**Shristi Pandey Shrestha**

**Professional Summary**

* Healthcare Business/Systems Analyst with 6+ years of experience in HealthCare Industry.
* Expertise in documenting the Business Requirements Document (BRD), Technical Requirement Document (TRD), generating the UAT Plan, maintaining the Traceability Matrix and assisting in Post Implementation activities.
* Knowledge of Medicare Part A, Part B, Part C and Part D.
* Experience in testing of Data Warehouse/ETL Applications developed in Informatica, Data stage using SQL Server, Oracle, Teradata, and UNIX.
* Strong documenting and excellent communication skills.
* Extensive experience in the EDI transactions and knowledge on EDI transaction process flows.
* Extensive experience in preparing Healthcare Effectiveness Data and Information Set (HEDIS) reporting.
* Knowledge and Implementation experience in Eligibility System, Facets Data model, Configuration Implementation of FACETS module.
* Involved in using FACETS for various health insurance areas such as products, enrollment, members and other modules related to FACETS.
* Extensive experience in Medicaid & Medicare.
* Hands on experience on ETL tools in ETL process development, testing and in maintaining ETL codes.
* Expert in creating Use Cases, Use Case Diagrams, Class Diagrams, Sequence Flows using MS Visio and UML concepts.
* Experience with Add on such as Portfolio, Jira Agile, Jira Capture, and QA symphony.
* Experience in Project Management methodologies like Waterfall/Agile and Iterative.
* Strong experience and understanding of health care industry, claims management process, Knowledge of Medicaid and Medicare Services.
* Microsoft Office Expert, Access database design.
* Experience in analyzing the error caused to failure of the ETL load with reference to the log file and report them to the corresponding team to get it rectified.
* Experience with Change Control Process – Led the Change Control Process for changes submitted for the BRD once the document was submitted to IT department.
* Experienced in EDI and HIPAA Testing Privacy with multiple transactions exposure such as Inbound 834Membership Enrollment, 837Institutional, 837Professional, 837 Dental, 835 Claim Payment/Remittance Advise, 270/271 Eligibility Benefit Inquiry/Response, 276/277 Claim Status Inquiry/Response Transactions and testing in Client Server systems and Mainframe Applications.
* Expertise in conducting User Acceptance Testing (UAT) and documentation of Test Cases.
* Strong knowledge of Project management software skills such as time estimation, task identification, and scope management.
* Knowledge and expertise in working with Claims, Provider, Enrollment, Finance, Benefits, and Vendor Management Business Areas.
* Maintained the Traceability Matrix table to track the Business Requirements to the design to the testing keeping track of all requirements in the BRD.

**Technical Skills**

**Project Methodologies**: SDLC, UML, Agile, Waterfall,

**Business Modeling Tools**: Microsoft Visio, Rational Rose

**OS** Windows, UNIX

**Testing tools:** HP ALM, QC

**Office Tools:** MS Project, MS Office, MS Visio

**Version Control Systems:** Rational Clear Case

**Database:** MS SQL Server, MS Access, and Oracle

**Professional Experience**

**WellCare, Tampa, FL**

**July 2015- Present**

**Business Systems Analyst**

The scope of the project was to streamline the HEDIS reporting. This reporting would enable on time reporting to the NCQA.

