**PROFESSIONAL SUMMARY**

* Highly accomplished Business Analyst with over 6 years of extensive and diversified experience in Healthcare industries.
* Extensively engaged in requirement gathering and elicitation process to draw out high level needs from the business users for information transformation using various **tools and techniques** of analysis and diagramming.
* Sound knowledge of **GAP Analysis**, **Additive/Subtractive Analysis, Benefit and Impact Analysis, Root Cause Analysis** and various other forms of analysis to come up with solutions to problems by further decomposing problems into smaller parts and more detail.
* Experienced conducting **JAD** **session**, facilitated information gathering sessions and meetings for requirement gathering, analysis and design.
* Knowledge and Experience on Membership, Product, Claims Payment Processing in relation to **HIPAA**, EDI 4010, 5010 X12, HL-7, ICD-9 & ICD-10, codes 270/271 (inquire/response healthcare benefits), 276/277 (claim status), 470 (benefit codes), 835(payment or remittance advice), 837 (healthcare claim), 834 (benefit enrollment) and created data mapping documents which involved working with **FACETS**, claims, membership and product data model.
* Experience working in **Oracle database**, **MS Access** and **MySQL** database for creating, maintaining and running databases for various systems and processes.
* Knowledge of **ETL** (Extract, Transform and Load)processes to extract information from various homogeneous and heterogeneous data sources into staging area for data processing and data transformation and loading it into data warehouse based on the requirements.
* Experience in handling multiple **SQL statements** to extract, organize and manipulate data for analysis and generating reports to ensure data integrity and validating business rules.
* Expertise in **Agile methodology** /Scrum- creating user stories, product backlog, sprint retrospective, backlog grooming and sprint reviews and facilitating daily stand up meetings with the Product Owner, Developers and Quality Analyst Team.
* Worked on **Data Migration, FACETS** version upgrades, Reports Implementation, letters, Inbound/Outbound Interfaces and **FACETS** Extensions.
* Proficient in **Business Intelligence** (BI) tool such as **Tableau** for Data Mining, Analysis and presentation of the business information.
* Sound knowledge on **Unified Modelling Language** (UML) and **Business Process & Model Notation** (BPMN) for class modelling, sequence diagrams, use-case modelling, use case diagrams, activity diagrams and business process modeling to model software designs and core business/system processes.
* Experience in **Data Modelling** for structuring, normalization, Entity Relationship (ER) and designing the database.
* Excellent communication and interpersonal skills; capable to translate technical jargons to something that is understandable for the business users and serve as an exceptional mediator between the technical team and the users group. Ability to manage time efficiently, lead teams and efficient at learning new tools and technologies.

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| TECHNICAL SKILL |  |
| *Business Modeling Tools* | Rational Rose, MS Visio, Lucid chart, MS Office |
| *Versioning Tool* | Concurrent Version System (CVS), Visual Source Safe(VSS) |
| *Methodologies* | SDLC (Scrum, RUP, Waterfall, Spiral), SWOT Analysis, Cost/Benefit Analysis |
| *Applications* | MS Office Suite (Word, Excel, PowerPoint, Outlook), RALLY, PSPP, SPSS, Tableau, Microsoft Project, MS Access |
| *Operating System* | MS Windows, Windows XP, UNIX |
| *Defect Tracking tools* | Rational Manual Tester, Rational Clear Quest, Clear-case |
| *Languages* | UML, XML, HTML, SQL |

**WellCare Health Plan, Tampa, FL Jan 2015-Present**

**Business Analyst**

***Project Description:*** WellCare is an insurance company that provides government sponsored managed care services. It serves 3.8 million people nationwide. I was involved in mapping compliance requirements and resolving issues related to claim, member, and product module. Additionally, I was also involved in a website project that would allow people to check their claim status, enroll and modify plans, and add members based on eligibility.

* Created Business Requirement Documents **(BRD)** and Functional Specification Documents (**FSD**), User stories, **Use Cases, Test Scripts** and **Test scenarios** to further analyze requirements to validate and verify them from key stakeholders and feed to IT team, to start coding and developing the system.
* Developed High Level and Detailed Process flow diagrams for Business process of UI Wireframes and **Mockups** using **Microsoft Visio**.
* Created Requirement Traceability Matrix (**RTM**) to make sure the current project requirements are being met.
* Conducted meticulous **GAP analysis** while successfully reengineering key business processes to increase operational efficiency and alignment of business unit objectives.
* Conducted Joint Application Development (**JAD**) sessions with business stakeholders and technical units.
* Worked with Quality Analyst team to create **Test Plans** and **Test Cases** based on the business requirements.
* Worked on **EDI** 834, 835,837, 276/277, 278 and ICD 10 as per HIPPA guidelines.
* Actively worked with developers as needed to isolate the **Root Cause Analysis** of defects.
* Provided clearly defined project expectations, timely delivery of critical milestones, and measurable project results.
* Implemented **Agile/Scrum** for application development with its various workflows, artifacts and activities.
* Share **Scrum Master role** with technical lead to lead key events/meetings, including daily stand-ups, sprint planning, backlog grooming, and sprint retrospectives. Identify and remove/mitigate impediments to team progress.
* Worked with clients on the final signing off process in the **User Acceptance** stages.
* Utilized **SQL** queries to extract and manipulate data for analysis.
* Used **Rational Clear case** for version control to track changes in requirements over time
* Conducted personal interviews and group interviews with key stakeholders to identify business needs
* Made use of tools like **Quality Center** to prepare traceability matrix and keep track of and monitor changes in business and functional requirements over time.
* Prepared various activity diagrams, sequence diagrams, process diagrams, **AS-IS** models and **To-Be** models for various business processes making use of tools like **Microsoft Visio**
* Developed and created compliance maps for billing, claim, member and product module with respect to HIPAA 5010 and ICD 10 requirements
* Prepared test cases, test scenarios, scripted test cases and conducted tests using **Quality Center.**
* Analyzed test results to validate requirements were met and to present to key stakeholders for verification and validation of key deliverables.
* Involved in creating use case diagrams for the team to understand the workflow of the system.
* Effectively communicated user acceptance test results between users and development team and provided recommendations for change control requests (**CCR**).

