# Sujal Paudel

# SUMMARY

* Over 6+ years of comprehensive knowledge of Business Analysis methodologies, Software Development Life Cycle (SDLC) using Waterfall and Agile (Scrum).
* Experience in gathering system requirements, defining business processes, UML modeling, sequence diagram and activity diagram.
* Assisted the Project Manager in the development of SDLC methodology and documentation strategy.
* Experience in developing project plans, identifying documents, validating requirements and re-engineering process.
* Experienced in complete AGILE, RUP, SDLC, Client /server architecture providing a balanced understanding of business relationships, business requirements, worked for financial and technical solutions and helped the teams at all levels until final product release.
* Experience in Medicare and Medicaid.
* Experience in Amisys Advance (AA).
* Experienced in Defect tracking and Bug reporting using ALM/Quality Center, JIRA, and TFS including HTTP, XML, SOAP UI and Web Services Description languages.
* Worked extensively with professional User Interactive (UI) web applications using with the help of HTML, HTML, XML, XHTML and CSS.
* In-depth knowledge of payer operations including claims, enrollment, eligibility, underwriting, etc.
* Expertise in the full cycle of software development including Requirements Analysis, Program Design, Development, Unit testing, System Testing, Integrated Testing, Maintenance and Documentation with Strong programming skills with and Sound analytical and problem solving skills.
* Knowledge and expertise in working with Claims, Provider, Enrollment, Finance, Benefits, and Vendor Management Business Areas.
* Experience with TriZettos Facets Application Groups: Claims Processing, Guided Benefit Configuration, Medical Plan, Provider, Subscriber/Member, Utilization Management.
* Experience in applying Rational Unified Process (RUP) methodology using Modeling and requirement documentation tools such as MS Office, MS VISIO, and MS Project.
* Conducted JAD Session and communicated with Stakeholders, Development team, SMEs, System Analyst, Business Analyst and Project Manager.
* Excellent analytical skills for understanding the business requirements, business rules, business process and detailed design of the application.
* EDI 835, 837I, 837P, 278 and proprietary conversions utilizing Facets extensions and development of new scripts and extensions to meet proprietary origination formats and reformat them into HIPAA standardized formats.
* Utilized web content management system (WCMS) and authoring tool to optimally manage and publish content
* Create wireframes and mockups for customer facing user interface (UI) changes.
* Design, program, and implement software application packages customized to meet specific client needs.
* Excellent skills in Business Analysis, (OO) object oriented analysis, requirement analysis, Business modeling and Use Case development using UML Methodology.
* Created wireframes and UI Mockup Screens using MS Visio.
* Experienced in manual testing, recreating errors and provide support to programmers to correct defects in the system. Facilitated UAT with the stakeholders and the business users
* Facilitated JAD sessions with business owners, IT team & Users to drive out detailed business requirements. Experienced in Systems Testing, Integration, Testing, and Software Quality Standards, Training, Documentation and implementation in a business environment.
* Worked on solving the errors of EDI 834 load to Facets through MMS. Created keyword files to have member data bulk loaded into the FACETS system through the MMS batch.
* Knowledge of SQL and experience of writing SQL commands.
* Ensured the Business Requirements Document and Technical design documents were accurate, meaningful and in line with Business requirements. The Site followed a structured SDLC methodology.

# TECHNICAL SKILLS

Methodologies: RUP, UML, Agile, Waterfall

Testing tools: HP ALM/Quality Center

Defect Tracking Tools: HP ALM/Quality Center, TFS, JIRA

Change Management Tools: Rational Clear Quest, TriZettos

Office Tools:   MS Project, MS Word, Excel, PowerPoint

Operating Systems: UNIX, Windows NT/2000/XP/Vista/7

Business Modeling Tools: Microsoft Visio, Axure, PowerPoint

Database: MS SQL Server, Oracle, Teradata

# EXPERIENCE

**McKesson Healthcare, NJ          Jan 2016- Present**

**Business Analyst**  
The Project was to upgrade the existing EOB (explanation of benefit) system to provide online EOB support to Medicare Part D members.

