read it. Say it once out loud before the call.

Word	Say it	Note
FHIR	"fire"	Never spell it out F-H-I-R
HIPAA	"HIP-uh"	Spelled with one P, two As. Not "HIPPA" in any follow-up email
HL7	"H-L-seven"	
EHR / PHI / ADT	Letter by letter	E-H-R, P-H-I, A-D-T
SOC 2	"sock two"	
MoSCoW	"Moscow"	Like the city
Your interviewer's name	**[Fill in]**	If unsure, ask the recruiter before the call. It's a normal question.

11. Checklist

When	Do
Day before	Fix every **[Confirm]** tag. Say the opener and Story B out loud twice, timed.
Day before	Read the company snapshot (section 2) and open one source link. Pick the one fact you'll use for "Why Northwind?"
Day before	Video call: test the link and camera. Camera at eye level, light in front of you.
1 hour before	Skim sections 7 and 8. Pick your 3 questions from section 9.
10 minutes before	Cheat sheet only. Water within reach. Camera on.
Right after	Write down every question they asked while you still remember. The case round reuses themes.
Same day	Send a short thank-you note to the recruiter, with one line about what you enjoyed.
Before the case round	Ask the recruiter the format of the case exercise, and practice Story E and the referral SQL answer.

A. The job post you sent us

Exactly as you sent it, so you don't need to open anything else.

FICTIONAL JOB POST FOR A PRODUCT SAMPLE. NORTHWIND HEALTH IS NOT A REAL EMPLOYER.

Senior Business Analyst, Care Coordination Platform

Northwind Health | Chicago, IL (hybrid, 2 days in office) or US remote

Salary range: $105,000 - $130,000 plus bonus

About us

Northwind Health builds cloud software that helps hospitals and clinic groups schedule patients, manage referrals and coordinate care across teams. Our platform is used by 120+ health systems and connects to their electronic health records (EHRs).

The role

You'll join our Business Analysis and Product Operations team and report to the Director of Business Analysis and Product Operations. You'll be the bridge between our customers' clinical and operations teams, our product managers and our engineers for the referral management product.

What you'll do

- Run discovery with customer stakeholders (schedulers, nurse navigators, practice managers, IT) and turn what you learn into clear user stories and acceptance criteria.
- Map current and future workflows for referrals and scheduling, and find where patients fall through the cracks.
- Write requirements for integrations with EHRs and partner systems using HL7 v2 and FHIR APIs, working with our integration engineers.
- Use SQL to analyze product and workflow data and size problems before we build.
- Help product managers prioritize the backlog with evidence, and manage trade-offs when stakeholders disagree.
- Plan and run UAT with customers before releases.
- Make sure requirements respect HIPAA and our security controls, including minimum necessary access to patient data.
- Coach two junior business analysts and help improve how our team writes requirements.

What you bring

- 5+ years as a business analyst, ideally in B2B SaaS, integrations or operations-heavy domains.
- Strong SQL and comfort with data.
- Experience writing user stories and acceptance criteria in an Agile team.
- Calm, clear facilitation when stakeholders disagree.
- Healthcare experience is a plus but not required; you must be keen to learn the domain fast.
- CBAP, CCBA or similar is a plus.

Our process

Recruiter screen (30 min), hiring manager interview (45 min, video), case exercise with a product manager and an engineer, final values conversation.