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SUMMARY

* Seven years of experience as a **Sr. Business Analyst** in **Health Care.** Extensive working experience with Data Migration.
* Worked on different EDI healthcare transactions like **837-Institutional, 837-Professional, 837-Dental, 835-Claim Payment/Remittance Advise, 270/271-Eligibility Benefit Inquiry/Response, 276/277-Claim Status Inquiry/Response** Transactions.
* Detail understanding of **ICD 9/ANSI/HL7 to ICD 10/ANSI/HL7** coding standards in **Medicare** and **Medicaid** domains of the healthcare industry.
* Experienced in working with **Business Impact Analysis Template (BIAT)** to analyze and document the effect of proposed changes on the project schedule and costs.
* Proficient in business requirements gathering and writing including the EDI transactions from **4010 to 5010**.
* Good Understanding of **PPACA, HIX and HL7**
* Good understanding of **MMIS**, **MECT and MITA**.
* Possess excellent business writing skills required for documenting **Business Requirements Document (BRD), Functional Requirements Document (FRD), and Non-Functional Requirements Document (NFRD).**
* Expertise in Business **Analysis and** various **Software Development Life Cycle (SDLC)** methodologies like **Waterfall, Agile/SCRUM, RAD,** Rational Unified Process (**RUP) methodology.**
* Experienced in **Data Warehouse** concepts**, ETL (Extract, Transform, Loading), DataMigration, Using Informatica**
* Extensive experience in **PL/SQL** programming: Procedures, Functions, Packages and Triggers
* Developed detailed Requirements specifications through **JAD sessions**, **interviews**, on site meetings with business users & IT team.
* Proficient in creating and transforming **business requirements** into **functional requirements** by using **Use cases diagrams**, **Activity diagram**, **Class diagrams**, **Sequence diagrams**, **Test Cases**, **Test Plans**.
* **Good knowledge of FACETS, and Transaction Manager for 4010-5010 migration.**
* **Knowledge and Implementation experience in Eligibility System, Facets Data model, Configuration Implementation of FACETS module.**
* Documented **Traceability** to ensure all the features for the project has been captured and mapped back to the requirements in the BRD.
* **Experience with** claims process and adjudication in the **Medicare, and Medicaid**.
* Expertise in writing **SQL** Queries, Views and **Stored Procedures** in **Oracle**.
* Broad knowledge of testing concepts and hands on experience writing **test cases**, **test plans** and planning test strategy using testing tool **Quality Center**.
* **Quick learner**, **reliable** and **confident** working independently as well as in a team.
* Exceptional track record for **meeting deadlines** and submitting deliverables on time.
* Highly motivated team leader with **excellent communication**, **presentation** and **inter-personal skills**, always willing to work in challenging environments.

**Technical Skills:**

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| **Methodology** | RUP, UML, Waterfall, Agile, RAD |
| **Defect Tracking tools** | Quality Center, Rational Clear Quest |
| **Project Management** | Microsoft Project, Microsoft Office |
| **Languages** | C, C++, JAVA,.NET, SQL, PL/SQL |
| **Database** | Oracle SQL, MS Access, SQL Server 2008. Teradata |
| **Tools and Applications** | MS Visio, MS Office, MS Project, Excel |
| **Requirement Management Tools** | **Rational Clear Quest, MS Project, Visio,**  Mercury Quality Center |

**PROFESSIONAL EXPERIENCE**

**Department of Health and Hospitals, St. Of Louisiana. Baton Rouge, LA    Sr. Business Analyst May- 2013 –Sep-2015**  
The main scope of the project was that the Louisiana MMIS should be able to meet the minimum functionality necessary to electronically send, receive and process the transaction for Medicare part D. process design and requirements, Data Mapping and Data Migration  
**Responsibilities:**

