**Uma Khanal**

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**SUMMARY:**

Over 7 years of professional experience as Business Analyst/Quality Analyst with expertise in Software Development Life Cycle (SDLC) and Business Process Reengineering in Health Care Sector with prime focus on claims adjudication, provider, member, eligibility and prior authorization for Medicaid and Medicare programs. Recent projects involved up-gradation relating to HIPAA compliance ANSI X12 4010 to 5010 and ICD- 9 to ICD-10; configuration/customization of FACETS, maintenance of KY MMIS, DB2 Conversion and EDI files testing.

**AREA OF EXPERTISE:**

* Experienced in writing Software Requirement Specifications, Business Requirements Document (BRD), Functional Specifications document (FSD), Use Case diagrams, Sequence diagrams, and Class diagrams.
* Able to gather business and technical requirements from both formal and informal sessions through one on one interviews, Virtual Online Meetings, Video Conferencing, Client/Conference Calls, Questionnaire, and JAD sessions.
* In depth knowledge of SDLC methodologies like Agile, Rational Unified Process (RUP), and Waterfall.
* Strong knowledge of Project management skills such as time/effort estimation, task identification, risk analysis and scope/resource management.
* Experienced in designing Product / Sprint backlog from the Scope / Vision documents and then burnt down charts to track the progress of the tasks/resources on a daily basis.
* Heavily involved in Agile/Scrum environment, created user stories from the product backlog, worked in sprints to meet the deliverables.
* Proficient in preparing documents such as Test Plans, detailed Test Cases, Defect Reports, Requirement Traceability Matrix and Test Summary reports.
* Expert in different kinds of testing such asBusiness Functionality, Smoke, Unit, Integration, System, End-to-End, UAT, GUI and Regression Testing.
* Expert in writing complex SQL queries to extract the data from RDBMS databases like Oracle, DB2 and SQL Server.
* Tested E2E claims processing for different line of business like Local, FEP, Labor, ITS Home, ITS Host, Retail and Government Program.
* Familiar with different codes such as ICD-9, ICD-10 (CM/PCS), NDC, DRG, CPT, Revenue codes and HCPCS.
* Expert in using Edifecs tools.
* Experienced in HMO, PPO, Medicare (Part A, B, C, D), Medicaid systems, CMS regulations, Encounter data and also MCOs (Managed Care Organization) Plans.
* Experienced with HIPAA ANSI X12 4010, 5010 formats including 270, 271, 276, 277, 278, 834, 820, 835, 837, 997, NSF formats and NCPDP formats.
* Strong experience on benefit enrollment, claim processing as well as Interface testing and data conversion including 834, 837, 997, NPI, ICD 9, ICD 10, for interfaces & images to clearinghouses/ trading partner applications.
* Dealt with validation of members, providers and claims processing in different healthcare applications - FACETS, MMIS, MEMS, FINEOS, and BlueChip Mainframe.
* In-depth knowledge on FINEOS –Claim Management Software for Health/Life Insurance.
* Ability to learn and work quickly in a cross-functional team environment/different geographical locations teams with excellent problem-solving and interpersonal skill.

**EDUCATION:**

**Master of Business Administration, The University of Findlay, OH**

**TECHNICAL SKILLS:**

Methodologies: Agile, Waterfall, RUP

Project management tools: Microsoft Project, Microsoft Office, Lotus Notes, Microsoft

Share Point, Microsoft Outlook, PMO

Change Management Tools: Rational Requisite Pro, Clear Quest, Test Director

Version Control Systems: Rational Clear Case

Testing Tools: Jira, HP ALM, Soap UI, Ultra Edit, TFS, Test Link, TRAC, Quality

Center, BAM Report Manager, Streamline, ISIS 2, Win Runner,

Programming Languages: C, C++, Java, .Net, XML, UML, HTML.

Databases: DB2, Oracle, MS SQL Server 2000, MS-Access

UML Modeling Tools: Rational Rose, Microsoft Visio

Reporting Tools: Business Objects, Crystal Reports, Cognos

**PROFESSIONAL EXPERIENCE**

**Blue Cross Blue Shield, Chicago, IL May 2015 – May 2017 Business Analyst/Quality Analysts**

Project Description: HCSC operates the Blue Cross and Blue Shield plans in Illinois, Montana, New Mexico, Oklahoma and Texas. I was involved on different projects of HCSC that focused on up-gradation of ICD-9-CM/PCS to ICD-10- CM/PCS, maintenance of Blue-chip\Mainframe, testing of EDI transactions and also conversion of VSAM to DB2. The projects were implementing new release every month. I supported monthly release and also worked on generating and verifying EDI 837 transactions to test E2E business scenarios for Local, Retail, FEP and ITS claims. I also worked on member, provider and claims processing/payment for BCBS located in all the five states.

