**BIBEK MAHARJAN**

SUMMARY

Results-driven, Business System Analyst with 7 + years of experience in IT industry working with various projects in Healthcare seeking to attain a challenging role and add value within a world class company

**My background includes:**

* Extensive experience with analysis, design, development, customization and implementation of software applications.
* Create work estimates, project plans, define and track project deliverables, manage finances, secure and allocate resources, and identify/document issues and risks.
* Participate in planning sessions to ensure understanding of business goals, direction and business requirements and provide input from an IT systems perspective.
* Analyze Requirements and write the CSR in PDM to identify the current changes to meet business requirements.
* Good Knowledge of HIPAA (Health Insurance Portability and Accountability Act) Standards.
* Well versed with ANSI X12, HIPAA and HL7 standards.
* Strong knowledge of managed Claims management process, Knowledge of Medicaid and Medicare Services. CMS, Health Assessment Systems, Medicare and Medicaid Insurance Billing, Hl7 Standards, HIPAA, EDI, HEDIS, NCQA, PPACA (Patient Protection and Affordable Care Act), 834, 835,837, Compliance issues, HL7 Message Validation, ICD9, ICD10, Electronic Health Records, Electronic Medical Records.
* Excellent knowledge of NASCO claims systems and excellent working knowledge in Claims, Benefits, and Membership and Financial systems.
* Experience in facilitating meetings with clients to discuss and sign-off on the document.
* Maintain Requirement Traceability Matrix (RTM) to make sure test plans were written for all the requirements.
* Experience in Quality Assurance procedures and Documentation.
* Extensive knowledge of BlueCard claims, ITS-HOME/ITS HOST claims.
* Good Knowledge of Mainframe application such as TSOE/TSOB and Proficient in programming languages like, COBOL, JCL and expertise in Mainframe tools like Endeavor, Expeditor, and File-Aid.
* Extensive use of various Systems in Blue Cross Blue Shield of Michigan such as BFAST - Benefit File Automation Systems Tool, BFM- Benefit File Manager, NPS - NASCO Processing System, BlueSquared, BC - Benefit Configurator Applications, CS- BCBSM Common Services, Web-Denis - BCBSM Provider Portal Application, NCSW - NASCO Customer Service Workstation, Provider Portal, Member Portal, and Portico.
* Strong experience in using NASCO Applications – EFDE, HIQK, HEHK, HRBK, HURK, HRRK,TPOL, etc. in NASCO System
* Prepare Test strategy, Test plan, and Test execution based on Business requirements and Technical Specifications.
* Analyzes testing results to ensure the solution meets the needs of the business.
* Involve in Defect fixing, Defect tracking, and issue resolution.
* Work Onsite-Offshore model projects as a Team Member.
* Experience with the full Software Development Life Cycle (SDLC), which includes Planning, Analysis, Design, Development, Testing, Integration and Support.
* Expert in using the V-Model, RUP, XP, Agile/Scrum and Waterfall testing lifecycle Methodologies
* Collaborative work with Business Users, Testers, Developers and other team members in testing complex projects and in overall enhancement of software product quality.
* Possess strong problem solving skills with the ability to adapt to a new environment and meet deadlines.
* Strong in IT research, software analysis and design skills.
* Participate in workgroups to ensure that department goals were on track and working closely with NASCO System Area to ensure problem claims were resolved timely.
* Perform analysis of complex claims within the NASCO Processing System to check the flexibility and ability of program.
* Process claims for all lines of business through the NASCO Processing System and validate against requirement.
* Extensive experience in Backend Testing on distributed databases using SQL queries and SAS analytical software.
* Knowledge of Medicaid and project related to Medicare.
* Good working experience on 837 and 835 transactions and EOB in HCBO application.
* Motivated self-starter with exceptional team building, leadership, and interpersonal skills. Good team player with the ability to work in time sensitive environments.