**Responsibilities:**

* Understanding business requirements for Medicare Part D file required for CMS (Risk Management, RAPS and suspect management).
* Defined Business Process that aligned with Company goals and existing HIPAA regulation to communicate with CMS Programmatically from AMISYS system.
* Created Project Charter to clearly define the scope, objectives of the project to the stakeholders.
* Responsibilities spanned through all phase of the project life cycle from inception through post-implementation.
* Conducted one-to-one interviews and group meetings with the Subject Matter Experts (SME’s) to gather the business requirements.
* Tested claims adjudication and group and enrollment in AMISYS for New Medicare advantage members.
* Created Entity Relationship diagram (ERD’s) and process flow using Microsoft Visio to clearly communicate the business requirements.
* Translated the business needs, wants and objectives into requirement and created Business Requirement Document (BRD) and Functional Requirements Specification (FRD) using Requisite Pro.
* Prepared Test Data for the UAT as per the specifications of the FRD.
* Developed Requirements Traceability Matrix (RTM) to track requirements against test cases during the QA Phase.
* Used TFS to open bugs, create tasks and user stories, initiate change requests.
* Facilitated formal defect review meetings with project teams and developers to report, demonstrate, prioritized and suggest resolution of issues discovered during testing
* Performed risk analysis of the requirements to identify key business areas for the project.
* Played a key role in the planning, testing, and implementation of system enhancements and conversions.
* Trained non-technical Business Analyst in presentation, process analysis, and data modeling.

**Environment:** MS Office Tools, JAD, AMISYS, JIRA, Windows XP, Oracle, SQL, , Requisite pro, Microsoft Visio.

**Kaiser Permanente, CA July 2014 – Dec 2015**

**Business Analyst**

We have AMISYS databases present and maintained individually across 3 different States MD, CA and Washington DC in production environment. The primary purpose of the project was to organize all the Data across these 3 different servers into a single workspace using Microsoft Share point Server (MOSS) and then Develop CRM applications using Sales force. Developed Claims support PL/SQL administrative Packages.

**Responsibilities:**

* Conducted JAD sessions with business users, SMEs, and stakeholders to understand requirements in detail.
* Developed inbound load and outbound extract programs, data sweeps, etc.
* Compliance check of various transactions (270/271, 834, 835, and 837).
* Ongoing membership maintenance load programs, input files being both Proprietary and HIPAA 834 file formats.
* PCP (Primary Care Provider) assignment conversion and maintenance programs.
* Vendor outbound extract programs, files being in both Proprietary and HIPAA 834 formats.
* Worked with HIPAA Team for RIMS Companion Guide of X12 ANSI 270/271 and 276/277 Companion guides for Professional and Dental claims. Cross-functional team member in the implementation of the ANSI X12 involving 837 HIPAA compliance and 835 Remittance Advice.
* Managed the Application Development efforts in support of the AMISYS Claims and Billing system, in addition to Electronic Data Interchange processes.
* Worked on Integration of Claims Management Software using AMISYS databases and Table structures.
* COC (Certificates of Coverage) and benefit plan data initial conversion and ongoing maintenance load programs, input files being multiple proprietary fixed and variable lengths file formats. This includes co-pay, deductibles, life time coverage, co-insurance etc.
* Plan documentation loading that included configuration of providers, contracts, and pricing on the AMISYS system.
* Built use cases, sequence and class diagrams for modules related to creation, modification of member and eligibility.
* Used TFS to open bugs, create tasks and user stories, initiate change requests.
* Used MTM and TFS for importing Test Cases from MS Excel for its validation in application.
* Used Process log browser to view different types of log history files to figure out issues with 834 transactions.
* Co-ordination of front-end changes in multiple development and testing environments.
* Tested claims adjudication and group and enrollment in AMISYS for New Medicare advantage members.
* Reviewed Test Strategy and Test Plans to ensure that they reflect and include all functional, Performance, Usability and Security requirements.
* Clarified QA team issues and reviewed test plans and test scripts developed by development team and QA team to make sure all requirements have been covered in scripts and tested properly.
* Used MS SQL Manager Studio 2005 to query the MS SQL database.
* Effectively communicated user acceptance test results between users and development team and provided recommendations for change control requests (CCR).
* **Environment:** JAD, BRD, AMISYS, JIRA, HP ALM, HTML, XML, SOAP UI, TOAD.

