**CAREER SUMMARY:**

* Experience in Design, development and implementation of an Enrollment Resolution and Reconciliation process for health insurance exchanges.
* Hands on Reconciliation of enrollment transactions
* Experienced with the Affordable Care Act (ACA),FFM/FFE experience, Federal contacts experience. Experience working with 1095-A form.
* Experienced on enrollment and eligibility of different Medicaid, Medicare, MITA 3.0 and Child healthcare integration with new MMIS system.
* Analysis of discrepancies in the eligibility reconciliation process for multiple stakeholders 834 transactions
* Experienced in 820 transactions,837 transactionX12 transitions ,Premium Payment transactions Reconciliation of enrollment transactions for health insurance exchanges, Reconciliation of HIX enrollment transactions, Eligibility reconciliation ,Training support and QA/Testing experience.

**ADDITIONAL SKILLS:**

* Created Business Requirement Document (BRD) and Functional Requirement Document (FRD) through various JAD sessions, interviews and meetings with business users, SMEs and development team.
* Comprehensive experience in different SDLC methodologies: Waterfall, Agile and Rational Unified Process.
* Designed Use case, Sequence and Activity diagram using Unified Modeling Language.
* Conducted GAP analysis and Impact analysis.
* Wrote Test cases and Conducted different integration and regression testing. Involved with UAT team in user acceptance testing.
* Skilled in mapping business requirements to test cases, maintaining traceability matrix.
* Earned good knowledge in RDBMS, Linux Red Hat Operating Systems, and SQL along with MS SQL administrator, SQL Enterprise manager, data analysis and reporting.
* Involved in analysis and configuration of data flow models.
* Through system analysis and documentation experience with HIPAA compliance.
* Worked on different modules within health care: Membership, Providers, Claims, Enrollment.
* Performed the data analysis and data mapping for different source system including mainframe system, data warehouse and database to target system, database, and allocation for the Medicare part D – Prescription Drug claim.
* Good knowledge of Pharmacy Benefit Management (PBM) adjudication and PDE reporting.
* Thorough knowledge of Medication Therapy Management program and application.
* Experience with Medicare, Medicaid and commercial insurance in HIPAA ANSI X 12 4010/5010 formats including 270,271,276,277,835,837 and997.
* Experience withICD9/ICD10, NDC, DRG, CPT, NCPDP codes and NSF formats for interfaces & images to clearing house / trading partner’s applications.
* In-depth knowledge and extensive experience in Health care systems: FACETS, QNXT, Medicare part A, B, C, D and Medicaid system.

# TECHNICAL SKILLS:

|  |  |
| --- | --- |
| **Methodologies** | Waterfall, RUP, Agile |
| **Project Management** | MS project, Lotus Quickr, Mantis |
| **Version Control** | Rational Clear case, Visual Source Safe, CVS |
| **Change Management** | Rational RequisitePro, Clear Quest, Test Director, Mantis |
| **Testing** | Quality Center, Test Director, QTP, Win-runner, Mantis bug Tracker |
| **Language** | UML, XML, HTML |
| **Operating System** | Unix/Linux Red Hat,SQL Server, Oracle, Data Studio, MS Access, DB2, TAOD interface |
| **Reporting Tools** | Crystal report XI, SAS,COGNOS |
| **Modeling Tools** | MS Visio, Rational Rose |

# PROFESSIONAL EXPERIENCE:

**Amerigroup, Virginia Beach, VA**

**Business Analyst February 2014-May 2015**

I worked as Business Analyst for the Nevada Medicaid, Medicare, and Child healthcare project. Amerigroup is implementing new MMIS application for Nevada from its previous system called AMISYS. I worked for enrollment and eligibility of different Medicaid, Medicare, MITA 3.0 and child healthcare integration with new MMIS system, so it will help them to track and manage all the members and their claim.