**Responsibilities:**

* Gathered requirements using WebEx, conference calls and joint application development (JAD) sessions with end clients and business owners.
* Expertise in Claims Processing/Adjudication, Memberships and other claims standards of various health plans.
* Wrote business scenario, test scenarios, test cases in excel sheet, imported them to ALM and prioritized backlog with project manager.
* ICD 9- ICD 10 Conversion Analysis –Worked in the analysis of the ICD- 9 to ICD-10 codes using HP Code Explorer and ICD Professional Navigator.
* Supported Regression team on monthly upgrade release by submitting claims for different claim types with new ICD-10 codes with range of testing scenarios and made necessary changes to ensure that claims are getting paid as expected.
* Supported EDI (x12): concentrated on 837 (I/P claims), researched errors, validated data to source system and ensured data was formatted accurately as per HIPAA 5010 guidelines.
* Analyzed and rectified EDI 834, 835 and 837 error claims failed in productions.
* Involved in E2E Claim processing and major work was involved with creating 837 P/I files manually.
* Used Edifecs tool to run compliance check and to verify that the batch and real-time EDI files are generated correctly.
* Verified member enrollment/eligibility and benefits assignment on mainframe and member inquiry.
* Worked with different line of business like Local, FEP, Labor, ITS Home, ITS Host, Retail and Government Program.
* Worked on the BlueCard member enrollment and benefit administration modules of ITS and Dealt with Host plan/Home plan and tested the various SF/DF/RF messages in ITS.
* Performed E2E testing of claims processing from FTP server to the DB2 database and adjudicating those claims in Mainframe.
* Created defects, attended daily scrum/triage meeting, retested the fixed defects.
* Created various Epics, User Stories and issues using JIRA.
* Assisted in identify, prioritizing and migrating existing requirements and defects from HP ALM to JIRA.
* Used HP UFT as automation tool for direct data entry and claims adjudication/validation.
* Worked as a lead for VSAM to DB2 conversion projects and provided management with resources and estimation metrics, daily status reports, test plan and timeline as needed.
* Wrote and executed SQL queries to retrieve and validate the test data and claims status.

**Environment:** SharePoint 2016, Jira, HP ALM 11.52, HIPPA 5010, Windows, Db2, PL/SQL, Oracle 9i, Lotus Notes, Edifecs (Code Management and Spec builder tool), WTX, Ultra Edit, Mainframe,

**Commonwealth of Kentucky November 2013- April 2015 Sr. Business Analyst**

Project Description: -The project focused on replacement of current KYMMIS by MEMS. Kentucky’s vision was to implement a web based; flexible and real time MMIS that aligned with MITA to supports Medicaid’s dynamic environment and rapid policy changes. I worked on member, claims and provider modules of MMIS to maintain current updates of state Medicaid policies and regulations. I worked in Provider Portal project to improve online provider enrollment and maintenance. I was also responsible for validation of claims workflow, member enrollment and benefits into MMIS. Also worked on ICD-10 enhancement, encounter data and managed care.

**Responsibilities:**

* Worked with Branch Manager, Project Manager and Team Lead to assist with general capability and process documentation to support RFP.
* Created Business and system level specifications (BRD, FRD, Mapping specifications) and worked closely with architects to define solutions.
* Created end to end work flow processes, high-level models, various use-cases and user prototype interfaces to identify and validate business processes and resolutions for Provider Portal enrollment project.
* Wrote user stories/use cases and categorized business requirements accordingly in TFS.
* Involved in preparing flow diagrams using MS Visio tool to enhance online provider portal.
* Tested diagnosis codes, procedure codes to the related fields in test environment to verify the changes related to ICD9 - ICD10 codes.
* Verified the field length & character, which was impacted by ICD-9 to ICD-10 changes.
* Tested EDI transactions processing: 270, 271, 834, 835 and 837 to identify key data set elements for designated record set.
* Used Edifecs Code Management, Impact Analytics and Test Management tool for coding, reporting and testing ICD codes and claims.
* Reviewed EDI 837 claims and flagged HIPPA non-compliant claims received from the Payer.
* Loaded EDI files in MMIS applications and electronically routing claims.
* Involved in data validations, data mapping, and data verifications process to ensure data input in MMIS tables is accurate, complete and complies with Medicaid eligibility guidelines.
* Used Microsoft SharePoint and Project Work Book for version change of the requirements and change control.
* Used DMS interactive portal to add and update various change orders, defects and releases related to KYMMIS, KHBE, Affordable Care Act and MCAPS.
* Worked on Audit/Edits reconciliation for claims codes to correct any configuration and documentation inaccuracies and updated KYMMIS Audit, Edit and Claim manuals as required.
* Actively participated in weekly IT/Encounter meeting with Managed Care Organizations.
* Worked closely with MCOs and State Medicaid Agencies.
* Generated various Ad hock reports from MMIS members, claims and providers table using business objects.
* Wrote various SQL queries for data warehousing consisting of various MMIS tables with large amount of data.
* Heavily involved in data mapping, data migration and XML schemas.
* Used business Object to deploy various reports into production.
* Worked as UAT test lead in testing MMIS interchange/I-track UI under IE10 migration.
* Extensively used SOAP UI for web services testing related to member modules.