**Responsibilities:**

* 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.
* Facilitated & conducted JAD sessions for requirement gathering, requirement review, and requirement approval.
* Developed ETL test cases for various lines of businesses based on ETL mapping document.
* Performed Gap Analysis, Feasibility Studies, and Impact Analysis to for implementation of HEDIS changes.
* Responsible for maintaining of HEDIS Measures as per the NCQA specification.
* Gathered the requirements through the meeting, created agenda for the meeting and sending the meeting minutes for the whole team who are part of the project and created Business Required Documents for different type of domains such as Claims, Enrollment and Provider Management.
* Responsible for the development and implementation of functional requirements to support Medicare Part D.
* Managed Medicare Part D programs, resources and project timelines.
* Created Business Requirement Documents for HEDIS reporting.
* Gathered requirements and worked on the accessibility, digital transformation and digital payment.
* Facilitated Joint Application Development (JAD) Sessions for communicating and managing expectations.
* Performed analysis on the member/eligibility information on claim.
* Shared best business practices on all the domain areas.
* Worked directly with implementation team such as developers and configuration team to ensure clear communications on requirements.
* Created Solution summary document.
* Worked on mobile application in digital transformation.
* Assisted in gathering the business requirements, ETL Analysis, ETL test and design of the flow and the logic for the Data warehouse project
* Provided daily project status report to project manager and project presentation to the high level management on weekly basis.
* Prepared business process and extended features to implement digital transformation using specific web applications.
* Involved in writing extensive SQL Queries to retrieve the data for the purpose of data analysis.
* Implemented Agile approach for requirement gathering continuously prioritized requirements as per needs.
* Developed Data Mapping and Crosswalk documents.
* Worked on different modules of Facets such as Members/subscriber, commissions, provider, billing.
* Membership/enrollment and billing-entered information on Facets to ensure correct eligibility, etc
* Used FACETS to provide seamless transactions between the provider, members and the plan.
* Extensively used ETL methodology for testing and supporting data extraction, transformations and loading processing in a corporate-wide-ETL Solution using Informatica.
* Reviewed Functional Requirements Specifications and documented Test-Scripts and executed Test Cases for MMIS Medicaid billing system functional areas such as Third Party Liability and Claims Front End.
* Involved in preparing several Use Cases, Business Process Flows, and Activity Diagrams using Microsoft Visio, Context diagram and Event Response Table.
* Tested the billing and rendering provider, member subscriber, and payment modules of FACETS in the UI as well as in terms of database validation through SQL Queries.
* Worked on requirements of the 835 HIPAA projects, 276/277, 837, and HIPAA EDI Transactions across enterprise.
* Developed, coordinated and supported Information Technology Division on all operational requirements of FACETS claims processing system and production management.
* Facilitated Brainstorming Session involving business unit stakeholders, technical analyst, SME, portfolio managers to gather requirements and have better understanding of business process.
* Worked in testing the professional, institutional claims processing and adjudication and validate data with facets.
* Assisted in Regression Test, System Test, and UAT.

**Environment**:  Microsoft SharePoint, MS Visio, HEDIS, MS Office, UML, HP ALM/Quality Center, Toad for Oracle, Team Track, AGILE/SCRUM methodology, DB2, Facets.

**APS Healthcare, Inc. Atlanta, GA**

**Jan 2014- June 2015**

**Business Analyst**

Gathered and created Business Requirements for BPO (Business Process Optimization) and subsequently developed Functional Requirements which eventually addressed as being Technical Requirements for the upcoming NPI (National Provider ID) for the Medicaid and Medicare side.

**Responsibilities:**

* Testing various change orders of Medicaid applications received from the System Engineer’s
* Regression Testing of Web applications and applications dealing with MEDICAID and MEDICARE Services
* Medicare Advantage plans work similarly to employer-sponsored health insurance plans, which may help you continue the same level of coverage you have now or be similar to ones you have had in the past.
* Conducted weekly meetings for deciding the Policies and Procedures to be followed while constructing new sites.
* Conduct complex documentation and user needs analysis. Interface with team and staff to develop HL7 integration
* Assisted JAD sessions to identify the business flows and determine whether any current or proposed systems are impacted by the EDI X12 Transaction, Code set and Identifier aspects of HIPAA.
* Developed the strategy for developing and implementing new EDI (HL7 and X12) interfaces and converting historical clinical and data.
* Participated in the UAT for Broker/Dealer conversion for integration using Mercury Test Director
* Developed, implemented and executed test methodologies and plans to ensure software product quality as per the RUP methodology. Test some of the Extensions in Facets application manually.
* Medicare Part C plan also provides some of the extra coverage of a medigap insurance policy.
* Conducted business-impact assessment and the results were compared with the new HIPAA 5010 standards to determine the current level of compliance and developed an action plan for approval by the project steering committee
* Defined Functional Test Cases, documented, Executed test script in Facets system.
* Conducted Gap Analysis, and Gathered User Requirements by Interviews, user meeting, JAD session, and Requirement Elicitation Sessions
* Utilized corporation developed Agile SDLC methodology. Used ScrumWork Pro and Microsoft Office software to perform required job functions.
* Involved in analyzing activities for a variety of major projects including Medicare Plan part D, Coordination of Benefits, New Client Implementations, Consumer driven and regularly scheduled system upgrades.
* Extensively interacted with the stakeholders and the IT Department in finalizing the requirements according to the CMS Compliances/Regulations and HIPAA Regulations.
* Assisted to develop the Test Plan, Test Cases and Test Scenarios to be used in testing based on Business Requirements, technical specifications and/or product knowledge.
* Acted as a Business Analyst for the CDS implementation the backbone for data integration among myriad systems, including ERP, CRM, Portal, Workflow Engine, Payroll and related interface
* Prepared graphical depictions of Use Cases, Use Case Diagrams, State Diagrams, Activity Diagrams, Sequence Diagrams, Component Based Diagrams, and Collateral Diagrams and creation of technical design (UI screen) using Microsoft Visio.
* Analyzed trading partner specifications and created EDI mapping guidelines

