**BISHWA ANGDEMBE**

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A highly skilled **Business Analyst** with **6+years** of experience in **Healthcare industry**with proven skills in **gathering**requirements, **interacting** with developers, **documenting** business processes, and **interfacing** with stakeholders and senior management with excellent **communication** and **interpersonal** skills.Strong knowledge and experience **of FACETS, SQL, ETL, Informatica, and BizTalk**

**PROFESSIONAL SUMMARY**

* **6+ years** of experience as a **Business Analyst**in health care industry with **extensive knowledge and experience of ACA, Medicare, Medicaid,ICD, HIPAA, HITECH, FACETS, EDIFACT, FFM, HIX, DSH, ITS, APTC, and CSR**
* Excellent working knowledge of **SOA environment**
* Extensive knowledge and experience of all the phases of **Systems Development Life Cycle (SDLC).**
* Very good working experience of **Waterfall and Agile (with Scrum Team)** methodologies
* Excellent knowledge and experience of **Health Insurance Portability** and **Accountability Act** (HIPAA) transaction and code set rules such as **EDI 837, 835, 834, 811, 820, 270, 271, 275, 276, 277**, **and 278**
* Experienceimplementing changes from**HIPAA 4010** to**HIPAA 5010**and analyzing the impacts
* Studied and worked with **Implementation Guides and Companion Guides**
* Proficient in**ICD-9-CM** and **ICD -10-CM/PCS**coding with **GEM mapping, both forward and backward**
* Experienced in **Claim Adjudication and Claim Processing - Professional, Institutional, and Dental claims of various types – Local claims, ITS claims, FEP claims, COB/OPL claims, and Rx (Pharmacy) claims**
* Worked with **EDW, CIP, PIP, and ITS (Blue Card Experience)** including **home claims and host claims**
* **Extensive** experience facilitating **Joint Application Development (JAD)** sessions with business team and technical team, creating project plans and schedules and managing changes
* **Experienced with web services and API applications analysis, testing, and deployment**
* **Strong knowledge and experience of JSON language and XML**
* Experiencecreating and maintaining the requirements documents such as **Business Requirements Documents (BRDs), Functional Requirements Documents (FRDs), and Technical Requirement Documents (TRDs)**
* Experience conducting **GAP analysis**, **Stakeholder analysis**, **SWOT analysis**, **Risk analysis**, **Cost Benefit analysis**, **Beak-Even analysis**, and **ROI Analysis**to help with high-level strategies
* Created **data mapping, data dictionary**, and **Requirement Traceability Matrix** (RTM) to maintain uniform understanding of a data object and track the origin and impact of a change in requirement
* Created various diagrams such as **Data Flow Diagrams (DFDs), Entity Relationship Diagrams (ERDs), Sequence diagrams, Activity diagrams, State diagrams, Collaboration diagrams,** and **Use Case diagrams**using **MS Visio**
* Experience using Rational Unified Process (**RUP**), **Rational Requisite Pro**, **Rational Clear Quest**,**Microsoft Project, MS Office Suite** (includingExcel and Outlook), and **MS SharePoint** to manage project tasks
* Experience using database tools – **SQL** and **MS Access** – to extract, analyze, and update data in databases
* Helped Quality Analysts in writing **test plans, test cases, test scenarios**, **run tests** including **User Acceptance Tests (UATs), document results,** and **log defects**
* Worked in **Six Sigma**environment with **cross-functional** and **diverse teams** in a **lean management system**
* Experience in using methodologies such as **UML** (Unified Modelling Language), **OOAD** (Object Oriented Analysis and Design) and **APM** (Agile Project Management)
* Sound understanding of **Relational Database**, **Object Oriented Programming**, **Data Modelling**, **Data Mapping** and **Data-warehousing**
* Strong **problem solving** and **analytical skills**with both **a big picture** in mindand great attention to **details**
* Excellent **organizational**, **interpersonal, communications, teamwork, negotiation,** and **leadership** skills with proven skill to interact across multiple levels of organization with a **positive learning attitude**

