Kabita Pokhrel

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**Summary**:

* **6+ years** of diversified experience in **Healthcare and Insurance domain.**
* My experience in working with **Databases and Business analysis in tandem** makes it easier for me to relate to the encountered dilemmas – How much is too much and how fast we can respond at least cost.
* Expertise in translating **user requirements** into **System Specifications** and mapping the process design, work flows for **SDLC** with documenting and managing business requirements.
* Expertise in **Project Planning, Project Design, creating functional specifications and data flow diagrams.**
* Experience in conducting Gap Analysis between “as is” and “to be” systems.
* Expertise in EDI and HIPAA Testing Privacy with multiple transactions exposure such as Inbound Claims
* **834–Membership Enrollment, 837-Institutional, 837-Professional, 835-Claim Payment/Remittance Advise, 270/271-Eligibility Benefit Inquiry/Response, 276/277-Claim Status Inquiry/Response Transactions**.
* Good experience in facilitating Joint Application Development (JAD) sessions to expedite and streamline the requirement gathering process.
* Proficient in UML (Unified Modeling Language), extensive experience in modeling business process using Use Case, Activity diagrams.
* Experienced on implementation of Health Care Reforms
* Extensive experience in Strategic development of a Data Warehouse and in Performing Data Analysis and Data Mapping from a Operational Data Store to a Enterprise Data Warehouse
* Proficient in writing business use cases and communicate with project manager to derive BPM (Business Process Model)
* Writing Use cases and producing Use Case Model, Analysis model, Behavior diagrams (Sequence diagrams, Collaboration diagrams) and Class diagrams based on UML Methodology & Business process flow diagrams using Visio.
* Clear understanding of ICD-9-CM and ICD-10-CM/PCS
* Experienced in Process Modeling (activity, state, object, sequence, class) using UML, UMM, and BPMN notations.
* Expertise in broad range of technologies, including business process tools such as Microsoft Project, Primavera, MS Access, MS Visio, technical assessment tools, Data Warehousing concepts and web design and development.
* Created EDI files for test cases and verified those files, debugged the errors and corrected them according to the addenda for respective HIPAA implementations
* Thorough understanding and hands-on working experience with standards for medical transactions like 820 (premium payments), 834 (enrollment), 835 (medical claims payments), 837 (medical claims), 270 (eligibility inquiry), 271 (eligibility response), 276 (claim status), and 277 (claim status response).
* Possess strong **analytical** and **problem solving** skills with the ability to adapt to a new environment and meet stringent deadlines.
* Conducted **requirement analysis techniques** such as **Business Process Automation**, **Business Process Improvement**, and **Business Process Re-engineering**.
* Good knowledge of **MS SQL Server and Oracle** and with Data modeling techniques.
* Facilitated JAD **(Joint Application Design)** sessions**.**
* Conducted **User Acceptance Testing** (UAT)
* Strong business analysis skills and thorough understanding of **full SDLC**

**Technical Skills:**

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| --- |
| Business Methodology: RUP, Agile, Waterfall. |
| Business Modeling Tools: Microsoft Visio, Rational Rose. |
| Project Management Software: MS Project. |
| Version Control Systems: Rational Clear Case. |
| Testing tools: Test Director, Quality Center, Requisite Pro, and QTP. |
| Database: MS Access, SQL-Server, Oracle. |

**EXPERIENCE**

**BCBS, NC                                                               Oct 13- Till date**

**IT Business System Analyst**

**Project Description:**

Blue Cross and Blue Shield of North Carolina (BCBSNC) is a leader in delivering innovative health care products, services and information to help customers improve their health and well-being. It is the largest health insurer in the state, with over 4,000 employees serving more than 3.6 million customers. This project involves creating the system to initiates all the necessary procedures, standardizes and validates the data according to HIPAA regulations. The new application also allows the agents to track and manage the status of a health benefit claims.