**Environment:** Windows, Microsoft Office SharePoint Cognos, Agile, Rational Requisite Pro, MS Office, SQL Server DB2, JAVA, J2EE, MS Project, MS FrontPage MS Access, EDI.

**Affinity Health Plans - New York, NY**

**June 2013- Dec 2014**

**Business Analyst**

Affinity Health Plan is an independent, non-profit managed care plan that serves the needs of over 210,000 residents of the New York Area and provides healthcare coverage through its family health plus, Medicare & Medicaid programs.

Affinity Health Plan implemented Facets Enterprise administrative system, a new core system built by TriZetto, with updated technology to allow for more efficient claims processing, membership enrollment and provider data maintenance & getting access to customer records. X12 EDI and HIPAA standards were followed thorough the project.

**Responsibilities:**

* Followed a structured approach to organize requirements into logical groupings of essential business processes, business rules, and information needs, and ensured that critical requirements are not missed.
* Followed the UML based methods using MS Visio to create Use Case Diagrams, State Chart Diagrams and Sequence Diagrams
* Followed Agile methodology for the entire Project.
* Enhanced test cases and scripts by adding the required functionality as per the new business requirements.
* Was responsible for Defect Tracking and Bug Reporting, which was performed in HP Quality Center.
* Verified data outputs and transformations between systems remained true and were not compromised as systems were integrated.
* Reviewed and wrote Business Requirements (BRD) for the Project involved in HEDIS with Medicaid and Medicare Plan.
* Prepared detailed reports and presentations using SQL and MS Access
* Participated in various meetings and discussed enhancements and modifications request to resolve issues and expand capability of the systems.
* Used TOAD for Oracle in creating & executing SQL queries for testing ETL process.
* Analyzed HEDIS data to compare the accuracy of care for Medicaid plan.
* Interacted with stakeholders to get a better understanding of client business processes and gathered requirements.
* Experience in conducting scrum meetings and sprint planning.
* Experience working on Add ons such as Jira Agile, Portfolio, Jira Capture, and QA symphony.
* Collaborating with business partners and cross-functional teams and supporting system documentation.
* Enrolled members and provider in the Facets system.
* Experience with COB (coordination of benefits) application with in facets, testing of claims status for selected subscribers.
* Analyzed the error caused to failure of the ETL load with reference to the log file and report them to the corresponding team to get it rectified.
* Involved working with HIPPA-EDI ANSI X12 Transaction Code sets EDI 834, 835 and EDI 837.
* Involved in Testing (271, 277, 820, 834, 835 & 837) Transactions.
* Extracted, Transformed and Loaded (ETL) data from various sources into Data Warehouses
* Involved working for HEDIS process for new Medicaid integrated care plan.
* Involved in gathering user and business requirements through different elicitation techniques like Surveys, Interviews, prototyping and observing from portfolio managers and UI (User Interface) with Consulting Managers, Users, Principal Engineers, Subject Matter Experts (SME), DBA's in capturing the high-level requirements use case and user personas from an end user perspective.
* Generated on-demand and scheduled reports for business analysis or management decision using SQL Server
* Organized and facilitated meetings with the management and development teams.
* Coordinated data profiling/data mapping with business subject matter experts (SMEs), data architects, ETL developers, and data modelers.
* Performed UAT, regression testing on EDI 835 and 837 X12formats in Facets.
* Conducted requirement gathering sessions with the purpose of creating and defining the Business Requirement Document (BRD) and the Functional Requirement Document (FRD) using Rational Requisite Pro.