TECHNICAL SKILLS

Platforms: Windows, IBM Mainframe NASCO

Change Management Tools: Rational ClearQuest, TestDirector, HP Mercury Quality center

Office Tools: MS Project, MS Office, MS Visio, SharePoint

Database: MS SQL Server, MS Access, Oracle, DB2, SAS

Tools and Utility QMF, SPUFI, FILEAID

EXPERIENCE

**Aetna, Phoenix, AZ Oct 2015- Present Business System Analyst**

The project Claims-Funds involved creating a new UI for better user experience in claim reimbursement process. UI was used to view and modify claim fallouts that occur during claim adjudication process. Claim fallouts appear as a work item in Claim Processors Inbox, from where various action such as claim adjudication, claim denial, claim reversal etc. could be performed. Worked to update the HIPAA standards for the claim forms .

**Responsibilities:**

* Conducted user interviews at both in-house and client locations, gathering and analyzing requirements using Requisite Pro and Requisite Web
* Extensively used Agile Methodology in the process of the project management based on SDLC.
* Designed and developed Use Cases, Activity Diagrams, Sequence Diagrams, Object Oriented Design (OOD) using UML
* Gatheredand documented Business Requirements, created Functional specifications and translated them into Software Requirement Specifications.
* Assisted coders to be competent in using ICD-10-CMS/PCS
* Performed Gap analysis by identifying existing technologies, documenting the enhancements to meet the end state requirements
* 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
* Validated the compliance of HIPAA 5010 standards with the requirements gathered, and conducted process design sessions with technical teams.
* Used knowledge of Health Care Information Systems EMR model to develop proposed workflow in MS Visio.
* Expertise in the EPIC Medical software application (EMR, HER) as it relates to workflows and setting up the infrastructure for a software implementation in a clinic environment.
* Responsible for identifying and documenting business rules and creating detailed Use Cases
* Involved in Data Analysis & Mapping to track all data elements used in the application from the user interface through different interfaces to the target databases in which they are stored.
* Developed tables, Views, Stored Procedures and Triggers using SQL Scripting
* Established Inner Join, Outer Join and created Indexes whenever necessary
* Assisted quality assurance team to functional-test the new HL7 interfaces always keeping in mind HL7 and HIPAA guidelines and coordinated user acceptance testing using derived test data.
* Worked on HL7 including complete lifecycle of interoperability specification (Deployment, Adoption, utilization, Adherence etc), clinical decision support, exchange of clinical documents,
* Actively worked on large database maintenance activities including datamodeling, mapping, development, integration, analysis and testing.
* Provided analysis, observations and recommendations based on current client trends and identified cost savings opportunities for the key clients.
* HL7 testing included connectivity to the Database, validate inbound and outbound messages, validate ack and nack, generate values and test message from specification, repeat test plan and test scenarios and generate reports.
* Applied guidelines, standards and regulations such as HL7 CDA, CDISC, MedDRA, Code of Federal Regulations (CRFs) to clinical data modeling.
* Worked with HIPAA rules and regulations to draft business rules and claim processes.
* Responsible to meet the information demands of our business users by delivering timely, accurate, meaningful and standardized data and reporting
* Worked on Privacy Impact Assessment(PIA) and HIPAA including Consent and Limiting use after Security Breach
* Participated in creating logical and physical data models, their enhancement. Based on the data models, worked with business architect, to create the software solution models.

**ENVIRONMENT:** Windows, Facets, Oracle, SQL, Mainframe, Mercury Quality Center, MS Office, MS-Visio, SOAP UI.

**Blue Cross and Blue Shield of Michigan Jan 2014- Sept 2015**

**System Analyst**

Blue Cross Blue Shield of Michigan is one of the largest organizations in HealthCare. Blue Cross Blue Shield of Michigan provides and administers health benefits to more than 4.3 million members residing in Michigan in addition to members of Michigan-headquartered groups who reside outside the state. I was assigned various tasks while working in BCBSM for 4 years, such as Integrating different Vendor for the business as per the New Health Care Reform Rule and making sure that claims get processed per the business needs and per the rule. As an Analyst, I am responsible for validation of claims workflow in to NASCO, Members Enrollment, validating Members benefits against the prior System and incoming and outgoing files with different business. Worked in project such as NASCO Accumulator Solution, Payment Innovation for Value Base Product (VBP CCF- Care Coordination, BDTC, PDCM) CBF/BDF changes of ITS 16.5 release, Implementing E-visit and Retail Health Center product.

