**NABINA PRADHAN**

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**PROFFESSIONAL SUMMARY:**

* Having more than 6 years of immense experience as a Business/EDI Analyst in HealthCare processes.
* Strong experience in healthcare areas such as **Medicaid and Medicare programs, Claim processing, provider eligibility.**
* Expert in case analysis work for reconciliation of data from the health insurance exchanges.
* Strong hands on experience in various **SDLC methodologies** such as **Agile (Scrum), RUP and Waterfall.**
* Excellent working knowledge of all phases of Requirement Management, including **elicitation, gathering, analyzing, tracking requirements and quality assurance.**
* Good knowledge of **elicitation techniques** like brainstorming, document analysis, focus groups, interface analysis, interviews, observation, requirement workshops, prototyping and survey/questionnaire.
* Worked closely with project managers, SMEs, and staff to understand and brief the requirements and specifications for new applications along with re-engineering the existing applications.
* Created **Business Requirement Document (BRD), User Stories and Functional Requirement Document (FRD)** through various **JAD sessions, Scrum Meetings**.
* Conducted and facilitated **JAD sessions.**
* Conducted **Gap analysis** by preparing **“As is” and “To be” system documents** to show the current and proposed functionalities of the system.
* Experienced in documenting requirement using **Unified Modeling Language (Use Case and Activity Diagrams)** and building business Process Flow Charts.
* Maintained **Requirement Traceability Matrix.**
* Strong understanding of **Test Plans, Test Cases, Test Scripts and Defects Tracking/Reporting.​**
* Experienced in organizing and managing all phases of the application manual testing process using **HP QC/ALM.**
* Good knowledge of **SQL queries and ability to extract data using SQL queries** and transform it into information.
* Good knowledge of **FACETS, Member, Provider and Claim module, Reporting, Analysis and Enhancement, Medicaid Management Information System (MMIS).**
* Strong experience and understanding of **claims management process**.
* Conducted **User Acceptance Testing (UAT)** and verification of performance, reliability and fault tolerance issues for web based and client/server applications.
* Good understanding of **Functional, Integration, Smoke, Sanity and Regression testing**.
* Experienced in various Healthcare areas **like Enrollment, Benefits, Claims, Medicare, and implementation of HIPAA** key **EDI (ANSI X12) transactions**.
* Understanding of insurance policies like HMO and PPO and proven experience with **HIPAA 4010/5010 EDI** transaction codes such as **270/271**(inquire/response health care benefits), **276/277**(Claim status), **820** (Payment Order/Remittance Advice), **834**(Benefit enrollment), **835**(Claim Payment/Advice), **837**(Health care claim).
* Involved in HIPAA gateway transactions and converting **HIPAA 4010** messages **into HIPAA 5010.**
* Dealt with the complexity of migrating from the **ICD-9** set of diagnostic codes **to ICD-10.**
* Understanding of enterprise applications such as **FACETS** and integration with third party solutions.
* Maintained Risk log and Issue log.
* Excellent communication and writing skills and adept at **facilitating walkthrough and training sessions**.
* **Good team leader, can work in group** and **can work alone** with minimal or no supervision.
* Ability to **multi-task, prioritize** and **work with time constraints while paying attention to details**.
* Creative and aggressive **self-starter** with integrative thinking skills, capable of forming and maintaining positive and productive working relationships in internal, external, independent, and team environments.

**TECHNICAL SKILLS**

Project Methodologies: SDLC, Agile-Scrum, Waterfall, JAD, UML.

Business Modeling Tools: MS Visio, UML

Defect Management Tools: HP QC/ALM, HP QTP

Operating Systems: MS Windows 2000/XP, UNIX

Quality Assurance: Software Application Testing Life Cycle

Databases: MS SQL Server, Oracle

Office Tools: MS Office Suite,MS Visio, MS Project, MS Outlook, MS SharePoint

UML Diagram Tools: MS Visio, Rational Rose

Language: VB Script, XML, SQL

**PROFESSIONAL WORK EXPERIENCE**

**Cognosante, McLean, VA Feb 2015 – Till Present**

**Business analyst**

Cognosante provides information technology solutions to public and private healthcare organizations in the United States.It has served as a Medicaid Integrity Contractor for the Centers for Medicare and Medicaid Services (CMS) and state Medicaid Recovery Audit Contractor (RAC) since 2011.The company has more than 25 years of experience, working with 48 states and the Federal government.