* **Gathered business and Functional requirements** from **Business Managers**, **Supervisors, stakeholders**, **Data Governance Team** and the **subject matter experts** through meetings to understand needs of the system.
* Used the guidelines and artifacts of the **Rational Unified Process** (RUP) to strategize the Implementation of Rational Unified Process effort in different iterations and phases (**Inception, Elaboration, Construction and Transition**) of the **Systems Life Cycle methodologies**. Prepared various artifacts for all the phases of RUP.
* Led **JAD sessions** with stakeholders to **analyze** system needs and integrate requirement to develop a consistent navigation structure.
* Created **business workflows** on the claims module for the client to get a better understanding of the software and prepared a detailed **BRD** including all **functional and non functional requirements.**
* Responsible for **gap analysis** in changing old **MMIS** and Involved in testing new **MMIS.**
* Used SSIS to read source data from complex flat file structures (e.g. EDI 837 PID, 835, 270/271).
* Performed the **Gap analyses** of the earlier systems, generated a detailed Requirements document describing new system architecture through **Use Cases and Activity diagrams.**
* Worked on new implementations and Data migration projects.
* Worked with the QA (Quality Assurance) team for designing Test Plan and Test Cases, for the User Acceptance testing. Defined test cases, creating test scripts, analyzing bugs, interacting with QA / development teams in fixing errors and User Acceptance Testing (UAT).
* Created functional flow diagrams, context diagrams and other high level diagrams for documenting the functionality of separate modules using MS-Visio and UML.
* Analyzed HIPAA 5010 related to 837, 835, 270, and 271. Transactions and performed GAP analysis between the 4010 and 5010.
* Analyzed business requirements, performed source system analysis, prepared technical design document and source to target data mapping document.
* Used MS Project to maintain the project schedule and track its status.
* Involved in Data Migration testing of data from the existing system to the new system.
* Involved in the statistical analysis of data. Extensively involved in Querying the Database using SQL and PL/SQL as a part of Data Analysis.

**Environment:** UML, RUP, MS-SharePoint, data migration ETL, SSIS, Oracle 10g, DB2, MS-Project 2000, MS-VISIO, TestDirector7.6, WinRunner7, PL/SQL, SQL Server,EDI, HIPAA compliances.

**XL Health, Baltimore, MD    Business Analyst      Aug- 2011 – Apr- 2013**  
The project was regarding the Electronic Medical Claim Software System that facilitates providers to send electronic claims in short time, and thereby ultimately increase the revenue cycle efficiency. The primary feature of the software included Electronic verification of insurance eligibility, Electronic claims status inquiry, Financial Ledger, Essential system reports and automated reminders. The system’s goals were to maximize the value of online health information; expand utilization of programs, services and products by updating the Data Warehouse solution for reporting.  
**Responsibilities:**

* **Writing** the detailed user needs, **Gathered business, functional requirements** during inception phase, **documented** and **delivered** functional specification documents, and assisted architecture analysis and design using **UML** and **Rational** tools.
* Worked on Data migration, FACETS version upgrades Reports Implementation, letters, Inbound/outbound Interfaces and FACETS Extensions. Implemented EDI transactions 837, 835, 270/271, 276/277 and 834.
* Designed and developed **Use Cases, Activity Diagrams, Sequence Diagrams**, and **OOD** (Object Oriented Design) using **UML and Visio**.
* Extensively worked with FACETS Implementation, FACETS Billing, Claim Processing and Subscriber/Member module.
* Identified, researched, investigated, analyzed, defined and documented **business process** and **Use Case scenarios**.
* Conduct workflow, process diagram and **GAP analysis** to derive requirements for existing systems enhancements.
* Led **JAD sessions** with stakeholders to **analyze** system needs and integrate requirement to develop a consistent navigation structure
* Worked on insurance data related to **Medicare, Medicaid**, and **Insurance claims**.
* Worked on **HL7** to provide framework to carry out transfer of electronic healthcare information.
* Helped manage **risk analysis** and **mitigation plans, status reports**, and **client presentations**; prepared **business process models, defined milestone deliverables**, and established critical success factors.
* Experience with Trizetto Facets System especially with the Managed Care Credit policies.
* Prepared and maintained **requirements traceability matrix (RTM)** throughout the project lifecycle.
* Functioned as the primary liaison between the business line, operations, and the technical areas throughout the project cycle.
* Conducted **GAP** analysis assessment regarding **ICD 9 to ICD 10** conversion and **business work flows** from legacy system to the detailed financial transaction interface
* The data architecture involved analyzing and addressing data migration and mapping for present and future systems.
* Configured facets modules such as Claims, Membership, Billing, Benefit and plan
* **Used General equivalence Mappings (GEM) to convert ICD 9 to ICD 10.**
* **Formulating the systems** of project to parallel the business strategies.
* Conducted user training pertaining to old and new Affinity Provider ID appearing on documents providers receive from Affinity (mainly occur with EOPs, capitation rosters, PCP membership rosters, provider directory listings and some system generated letters)
* Wrote **SQL** queries in **MS Access** for data manipulations.
* Assist with user testing of systems, developing and maintaining quality procedures, and ensuring that appropriate documentation is in place.
* Develop the **test plan, test conditions** and **test cases** to be used in testing based on business requirements, technical specifications and/or product knowledge.
* Used **Test Director** with **QA team** for testing.
* Interfaced with **SME**’s to prepare **BPR** documents for ongoing projects.