**Responsibilities:**

* Facilitated JAD sessions, which focused on the definition of business requirements associated with BCBS’s claims process.
* Created Use Cases that defined the role of users who receive claims, users who process claims and users who adjudicate claims. Used MS Visio to develop UML diagrams Validate EDI Claim Process according to HIPAA compliance.
* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as 270/271, 276/277,837/835 transactions.
* Analyzed and worked with HIPAA specific EDI transactions for claims, member enrollment, billing transactions. Worked specifically with 837, 835, 834, 270/271, 276/27
* Good knowledge of Transaction Set 835 and 837.
* Developed SQL-based data warehouse environments and created multiple custom database applications for data archiving, analysis, and reporting purposes.
* Attended all the training sessions on transaction sets 837, 835, 834, 270/271, 276/277
* Ensured Use-Cases were consistent and covered all aspects of the Requirements document.
* Refined the requirements (use-cases) and Business Process Models to detailed level appropriate for technical analysis and system design.
* Used Rational Requisite Pro for gathering and documenting requirements from business users.
* Determined eligibility benefits for customers with EDI Health Care Eligibility/Benefit Inquiry (270).
* Utilized EDI Health Care Claim Payment/Advice Transaction Set (835) to make payments, send an explanation of benefits (EOB) remittance from a health insurer to a health care provider.
* Complete study of the in-house requirements for the data warehouse. Analyzed the DW project database requirements from the users in terms of the dimensions they want to measure and the facts for which the dimensions need to be analysed.
* Authored data flow diagrams, sequence diagrams and business process models that describe how the EDI Health Care Claim Transaction set (837) is used to submit health care billing information and encounter.
* Acted as a liaison by working closely with the development and testing team for achieving milestones.
* Performed manual testing of the functional items by checking a summary of all claims entered and submitted.
* Cleaning of incomplete, inconsistent and noisy data to form a more organized data warehouse to ensure consistency in coding and naming

**Environment:** Windows NT, SQL, Requisite Pro, Oracle, Quality Center, MS-Visio, Rational Unified process

**Emdeon, Nashville, TN Oct 12- Sep13**

**Business System Analyst**

**Project Description:**

At Emdeon, I worked in the “**Payment Integrity” project**. Payment Integrity is a solution that would provide Emdeon with an opportunity to tackle the health care fraud and abuse problem and provide better services in healthcare industry. It helps **Emdeon to identify fraudulent claims and abusive providers during different time periods/positions within claim life cycle**. It enables Emdeon to grow its customer base and provide new valuable services to existing customers (payers). I was also involved in the analysis of EDI transactions including 837 I/P and 835 based on HIPAA 4010 and mapping them in order to comply with HIPAA 5010 standards.

**Responsibilities:**

* Analyzed the requirements for Payment Integrity fraud and abuse solution to be developed
* Worked on defining and implementing Clinical Aberrancy Rules
* Prepared high level and detailed functional requirements documents for the clinical aberrancy rules
* Analyzed **HIPAA 4010 and 5010 standards for 837I/P and 835 EDI X12 transactions, related to providers, payers, subscribers and other related entities.**
* Identifying the requirements for accommodating HIPAA 4010 and 5010 standards for EDI X12 transactions and capture these requirements for mapping purposes.
* Used General equivalence Mappings (GEM) to convert ICD 9 to ICD 10.
* Created and maintained SQL scripts and Unix as a part for back-end testing on the oracle database.
* Executed SQL statements to check if the data integrity has been maintained.
* 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 crosswalk.
* Create internal reports using Dashboard and basic SQL queries in the tool to track activities of the teams.
* Worked on **EDI 834, 835,837, 276/277, 278 as per HIPPA guidelines**.
* Performed Data Mapping to map the EDI 834 data to XML.
* Developed data models and data maps to be used from the central data warehouse using Erwin.
* Worked on solving the errors of EDI 834 load to Facets through MMS
* Worked on migrating ICD-10 codes and mapping **ICD-9 and ICD 10 codes**
* Performed Gap Analysis in **ICD-9 and ICD 10 codes.**
* Coordinate with reforms operations group to build new marketing strategies for exchange products on portals; designing exchange products with addition of exchange specific attributes to SBCs
* Mapped the Bloodhound tool (clinical editing tool) related data elements to the internal XML elements.
* Created the data dictionary for the clinical aberrancy rules
* Performed **Health Care Reform audit for multiple Health Care Reform provisions. Provided recommendations for systems being developed to support the audit**.
* Defined input and output data elements to and from the rules processing engine.
* Created business required document (BRD) using Blue works.
* Analyzed the integration requirements between various tools for Payment Integrity solution
* Write high level and low level integration requirements for integrating our product with clinical editing tools, predictive analytics tool and SIU services.
* Design test scenarios to validate web services and XML data transformation with XML Spy and SQL
* Performed the physical database design, normalised the tables, worked with Denormalized tables to load the data into fact tables of Data warehouse.
* Workflow application to automate the process using Blue works live.
* Develop test cases from use cases using RUP methodology to validate **XML** conversion of network conversion
* Work together with the architects and team responsible for supporting rules processing tools during the project to assist with the required support.
* Responsible for performing System and integration testing for release.
* Identified, analyzed and documented defects, error and inconsistencies in the application using Quality Center.
* Created and maintained Test Matrix and Requirement Traceability Matrix and performed GAP Analysis.
* Performed User Acceptance Testing (UAT).
* Identify and analyze the various points of integration for the new solution and required integration with other IT components.
* Work closely with the business team, development team and the Quality Assurance team to ensure that desired functionalities have been achieved by the application
* Provide business and technical suggestions and recommendations during the project life cycle.

