**Sudeep Dhakal**

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**PROFESSIONAL SUMMARY:**

* 7+ years of experience as a Business Analyst/Data Analyst in Healthcare and Insurance domain with excellent analytical, communication, decision-making and interpersonal skills, always willing to work in challenging and cross platform environment.
* 3 years of Industry experience as a Data Analyst with solid understanding of Data Modeling, Evaluating Data Sources and strong understanding of Data Warehouse/Data Mart Design, ETL, BI, OLAP, Client/Server applications.
* Experienced in performing data cleansing using SAS and SSIS
* Well versed with all phases of Software Development Life Cycle (SDLC) including but not limited to the various concepts such as Requirement Gathering. Proficient in Requirement Management, including gathering, analyzing, detailing and tracking requirements.
* Extensive knowledge of SDLC methodologies like Agile (Scrum, RUP), Waterfall Incremental and, Rapid Application Development (RAD).
* Adroit in Business Case development along with defining strategic solutions to business needs.
* Proven performer with strong leadership, analytical thinking, and problem solving and communication skills.
* Worked as a liaison between various groups and have researched, analyzed and gathered requirements using techniques such as interviews and documentation Business Sponsors/ Various Stakeholders and end users, facilitation Joint Application Design (JAD)/ Joint Application Requirement (JAR) sessions with developers and business units, and brainstorming sessions.
* Worked as a primary liaison between the business and I.T
* Good knowledge of HIPAA and related industry standards.
* Skillful when utilizing Microsoft SQL for complex queries and in-depth data analysis.
* Strong experience in Data Analysis, Data Migration, Data Cleansing, Transformation, Integration, Data Import, and Data Export through the use of multiple ETL tools such as Ab Initio and Informatica PowerCenter Experience in testing and writing SQL and PL/SQL statements - Stored Procedures, Functions, Triggers and packages.
* Expertise in preparing User Requirement Analysis, Enterprise Analysis, Functional Specifications, Test Plans, Process Modeling using UML, Functional Requirement document, Requirement Traceability Matrix (RTM) and GAP Analysis under stringent quality conditions, Business Requirement Documents/ Business Rules Documents( BRD), Process Flow documents, Wireframes, Use Case Inventories/ Use Case Models, Error/Bug tracking documents, UAT cheat sheets.
* Design and review of various documents including the Software Requirement Specifications (SRS), Business requirements document (BRD), Use Case Specifications, Functional Specifications documents (FSD), Systems Design Specification (SDS), Requirement Traceability Matrix (RTM) and testing documents.
* Highly effective management and organizational skills with ability to prioritize.
* Worked as a liaison between various groups and have reached, analyzed and gathered requirements using techniques such as interviews and documentation.
* Highly motivated team player with excellent Interpersonal and Customer Relationship Skills, Proven Communication, Organizational, Analytical and Presentation Skills.
* Creative and aggressive self-starter with integrative thinking skills, capable of forming and maintaining positive and productive working relationships in internal, external, independent and team environments. Expert in User Interface designing and creating screenshots, along with proficiency in using Microsoft Office Suite inclusive of MS Project and Visio.

**PROFESSIONAL EXPERIENCE:**

**Wellcare Health Plan, Tampa, FL Oct 2015 – July 2017  
Sr. IT Business/Data Analyst**

**Description:** Worked as a Business Analyst and primarily was responsible for documenting the enhancement of claim adjudication tool Xcelys 6.0 to 8.0, which include detailed UI and newly added features and functionality. Also, Wellcare was getting into commercial Insurance, thus was responsible for documenting HIX implementation. Premium reconciliation is a process that pulls the enrollment information, rate information and the remit information and reconciles the three pieces of information (remit data, enrollment data, and rates). It calculates an expected premium based on the enrollment information per line of business and member coverage month, and compares this calculation to the sum of the premiums received across remitted files for the member coverage month.

