**SUMMARY:**

Business System Analyst with over 7 years of experience in the Healthcare industry. Skilled in collaborating with technical teams, defining project requirements, and documenting business processes. Experienced in HL7 and its family of standards including Version 2 (V2), Clinical Document Architecture (CDA®), and Fast Healthcare Interoperability Resources (FHIR®).

**TECHNICAL SUMMARY:**

* 7+ years of diverse experience as a **Business/Systems Analyst** in developing and implementing innovative business processes.
* In-depth knowledge and experience in full SDLC with Scrum, Agile, and waterfall methodologies.
* Functional experience in the healthcare industry with vast knowledge of Medicare and Medicaid.
* Expertise in creating companion guides on various EDI transactions.
* Worked with HMO and PPO data.
* Expertise in impact analysis on the key application systems (claims processing, reporting, payments) and business processes of health insurance companies.
* In-depth knowledge of Relational Databases, Data modeling, Data mapping, and design using UML (Unified Modeling Language).
* Analyzed and synthesized results from Joint Application Development (JAD), proposed alternative tasks, and transformed those into Business Requirement Document (BRD).
* Experience in Data Mining and analysis.
* Testing experience with positive testing, negative testing, back-end testing, system testing, and system integration testing (SIT).
* Strong skills in writing test cases for User Acceptance Testing (UAT).
* Proficient in gathering requirements using different elicitation techniques like brainstorming, interview, document analysis, reverse engineering, JAD sessions, prototyping, and survey.
* Gathered Functional and Data Requirements, analyzed workflows, and created Use Cases, Requirement Specifications, Report Specifications, Data Requirements, Data Mappings, and Data Flow Diagrams.
* Good knowledge of ITIL and ITSM.
* Experience with ServiceNow and ServiceDesk.
* Extensive experience with technical, structural, and data content changes for EDI transaction sets 837 (Professional, Institutional, and Dental Claims) and 835 (Claim Payment/ Advice).
* Extensive experience with JIRA and confluence.
* Facets support systems were used to enable inbound/outbound HIPAA EDI transactions in support of HIPAA 834, 835, 837 270/271 transactions.
* Medical Claims experience in Process Documentation, Analysis, and Implementation in 835/837/834/270/271/277/997(X12 Standards) processes of the Medical Claims Industry from the Provider/Payer side.
* Have extensive knowledge of Insurance products like HMO, PPO, POS, and HIPAA and Regulations.
* Extensive experience in Healthcare/Claims adjudication with knowledge of industry compliance standards like HIPAA and EDI X12 transactions (834, 837, 835, 270/271, 276/277).
* Proficient in all phases of Requirement Management, including gathering, analyzing, detailing, and tracking requirements.
* Expertise in Claims, subscribers/members, Plan/Product, Claims, Providers, Commissions, and Billing Modules of Facets.
* Experience in Business Requirements and System Specifications Analysis.
* Specialized in creating UML Diagrams like Use cases, Activity, and data flow diagrams using MS-Visio and consistently translating business requirements into IT solutions.
* Extensive knowledge of SQL queries using MySQL and MSSQL for underlying database tables and resolving data issues.
* Good knowledge of basic Linux commands.
* Expertise in RDBMS concepts and running SQL and PL/SQL queries.

**TECHNICAL EXPERTISE:**

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| **Methodologies:** Agile, Waterfall, Hybrid |
| **Testing Tools:** HPALM, Quality Center, TestLink |
| **Databases:** SQL Server, Oracle, Access |
| **Requirement Management Tools:** SharePoint, Quality Center (ALM), Jira |
| **Business Modeling Tools:** MS Visio, Lucid chart, Draw.IO |
| **BI tools:** Power BI |
| **Document Management Tools:** Confluence, SharePoint |
| **Ticketing systems:** ServiceDesk, JIRA, Team Foundation Server (TFS) |
| **Languages:** Linux, SQL, PL/SQL, Json, XML, HL7 |
| **Microsoft Tools:** MS Office, MS Outlook, MS Access, MS Visio |
| **Frameworks:** Scrum, IHE, HL7, FHIR |
| **Other tools**: Splunk, MOVEit |

**CERTIFICATIONS:**

* Professional Scrum Master (PSM I) – Scrum.org
* Certified Cloud Practitioner (CCP) - AWS

**EDUCATION:**

Bachelors in Business Administration (BBA) from Tribhuvan University, Nepal

**PROFESSIONAL EXPERIENCE:**

**Commonwealth of Kentucky- Kentucky Health Information Exchange May 2021 - Present**

**Business Analyst**

I am involved in an Onboarding project to onboard different health practices across Kentucky to the Kentucky Health Information Exchange (KHIE) to share health information with different departments and other practices for ease of sharing and accessing medical records.