**TECHNICAL SKILLS**

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| **Project Methodologies:** | Waterfall, Agile (**Scrum**), Rational Unified Process (RUP) |
| **Industry Skills:** | HIPAA, ICD, , MMIS, ISO, CMM, **Six Sigma, FACET** |
| **Business Modeling Tools:** | MS Visio, UML, Rational Rose |
| **Requirement Management Tools:** | Rational Requisite Pro |
| **Bug Tracking Tools:** | Rational Clear Quest, Bugzilla |
| **Database:** | Oracle, SQL Server, MS Access |
| **Quality Assurance:** | HP Quality Center, HP UFT, SoapUI Pro, JIRA |
| **Business Applications:** | Microsoft Office Suite, MS SharePoint, MS Project |

**PROFESSIONAL SUMMARY**

**Cigna,Bloomfield, CT Aug 2013 – Present**

**Business Analyst**

**Project Description:**

The company serves **individuals**and **Medicare/Medicaid beneficiaries** through its **HMO/PPO plans**. I worked on the **claims processing module** of the **Group Approval Process (GAP).** The claims processing module involved **Healthcare Claim Transaction Set Forms (EDI 837)**, **Health Care Claim Payment/Advice Transaction Set (EDI 835), Claims Status Request (EDI 276), and Claim Status Notification (EDI 277)**as per **HIPAA**guidelines. I also worked on **upgradation of the system from ICD 9 to ICD 10.**

**Responsibilities:**

* Studied existing business application and processes, collected end user requirements and suggested the improvised **business process model**.
* **Worked in FACETS claims processing module to manage the claims transactions**
* **Experienced in integrating data from different modules of FACETS and analyze them**
* **Conducted Gap Analysis** of client requirements, generated workflow process, flow charts and relevant artifacts.
* Defined and documented the **vision and scope of the project**.
* Followed **Agile methodology** throughout the software development life cycle and analyzed risks that might lead to **scope creep** between releases
* Experienced in B2B solutions using **BizTalk and Informatica**
* Involved in configuration of FACETS **Subscriber/Member** application
* Worked on **FACETS** Data tables 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.**
* Did the **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 to following modules, test the **FACETS** batches (membership).
* Re-engineering and capturing of transactions with legacy systems **[Enrollment -834].**
* Conducted extensive analysis on migration and conversion of Provider and Member data, Group configurations, plan codes, benefit set-ups, fee schedules, provider pricing, capitation set-ups, etc from Legacy system (Amysis) to **FACETS** (Client Server based system).
* Provided support to **full Software Development Life Cycle**, testing, training and implementation.
* Analyzed the functional details of various modules in mainframe and did the **GAP analysis** with the new system.
* Developed **logical & physical modeling** as per business requirements.
* 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.
* Assisted QA team in Preparing Test cases.
* Analysis and Design of the **Facets data model** to ensure optimal system performance and tuning.
* Conducted **Integration tests and User Acceptance Tests**.
* Organized, managed and developed **EDI** specifications, for data feeds and mappings for integration between various systems, to follow **ANSIX124010** – **834 format** to meet HIPAA requirements set forth by the federal government.
* **Worked in SOA environment to collect API specifications**
* **Helped QAs to write test cases, test plans, run tests, log defects, track defects, and generate test reports**
* Conducted **one on one interviews** with high level management team
* Facilitated in the **JAD sessions** with the technical and business teams
* Worked with **subject matter experts (SMEs)** internally and externally, and participated with software developers in **Scrum team** meetings, documenting agile software processes.
* Worked as a **liaison between the business and technical sides** to convey the business needs to the system architects.
* Upgraded **HMO Medicare EDI and reporting**.
* Managed **billing of Medicare and Commercial HMO/PPO claims** on a daily basis.
* Validate EDI **Claim Process** according to **HIPAA compliance**.
* Participated in **weekly status meetings** to present status and incorporate any digressions from the original scope.
* Worked on **Transaction Sets 837, 835, 276, and 277**
* Created and managed project templates, Use Case project templates, requirement types, and traceability relationships in **Requisite Pro**.
* Used **EDIFACT**, a transaction management tool, to manage transactions
* Carried out a thorough target organization assessment and **risk analysis**.
* Worked in **cross-functional teams**, developing new ways to boost efficiency and delivering results in a fast changing environment to achieve goals.
* Provided the management with **test metrics, reports, and schedules** as necessary using **MS Project** and participated in the design **walkthroughs and meetings**.
* Documented the **test plans** and developed related documents
* Analyzed the “**As is**” and “**To be**” system documents to show the current and proposed functionalities of the system using **MS Visio.**
* **Used BizTalk to automate business processes**
* Worked with the clients on the final signing process in the **User Acceptance** stages.
* Coordinate with Development and Business teams to develop high level **Business and Technical documents.**
* Used **General Equivalence Mapping, both forward mapping and backward mapping,** to convert from ICD 9 to ICD 10
* Worked on **one-to-one, one-to-many, and many-to-one mappings** of the codes from ICD 9 to ICD 10
* Worked to help in **testing and validation of codes** such as ICD-10-PCS has about 72,000 codes of 7 alphanumeric characters vs ICD-9-CM volume 3 has about 4,000 codes of 3-4 numeric characters
* Worked in putting ICD-9 codes into **ICD Manager** and validated the right ICD-10 codes and vice –versa
* Worked to ensure both **diagnosis and procedural codes match for a patient**