**Well Care, Tampa, FL Jan 2012 – Nov 2013**

**Business Analyst**

Well Care Health Plans, Inc. is an organization that provides managed care services exclusively for n Medicaid and Medicare. I was involved in enhancement for working on claims process, coordination of benefit & pricing process. The organization offers plans for children, aged, families with more than 2.23 million members.

**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
* 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 Model.
* Used TFS to open bugs, create tasks and user stories, initiate change requests.
* 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, SQL, UML, Visio, Office, MS Project 2002, Windows.

**State of Delaware Health and Social Services, New Castle, DE Nov 2010 – Dec 2012**

**Business Analyst**

State of Delaware Health and Social Services Health Plan and Medical Services segment provides health plan commercial risk, Medicare advantage, and Medicaid for Resident. State of Delaware Health and Social Services’ Medicaid expertise helps communities around the nation support their Medicaid recipients gain control over their health challenges.

The project was to upgrade the system that currently uses HIPAA 4010 to comply with HIPAA 5010. Gap Analysis was performed and changes were identified in HIPAA 5010 so as to upgrade the Medicaid Management Information System (MMIS) to comply with the new standards mandated by HIPAA.

Responsibilities:

* Responsible for the requirement-gathering phase and project plan.
* Responsible for requirements analysis, design and developing technical requirements.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS.
* Involved in discussion with the Subject Matter Experts (SME) during creation of test plans and updating of business requirements.
* Acting as liaison between end user and Facets for user problems, outstanding issues, training needs and new software releases
* Created and maintained different Diagrams using MS Visio.
* Worked in Business Process for ‘AS-IS’ and ‘To-BE’ Business Functionality.
* Used HIPAA 4010 transactions to support the analysis of current business processes and work with management to improve and implement enterprise solutions to ensure compliance and got involved in designing future state processes for HIPAA 5010 transaction processing EDI’s 837, 835, and 834 and ICD-10 Code sets.
* Profound understanding of insurance policies like HMO and PPO and proven experience with HIPPA 4010 EDI transaction codes such as 270/271(inquire/response health care benefits),276/277(Claim status), 834(Benefit enrollment), 835(Payment/remittance advice), 837(Health care claim).
* Upgraded HMO Medicare EDI and reporting.
* Managing and Billing Medicare, Commercial HMO/PPO claims on a daily basis.
* Created BRD and FRD for Medicaid managed care requirements and documenting them.
* Acted as a SME for the application team and the Infrastructure team.
* Analyzed HIPAA 5010 related to 837,835, 834. Transactions and performed gap analysis between the 4010 and 5010.
* Gathered managed care specific business requirements from several different managed care programs.
* Used RequisitePro for writing/analyzing project vision, goals, specifications and requirements.
* Involved in the testing of web portal of New MMIS system.
* Performed Back-end Testing using PL/SQL for Database Validation.
* Performed Manual Testing using ALM (Application Lifecycle Management) and User Acceptance Testing (UAT).
* Performed gap analysis by matching the requirements for managed care programs.
* Matched the requirements for programs such as Medicare and Medicaid, which are part of the Social Security Act.
* Held regular JAD meetings with the system architects, developers, database developers, quality testers during the entire project to assure that the critical as well as the minute details of the project were discussed and issues were resolved beforehand.
* Worked with HIPAA compliant ANSI X12 837 formats for both professional claims and institutional claims.

**Environment**: UML, RUP, Rational Requisite Pro, Rational Rose, Facets, Excel, SQL, DB2, Crystal Report, HP Quality Center