**Responsibilities:**

* Worked with diverse team of Business users, internal and external stakeholders by conducting meetings, interviews and focus group sessions to Elicit and understand ACA and HIX, FFM and SBMpolicies, requirements and prepared and document BRD and FRD.
* Conducted numerous JAD sessions with Business users, developer and SMEs to gather requirements for information (data sets) for Federal data exchange. Understood and gained knowledge about 1095-A correspondence.
* Involved in Requirement Scoping, RFP documenting and analyzing high priority requirement for implementation; Created BRD, functional Requirement documentation and use case documents using Agile methodologies (used JIRA tool) and utilized SQL database to store  information.
* Developed business process models in Agile to document existing and future business processes
* Involved in Managing and developing the EDI specifications, for data feeds and mappings for integration between various systems, to follow ANSI X12 4010 formats including 270 Eligibility/Benefit Inquiry, 271 Eligibility/Benefit Information, 276 Claim Status Request, 277 Claim Status Response, 810 Invoice, 820 Payment Order/Remittance Advice, 834 Benefit Enrollment, 835 Remittance Advice and 837 Claims and encounter, to meet and exceed HIPAA requirements set forth by the federal government.
* Performed the Gap Analysis to find the existing gap between the HIPAA 4010 to HIPAA 5010 EDI transactions and ICD 9 to ICD 10.
* Analyzed the different Nevada rules and regulation regarding Medicare, Medicaid, and Child healthcare (CHIP).
* Followed the Agile Methodology throughout the project.
* Validated the different data sets such as claim, enrollment, member data from AMISYS system
* Prepared several use cases and designed use case diagram, activity diagram and sequence diagram.
* Worked on requirements of the 835, 276, 277, 837 and HIPAA transaction across the enterprise.
* Initiated with a comparison report of migration of 4010 to 5010. 270 Eligibility, coverage and benefit inquiry (V4010X092A1) Vs. 270 (V5010X279).
* Used General Equivalence Mapping to convert ICD 9 to ICD 10. Involved in both forward mapping and backward mapping.
* Wrote test cases for testing migration of EDI 4010 to 5010 and the processing of member enrollment and benefits, batch jobs corresponding to the enrollment (834) and real time transaction like 270, 271, 276, and 277.
* Involved in impact analysis of HIPAA 5010 835 and 837P transaction sets on different systems.
* Worked on developing the business requirement and use cases for FACETS batch process, automating the billing entities and commission process.
* Troubleshoot any problems found within FACETS and when testing the SQL data database while validating the business rule.
* Involved in configuration of Member and Provider Module in FACETS.
* Analyzed data and created reports using SQL queries.

**Environment:** Medicaid, Agile, SQL, SQL server, .NET, JAVA, COBOL, MS Office Tools, MS Visio, SAS 9.2, UML, HP Quality Center

**Delaware State Department of Health, Bridgeville, DE**

**Business Analyst August 2012-January 2014**

In this project, we implemented a full suite of application software modules based on the principle of electronic application record (EAR) as a central repository of information. This application was integrated with the administrative and clinical functionality, supporting, and a multi-disciplinary approach with the different states’ MMIS application for Medicaid and Medicare enrollment and claims. Modules include in patient/out patient, clinical information systems (CIS) and other departmental requirements. Validation of different HIPPA transaction was also a part of the project.

**Responsibilities:**

* Involved in discussion with subject matter experts during gap analysis sessions to identify the areas of impact to Gateway, Backend Systems and Front end Systems for the 5010 remediation.
* Conducted gap analysis and impact analysis of transition from HIPAA 4010 to HIPAA 5010 on EDI transactions 837 (I, P & D), 270 / 271, 820, 834, and 835.
* Conducted and facilitated interviews, user meetings, JAD sessions, and Requirement Elicitation Sessions to extract the Business Requirements related to the upgrading 4010-5010.
* Conducted different session with State SMEs to integrate the CIS system with the States MMIS system
* Involved to validation and mapping of different data sets for claims and enrollment of Medicare and Medicaid members with the states data sets.
* Followed the Agile Methodology throughout the project.
* Constructed the Business Requirement Document and the Functional Requirement Document for Inbound (837-I, P, D, 270, and 834) and Outbound (835, 271) transactions.
* Worked closely with Trading Partners to ensure that requirements were met.
* Contributed in the writing of 5010 Implementation, Companion Guides for all ANSI X12 transactions.
* Appointed as the point of contact in the HIPAA 5010 core team for responding to any queries.
* Involved concurrently in enhancement of HIPAA X12 4010 transaction to HIPAA X12 5010 and ICD 9-CM (Clinical modification) to ICD-10-CM/PCS (Clinical modification/procedure coding system).
* Performed impact analysis for conversion of ICD-10.
* Used GEM for forward and backward mapping to convert ICD 9 codes to ICD 10 codes and vice versa.
* Reviewing all codes and appropriately applying them.
* Assist in preparing the context diagram.
* Created EDI mapping guidelines.
* Determined technical parameters for EDI by working with the development team for communication, security, and privacy.
* Collected and documented requirements for claims adjudication engine upgrade in accordance with NCPDP version D.0 standards.
* Create transaction sets requirements, usually with Microsoft Excel, for transactions such as: HIPAA 270/271, 835, 837-(I, P, & D), 835.
* Acknowledged HIPAA rules and regulations during Electronic Data Interchange (EDI) and also ensured that the development team kept up with it.
* Used MS Project regularly to monitor activities, schedules and communication during the project.