**Responsibilities:**

* Conducted JAD sessions with business team and Development team to facilitate elicitation with regards to analysis, specifications, and design of the relevant business processes and systems.
* Conducted workflow, process diagram and gap analysis to derive requirements for existing systems enhancements
* Researched on the medical disciplines and documented Business Requirement Document.
* Traced High level into Detailed Requirements in Functional Specification Document(FSD)
* Interacted with Data Warehousing team in gathering requirements for Data mapping and Data Modeling.
* Created Technical Specification Documents (TSD)
* Created Test Approach documents, Test plans, test scenarios, test procedures, test cases, and test data. Successfully fixed errors and performed User Acceptance Testing (UAT) working with Business team members.
* Performed data mining on Claims data using very complex SQL queries and discovered claims pattern.
* Performed Data Warehousing concept of ETL with Extract, Transform, & Load using Informatica Power Center 7.0
* Worked with different Relational databases like Teradata, Oracle and SQL Server.
* Liaised with Business Users, Enterprise Data Warehouse (EDW) Team, Electronic Data Interchange (EDI) Team, Web Development Team, and Web Services Team to define the dependencies within the requirements.
* Use SAS to analyze and validate very large and complex data to profile and access to quality issues and value of the data
* Acted as a focal point and leader to all quality related programs – Directed QA activities to ensure maximum quality and effectiveness.
* Supervised and guided quality leads and departments to establish quality standards as per industry and market requirement.
* Check / Review the Test Cases document
* Analyze requirements during the requirements analysis phase of projects.
* Keep track of the new requirements from the Project.
* Escalate the issues about project requirements (Software, Hardware, Resources) to Project Manager/Test Manager.
* Escalate the issues in the application to the Client.
* Worked in coordination with other departments in implementing the quality standards and benchmarks - Developed new matrices and benchmarks of quality standards, directed towards improving performance of departments.
* Evaluated and compared performance of different departments to establish quality standards – Worked closely with human resources departments to develop performance improvement programs and appraisals.
* Procured QA software tools, developed QA procedures and established quality assurance methodologies/standards in order to clarify the quality objectives of the organization.
* Assign task to all Testing Team members and ensure that all of them have sufficient work in the project.
* Prepare the Agenda for the meeting, for example: Weekly Team meeting etc.
* Attend the regular client call and discuss the weekly status with the client.
* Send the Status Report (Daily, Weekly etc.) to the Client. Frequent status checks meetings with the Team.
* Act as the single point of contact between Development and Testers for iterations, testing and deployment activities.
* Track and report upon testing activities, including testing results, test case coverage, required resources, defects discovered and their status, performance baselines, etc.
* Ensure content and structure of all Testing documents/artifacts is documented and maintained.
* Document, implement, monitor, and enforce all processes and procedures for testing is established as per standards defined by the organization.
* Review various reports prepared by Test engineers.
* Log project related issues in the defect tracking tool identified for the project.
* Check for timely delivery of different milestones.
* Identify Training requirements and forward it to the Project Manager (Technical and Soft skills).
* Organize/Conduct internal trainings on various products.

**Environment:** MS Office Excel, Word, PowerPoint, MS Project, MS Visio, MS Access, UML, MS Office, MS-Project, Windows 2000, ALM, JIRA,Xcelys, DB2

MVP HealthCare, Schenectady, NY**May 2014- Sept 2015  
Business/Data Analyst**

**Description:** MVP HealthCare is a leading insurance organization that caters to the health insurance needs of the residents in NY. FACETS4.51/4.71 have been widely used across the network for the claim adjudication, claim processing and Provider Management. The National Provider Identifier Project's objective is to comply with the mandate that effective with the federal compliance date, all Providers who conduct electronic business via HIPAA Transactions with Mercy Health will be required to obtain and use an NPI.

**Responsibilities:**

* Utilized SDLC Methodology to configure and develop process, standards and procedures
* Conducted JAD sessions with business units and stakeholders to define project scope, to identify the business workflows & task analysis,  and determine whether any current or proposed systems are impacted by the new development efforts
* Coordinated with various IT teams related to various backends(WGS, Facets, Nascoetc) for Test Data Setup in SIT & UAT environments
* Designed Test Plans, Scripts after analyzing various scenarios/requirements & performed defect tracking using Test Director & Clear Quest
* Performed User Acceptance testing & End to End testing in interaction with Offshore QA/dev teams for various system releases & pushed them to production
* Provided Production support, documented System Release/deployment issues & SOX documentation for Business Signoff.
* Coordinated the upgrade of Transaction Sets 837P, 835 and 834 to HIPAA compliance. Responsibilities include the
* Analysis of inbound and outbound interfaces and extensions to FACETS claims processing system
* Completed Data Mapping for Group and detail Product analysis and report writing
* Analysis and Design of the FACETS data model to ensure optimal system performance and tuning
* Configured facets modules such as Claims, Membership, Billing, Benefit and plan
* Work closely with EDI to ensure accuracy in data transmissions and shared processes. Transaction sets processed (837P, 835, 834)
* Involved in claim adjudication process of facets application
* Responsible for writing the Test Cases and Test Scenarios based on the Functional Specification and technical Specification and documented in Mercury Quality Center.
* Responsible for Back-End Testing Using SQL Commands using TOAD.
* Developed SQL queries, functions, stored procedures and triggers to perform the backend testing of the data

**Environment:**Rational Requisite Pro, Rational Clear Quest, UML, RUP, MS Visio, SQL Server 2000, MS Office, Windows 2000/XP.

