**Laxmi Thapa RESUME**

**Professional Summary:**

* 5+ years of experience as a Business Analyst in the HealthCare domain.
* Specific expertise in Business Analysis, GAP Analysis, Business Rules and
* developing and creating business process documents
* In depth knowledge and hands on experience working with SDLC methodologies like Waterfall, RUP, Scrum, and Agile
* Good knowledge of important and frequently used UML diagrams such as Use Case
* Diagram/Template, Activity Diagrams and Sequence Diagrams Expertise and experience in preparing Business Requirement Documents, Use Case Specifications and Functional Specifications
* Good knowledge of important and frequently used UML diagrams such as Use Case
* Diagram/Template, Activity Diagrams and Sequence Diagrams.
* Experience in using Joint Requirement Planning (JRP) and Joint Application Deployment (JAD) sessions for gathering requirements and brainstorm ideas
* An excellent knowledge of ICD-9 and ICD-10 structures and formats
* Have extensive knowledge in Insurance products like HMO, PPO, POS and HIPAA and
* Regulations.
* Well experienced with the complex tasks of ICD 9 to ICD 10conversion and mapping
* Strong understanding of EDI Claims, Member Enrollment, Eligibility, and HIPAA 5010 standards
* Knowledge of different modules within Healthcare Claims Adjudication Process (Membership process, billing process and enrollment &amp; Claims process).
* Strong expertise in Health Insurance Claim process, social services, Medicaid.
* Experience with HIPAA compliance in the Healthcare systems
* Experience providing analysis for business processes running on EDI (Electronic Data Interchange) standard
* Expertise in impact analysis on the key application systems (claims processing, reporting, payments) and business process of health insurance companies
* Excellent presentation &amp; communication skills, can act as an excellent mediator between business &amp; technical teams.
* Excellent working knowledge of requirement management tools like Microsoft SharePoint
* Ability to work with various types and stage of SDLC processes including Analysis, Design, Development, Testing and Implementation
* Experience with handling and coordinating UAT (user acceptance testing).
* Have strong knowledge of Version control
* Good understandings of RDBMS - Oracle, MySQL, MS SQL Server and MS access. Proficient in writing SQL using MS SQL server management studio, Toad and data Studio. Data analysis, data staging, ETL process and Data mapping,
* Experience in Relational and Dimensional Data Modeling.
* Strong understanding of Data warehousing, Fact Tables, Dimension Tables, Star and Snowflake schema modeling
* Detailed oriented with proven record of accomplishing assigned task in given timeframe.
* Good team player with an ability to work with minimal guidance as well.
* Familiar with **RAD** (Rapid Application Development), and **JAD** (Joint Application Development) process.
* Knowledge of creating Unified Modeling Language **(UML)** Diagrams such as Use Case Diagram Activity Diagrams, Class Diagrams and Sequence Diagrams.

**Technical Skills**

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| **Project Methodologies:** | SDLC, UML, Agile, Waterfall, |
| **Business Modeling Tools**: | Microsoft Visio, Rational Rose |
| **Platforms:** | Windows, UNIX, IBM AIX |
| **Defect Tracking Tools**: | Rational Clear Quest, Quality Center, HP Application Life cycle Management, Clear Case, Win runner, Mercury Quality Center |
| **Change Management Tools**: | Rational Clear Quest |
| **Office Tools**: | MS Project, MS Office, MS Visio |
| **Business Applications**: | MS Office 2013 (Word, Excel, PowerPoint, Outlook), Adobe Acrobat, MS  Visio, MS Project, Data warehouse, Business Objects, Business Intelligence Database: MS SQL Server, MS Access, and Oracle. |

**Professional Experiences:**

**Assurant Health Milwaukee, WI Aug 2017– Current**

**Business Analyst**

Assurant Health is part of Assurant, a premier provider of specialized insurance products and related services in North America and selects worldwide markets. It is the brand name for a family of health insurance products focused on providing a variety of affordable plan choices to consumers. The portfolio of health care products includes major medical, supplemental and fixed-benefit plans for individuals, families and small employers. Also integrate the Medicare (Part A, Part B, Part C, Part D) data all in one single system for a smooth flow through the claims processing system. I was also involved in providing support through the entire lifecycle for multiple projects involving web service and user interface development, covering Provider, Claims, modifying MMIS (Medicaid Management Information Systems).