**Environment:** MS Office, Snag IT, MS Lync, FACETS, Agile, Toad, SQL Server, .NET, JAVA, COBOL, MS Office Tools, MS Visio, HP Quality Center

**Benecard, Clifton, NJ**

**Business Analyst January2011-June2012**

Currently, Benecard offers only commercial plans Prescription Benefit Management (PBM) services using their online prescription plan processing systems. The goal of this project was to expand their services to include government services plans including: Medicare Part D Employer/Union-Only Group Waiver Plans (EGWPs) fully functional Prescription Drug Plans (PDPs) and Medicaid Medication Therapy Management (MTM) business. Involved in PDP/ EGWP project.

**Responsibilities:**

* Review CMS regulations of EGWP and PDP programs and translates regulations into business requirements.
* Conducted numerous JAD sessions with business users, developer and SMEs.
* Attend regular project team meetings and scrum meetings every day.
* Wrote different SDLC documentation: BRDs, FRDs, Process flow diagram, test scenarios on Troop, Co-pay calculations, COB, EOB, Plan finder, Retro Changes and PDE creation and PDE reject handling.
* Prepared several use cases, designed use case diagram and process flow diagram.
* Responsible for providing business owners (BOs) an overview of processes involved in EGWP and PDP programs.
* Attend design session meeting on Transition fill, ESRD, Hospice and LTC.
* Review existing functional practices and recommends modification to processes or new strategies in meet business requirements.
* Align with the BOs for defining test scenarios; workflow (or business process flows) and training processes.
* Reporting and updating any issues to SharePoint repository, as necessary.
* Involved in data mapping for new databases created to support PDP/ EGWP project.
* Helped database architects define the various fields necessary and create database structure.
* Provide QA support in writing test cases.
* Perform different testing on NCPDP D.0 claims.
* Involved in the PDE design session, provided support to development team in PDE creation as well as PDE reject handling process.
* Wrote SQL queries to produce various day- to-day report and for testing purpose.
* Actively participated in CMS audit.

**Environment:** Agile, IBM AS/400, IBM DB2,aXes data explorer (SQL), C++, MS Office Tools, MS Visio, SharePoint, Mantis BT, UML, COGNOS, and Decision Stream

**Client: Horizon Healthcare Services Inc., Newark, NJ.**

**Business Analyst October 2009-December 2010**

The project was to implement the conversion of **837 P/835, 27x EDI** transactions from **4010 to 5010**.