**Environment:** KYMMIS, Test M 8.5, TFS, SOAPUI, CRM, Clear Quest, HIPPA, EDI 5010,Rational Quality Manager, Windows, Db2,PL/SQL, Oracle 9i, SharePoint

**Priority Health, Grand Rapids, MI January 2013 – October 2013 Business System Analyst**

Project Description: The project focused on up-gradation of FACETS 4.71 to FACETS 5.01 and also ICD-9-CM/PCS (Clinical Modification and Procedure coding system) to ICD-10- CM/PCS (Clinical Modification and Procedure coding system). The project was implementing new release (release 1 to release 11) every quarterly month released from Trizetto. I was involved in testing both the Facets Application and EDI transactions received.

**Responsibilities:**

* Involved in requirements gathering and project planning with program manager.
* Prepared the Business Workflow using MS-Visio with input, output, and Pre and Post conditions.
* Conducted numerous JAD sessions with business users, developer and SMEs.
* Maintained project performance and project management metrics data (tasks, milestones, risks, change requests) throughout the project life cycle.
* Involved in FACETS Configuration planning for ICD-10 with SMEs, Trizetto Team and Third party vendor.
* Analysis of inbound and outbound interfaces and extensions to FACETS claim processing system.
* Prepared ICD-10 Technical Scope Document using inventory as a basis.
* Identified and documented requirements for the ICD-10 Enhancement.
* Performed Gap Analysis and Impact Analysis for conversion of ICD-10.
* Heavily involved in ICD-10 data migration.
* Involved in forward Mapping from ICD-9 to ICD-10 and backward mapping from ICD-10 to ICD-9 also involved in Custom Mapping.
* Identified, developed and implemented project plans to support and drive ICD-10 key project activities.
* Extensively used SQL statements for Data Validation and Data Integrity.
* Worked with the ICD-10 technical lead to develop and validate a complete inventory of all technical remediation required.
* Worked with program manager and Stakeholders to prioritize the remediation inventory to coincide with the four planned business work streams (Foundations, Compliance, Financial Neutrality, and Usage).
* Worked with developers to complete Priority Health Code Base Analysis.
* Provided daily status to the project and program managers as required.
* Generated Weekly Status Reports to the Program managers.
* Proactively notified the project and program managers of any issues that could impact the scope, quality, cost or schedule for ICD-10 project.
* Extensively involved to plan, implement and test all Third Party Applications that have an impact on Priority Health's ICD-10 readiness.
* Worked with business people to complete sufficient number of recoded medical policies to reflect the ICD-10 based benefits/coverage.
* Collaborated with QA Lead and business SMEs to develop and review test scenarios, test cases as required.
* Ability to manage requirements and excellent and verbal communication skills.

**Environment:** FACETS 4.71, SQL, Unified Modeling language, MS SQL Server, Business Objects, Microsoft Project, Word, Visio, Excel, Power Point, Microsoft Share point, Microsoft Outlook, Lotus Note.

**Blue Cross Blue Shield, OMAHA, NE September 2011 -December 2012**

**Business Analyst**

Project Description: Blue Cross Blue Shield Corporation, Omaha, NE, improves healthcare access and quality for the financially vulnerable, seniors and people with disabilities by developing innovative managed health services.

Project 1: The project focused on up-gradation of HIPAA X12 4010 transactions to HIPAA X12 5010 and ICD9-CM/PCS (Clinical Modification and Procedure coding system) to ICD10- CM/PCS (Clinical Modification and Procedure coding system) simultaneously with NCPDP 5.1 conversion for drugs claim.