*Environment: Agile/Scrum, Quality Center 10.0, Rational Rose 7.6, SQL Server 2012, MS Office Suites 2016, MS Visio*

**State Farm, Bloomington, IL Oct 2013 – Dec 2015**

**Business Analyst**

***Project Description:*** State farm is an insurance company which serves over 82 million policies and accounts in the USA. I was involved in a project to develop a web based claim system that has the capability to convert claims through internet to EDI format to follow federal government regulations.

* Gathered and Prepared Business Requirements Documents (BRD) and Functional Requirements Document (FRD) for developing and maintaining requirements and accounting for changes over time through **version controllin**g.
* Conducted personal interviews and group interviews with key stakeholders and held JADs with data architects and business users to identify functional, technical and compliance requirements for various systems to be developed to identify business needs.
* Responsible for preparing **functional design specifications** by making adopting use case scenarios, use case diagrams, ER diagrams, process diagrams, activity diagrams and sequence diagrams.
* Worked in an agile environment to deliver on the project artefacts as prioritized in several scrum meetings.
* Performed data mapping, logical data modeling, created class diagrams and ER diagrams and used SQL queries to extract, filter and analyze data for key decision makers and queried database using **SQL** for backend testing.
* Prepared **As-Is** and **To-be model** for the integrated system and prepared activity diagrams, process diagrams and data flow models to model core business processes for analysis using UML tool named **Microsoft Visio.**
* Prepared test cases, test scenarios, scripted test cases and conducted tests using Quality Center to ensure the functionalities in the new web-based system. Worked closely with business users, quality assurance team and IT team to ensure that desired functionalities have achieved set success criteria.
* Analyzed test results to validate requirements were met and to present to key stakeholders for verification and validation of key deliverables.
* Made sure the new systems follow government regulations and business rules.
* Used **ETL** (Extraction, Transformation, Load) to extract information from various homogeneous and heterogeneous data sources into staging area for data processing and data transformation and loading it into data warehouse based on the requirements.
* Provided clearly defined project expectations, timely delivery of critical milestones, and measurable project results. Responsible for whole life cycle of conversion project from proof of concept, scope definition to testing and production.
* Performed resource allocation, budget/cost analysis, task planning and scheduling, risk and issue identification and weekly and monthly status report preparation for projects.
* Assisted during Regression testing, System testing and User Acceptance Testing (UAT).
* Documented requirements, associated change requests with requirements and connected requirements with Use cases.
* Coordinated with clients on the final signing off process in User Acceptance stages.

*Environment: Quality Center 10.0, MS Visio 2003, SQL Server 2012, MS Office Suites 2010, MS VISIO, Tableau 9, Agile/ Scrum*

**Emblem Health, New York, NY Jun 2012 - Sept 2013**

**Business Analyst**

***Project Description:*** Emblem Health is non-profit health insurance company which serves over 3.1 million people who live and work in the New York. They used Facets for managing and processing healthcare claims. As a Business Analyst, I was involved in new client implementation in Facets application. I have worked in Enrollment and Claims modules in FACETS.