**Responsibilities:**

* Gather and analyze the business requirements associated with any assigned work driver like CSR, SER (System Enhancement Request), Defect, BCR (Benefit Change Request) etc.
* Work with other business analysts, membership analysts and the program managers to translate business requirements into technical requirements.
* Create CSRs (Customer Service Request) using CSR Financial Tool and write CSRs in PDM in NASCO
* Prepare and monitor the progress on request for system changes customer Service Request (CSR) based on approved requirement.
* Prepare technical CSRs for new group implementation and coordinate with both internal and external member of the project.
* Write specification for benefit system change and business requirements on PDM (Project Date Manager) application once the new CSR is populated on PDM.
* Coordinate Design and SIT (System Integration Testing) with various teams, including ITS (Inter-Plan Teleprocessing System) Pricing, and BA (Business Analyst) teams under NASCO processing system (NPS).
* Validate member’s benefits against the Benefit File Automation Tool (BFAST) and Benefit File Manager (BFM).
* Perform planning and development of Test Plans, Test Strategies, Test Cases and Test Scenario to meet product’s business requirements.
* Present and explain the design changes to Quality Release Management Team for approval.
* Create facility & professional claims testing criteria in NASCO test environment utilizing ICD-9/ICD-10 HCPC codes.
* Validate change on Model Office and Verify User Acceptance testing in Production.
* Generate EOB (Explanation of Benefits) and Provider Voucher to test the change.
* Create File Maintenance Request to make change on GENO Tables.
* Create Attribution file for CBF/BDF for ITS Home Claims for VBP project.
* Create BlueCard ITS Home claims to validate the changes implemented through Requirements.
* Send project Closeout Communication and alert communication on Change Manager Tool and Maintain Requirement Traceability Matrix (RTM) to make sure that test plans were written for all the requirements.
* Generate test members using Test Mart tool for testing purpose and provide to testing team and work on enrollment and INUM the claims in NASCO Processing system (NPS).
* Involve in new Vendor integration for Client and end-to-end test of Vendor integration and document and present results to the business in timely manner.
* Mostly involve in documenting testing of Benefits, Claims Payment, Authorization, Pricing, and Readiness Review.
* Host weekly team meeting to track the work progress and schedule work for following week and track goals of the department.
* Involve in providing technical expertise on how to resolve the issues related to configuration and/or test scenarios.
* Conduct business requirement walk-through for understanding and clarifications on the requirements.
* Prepare current and future state document to illustrate current functionality of system and system after proposed changes.
* Write NASCO Technical CSR’s (Customer service request) by converting Business requirements in-to High level Technical requirements (HLR) for NASCO to make the system changes.
* Work as liaison between BCBSM Business and NASCO Technical team to deliver the quality work.
* Prepare and present System Integration test Plan and test strategy to Business take sign off.
* Capture defects during SIT/UAT/regression testing and track Defect using Rational Clear Quest, work with NASCO to address them and take the defects to closure.
* Actively participate in Defect triage meeting with NASCO Technical and recommend solution to resolve SIT defects.
* Test system changes implemented for Production Implementation plan and post implementation plan.

**State of Nebraska, Lincoln, NE July 12- Dec 13  
Business System Analyst**  
The core data is in MMIS Legacy system and can handle the processing of different Claims within POS in MVS Site D and AIX Box. The MMIS can handle the HIPAA transactions such as 835, 837 (P, D, I) 276, 277, 278. The Inbound and Outbound is run through JCL in batch mode.