**Environment**: Windows XP, Unix, RUP, Facets, Rational Rose, MS Visio, HTML, UML, MS Word, Excel, PowerPoint, Test Director, Crystal Report, SQL.

**Specialized HealthCare Inc, Augusta, GA Jan11 – Aug12**

**Business Analyst**

**Project Description:**

SHC Inc, a division of United Health Group oversees a variety of healthcare companies engaged in care management, insurance, and other support services. The company offers a diversified portfolio of health insurance products and related services to employer groups, government-sponsored groups, and individuals. Plans include national networks, open access networks, tiered network plans, co-pay plans, deductible plans, self insured plans, senior, individual, dental plans and health savings accounts.

E-care a web-based technology uses databases to provide an extremely cost effective tool to validate patient demographics and verify insurance eligibility in real-time conforming to HIPAA standards. The features of E-care include online appointments, Medicare/Medicaid Eligibility, Billing Verification, Self-Pay/Commercial Eligibility, Real Time Processing, Billing Address Verification with Address History and Insurance Eligibility Verification.

**Responsibilities:**

* Elicited and documented business, user, functional and non-functional requirements.
* Developed, communicated, and validated requirements package with business and developers.
* Engaged with clients to understand business processes and determine their specific requirements.
* Facilitated Joint Application Development (JAD) Sessions for communicating and managing expectations
* Identified processes for developing and documenting detailed business requirements.
* Ensured Use-Cases were consistent and covered all aspects of the Requirements document.
* Made regular status presentations to senior management.
* Worked collaboratively with business analysts, developers, testers to perform a gap analysis of the company’s existing system functionalities.
* Worked directly with software engineers to ensure clear communications on requirements and defect reports.
* Designed and Developed ETL (Extract, Transformation & Load) strategy to populate the Data Warehouse from the various source systems feeds using Informatica Power Mart, PL/SQL.
* Validate EDI Claim Process according to HIPAA compliance.
* Tested HIPAA regulations in Facets HIPAA privacy module.
* Involved in claim adjudication process of facets application.
* Experienced on Facets data model.
* Engaged on the loading EDI 834-file to Facets through Membership module.
* Conducting business validations, covering the following deliverables: **FACETS Providers, Facets Claims and Facets Membership and Operational reports.**
* Tested the HIPPA EDI, 834, 270/271, 276/277, 837/835 transactions according to test scenarios and verify the data with Facets on different modules.
* Designed and developed scenarios based on business requirements.
* Followed RUP methodology for the entire SDLC.
* Interacting with other teams through walkthroughs, teleconferences, meetings, etc. to resolve various issues.
* Participated in Data Analysis and Design and data mining with the Data analyst in defining data sources and required data content for the data warehouse component.
* Validated the scripts to make sure they have been executed correctly and meets the scenario description.
* Extensively worked on all kind of joins and operators to fetch data from multiple tables.
* Created and maintained SQL Scripts to perform back-end testing on the oracle database.
* Connected to SQL plus in UNIX and created and executed complex SQL queries.
* Wrote complex SQL queries to perform the Back End Testing of the Oracle database using SQL and UNIX.
* Assisted in implementation plans related to new/revised applications/services.
* Worked with the client to create and execute the acceptance test strategy.
* Obtained signoff from project stakeholders on tasks completion

**Environment:**  MS Project, MS Office, QualityCenter, UML, JAD, SQL, SDLC, Agile, Scrum, HIPPA, Facets, HTML

**Premera Blue Cross, Seattle, WA July 09 – Dec 10**

**BA/QA Analyst**

**Project Description:**

PREMERA Blue Cross is a nonprofit, independent regional health plan providing members, employers, providers and brokers with high-quality coverage and service. PREMERA deals with Mainframe Applications that has different types of Transactions that supports the HC - Claims Adjudication Process System. I worked as a QA Analyst for the Meredian-Accums Project for the conversion of claims to FACETS.