**Environment:** Agile,Rational Rose and Requisite Pro, ETL, Data Warehouse (DWH), MS Visio, HEDIS, SQL Server, MS Project, UML, XML, Windows XP, NT.

**Department of Health and Hospitals, St. Of Louisiana. Baton Rouge, LA**

**Jan 2012- May 2013**

**Business Analyst**   
The main scope of the project was that the Louisiana MMIS should be able to meet the minimum functionality necessary to electronically send, receive and process the transaction for Medicare part D. process design and requirements, Data Mapping and Data Migration.

**Responsibilities:**

* Gathered business and Functional requirements from Business Managers, Supervisors, stakeholders, Data Governance Team and the subject matter experts through meetings to understand needs of the system.
* Used the guidelines and artifacts of the Rational Unified Process (RUP) to strategize the Implementation of Rational Unified Process effort in different iterations and phases (Inception, Elaboration, Construction and Transition) of the Systems Life Cycle methodologies. Prepared various artifacts for all the phases of RUP.
* Created business workflows on the claims module for the client to get a better understanding of the software and prepared a detailed BRD including all functional and non functional requirements.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
* Performed the Gap analyses of the earlier systems, generated a detailed Requirements document describing new system architecture through Use Cases and Activity diagrams.
* Worked on new implementations and Data migration projects.
* Worked with the QA (Quality Assurance) team for designing Test Plan and Test Cases, for the User Acceptance testing. Defined test cases, creating test scripts, analyzing bugs, interacting with QA / development teams in fixing errors and User Acceptance Testing (UAT).
* Created functional flow diagrams, context diagrams and other high level diagrams for documenting the functionality of separate modules using MS-Visio and UML.
* Analyzed HIPAA 5010 related to 837, 835, 270, and 271. Transactions and performed GAP analysis between the 4010 and 5010.
* Analyzed business requirements, performed source system analysis, prepared technical design document and source to target data mapping document.
* Used MS Project to maintain the project schedule and track its status.
* Involved in Data Migration testing of data from the existing system to the new system.
* Involved in the statistical analysis of data. Extensively involved in Querying the Database using SQL and PL/SQL as a part of Data Analysis.

**Environment:** UML, RUP, MS-SharePoint, MS-Project 2000, MS-VISIO, TestDirector7.6, WinRunner7, PL/SQL, SQL Server,EDI, HIPAA compliances.

**CVS/Caremark, Richardson, TX**

**Jan 2011– Dec 2011**

**Business Analyst**

The primary goal of the project is to extract common services such as Eligibility, Formulary, Drug Maintenance, etc. out of the disparate systems and host them independently to facilitate economy of operations, isolation of common business services from core adjudication transaction processing and externalize the data in a way that can be consumed by other external applications within the Organization. This will enable common services, tools and interfaces that can improve client experience and drive consistency regardless of which adjudication engine is used.

**Responsibilities:**

* Helped to communicate business priorities to the organization to effect business solutions
* Created and maintained BRD to assist PM close basis while managing multiple projects
* Converted Business Requirements to the Functional Specification
* Involved in gathering clinical data and supported application development. Data includes patient’s admission status, discharge details and transfers. Also tested claims and diagnosis reports of the patient
* Used Requisite Pro for the Requirement Documents Preparation
* Well versed in project management tools like MS Project for project planning, Project scheduling.
* Prepared Business Process Models that includes modeling of all the activities of business from the conceptual to procedural level
* Participated in process of preparing verification master plan to describe clearly and concisely the company’s philosophy, expectations, and approach to be followed. Met with users to generate and review business test cases
* Created Use Cases / Activity Diagrams / State Chart Diagrams, Sequence Diagrams thus defining the Data Process Model and Business Process Mode
* Conducted JAD Sessions to develop an architectural solution that the application meets the business requirements, resolve open issues, and change requests. Implemented and monitored Individual Development Plans focusing on total performance, including both quality and productivity.
* Monitored client expectations through client involvement and communication throughout the lifecycle of the project; educate clients and stakeholders on the benefits and risks associated with the project.
* Worked with the Quality Management team to ensure that requirements documentation can be easily translated into test plans, and ensure that the proper testing plans have been completed.

**Environment:** Rational Unified Process, Rational Rose, UML, Visio, MS Office, MS Project, Ms FrontPage, MS Windows

**Education**

**Bachelors in Business Administration**