**Responsibilities:**

* Gathered requirements and modeled the data warehouse and the underlying transactional database.
* Imported external data from external source into excel to calculate different parameters involved in manufacturing and displayed the facts in charts for the project manager.
* Meticulously assessed data from various sources and generated conceptual and logical database designs using ERwin data modeling tool.
* Organize, analyze, and report data to support Care Management Center.
* Coordinated between healthcare insurance companies and my company to implement payor qualification guideline changes and updates to ensure compliance with all regulatory agencies.
* Establishes client baseline metrics, and performs troubleshooting of complex Payor / Provider reimbursement issues.
* Worked in mainframe environment and used SQL to query various reporting databases
* Part of team conducting logical data analysis and data modeling JAD sessions, communicated data-related standards.
* Create SQL scripts to query, cleanse and prep data for conversion.
* Develop SQL queries for data-mining delimited text file or Excel file to SQL Server table columns and verify data transfer success, and support internal and external customer needs.
* Review managed care provider contracts to ensure terms meet client-specific needs
* Create Data Analyst workgroup to better coordinate processes, workflow, open communication and share knowledge across DA team.
* Identified authoritative data sources; specified business rules for data feeds utilizing HL7 protocol.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
* Responsible for architecting integrated HIPAA, Medicare solutions
* Used Rational Rose to model the process using UML to create behavioral and structural diagrams.
* Was responsible for data mapping of HL7 messages into relational database.
* Used knowledge of Health Care Information Systems EMR model to develop proposed workflow in MS Visio.
* Build and maintain processes surrounding the use and updating of knowledge base repository in SharePoint
* Conducted JAD sessions with management, SME, vendors, users and other stakeholders for open and pending issues.
* Transfer customer documentation into SharePoint document management infrastructure
* Responsible for gathering requirements from users in operations group and performing data mapping for the application, confirm and vacillating the requirement at time of BA testing.
* Incorporated Rational Unified Process (RUP) to create Business Requirement Document Specifications using MS Visio and MS Word.
* Expertise in the EPIC Medical software application (EMR).
* Developed and published SharePoint site template for Service Management department.
* Developed shell SharePoint sites for various IT groups and provided training on how to use and update them with any information they wanted to publish there.
* Research and prepare technical documents, based on comments returned from city analysts
* Identifying the impacts and training the users on new policies /procedures changes.
* Developed Use cases, Test Cases for the Business users and QA team.
* Identifying the Security Risks in the application that being built and address them in the requirement document to avoid the security breaches.
* Improved the new revenue cycle management and Electronic Medical Record (EMR) for PARTNERS.
* Developed an implementation guide for Partners for EDI X12 transactions such as 834, 835,837,270 and 271.
* Expertise in the EPIC Medical software application (EMR, HER) as it relates to hospital workflows and setting up the infrastructure for a software implementation in a clinic environment.
* Designed the flexible solution for patient treatment plan and patient care plan.
* Designed the tight user authentication and application security.
* Modified Existing policies and procedures for patient access such as Enterprise Scheduling, Patient Check-in/Out and Encounter automation.
* Supporting the Business Users after go live.

**Environment:** MS Project, MS Visio, Rational Suite (Requisite Pro, Clear Quest, Clear case), Blueprint, Sharepoint, ETS and EDI ANSI X1.

**Amerigroup, Virginia Beach, VA   Jan 2011- June 2012**

**System Analyst**

AMERIGROUP is a health maintenance organization (HMO) that focuses on Medicaid and Medicare contracting. Since its launch, AMERIGROUP has been a proven leader in meeting the states’ goals of providing accountability and improving access to healthcare while still controlling costs. Today, AMERIGROUP serves more than one million people in more than ten states. It is the largest publicly traded company focused exclusively on the healthcare needs of Medicaid and Medicare recipients and the uninsured. As an analyst, I was responsible for conducting the overall System Testing to verify operations of key Facets modules involved in the processing of claims (including benefits), providers and members.