## Infocrossing HealthCare Services, Jefferson City, MO Oct 2012–April 2014 Business Analyst

**Description:** This intranet website provides the claim status, benefits and account summary to the Health Care Providers. I worked on HIPAA EDI transactions. I worked on Claims processing module of the Group Approval Process (GAP). The claims processing module involved Receipt and Verification of Claim Forms (837) and Claims Attachments (275), Claims Enquiry and Response (276/277), Adjudication, Healthcare Claim Payment/Advice (835) as per HIPAA guidelines.

**Responsibilities:**

* Gathered and documented business requirements from Trading Partners, user groups and vendors via workshops, interviews, and surveys.
* Worked in close collaboration with the Project Manager and business users to gather, analyze, and document the functional requirements for the project.
* Worked in Healthcare Claims Administration Healthcare Claims Processing(837/835) includes facility claims and professional claims
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or Internet portals. This includes HIPAA 4010; 837, 835, 270/271, and others.
* Used the mapping tools to map 4010 and 5010 transactions along with ICD 9 and ICD 10 codes, and validated the HIPAA Syntax.
* EDI Claims Processing – documented enhancements to the EDI Claims Processes (EDI 837, 835, 276, 277) to ensure accurate processing of claims of members.
* Worked with EDI Mercator Team for Data Mapping and Building 837 Maps
* Work in conjunction with IT EDI group to develop standard product offerings with respect to HIPAA transaction sets (837/835).
* Followed Workgroup for Electronic Data Interchange (EDI) standards for testing that need to comply with the HIPAA transaction sets.
* Responsible for attaining HIPAA EDI validation from Medicare, Medicaid and other payers of government carriers.
* Involved in setting up the ADT data for Hospital Billing (HB) team by admitting, discharging, add charge drops and Coding and Abstracting.
* Submitted change requests and worked with change request records in Clear quest.
* Participated in entering, tracking system defects in Rational Clear quest
* Conducted UAT testing writing Test scenarios, test Cases and executed them.

**Environment:**Rational Requisite Pro, Rational Clear Quest, UML, RUP, MS Visio, SQL Server 2000, MS Office, Windows 2000/XP.

**State of Texas – TMHP – ACS, Austin, TX Mar 2010 – Sept 2012**

**Business Systems Analyst**

DSHS Clinical Labs Fees Reimbursement

The Department of State Health Services (DSHS) Clinical Labs were reimbursed at 96% of Medicare payable along with the non-DSHS Labs and Sole Community hospitals and the service request was to increase their reimbursement fees to 100% of the Medicare Payable amount to comply with the CMS request. The reimbursement of 100% of the Medicare payable was done by adding using a Pricing Provider Indicator (PPI) to increase the reimbursement percentage. Since it was a pricing change the project had impacts on Compass 21 claims processing system and Phoenix and Vision 21 Data Warehouse. The Static Fee Schedule on the TMHP portal was also to be updated.  
  
Molina/Mercy CHIP Acquisition

Due to the Contract termination between HHSC Medicaid/CHIP Division and Mercy Health Plan the proposed solution was a fast track project as Encounter Claims were to be accepted by the EDS Encounter system. In addition, HHSC a new plan code W1 (Molina) was assigned and implemented and the existing plan code 08 (Mercy) was terminated.

**Responsibilities:**

* Communicated with the high level of management to understand business requirements, decision models, analysis needs, created functional and non- functional requirements and defined Business Process aligned with the company goals.
* Wrote Test Case for Report Layouts.
* Created process simple and understanding work flows, functional specifications, and responsible for preparing Business User Requirements (BUR), functional specification document (FSD).
* Worked directly with State Stakeholder both technical and Operational.
* Planned all the RUP iterations and documented the objects throughout various phases.
* Facilitated and lead JAD sessions to define and develop requirements.
* Excellent understanding of current business flow process and developed requirements suitable to explain the future process flow.
* Worked with internal customers to define requirements on 837 claims and 835 payment advice.
* UML was used for Visual modeling and a detailed Use-Case Specification was developed to describe the design, architecture and dynamic behavior of the system.
* Performed Use-Case analysis using UML to capture the dynamic aspect of the application
* Worked closely with the development team to clarify/understand functionality, resolve issues and provide feedback from the UML diagrams.
* Lead all meeting with the State Stakeholders.
* Actively involved in reporting project updates, managing project resources, conflict resolution and maintaining project deadline.
* Coordinated work plans between project manager and client using Microsoft Project.
* Implemented and managed migration process. Scheduled and tracked progress of team members through project completion.
* Evaluated application testing results against ANSI standards and recorded the discrepancies using Quality Center to track, analyze and report on them.
* Involved in Executing the PL/SQL procedures for validating the data at the backend
* Helped testing team to create UAT test cases, managing implementation and analyzing results to finalize software design for rollout.

**Environment:**Rational Requisite Pro, Rational Clear Quest, UML, RUP, MS Visio, SQL Server 2000, MS Office, Windows 2000/XP.