* Responsible for collecting and analyzing business requirements, preparing functional design specifications by preparing use case scenarios, use case diagrams, process diagrams, activity diagrams, entity-relationship diagrams and sequence diagrams.
* Utilized SQL to extract and manipulate data for analysis
* Performed **data mapping, logical data modeling**, created class diagrams and ER diagrams and used SQL queries to extract, filter and analyze data for key decision makers and queried database using SQL for backend testing
* Prepared test cases, test scenarios, scripted test cases and conducted tests using Quality Center
* Worked with QA team to conduct regression testing and with UAT team to ensure that the system is production worthy
* Analyzed test results to validate requirements were met and to present to key stakeholders for verification and validation of key deliverables.
* Involved in **ETL** processes for adhering to reporting requirements of various users Identified source systems for vital information extraction, transformation and loading into target tables.
* Worked with cross functional teams and developers to elicit, write and validate requirements and maintained **BRD** and **FRD** and various other critical business documents
* Experiences working in ANSI x12 837-835 EDI Transaction.
* Work on coordination of benefits (COB) in a claim processing.
* Used to execute test cases for several transactions such as 837, 835, 820, 834, 277, 278, 270/271
* Experience in working with a Provider portal for claims where the rendering providers provide claims for the service Rendered.
* Conducted JAD sessions and worked as a liaison representing business interest to IT team.
* Worked in an agile environment to deliver on the project artefacts as a business analysis
* Elicited requirement from the business stakeholders and SME’s using various requirement-gathering Techniques.
* Expert Knowledge in various Payer Fee Schedules and Provider Fee Schedules for Medicare and Medicaid.
* Involved in FACETS Implementation, involved end-to-end testing of FACETS Claim Processing and Subscriber/Member module.
* Created different data models, performed data analysis and data mapping across various systems
* Experience in working with Referrals sent in via fax by the Referring Providers.
* Experience in conducting User Acceptance Testing (UAT) and documenting the UAT issue log.
* Wrote test cases in Quality Center derived from the Design documents and generated a Traceability Matrix for testing purposes.
* Used Quality Center to record documenting information useful in debugging process, evaluating test data.
* Extensively worked on any requirement upgrade and/or change request while doing UAT.

*Environment: Quality Center 10.0, Rational Rose, Oracle, MS Office Suites 2010, MS VISIO 2010, FACETS 4.8*

**HealthFirst, New York, NY Oct 2010- May 2012**

**Business Analyst**

***Project Description:*** Healthfirst is a not-for-profit, provider-sponsored health insurance company that serves more than 1.2 million members in downstate New York. I was involved in several projects to prepare for migration from HIPAA 4010 to 5010 and implement new regulations as they pertained to claim, member and product module. Additionally, I was also involved in projects for transitioning to new code system for assessing, analyzing and diagnosing diseases and symptoms to comply with ICD 10 requirements.

* Gathered business, system and functional requirements by conducting detailed interviews with business users and Subject Matter Expert (SME’s) and conducted JAD sessions to define and analyze the requirements and project deliverables.
* Interacted with the users, designers and developers, project manager and QA team to get a better understanding of the Business Processes.
* Involved in configuration of FACETS Subscriber/Member application.
* Worked on FACETS Data tables (MEES, MEME, BLDF, MESU, etc.) and created audit reports using queries.
* Manually loaded data in FACETS and have good knowledge on FACETS business rules.
* Performed data mapping and data modeling and used canonical data model to map data from X12 834 transactions.
* Worked on forward and backward data mapping between the fields in mainframe and FACETS.
* Analyzed the mainframe reports for member/eligibility/claims and mapped the fields with FACETS batch jobs and reports.
* Tested the changes for the front-end screens in FACETS related Membership, Benefit, and Product Module.
* Re-engineering and capturing of transactions with legacy systems [Enrollment -834].
* Analyzed the functional details of various modules in mainframe and did the GAP analysis with the new system.
* Analyzed and compared data present in HIX Middleware Canonical (BizTalk/ Windows Service Bus) to Facets by writing SQL Queries.
* Excellent knowledge creating and working on Change in Circumstances (Cic834) and Reconciliation Scenarios and User Stories.
* Responsible for working with the State to review and modify process flows to increase productivity and effectively utilize FACETS features not provided by the legacy systems.
* Organized, managed and developed EDI specifications, for data feeds and mappings for integration between various systems, to follow ANSI X12 4010 – 834 format to meet HIPAA requirements set forth by the federal government.
* Prepared use cases, use case diagrams, business process diagrams and activity diagrams using UML tool like Microsoft Visio
* Created a compliance map for various transaction particularly as the related to claim and billing to confirm to HIPAA requirements on EDI transactions.
* Participated in the walkthroughs and meetings for claims and membership modules.
* Worked closely with business users, quality assurance team and IT team to ensure that desired functionalities have achieved set success criteria.
* Assisted during Regression testing, System testing and User Acceptance Testing (UAT).
* Involved in HIPPA compliance life cycle from GAP analysis, mapping, and testing for processing of eligibility and worked extensively on HIPAA EDI transactions to identify key data set elements for designated record set.
* Worked as scrum master in multiple sprint cycles and developing agendas, status reports and prioritizing requirements for forthcoming sprint cycles.
* Documented requirements, associated change requests with requirements and connected requirements with Use cases.
* Wrote test cases and scripts using Quality Center to conduct testing with multiple test teams including developers, quality analysts and user acceptance teams to ensure the system has no bugs, is robust and production worthy.

*Environment: FACETS 4.81, FACETS Interfaces, FACETS Extensions, Quality Center 10.0, Rational Rose, SQL Server 2008, MS Office Suites 2010, MS VISIO 2010, Agile, Medicare, Medicaid, EDI transaction and codes set, ICD 9, ICD 10*

**ACADEMIC QUALIFICATION**

**Bachelors in Business Administration (BBA),** Finance**,** *Kathmandu University*