**Environment:**MS Windows, MS Visio, MS Project, MS Office (PowerPoint, MS Word, MS Excel), SQL, Oracle

**Aetna, Hartford, CT**

**Business Analyst Jan2012 – Jul 2013**

**Project Description**

This was a system upgradation project.The **Aetna HIPPA EDI Project** was about incorporating the changes proposed in HIPAA 5010 and upgrade the current system from **HIPAA 4010 to HIPAA 5010** and also accommodate changes from **ICD-9 to ICD-10** so that the system is in accordance with the new standards mandated by Health Insurance Portability and Accountability Act (HIPAA). It initiated three phases of testing and implementation to **pass and validate the 4010 to 5010 conversion**. The project was based on testing the **210 partners for the Aetna**and working with 3 types of Trading Partners comprising validation of **Professional, Institutional and Dental835** and **837**Transactions.

**Responsibilities**

* Located the **837 transactions and reports** in the file that are in error and validate the data in the transaction
* Dealt with the **837 and 835 ANSI X12 transaction** understanding **loops,segments, elements and structure**
* **Conducted user acceptance testing and validation to see if the system meets ACA provisions as well**
* **Monitor Medicare Part D PBM** contract including, but not limited to, **rebate amounts, claim pricing and benefits, formulary coverage/tier application and contractual performance measures** including **validation of claim adjudication** accuracy from both a pricing and benefit perspective
* Participate in **User Acceptance Testing** to ensure system corrections are accurate.
* Studied **CMS audit findings** and best practices including, but not limited to, **formulary administration, point of sale edits, coverage, and claim reject reports** and provided the necessary support to internal departments during CMS audits to document ongoing monitoring activities.
* Used **SQL queries to extracted pharmacy claims, benefit and eligibility data** for studies as well as gathered any necessary **enrollment, formulary, pricing, benefit, and trend information from internal departments and the PBM.**
* Managed relationships with the business units as well as interacted with **software vendors and consultants** for development and support.
* Used BizTalk to enterprise application integration, business process automation, and business-to-business communication
* Get the **Facets** Claim IDs from X12 in HTM, HP environment and verify them in **TIBCO** layer and **Facets** Claim Adjudication system.
* Experienced with **EDI files 834,835,270/271, 276/277 file formats**
* Mapped **HIPAA 4010 and 5010 differences**
* Read and interpreted **997/999 acknowledgments**
* Facilitated the **setup of new trading partners**, including planning, project management, testing, documentation, and implementation.
* Developed and maintained **functional specifications** for new / existing applications needed to maintain/enhance **EDI** processing and **address the requirements of new trading partners.**
* Participate in **transaction analysis and mapping needs, system / interface analysis**, and work with programmers to implement changes as needed.
* **Elicited and documented API specifications, SLA (Service Level Agreement) detailed requirements for customers**
* **Helped QAs to write test cases, test plans, run tests, log defects, track defects, and generate test report**
* Performed **Requirements Gathering and Analysis** and facilitated**JAD sessions** with **Subject Matter Experts (SMEs)**, and ensured that contributors and all key stakeholders were motivated to complete assigned tasks
* Performed the **Gap Analysis** to find the existing gap between **HIPAA 4010** and **HIPAA 5010** EDI transactions and between **ICD 9**and **ICD 10**
* Designed and developed **Use Cases, Activity Diagrams, and Sequence Diagrams** using UML tools
* Conducted impact analysis of HIPAA 5010**EDI835** and **837** transaction sets on different systems.
* Initiated with an impact analysis report of **migration from HIPAA 4010 to 5010**
* Used **General Equivalence Mapping, both forward mapping and backward mapping,** to convert from ICD 9 to ICD 10.
* Documented, organized and tracked the requirements using **Rational Requisite Pro**.
* Worked **on ICD conversion from ICD 9 to ICD 10** with respect to the **claims related to Medicare**
* Derived **BPMN for batch loading** of **Provider and Member data** into **FACETS.**
* Tacked and maintained Stakeholder requested enhancements and changes using **Requirement Traceability Matrix (RTM).**
* Generated the **sequence, state chart, and activity diagrams** to enable understanding and representation of the business processes for ease of software system development in **Rational Unified Process (RUP)** methodologies using **Rational Rose.**

