**ANKITA BASNET**

**SUMMARY OF QUALIFICATIONS:**

* A Business Analyst with extensive experience in the field of Healthcare &Health Insurance.
* Diverse experience in Information Technology with focus on Business Analysis, Business Modeling, Requirement Gathering, Documenting Requirements (BRDs/FRDs/Use Cases), and Software Validation.
* 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.
* Good experience in the EDI transactions and knowledge on EDI transaction process flows.
* Strong experience and understanding of health care industry, claims management process, Knowledge of Medicaid and Medicare Services.
* Good documenting and excellent communication skills.
* 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.
* For Executing Scripts manually, Involved in preparing data in FACETS.
* Expert in creating Use Cases, Use Case Diagrams, Class Diagrams, Sequence Flows using MS Visio and UML concepts.
* 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.
* Worked with different Business Areas like Claims and Enrollment to document proposed ICD 9 – 10 Code changes.
* 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.
* Change Control Process – Led the Change Control Process for changes submitted for the BRD once the document was submitted to IT department.
* Experience in conducting User Acceptance Testing (UAT) and documentation of Test Cases.

**TECHNICAL SKILLS:**

**Business Modeling Tools:** Rational Enterprise Suite, Requisite Pro, Rational Rose, Clear Case, Visio, UML, Share Point, Microsoft Office.

**SDLC Methodologies** Agile, Waterfall, Spiral, Spiral, Rup Process and Prototyping

**Project Management**

**/ Business Applications:** MS Project, MS Visio, MS Word, MS Excel, MS Access, MS PowerPoint.

**Operating System:** Windows 95/NT/2000/XP.

**Databases:** SQL Server, MS Access, MySQL.

**PROFESSIONAL EXPERIENCE:**

**CareFirst FEP BCBS, Washington, DC**

**Jan 2015- Present**

**Business System Analyst**

**Implementation of new system Post Adjudication Voucher (PAV) project**

Federal Employee Program (FEP Program) Administration Enhancement to existing database FEP Bridge in form of vetting system, to enhance issues SVETS is submitted. As a BA, responsibility is to analyze complex business problems and assess feasibility of the propose enhancements and system automations. Collect and synthesize data, review current business processes, understand end-user needs in consultation with stakeholders and explain implications of choices to all involved. The complex search involves the FEP Bridge by using Toad SQL, Use Cases, PRDs, FSDs, and Change Summaries, implement a separate document to show the issue background and propose the solution in manners of writing unique change summaries.

**Responsibilities:**

* Analyze complex business problems and assess feasibility of the proposed enhancements and systems automations.
* Act as liaison between business users and IT development team and work closely with Subject Matter Experts (SMEs) to help create Project Requirement Documents (PRDs), Functional Specification Document (FSD) and use cases.
* Facilitate meetings and focused groups to identify optimal solutions that create and enhance business value.
* Independently lead various phases of the software development life cycle (SDLC), with focuses on validating conceptual solutions and creating quality requirements artifacts.
* Provided leadership and direction to lesser experienced Business Analysts.
* Developed and analyze business and user requirements for clarity, completeness, scope, and technical feasibility.
* Extensive analysis of HIPAA 5010 835 and 837P 837Itransaction sets on CGW to FEP Bridge to FEP Bridge Console.
* Extensive analysis on 837P and 837I Electronic Data Interchange EDI file to analyze claim lines, amount paid, and other secured information on professional claims and Institutional claims.
* Writing Explanation of Benefits on (EOB) regarding 835 file as part of PAV project.
* Analyzed reports from UI TRMS and DHBR interface to extract data into FEP Bridge.
* Decompose business and user requirements into system and software functional requirements.
* Define system quality and operational attributes, external interfaces, constraints, rules, and other non-functional requirements.
* Responsible for understanding the “AS IS” business process and defining the “To Be” business process from Member Claim Submission to FEP Bridge.
* Worked extensively with SharePoint to place and find documents such as PRDs, FSDs, Mapping documents, Change Summaries, Use Cases, Process Flow documents, and Body of Work to define the release dates**.**
* Developed system use cases that describe the system’s intended functional behavior and serve as SME.
* Deep dive search through Toad SQL server, and FEP Bridge Console.
* Developed supplementary specifications that capture systems requirements that are not readily captured in use cases.
* Performed requirements modeling and develop UML diagrams which depict various perspectives of the system’s functional behavior, to include, activity diagrams, sequence diagrams, and state diagrams.
* Developed software requirements specifications that capture the software requirements of the complete system and serve as the “build-to” specification for development.
* Serve as the development team representative during UAT for the purpose of clarifying the intended functional behavior of the software.
* Worked on several different mapping documents to be consistence with database and user’s requirements.
* Managed requirements using the HP QC/ALM requirements management package.
* Managed requirements traceability to include development of requirements traceability matrices.
* Support requirements triage to select the right requirements to include in a specific software release. Activities would include identification of relationships and dependencies between requirements, and estimation of technical effort.
* Performed multiple duties at one position, performed excellence work on the SVETS assigned to me and Projects.

**Environment:** Agile, Waterfall, 834, Rational Tools, FEP Bridge, MS Excel, MS Visio, MS Access, XML, UML, MS SQL Server, MS Office, Clarity Program, HPQC ALM, SERENA.