Project 2: The project also focused on the data elements on the EDI Gateway for NASCO and FACETS systems on 837 (I/P), 835(Payment/Remittance Advice) and 834 (Benefit Enrollment and Maintenance Transaction).

**Responsibilities:**

* Prepared Business Requirement Document and functional requirement document for the enhancement of existing services.
* Performed Gap Analysis for HIPAA 4010 to 5010 up gradation and prepared solution documents and project plan.
* Initiated with a comparison report of migration of HIPAA 4010 to 5010.
* Conducted HIPAA 4010-5010 requirements gathering sessions for the EDI transaction between providers, payers and employer groups.
* Coordinated the upgrade of Transaction sets EDI 837(I/P), 835 and 834 to HIPAA compliance.
* Involved in testing all the loops, segments and elements within each hierarchal loops for EDI 837i and 837p.
* Worked on solving the errors of EDI 834 load to FACETS.
* Analyzed and documented the requirements for MMIS and CMS.
* Involved in forward Mapping from and backward mapping
* Tested EDI transaction like 270, 271,276,277, 837, and 835.
* Designed business process models (BPM) using UML diagrams such as use case model, class diagrams, activity diagrams, sequence diagrams and collaboration diagrams in MS Visio.
* Managed test file trading with external Trading Partners (Clients/Payers, Providers, Clearinghouses).
* Worked in Membership module, Claims Module and Provider module of FACETS.
* Worked on developing the business requirements and use cases for FACETS Batch processing, automating the billing entity and commission process.
* Involved in the FACETS configuration, customization, benefit analysis, data model.
* Worked on FACETS extension mapping attributes.
* Performed Gap Analysis between ICD-9 and ICD-10.
* Coordinated with SMEs and ICD-10 vendor to assist in the validation of the ICD-9 to ICD-10 code mapping activities.
* Assisted the development and validation of ICD-10 documentations (code mapping, data migration, data validation, use cases).
* Used SQL queries to acquire data for testing and Claim analysis.
* Dealt with Host Plan/Home Plan interfaces and tested the various SF/DF/RF messages in ITS.

**Environment**: FACETS 4.71,RUP, Mercury Quality Center, Data stage, SQL, Unified Modeling language, Microsoft Visio, MS SQL Server, Business Objects.

**State Farm, Bloomington, IL April 2011 – September 2011**

**Position: Business System Analyst/UAT Lead**

Project Description:-The project focused on New System, Life Health Claim System (LHCS, a tool from FINEOS) to provide modern capabilities and process to automate interaction with future phase ICP/TCP application. The goal of the project is to eliminate the use of paper files and have the ability to interface the new system with claim correspond and the ability to electronically process claims.

**Responsibilities:**

* Extensively involved in collecting, writing and reviewing requirements, business rules, business processes with SMEs, Business Users and Business Leads.
* Participated in the identification, understanding and documentation of business requirements including the application/LHCS capable of supporting those requirements.
* Did Gap Analysis and Impact Analysis between the existing system and new system (LHCS).
* Completed forward and backward data mapping between the fields in legacy systems and the new system.
* Attended technical sessions to facilitate any business discussion for the integration of various legacy systems with the new system.
* Created Use Cases and Business Scenarios, Business Process Flow using MS Visio.
* Conducted JAD sessions, surveys, project related presentation and interviews to identify business rules and end-user's requirements.
* Participated in creating and reviewing Requirements Traceability Matrix (RTM), Technical Requirements Specifications (TRS), and Proposal for Resolution (PFR).
* Supported the Project Planning, Project Definition, Scope Analysis and User Training.
* Attended various sessions conducted by Third Party Vendor (FINEOS) to review and brainstorm the Claim Software Solution and Wire Frames related to that product.
* Generated Weekly Status Report to Business and System Project Manager and Team Lead.
* Updated Team Lead on Status Tracker Document with dates, milestones, charter progress.
* Attended TRIAGE session with system team, development team and provided business support as necessary.
* Created UAT Charters based on business scenario and Wire Frames and review with Business and Testing team.
* Heavily involved in writing Test Plan, Test Cases and Test Steps.
* Created and uploaded Test Charters in Test Link (Testing Tool).
* Mapped the Test Cases with requirements in Test Link.
* Assisted SMEs, pre-determined Business User to execute UAT Testing.
* Created Tickets to log UAT Testing Defects using TRAC as a tool.
* Heavily involved in Ad hoc and Exploratory Testing with SMEs and Business Lead.
* Attended daily SCRUM meeting and guided QA and Developer regarding the defects, Technical Specification Documents and Mapping Documents.