**Responsibilities:**

* Prepared requirements documents for conversion of 834 4010 to HIPAA compliant 5010.
* Involved in business analysis and project management, coordinating between the team members, addressing budget issues and creating test plans according to the business requirements.
* Worked with the project manager for planning and organizing the project activities, and in communicating with other business center mangers and stakeholders of the project.
* Gap Analysis of client requirements, generated workflow process, flow charts and relevant artifacts.
* Worked with FACETS Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication)
* Involved in claim adjudication process of facets application
* Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system)
* Worked with FACETS edits and EDI HIPAA Claims (837/835/834) processing.
* Assisted the EDI team in the development and documentation of the test strategies for the EDI transactions which included all standard transactions, auditing and error correction processes, and the creation of the transactions.
* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as 270/271, 276/277,837/835 transactions.
* Coordinated with the EDI team in developing and documenting the detailed testing work plans and created the various testing documents for the assigned EDI transactions.
* Defined and documented the vision and scope of the project.
* Gathered requirements, developed Process Model and detailed Business Policies.
* Designed Use Cases using UML and managed the entire functional requirements life cycle using RUP.
* Worked with the project manager to estimate best/worst case scenarios, track progress with weekly estimates of remaining work to do, conducting informal meetings ad hoc and as needed.
* Followed the RUP methodology for the entire SDLC.
* Involved in writing and implementation of the test plan, and various test cases for UAT.
* Initiated, proposed and implemented critical analytical and technical turnkey solutions extensively increasing the quantitative and qualitative value of the application.
* Involved in project planning, coordination and implemented QA methodology.
* Provided overall project management to multiple projects successfully completing them on-schedule and on-budget.
* Worked with FACETS, E-Billing and EDI HIPAA Claims (837/835/834) processing.
* Prepared the Business Workflow using MS-Visio with input, output, Pre and Post conditions.
* Enhanced test cases and scripts by adding the required functionality as per the new business requirements.
* Defect Tracking and Bug Reporting was performed using Quality Center.
* Performed manual testing on different modules of the application.
* Worked with Data Sheet to facilitate the automation testing.
* Developed Test Matrix to give a better view of testing effort.
* Verified that the data outputs and transformations between systems remain true and not compromised as systems are bundled together.
* Participated in various meetings and discussed Enhancement and Modification Request issues.
* Attended weekly meeting to discuss progress and modification to test plans due to change in business requirements.
* Tested the HIPPA EDI, 834, 270/271, 276/277, 837/835 transactions according to test scenarios and verify the data with Facets on different modules.

**Environment:** Facets, Windows 2003, Oracle, MQC, QTP ,MQJ Explorer, Facets Unix, SQL, AS400/DB2

**QualChoice Arkansas, Little Rock, AR**

**Business Analyst June 2008 – September 2009**

Project involved development of In-house claim management system using TIBCO for the employees to work on the customer's health insurance plans and offer Web services to their members, which included online consultation with their associated physicians, providing new customizable health insurance plans, and third party vision and dental insurance products in accordance with the compliance of HIPAA (Health Insurance Portability and Accountability Act) regulations.

**Responsibilities:**

* Managed and developed EDI specifications, for data feeds and mappings for integration between various systems, to follow ANSI X12 4010 formats including 270 Eligibility/Benefit Inquiry, 271 Eligibility/Benefit Information, 276 Claim Status Request, 277 Claim Status Response, 810 Invoice, 820 Payment Order/Remittance Advice, 834 Benefit Enrollment, 835 Remittance Advice and 837 Claims and encounter, to meet and exceed HIPAA requirements set forth by the federal government.
* Extracted the Business Requirements from the Business Users and documented it for the developers following the HIPAA guidelines by conducting JAD sessions and Interviews.
* Worked Extensively with Inbound 837 I and 837 P and 835 (Out bounds) claims processing systems
* Used Query Analyzer, Execution Plan to optimize SQL Queries.
* Implemented data access, storage and validation routines on the database server using Procedural Language/Structured Query Language (PL/SQL).
* Interacted with client and the Technical Team for requirement gathering and translation of Business Requirement to Technical specifications.
* Developed schemas for extraction, transaction, and loading (ETL) using Solonde Warehouse Workbench to expedite data integration between systems.
* Worked with various teams and data-architects to come up with processes in dev/qa/prod for Extraction, Transformation and Loading data into the Datamarts.
* Hands on experience in Data Manipulation, Defining Components and in writing SQL queries
* Conducted Web Meetings with Off-Shore team members to ensure that everybody is on the same page.
* Collected weekly status reports to ensure that all deliverables are met on time and on schedule.
* Conducted JAD session with management, senior management executives, and other stakeholders for open and pending issues on the development of the project.
* Created Use Cases from the list of requirements and prepared use case diagrams using Rational Rose.

**Environment:** .Net,MS Visio, MS Project, UML Modeling tool, Microsoft Word, Microsoft Excel, Microsoft PowerPoint, Rational Requisite Pro, Rational Rose, Quality Center, Crystal report XI and Window XP.

**EDUCATION:**

**Master of Business Administration (MBA), Finance, Pokhara University, Nepal**

**Bashelor of Business Administration (BBA), Accounting, Tribhuvan University, Nepal**