**Responsibilities**

* Performed a project analysis on new projects, including requirements, personnel, and costs.
* Facilitate daily scrum, sprint planning and sprint retrospectives meeting.
* Worked on release on multiple sprints after successful completion of sprints.
* Performed Gap Analysis for HIPAA 5010.
* Met with Supervisors and business users and defined the scope of the project, gathered business requirements and conducted gap analysis.
* Managing and Billing Medicare, Commercial HMO/PPO claims on a daily basic.
* Involved in the documentation of extraction, of the data from various tables in the Data warehouse.
* Worked closely with Business Team, SME’s, Infrastructure team, and coordinated with Offshore Team.
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and
* Billing Modules of Facets.
* Participated in creating Facets data model.
* Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system)
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or
* Internet portals.
* Work with solutions/delivery teams to implement data quality processes during acquisition, ETL, and delivery stages for Business Intelligence solutions and changes to Data Warehouses
* Worked on the MMIS (Medicaid Management Information Systems).
* Designed Claims Inquiry screen within the MMIS and executed Testing Scenarios, Cases &amp; Conditions involving User Acceptance testing, Regression, Integration and System testing.
* Wrote BRD’s for 834(member Eligibility), Provider files and Claims tracking system, Use-Case
* Narratives including business process workflow diagrams and Requirements Traceability based on any of the projects need.
* Worked on Business requirement for payer information in geographical area and contact payers to facilitate contracting.
* Documented and gathered Functional specifications for 837 (claims), 278(Authorizations) and 270/271 (Eligibility and Benefit Response)
* Conducted Requirements Walk-Thru JAD Sessions and resolved all issues/findings.
* Lead &amp; Facilitated numerous meetings to help answer any question on requirements during
* Design, Development, Testing and Implementation phase.
* Organized brainstorming and JAD sessions with stake holders, business users, technical teams,
* testing team to analyze and validate the business requirements, system life cycle and explained the key performance indicators and documented the specifications.
* Created Use Case diagrams by analyzing the business process followed by Activity diagrams using MS-Visio and participate in production of HIPAA 5010 EDI Test data.
* Developed use case Designed process flow diagrams using MS-Visio and Business Context diagram

**Environment: Agile, UAT, MS Office (MS Word, MS Excel, MS PowerPoint, MS Visio), MMIS, HP ALM, SQL Server**.

**Cardinal Health- Dublin, OH Jun 2016 to July 2017**

**Business Analyst**

The project was based on the transition from a mainframe based legacy system to a new Enterprise open systems-based solution. Adhered to strict compliance, policies and regulations and configured Facets modules such as claims, membership, benefit and plan. I was involved in migrating application, functionality and converting data. I supported migration of ICD 9-CM (Clinical modification) to ICD-10-CM/PCS (Clinical modification/procedure coding system). Also worked on internet-based application to improve its health insurance claim processing by automating receiving and processing health benefit claims including Medicare.