**Responsibilities**

* Participating in Intake calls to understand the participant and their interest in KHIE.
* Prepared High-Level Logical Data Models and BRD supporting documents containing the essential business elements, detailed definitions, and descriptions of the relationships between the actors to analyze and document business data requirements.
* Worked on the workflow of the project concentrating on current and future workflow descriptions and created Use case diagrams using MS Visio.
* Working with EHR vendors to find out their connectivity preferences and technical capabilities.
* Facilitating internal and external meetings.
* Conducted brainstorming sessions with the business users and SMEs to elicit requirements and worked on the creation of Agile Epics, user stories, and Acceptance criteria documents.
* Worked with Claims, enrollment, and benefits, (834) batch jobs corresponding to the claims (837).
* Working closely with the outreach team and lab onboarding team.
* Participating in weekly knowledge transfer sessions.
* Connecting practice across Kentucky to send Electronic Health Records (HER) through SFTP and HL7 connections.
* Involved in daily Scrum work meetings and weekly project progress meetings.
* Worked closely with practices to get the ADT, ADTSS VXU, QBP, RAD, TRN, CCDs and toxicology data flowing into our system.
* Setup events notification via FHIR and ePV.
* Working as a liaison between participants/vendors and Deloitte for establishing the connection.
* Testing the connection by verifying test messages are coming through in Splunk.
* Sending and receiving connectivity packages and certificates through MOVEit.
* Analyzed and worked with HIPAA-specific EDI transactions for dental claims, member enrollment, and billing transactions.
* Integrated the changes in functional requirements as per the discussion with the UI/UX teams.
* Validating the HL7 messages to ensure data quality using 7 Edit and HL7 Soup.
* Provide vision and direction to the agile development team throughout product development.
* Troubleshooting connectivity in case of message failure.
* Analyzed User and Functional requirements to point out gaps between used SQL queries to extract the data from the database.
* Working with KYIR and Bio sense teams to send immunization and Syndromic Surveillance data.
* Documenting all Onboarding projects on SharePoint.
* Tested EDI X12 transactions 837 (Claim for Institutional, Professional, and Dental Claims), 835 (Claim Payment), 276-277 (Claim status), 834 (Enrollment), 270/271 (Member eligibility)
* Designed Use Cases, Use Case diagrams, Class diagrams, Activity diagrams, and Sequence diagrams in UML methodology using Rational Rose.
* Working with hospitals to submit mandatory toxicology reports to the state.
* Involved in CCD exchange using IHE (XCA, XDS.b) framework.
* Administering CareAlign accounts.
* Creating monthly CMS and XDR reports for the providers.
* Performed System testing, Regression testing, and UAT for several claim types and test scenarios.

**Health Partners, MN Sep 2019 – May 2021**

**Business System Analyst**

HealthPartners is an integrated, nonprofit healthcare provider and health insurance company located in Bloomington, Minnesota offering care, coverage, research, and education to its members, patients, and the community.

**Responsibilities:**

* Conducted user interviews at both in-house and client locations, gathering and analyzing requirements.
* Responsible for gathering business requirements in the form of user stories and documenting them in business requirement documents by eliciting and brainstorming the same in interview sessions with the product team.
* Extensively used Scrum/Agile Methodology in the process of project management based on SDLC.
* Gathered and documented Business Requirements created Functional specifications and translated them into Software Requirement Specifications.
* Analyze and test the applications catering to Care Management, Vendor Management, and Utilization Management, which accepted claims like medical claims, Dental claims, and vision claims from different vendors and routed them into Batch Adjudication System and Online Adjudication.
* Involved in FACETS Implementation, involved end-to-end testing of FACETS Billing, Claim Processing, and Subscriber/Member module.
* Involved in HIPAA EDI 834, 270/271, and 837/835 transactions according to test scenarios and verify the data on different modules. Tested HIPAA regulations in Facets HIPAA privacy module.
* Set claim processing data for different Facets Modules.
* Conducted UAT walk-through meeting with different Stakeholders on Claims Processing, GUI Modifications, Extract, and Report validations.
* Performed Gap Analysis for new functionality requirements, as well as prioritized them based on actual business needs so as to align them with the product release roadmap.
* Responsible for full EDI documentation including the 835 and 837.
* Involved in the integration of FACETS with thirty-party vendor applications.
* Validated the EDI 837 claim billing (dental claims) & 835 (remittance advice or payment) claims adjudications.
* Developed flow diagrams for the Business process of the company, UI Wireframes, and Mockups using Microsoft Visio.
* Performed software testing involving Quality Assurance (QA) testing, development of test cases & test scripts, and user acceptance testing (UAT).
* Wrote complex SQL queries to extract and validate the data from the Facets database
* Responsible for checking member eligibility, provider enrollment, and member enrollment for Medicaid and Medicare claims.
* Worked on Unix Platform and experienced in back-end testing by executing SQL Queries
* Developed test cases and test scripts and assisted Quality Assurance activities, with system integration testing and user acceptance testing (UAT), developing and maintaining quality procedures and ensuring that appropriate documentation is in place.
* Designed, tested, and debugged custom queries using Microsoft SQL
* Provided daily project status report to the project manager and a project presentation to the high-level management on weekly basis.
* Involved in writing extensive SQL Queries to retrieve the data for the purpose of data analysis.
* Implemented an Agile approach for requirement gathering and continuously prioritized requirements as per needs.