**Humana, Louisville, KY**

**Sept 2013– Dec 2014**

**Business System Analyst**

I worked on a project involving Electronic Claims (EDI) Handling and Transaction Processing of Claimants' records. The project included enhancing applications to include duplicate claim numbers in various systems. I also worked on internet-based application to improve its health insurance claim processing by automating receiving and processing health benefit claims including Medicare.

**Responsibilities:**

* Responsible for gaining a good understanding of User needs and accurately representing them in a well-documented software functional specifications document.
* Conducted series of meetings, joint sessions, and interviews with the health insurance experts, operations experts, subscribers, and technical people to properly identify and understand the problems with claims management
* Gathered Business Requirements, Interacted with the Users, Designers and Developers, Project Manager and QA Team to get a better understanding of the Business Processes.
* Helped in preparing the training material of the providers and insurance companies using the software supporting ICD 10.
* Followed a structured approach to organize requirements into logical groupings such as requirements for Customer, Client, Group, Member, and Reporting that critical requirements are not missed.
* Involved in creating Business Process Documentation.
* Performed Data Mapping to map the EDI 834 data to XML.
* Work closely with Health Insurance Trading Partners and with other contractor companies to ensure the quality of the cases.
* Reviewing and testing reported defects in the concerned applications in both UAT and Production testing environments
* Identified Use Cases from the requirements. Created UML Diagrams including Use Case Diagrams, Activity Diagrams, Sequence Diagrams, and Collaboration Diagrams using MS-Visio.
* For Project management purpose worked on Microsoft Project, used Microsoft Share Point for maintaining the updated Documentation.
* Perform Extensive EDI testing on X12 837,835, 270 etc, worked with state vendor to validate inbound /outbound EDI transactions to Facets.
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Microsoft Office (Outlook, Word, Excel, Visio, Access) at various phases of development for documenting the requirements.
* Facilitated JAD sessions with business and technical units to fine tune prioritize and detail requirements and use cases.
* Participated in daily defect meetings with team during UAT testing phase.
* Conducted JAD Sessions and discuss the UAT with developers on regular basis and also updated daily status report to the PM.
* Involved in Validation of HIPAA/EDI for 270/271, 276/277, 837, 837i and 835 claims used for professional, Institutional and Dental billings by Writing Test cases, Test Plans
* Performed Gap Analysis for 5010 enhancement using the TR3 implementation guides and side-by-side HIPAA guides provided by CMS (Center for Medicare &Medicaid Services)
* Identifying and understanding the business critical areas from the user perspective.
* Managed change of the requirements and associated requirements to other requirements for traceability using Enterprise Architect.
* Involved in drawing data flow diagrams and process flow diagrams using MS Visio for the Claim Adjudication module.
* Created Test Scenarios, Test Cases, Test Scripts in Quality Center.
* Involved in conducting Manual and Automated testing at various phases of the project development.
* Prepared test data for positive and negative test scenarios as per application specifications and application requirements and wrote test plans.
* Participated in the bug review meetings, updated requirement document as per business user feedback and changes in the functionality of the application.
* Organized meetings to discuss outstanding issues with QA team and developers.
* Coordinated with the development team in documenting End User Manual.

**Environment:** UML, JAD, RUP, BRD, FRD, Quality center, SQL, Oracle, MS-Visio, Oracle, SQL, MS Access, MS Visio, MS Office (PowerPoint, MS Word, MS Excel, MS Access).

**CVS/Caremark, Richardson, TX**

**Jan 2012- Aug 2013**

**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
* 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:** JAD, BRD, FRD, UML, Visio, MS Office Suite, SQL, MS Project, Windows.

**Emblem Health, New York, NY**

**July 2010– Dec 2011**

**Business Analyst**

Emblem Health is the largest health insurer based in New York State serving nearly 3.4 million people with over 92,000 providers in 150,000 locations across the tri-state region. Emblem Health's Care Management System provides a solution in simplified and a smart way to manage the health of members, which improves the quality and affordability of care.

**Responsibilities:**

* Business Analyst involved in documenting changes to the Benefits Administration, Enrollment Processing and Claims Processing Systems based on the Medicare Plan Changes initiative.
* Gathered Business Requirements from the Subject Matter Experts (SMEs) and documented the requirements in the BRD. Utilized data flow diagrams, use case diagrams and process flow diagrams to represent information provided by the Business Owners.
* Maintained the Traceability Matrix table to track the Business Requirements to the design and testing, keeping track of all requirements in the BRD.
* Organized meetings and led JAD sessions to ensure legal and compliance deadlines of CMS (Centers for Medicare and Medicaid Services) are met.
* Worked aggressively towards timely completion of High Priority Tasks.
* Worked with Development Team to resolve issues and clarify Business Requirements from the Business Owners.
* Documented the UAT Plan for the project and worked with the UAT Team to ensure every acceptance criteria for the requirements has been included in the UAT task plan.
* Worked with Business Owners of Market Prominence, the Enrollment Processing System, to ensure that the enrollment process for the new members is updated with changes.
* Worked with the UAT and QA teams to conduct an assessment and determine how effective UAT and QA guidelines can help the company achieve timely completion of projects.
* Worked with Top down Systems, a vendor specialized in automated letter generation, to convert manual letter generation to automated generation of the Medical Management Letters.
* Effectively elaborated the current process and gave a clear picture of the proposed process for the projects in the organization.

**Environment:** JAD, MS Access, ORACLE, MS Word, Excel, and PowerPoint.

**EDUCATION:**

Bachelor of Computer Science