**Environment**: RUP, MS Project, ANSI X12 – EDI, Rational Rose, Data Mapping, MS Visio, MS Word, MS Excel, Medicare, Medicaid, Rational Requisite Pro, ETL, Oracle , MS Access. PL/SQL

**Active Health Management, NYC, NY Business Analyst Jan 2010 - Jul 2011**

This project aimed at developing software for auto-adjudication of claims process to improve the efficiency in processing claims. The system primarily aimed at handling Medicare / Medicaid insurance claims and process exceptions.

**Responsibilities:**

* Assisted in identifying **project scope**, to conform to the regulatory compliance related to **X12 837 (I/P) and 835.**
* Worked with Facets data models for Claims, Membership Eligibility etc.
* Prepared the **Business requirement Document (BRD)** and **functional requirement document (FRD), working with Requirements Traceability Matrices (RTM), re-engineering business processes** for the enhancement of the existing services.
* Created complex Mappings, Transformations, Tasks and Sessions to optimize the ETL performance in Microsoft SSIS for Data warehousing project.
* Coordinated the upgrade of Transaction Sets 837P, 835 and 834 to HIPAA compliance. Responsibilities include the - Analysis of inbound and outbound interfaces and extensions to FACETS claims processing system
* Used Oracle SQL\* Loader feature for loading the data from Flat files and XML
* Created standard and Ad hoc reports using Cognos Impromptu designed catalogs and defined User Classes, Security and Privileges.
* Used **Rational Rose/MS Office** Suite for creating **use cases, workflows and sequence diagrams**according to **UML** methodology thus defining the **Data Process Models**.
* Played a key role in project planning activities, **User Acceptance Testing (UAT),** and implementation of the system enhancements and conversions.
* Involved in Relational database design and mapping of Data Warehouse.
* Conducted Business Process **(As Is/To Be)** sessions with various department directors and staff to ensure the **Testing Plan and Test Approach** would meet the identified **Business Requirements**, and the Training Program covered all identified new and changed processes.
* Analysis and Design of the Facets data model to ensure optimal system performance and tuning
* Involved in **Data Analysis** for data mart system for the process of report generation.

**Environment:** Facets ,EDI, Rational Requisite Pro, SharePoint, Rational Clear Case, RUP, Spec Builder, UML, HTML, SSIS, SSRS,SQL Server , Oracle MS Visio, Data mapping, PL/SQL, T-SQL

**Baxter Healthcare, Deerfield, IL Business Analyst Jan 2008 – Dec 2009**The project was to understand the Medicare Claims Adjudication System, end to end, to fill the gaps in the system and incorporate the new CMS directives. Made test scenarios and helped with test cases to test the functionality of the system.

**Responsibilities:**

* **Analyzed business requirements**, **functional requirements**, tested high level and low level **Use Cases** and **Activity Diagrams / State Chart Diagrams** using **Rational Rose**, thus defining the **Data Process** Models.
* Designed the ETL processes using Informatica PowerCenter to load data from Teradata, MS SQL Server, Oracle XML, Flat File and Excel spreadsheets into the target Oracle database.
* Prepared**Business Requirement Document (BRD)** and **Functional Requirement Document (FRD)** for the enhancement of the existing services.
* Held regular **JAD** sessions 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.
* Tracked stakeholder requested enhancements and changes using **Requirement Traceability Matrix (RTM)**.
* Designed and implemented reports, score cards and dashboards using Cognos
* Experience in an outsourced healthcare insurance operations environment and understanding of **MECT and MITA**.
* Involved in working with Multi-Dimensional Model, Star & Snowflake schemas and other Data Modeling and Data Warehouse Applications**.**
* Analyzed Claims adjudication related transactions like **835, 837, 270, 271, 276 and 277** transactions (both inbound and outbound).
* Prepared UML diagrams (Activity diagrams, Sequence Diagrams, Use case diagrams) for Extensions.
* Implemented the entire Rational Unified Process (RUP) methodology of application development with its various workflows, artifacts and activities.
* Experience with data migration (ETL development), document data manipulation processes and scripts.
* Data mapping, logical data modeling, created class diagrams and ER diagrams and used SQL queries to filter the data within the Oracle database.
* Worked with **QA** lead in validating **Test Plan** and **Test Scenarios**.
* Executed **test scripts** in different cycles to get the perfection and logged defects in defect tab of **Quality center.**
* Executed **test cases** manually. **Compared** and **analyzed** actual with expected results and reported all deviations to the appropriate individual(s) for resolution.
* Involved in the Statistical Analysis of Data. Extensively involved in Querying the Database using **OracleSQL** as part of Data Analysis
* Produced a variety of routine and ad-hoc reports, packages for senior management using advanced MS Excel Functions.

**Environment:** MS Project, SQL, Rational Requisite Pro, Rational Rose, Microsoft Visio, Load Runner, Rational Clear Quest, Informatica, XML, Teradata, Oracle .