**Environmen**t: Mainframe, Microsoft Share point, Microsoft Outlook Microsoft Office (Excel, Word, PPT), Test Link, Lotus Notes, Shovel, TRAC, MS SQL Server.

**UnitedHealth Group (AmeriChoice), Phoenix, AZ May 2010 – March 2011**

**Business System Analyst**

Project Description: UnitedHealth Group is the parent of United Healthcare, a large health insurer in the United States and it offers various health insurance options. The projects involved conversion of Member, Provider and Claims data, Group configurations, plan codes, benefit set-ups, fee schedules, capitation setup, claims adjudication and benefits testing. The project was to up-gradation of HIPAA ANSI X 12 4010 to HIPAA ANSI X12 5010 and to migrate from COSMOS (Mainframe based) system to FACETS.

**Responsibilities:**

* Interviewed business users asking detailed questions to write business requirements documents (BRD) concerning the project.
* Conducted JAD sessions with stakeholders to analyze system needs and integrate requirement to develop a consistent navigation structure.
* Did GAP analysis, data analysis and design of COB load program..
* Involved in HIPAA 4050 to 5010 conversion analysis, documentation of HIPAA 5010 changes to EDI 837, 834, 835, 276, 277 transactions.
* Wrote test cases for testing migration of HIPAA 4010 to 5010.
* Went through the companion guide of the organization to understand EDI 837 and 834 segments to identify those needs to be changed.
* Met with the Provider Communities and Trading Partners to ensure HIPAA transactions pass the EDI gateway and interpret technical difficulties as required.
* Analyzed and documented the requirements for CMS.
* Worked with QA team to develop test strategies and test scenarios for all 837 P, I, D, 835, 834, 270/271, 276/277 transactions.
* Measured the success/failure/demand for new or existing features.
* Designed and developed Use Cases, UML Activity Diagrams, and Sequence Diagrams.
* Verified the functionality coverage by implementing Requirement Traceability Matrix and Business Requirement Specification Document.
* Assisted informational needs in mapping of Test Cases also coordinated with QA and User Acceptance Testing team.
* Designed packages to support HIPAA requirements for claim such as CPT or HCPCS coding codes, ICD -9 coding.
* Involved in running the Claim batch process in FACETS.
* Wrote SQL scripts for data retrieval and reporting support using SAS.
* Worked on SDLC and implemented RUP (Rational Unified Process with Requisite Pro and Rational Rose) to reduce product development time.
* Organized weekly Project Status and Task Review meetings.

**Environment**: FACETS, Mainframe RUP, Rational Rose, MS Office Tools, UML, MS Visio, Windows XP, SAS, PL\SQL, Rational Clear Quest.

**Health Markets, Irvine, TX October 2009 – April 2010**

**Business Analyst**

Project Description: The Health Markets group of Insurance Companies is one of America’s leading providers of health insurance. The project was aimed at supporting and processing various healthcare claims (HMOs, PPOs, Medicare, and Medicaid). 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), Claim Adjudication, Healthcare Claim Payment/Advice (835) as per HIPAA guidelines.

**Responsibilities:**

* Gathered and documented business requirements from SMEs, user groups and vendors via workshops, interviews and surveys.
* Attended demo sessions to understand existing system functionalities.
* Checked Business Readiness and determined activities of flow.
* Understand the As Is system and develop the To Be system concept and also prepare the System Process Maps.
* Prepared comprehensive Functional Requirements Document using the AGILE methodology.
* Worked with FACETS Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication).
* Facilitated meeting sessions with committee of SME's from various business areas including Benefits Administration, Health Claims Group, HIPAA Administration, Health Policy and Program Evaluation Team and Data Management Group.
* Worked in Healthcare Claims Processing for 837/835 includes facility claims and professional claims.
* Created Functional specifications for the 834 enrolment files with their changed benefits in the Medicare program.
* Managed and developed EDI specifications, for data feeds and mappings for integration between various systems, to follow HIPAA ANSI X12 4010 formats including 270, 271,276, 277 820, 834, 835 and 837 Claims.
* Gathered and documented requirements for Pharmacy benefit managers (PBMs) for health insurance carriers.
* Submitted change requests in Clear quest.
* Involved in Configuration Management, Requirement management and analysis.

**Environment**: FACETS 4.1, Rational Requisite Pro, Clear Case, MS Visio, MS Project, SQL, Windows 2000, MSOffice.