**Responsibilities**

* Conducted meetings with business process owners, SME (subject matter experts) and Trading
* Met with Supervisors and business users and defined the scope of the project, gathered business requirements and conducted gap
* Involved in FACETS Implementation Testing, involved end to end testing of
* FACETS Billing, Claim Processing and Subscriber/Member module.
* Analyzed data/workflows, defined the scope, and performed GAP analysis.
* Analyzed the data movement between systems in order to validate the Business Requirements.
* Worked on data mapping to bring data from one system and reside in another system.
* Ensured that EDI files are in compliance with new ICD-10 standards
* Carried out forward/ backward mapping when necessary.
* Submitted claims to insurances and Processed payment from insurance companies.
* Subscriber/Member module.
* Prepared documents such as Project Scope, Project Vision, Project Success, Business
* Requirements, Functional Specification, Data Warehouse Process Flow (SQL queries &amp; Crystal Reports) using MS Office (Word, Excel, Visio) and dashboards
* Interacted with DBA for the process of data extraction, data transformation, data load, data integration and conversion processes using business intelligence tools on the Benefit Plan
* functionality.
* Validating the site for HTML syntax errors and defects for website functionality.
* Created Use Cases and maintained the traceability matrix.
* 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
* Performed Data verification and validation against the user requirements.
* Reviewed complex SQL queries to extract and validate the data from the Facets database Performed Gap Analysis of short-term business requirements with long term business requirements and reported the GAP to the management.
* Used Teradata SQL assistance to write SQL queries for data extraction.
* Created and provided Ad hoc data request to the users with quick time around.
* Work closely with Health Insurance Trading Partners and with other contractor companies to ensure the quality of the cases.
* Involved in testing the EDI transactions 834, 837, 835. 270/271 &amp; 276/277 conversion to Facets. Created HTML Mock-up screens &amp; Prototypes to obtain user feedback on implementation of key requirements.
* Worked on FACETS claims processing, payment adjustments, claims inquiry, benefits, Conducted JAD sessions to understand the detailed requirements.
* Worked closely with the business analyst and Data warehouse architect to understand the
* source data and need of the Warehouse.
* Derived BPMN for batch loading of Provider and Member data into FACETS.
* Managing the implementation and delivery of medium to large websites and web applications
* Participated in for website backend testing with Linux and UNIX environment.
* Processed claims in Facets and verified 835X12&#39; s are generated and sent to Provider.
* Extensively involved in updating the official changes to the tabular list, instruction manual and alphabetical index of ICD- 9 to ICD-10 in regard to data transactions.
* Actively participated in status report meetings &amp; interacted with developers to discuss the technical issues.
* Conducted walkthroughs and defect meetings periodically to assess the status of the testing
* process. Set claim processing data for different Facets Modules
* Helped developers with the following list of HIPAA-EDI Transaction Code Sets: (837, 835, 834)
* Followed workgroup for EDI standards for testing that need to comply with the HIPAA guidelines.
* Conducted UAT (user acceptance testing). Used SharePoint for UAT bug tracking.
* Used SharePoint for document sharing and version control.

**Environment: Facets, Windows, MS office, Oracle, MS-Visio, Microsoft Project, HP ALM**

**Optum health (United Health Group) Jan 2015 to May 2016**

**Business Analyst**

MA health Connector: Massachusetts health connector portal provide a set of government-regulated and standardized health care plans from which Massachusetts residents may purchase health insurance policies eligible for state and federal subsidies. This project involves continuous set of enhancements to provide better user experience and to add functionality in accordance with affordable Care Act and State regulations.

**Responsibilities:**

* Organized and conducted JAD sessions and meetings with SMEs and end user to identify, understand and document business requirements.
* Worked closely with development teams to finalize functional requirements/ use cases.
* Create Interface Design Documents between HIX and other external systems.
* Reverse engineering by creating the current system behavior process flows, identifying gaps between the current process, business requirement and system behavior.
* Assisting testing team with test scenarios and test cases.
* To validate and triage defects.
* Worked closely with Development team to do the root cause analysis of reports issue.

**Environment and Tools: Agile, Java Script, Oracle, SQL server management studio, MS Office Tools, SharePoint, ALM, Jira, Visio, Notepad++, MMIS.**

**Qual choice Inc., Little Rock, AR July 2013 – Dec 2014**

**Business Analyst**

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.

**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 837I and 837P and 835 (Out bounds) claims processing systems
* 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).

**Environment: TIBCO, DB2, .Net, MS Visio, MS Project, Microsoft office, Rational Requisite Pro, Rational Rose, Quality Center and Crystal report**