**Environment:** MS-Visio, Oracle, SQL, MS Access, Test Manager, Office, MS Project, Requisite Pro, Agile, RUP, UML

**Kaiser Permanente, Oakland, CA**

**Business Analyst Jul2010 – Dec2011**

**Project Description**

The project was development of **E-care**, a web-based technology that uses databases to provide an extremely cost effective tool to validate **patient demographics** and verify **insurance eligibility** in real-time conforming to HIPAA standards. The features of E-care include online appointments, **Medicare/Medicaid Eligibility, Billing Verification, Self-Pay/Commercial Eligibility, Real Time Processing, Billing Address Verification** with **Address History and Insurance Eligibility Verification.**The objective was also to integrate the **Medicare/Medicaid data** in one single system for a smooth data flow through the **claims processing system.**

**Responsibilities**

* Worked to verify and validate requirements for **Medicare/Medicaid eligibility**
* Gathered demographic information about users such as **age, disability, and income level** from **EDI 834(Enrollment and Benefits)** to determine eligibility for **Medicare and Medicaid benefits and conducted validation tests**
* Used SQL queries to extract information about **deductible, co-pay, co-insurance, and maximum out of pocket**(MOOP) payments for specific subscriber to determine and validate the correct billing
* Worked to verify and match the claim amount for each of specific procedural codes in **EDI 837 (Claim)** with the amount for that particular procedure in the issuer/insurer’s books
* **Worked in Billing and Claims processing modules of Facets to verify and validate claims and match the claims with the amounts in the payer’s records**
* **Extensive knowledge of working of Facets modules**
* Involved in calculating, testing, and validating **advanced premium tax credit (APTC) and cost sharing reduction (CSR)**for the subscribers whose **MAGI (Modified Adjusted Gross Income)**is **less than 100% or 400% ofPBL (Poverty Base Level)**
* **Used Informatica to** update and maintain enterprise data warehouse (EDW)
* Used Informatica for data integration: ETL
* Involved in testing different interfaces and web application for **FACETS**.
* Worked to make the platform compatible with **Affordable Care Act (ACA) provisions**
* Conducted **Gap Analysis and Impact Analysis due to ACA changes**
* Very good knowledge of **Health Insurance Exchange (HIX), minimum benefit levels – Platinum (90%), Gold (80%), Silver (70%), Bronze (60%) , Children’s Health Insurance Prog+ram (CHIP), and High Deductible Health Plan (HDHP).**
* Worked closely with the **Executive Sponsor, SMEs and stakeholders** to define requirements for the various processes and to identify the enhancements and modifications for the to-be processes
* Assisted **Project Manager and Lead BA** in **project planning** and setting the **timelines** for the project
* Updated **performance metrics** spreadsheet as required.
* Worked in **SOA platform and helped in testing of web services and API applications**
* Created **Use-Cases and Requirements documents** to document business needs.
* Requirements were gathered through interactions and meetings and periodic walkthroughs with **loan analysts, credit analysts and other potential users** of the application.
* Conducted **Use-Case reviews** and identified **gaps**, leading to improvements/enhancements in the same.
* Created and maintained the **Requirements Traceability Matrix (RTM).**
* Worked with the Project Manager on various Project Management activities like keeping track of **Project Status, Deadlines, Environment Request, and Compliance** issues.
* Ensured Use-Cases were consistent and covered all aspects of the requirements document.
* Maintained the **Business Impact Analysis Template (BIAT)** to analyze and document the effect of proposed changes on the project schedule and costs.
* Generated **SLA requirements with frequent interaction with clients**
* Used **Rational Clear Quest** for **bug reporting**.
* Refined the requirements (use-cases) and **Business Process Models** to detailed level appropriate for **technical analysis and system design.**
* Was responsible for tracking issues that are detected and updating the status of existing issues based on the daily meetings with the off-shore team.
* Identified and analyzed the data requirements for the various site teams and made sure that the required data is available in the testing environment.