**Responsibilities:**

* Review Business Requirement Documents and Functional Requirements to create Test Strategy and Test Cases.
* Involve in analysis, and executing the Test Cases. Tested many scenarios for New Group implementation.
* Create and Validate Test Result document to make sure the Test Cases are as per requirement.
* Prepare Current State and Future state document to focus on the changes Implemented.
* Involve in Defect tracking, Defect fixing and issue resolution.
* Communicate testing results and provide recommendations based on issues discovered.
* Participate in technical specification review and provide feedback on content and testability.
* Maintain Requirement Traceability Matrix (RTM) to make sure that test plans were written for all the requirements.
* Develop test members as test data using MDE XCTP for testing purposes.
* Work with the development team to successfully integrate testing into each development phase.
* Coordinate Design and SIT (System Integration Testing) with various teams.
* Perform Unit Testing and Acceptance Testing in Test region and Post Production Testing in Production.
* Conduct data analysis, operations management and development, design documentation for testing the requirement.
* Analyzing and requirements gathering and writing system functional specifications including use cases.
* Work closely with all members of the project team including architects, business analysts, systems analysts and project managers.
* Involve in claim preparation in Facets to do end-to-end testing of changes implemented.
* Create Test plan to test Benefits, Claims Payment, Authorization, Pricing, and Readiness Review.
* Perform Functional, Regression, and system testing of various Facets modules involved in claims processing, members and providers.
* Proactively work with Program Manager and coder to ensure issues impacting performance are resolved timely.
* Execute configuration testing to check if the application was compatible in different environment.
* Involve in member’s accumulator conversion data testing, accumulator sync testing.
* Involve in testing HIPAA Transactions & Code Sets Standards like 834-Enrollment to a health plan, 837-Claim, etc.
* Log errors and report defects using Quality Center, develop and deliver meaningful dashboards and reports to management demonstrating current program state and adherence to framework standards.
* Involve in providing technical expertise on how to resolve the issues related to configuration and/or test scenarios.
* Understand business needs and adjust or develop new processes to efficiently provide excellent service and value to the users.

**ENVIRONMENT:**  Windows XP, Facets 4.71, MS Office 2007, MDE Express Claims Test Pro (XCTP 4.3), Mercury Quality Center, Ingenix Encoder Pro, Lotus Notes, Rational Clear Quest, Test Director, SharePoint.

**Cigna Healthcare, CT Jan 2010- Dec 2010  
Business System Analyst**

CIGNA provides customers with employee benefit packages and services. The aim of the project was to switch from current credentialing system that preserved the data of health care practitioner information to a more efficient system. The new system was developed to respond varying business requirements, which increased the efficiency in productivity and to lower operational expenses at the same time. The system’s architectural design was constructive to being scalable and was positioned to respond adeptly to the changing integration requirements.

**Responsibilities:**

* Served as liaison between business team and various other project groups
* Followed an iterative approach to organize requirements into logical groups of business processes, business rules and information needs and ensured that critical requirements are focused upon
* Used UML to model use case diagrams for functional requirements
* Used MS Access and Excel to extract, administer and manipulate large data
* Worked closely with software developers to isolate, track and troubleshoot defects
* Actively worked on large database maintenance activities including datamodeling, mapping, development, integration, analysis and testing.
* Created numerous data flow diagrams and business processes.
* Responsible for maintaining and updating data mapping documents.
* Worked on database configuration, Backup and Recovery and Managing Security
* Participated in knowledge transfer and co-ordination with the off shore development team
* Conducted project related presentations and provided reports to the higher management
* Assisted in user acceptance testing, performed client presentations and demonstrations
* Involved in designing a plan for application rollout

**ENVIRONMENT:** Facets, HIPAA, EDI, XML, Window, MS Office, Oracle.

# EDUCATION

* Masters in Information System, Kentucky
* Bachelor of Science in Business Administration, New York.
* SAS certified