**Responsibilities:**

* Conduct gap analysis between the current system and new requirements to be implemented thereby mapping the business requirements to the application
* Involved in training and test session on HIPAA Privacy policy.
* Prepared high level and detailed system requirements documents for the application
* Analyzed HIPAA 4010 standards for 837P transactions, related to providers, payers, subscribers and other related entities
* Identified the requirements for accommodating HIPAA 5010 standards for 837P transactions and captured these requirements to develop new GUI for the internet based application
* Set claim processing data for different **Facets Module**.
* Used Informatica to extract and transform data from various DB2 database to the data warehouse.
* Involved HIPAA regulations in **Facets** HIPAA privacy module
* Involved EDI Claim Process according to HIPAA compliance.
* Tested the Facets 4.3 and Claims processing applications
* Managed requirements using Quality Center
* Documented Test cases corresponding to business rules and other operating conditions in Quality Center
* Involved in Developing Test Plans, Test Cases and Test Scripts
* Performed End-to-End testing manually
* Responsible for GUI Testing, System Testing, Regression Testing and Acceptance Testing
* Tested the backend database using SQL queries
* Extensively worked with ANSI X12 HIPAA EDI Transactions 270, 271, 276, 277, 837, 835 and 997
* Involved in testing the Medical and Hospital claims in Facets based on Service, Agreement and Pricing Id's
* Tested the Web interfaces and Web Service Applications
* Worked with ANSI X12 (835, 837, 834) EDI Transactions
* Extensively used UNIX shell scripts
* Responsible in providing regular test reports to the management
* Reported the defects to the developers using Quality Center

**Environment:**  MS Project, Oracle, Windows NT, UML, Requisite Pro, Rational Clear Quest, MS-Visio, **Windows, Quality Center, Facets.**

**Mercury Insurance Corporation, Atlanta, GA Jan 08- June 09**

**Business Analyst**

**Project Description**

Mercury Insurance Corporation is a leading provider of property casualty insurance, and risk management services to a wide variety of businesses, organizations and to individuals. The application helps the customer to get a free online quote instantaneously. This application also enabled the field agents/customer representative of the company to view prospective customers’ data. As a Business Analyst, I was involved in two modules of the project. First module was ‘free online quote’ in which the customers could access online by filling a list of fields. Second module was the ‘Customer Rep’ module where a customer service representative had detailed information of the online application filled by the customer.

**Responsibilities:**

* Maintained the Insurance Analyst process, which included detailing the rating requirements using Advance Quality System (AQS) for all types of Commercial Line.
* Help end users in creating User stories through interview and questionnaire.
* Interacted with business heads to finalize the Business Requirements for the Auto rating application.
* Used MS power point presentations for conduction JAD sessions with the stakeholders.
* Create interactive simulation for end users using real time data. Closely interacted with designers and software developers to understand application functionality and navigational flow and keep them updated about Business user’s sentiments.
* Interacted with group to facilitate for timely and effective requirement translation.
* Developed Use case, business flow diagrams, Activity/State diagrams and Sequence diagrams so that developers and other stakeholders can understand the business process.
* Wrote full functional and technical specifications and communicated requirements to development teams.
* Created and maintained a project schedule using MS Project showing all of the deliverables target dates.
* Created and maintained complete development plans that included functional specifications, requirements engineering, Use case modeling, risk assessment and mitigation, internal and external workflow.
* Used Rational Requisite Pro for overall Requirements Management and to build the Requirements Traceability Matrix.
* Performed Defect Tracking and Change Control Procedure using Rational Clear Quest and Configuration Management and Version Control using Rational Clear Case.
* Involved in the development of Test Plans, Test Cases and Expected Results, and coordinated the tests with the QA team to verify implementation of new features and enhancements.
* Conduct manual Black Box Testing to better understand the functionality of the AUT.
* Was involved in the Functional System Testing, Integration Testing, Regression Testing, User Acceptance Test using the test cases before releasing the application.
* Created UAT plans with several test cases to ensure that the system runs smoothly after the proposed enhancement changes have been made.
* Executed UAT Test Scripts and recorded defects in Rational Clear Quest.
* Conducted walkthroughs with the end users and stakeholders to gather the modification requests from the user to upgrade or change the business specifications for the product

**Environment:** Windows XP, RUP, UML, SQL, Rational Tools, MS Visio, MS Word, Excel, PowerPoint, Access.