**Environment:** MS-Visio, Excel, Access, MS-Word, MS-Power, Windows 7 , Oracle/S,QL Server 2000, TOAD, XML, SQL, Java, Rational Requisite Pro, SharePoint 2010, Agile, UML, MS Visio, MS PowerPoint, Facet

**The Regence Group, Portland, OR**

**Jr. Business Analyst Mar2009 – Jun2010**

**Project Description**

The project was **Claims Management Reconciliation (CMR)** for managing and processing claims. Patient information, history about disease and medication are collected and stored in the **CMR system**. Similarly, information about participating hospital and physicians is also stored in the same system. Whenever any claims are filed, health service providers reconcile records, which help manage and process claims faster and more efficiently while maintaining privacy.

**Responsibilities**

* Worked in **Agile environment**
* 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**
* **Worked to elicit, analyze, and document requirements to help in finding innovative ways to reduce costs and minimize medical loss ratios (MLR)**
* **Gathered and analyzed extensive data on the claims management processes to identify what tasks can be automated and what can’t be**
* Worked to identify key requirements for **pending resolution adjudication, processing/COB adjustment, and claims finalization**
* Used Informatica for Information Lifecycle Management, B2B Data Exchange, Cloud Data Integration,
* Used Informatica for Data Masking, Data Quality, Data Replication, Data Virtualization, Master Data Management, and Ultra Messaging
* Dealt with **834import** members lookup processes and resolving issues with member attributes, enabling multiple rules associated with member lookup process in **FACETS**.
* Worked with business users to define **Business, Process, and Data Models** to understand the overall business.
* Involved in evaluation of the user request for new or modified program to determine feasibility, cost, and compatibility with current system and computer capabilities
* Gathered requirements, developed **Process Models** and detailed **Business Policies**.
* Gathered **functional requirements** from process owners and developed **functional specifications** for application enhancements
* Attended**backlog grooming, sprint planning, daily sprint, sprint overview, and retrospective meetings**
* Conferred with Business Users to gather requirements for the design and development teams.
* Worked with **development / technical team members** to ensure that the enhancements would meet the defined business requirements.
* Facilitated **Joint Application Development (JAD) sessions**, as well as conducted interviews of appropriate business/technical stakeholders.
* Analyzed **Business Requirements** to produce **System Requirements** for the technical team using **MS Visio**.
* Conducted **business meetings** for the **claims adjudication process** and its work flow.
* Identified**Use Cases**and documented using**UML tools.**
* Interacted and assisted the testing team with the **testing tools and processes**.

**Environment:** MS Office,Visio, SharePoint, UNIX, SQL, Toad, DB2, CMR, Citrix, Rational Suite, Windows XP.

**EDUCATION**

Master of Business Administration (MBA)