**Virginia Premier Health, Richmond, VA Feb 2018 -Aug 2019**

**Business Analyst**

This project was based on the Implementation of the new processing system for Benefit Enrollment files (834), Payer and Claims (837) along with review design and reconfiguring of the following FACETS functional areas: Enrollment, Claim, Billing, and Member Information. The in-house application relied on Facet for claim verification and related data. One of my major responsibilities was to ensure seamless integration of the newly implemented version of the application with Facets.

**Responsibilities:**

* Participated in creating the Facets data model.
* Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system)
* Performed Requirement Gathering by interacting with Business users and documented the requirements
* Worked with Business Users and Solution Engineers to solve the capture defects in the MMS system and to effectively solve them.
* Incorporated Agile methodology to create BRD, and FSDs using MS Visio and MS Word.
* Performed Database management reporting on the Model 204 Platform
* Performed Data Mapping to map the EDI 834 data to XML.
* Prepared business requirements document (BRD) and once approved by the product owner, involved in preparing functional requirement document (FRD).
* Worked on solving the errors of EDI 834 load to Facets through MMS.
* Conducted JAD Sessions, Peer Review sessions with the SMEs, Solution Engineers, developers, and Business users.
* Analyzed the scope of the project to review it with the customers for different review sessions of the application.
* Intensively involved in project testing efforts by doing System Integration Testing, Regression Testing, and by helping the UAT team in User Acceptance Testing
* Gathered Business/Functional user requirements, creating Use Cases as per user requirements, developing/designing diagrams such as Activity, Class, and or Sequence diagrams, and in addition to creating Business Requirements Document (BRD).
* Worked on Claims Inquiry and Dental Claims Processing.
* Used to execute test cases for several transactions such as 837, 835, 820, 834, 277, 278, 270/271
* Create SQL queries to read data from databases.
* Used FACETS to provide seamless transactions between the provider, members, and the plan.
* Requirements Gathering & Analysis always ensured HIPAA Compliance Auditing
* Worked with the Testing team to test the system extensively and log defects.
* Defined the maps from the existing BizTalk solution and validated it with the client for any changes.
* Performed data mapping and tracing data from system to system in order to solve a given business or system problem.
* Developed, coordinated, and supported Information Technology Division on all operational requirements of FACETS claims processing system and production management.
* Interacted with Data Modeler for Data Analysis, Data Relationships, and Integration.
* Facilitated Brainstorming Sessions involving business unit stakeholders, technical analysts, SMEs, and portfolio managers to gather requirements and have a better understanding of the business process.
* Worked in testing the professional, institutional claims processing and adjudication and validate data with FACETS.
* Assisted in Regression tests, System tests, and UAT.

**Paragon Healthcare, Dallas, Texas Apr 2015 – Dec 2017**

**Business Systems Analyst**

The scope of the project was to implement a scorecard in ClaimPro, an in-house tool used for claim management. Scorecard is a new enhancement to the system that will generate scorecard values for the claims to prioritize the claims on the basis of the values assigned. The scorecard assigned weights to the claims based on ICD codes, and membership start date. The purpose of this enhancement was to prioritize the claims for fatal diseases over the other claims and process the claims accordingly.

**Responsibilities:**

* Review Business Requirement Documents, Functional Requirements Specification, User Interface Design Documents, and Use Cases to understand the functionality and working of the custom-developed application.
* Skills in current SDLC practices of Scrum Agile.
* Authored, reviewed, and modified Test Strategy & Approach, Test Plans, and Test Procedures to meet testing and product deadlines.
* Managed and developed EDI specifications, for data feeds and mappings for integration between systems, to follow ANSI X12 5010 formats including 270 Eligibility/Benefit Inquiry, 271 Eligibility/Benefit Information, 276 Claim Status Request, 277 Claim Status Response, 810 Invoice, 820 Payment Order/Remittance Advice, 834 Benefit Enrollment, 835 Remittance Advice, and 837 Claims and Encounter, to meet and exceed HIPAA requirements set forth by the federal government.
* Developed SDLC documentation including BRD, Use cases, FSD, workflow, and Test cases.
* Successfully conducted JAD sessions, which helped synchronize the different stakeholders and clients on their objectives and helped developers to have a clear-cut picture of the project.
* Ability to aggregate, group & filter on various criteria, providing dashboard-like output by performing data analysis and presentation.
* Assisted the end users in Functional and UAT testing and supported the business in documenting and validating expected results.
* Merged multiple data sources using advanced SQL queries with multi-table joins, group functions, and subqueries.
* Created use case diagrams, class diagrams, activity diagrams, entity diagrams, and sequence diagrams for different business functional areas.
* Created the UAT plan and participated in the UAT process.
* Developed use case diagrams, activity diagrams and sequence diagrams and state transition diagram with Rational Rose.

**REFERENCES:**

Available upon request.