The project is called **CCIIO ER&R Project–“1095- A Initiative”.** It is also known as **1095A Corrections Project; Federal Project**.The project is **to support Federally Facilitated Marketplace (FFM) in reconciliation of enrollment and research error on 1095-A form**. The Affordable Care Act (ACA) requires Marketplaces to report certain information to the IRS and furnish to each individual who enrolled one or more family members in a Marketplace qualified health plan (QHP) a written statement that includes the information the Marketplace must report to the IRS annual. Marketplace may use Form 1095-A for the statement and must furnish the statement on or before January 31 the year following the coverage year. Consumers will use the Form 1095-A from the Marketplace to complete Form 8962. Consumers then submit Form 8962 to the IRS with their tax return. IRS also receives the information included on Form 1095-A from Marketplace via the Hub. (Note: [www.irs.gov/form1095a](http://www.irs.gov/form1095a) to see 1095A form online)

**Responsibilities:**

* Worked with a cross functional and diverse team of the 1095-A project to **collect and reconcile data** from a number of proprietary data sources, and subsequently tasked with the responsibility to follow defined **Standard Operating Procedures (SOP)** to remediate pre-defined and triaged cases for both consumers and health insurance issuers; working independently, maintaining the confidentiality of the information.
* Worked on mainly **EDI transactions set 834, 820, 270 and 271** Institutional and Professional, EDI Gateway.
* Participated in creating the **SOP (Standard Operating Procedure)** documents for the project.
* Involved in **developing Test Plan, Test Requirements, Test Cases** and detailed test cases in **Quality Center.**
* **Research errors on the form that consumers report to the FFM** and determine if the errors are valid. **If there is an error, determine if the insurance issuer or the FFM needs to fix it.**
* If the FFM needs to fix it, **correct the data errors related to policy number, issuer name, policy dates, monthly premium, and advanced premium tax credit.**
* Proactively exercised good judgment, and demonstrated great initiative as a majority of the cases was tasked with **trouble-shooting and resolving** has been unique in nature, and in need of an extreme attention to detail that requires root cause analysis.
* Engaged in researching and analyzing Congressional and Whitehouse cases in connection with resolving consumer's 1095-A Issues.
* Engaged in identifying and remediating consumer data issues related to health insurance exchange coverage applying appropriate research and technical knowledge in resolving outstanding issues in a timely and accurate manner.
* Engaged in **escalating complex or unresolvable cases** for CMS guidance or determination following escalation criteria.
* Worked on different disputes related to **policy start date/end date, APTC amount, Premium amount, Reprint, Missing 1095A, Multiple, Covered Individuals and different correlated cases.**
* Provided guidance to assigned team members when appropriate.
* Reviewed documented training material for accuracy in support of training and ensuring continuous process improvement of the reconciliation process.
* Responsible for analysis of discrepancies in the eligibility reconciliation process for multiple stakeholders and continuous process improvement of the reconciliation process.
* Extensively used **SQL statements for Back-end testing**.
* Participated in **data mining to find MIDAS, EDBO and Pre-Audit data** for that particular HICS case using **SQL.**
* **Unit testing** documentation developed using Excel. Artifacts were created and listed for **UAT validation**.
* Conducted **Performance testing, Multiuser testing, and Regression testing on using QTP**.
* **Shadowing and giving presentation** to new analyst on solving the cases according to **CMS guidance**.
* Keeping up with changing policies and directives of management.
* Protect **PHI and PII information** about consumers by encrypting the files with WINZIP.
* **Conducted and facilitated meetings and attended the meeting** actively with full participation.
* Worked with Team lead, Team Manager, technical and development team to resolve identified issues in a timely manner.

**Environment:**EDI X12 4010, HP Quality Center, MS Outlook, MS Office, Macros Excel, MS-Word, SQL Server 2008, SSIS 2008, SharePoint(ER&R portal), FileZilla, ERR Shared Drive, CMS HICS System, HP QTP, VB Script, RUP, Microsoft Lync 2013

**NeDHHS (Dept. of Health and Human Services), Lincoln, NE Aug 2013 – Jan 2015**

**Business Analyst**

DHHS provides payment and Primary Care Case Management administration duties to the State of Nebraska. It is dedicated to helping low income families, children and elderly people to improve their health, well-being and security. As a Business Analyst for the Business System Delivery (BSD) team, I'm engaged in providing support through the entire lifecycle for multiple projects involving web service and user interface development, covering Provider, Claims and Reimbursement Processing domains.

**Responsibilities:**

* Identified the business functions and processes, and prepare system scope and objectives based on user needs and industry regulations.
* Defined terms, conducted stakeholder analysis, elicited business needs, conducted business process modeling work, facilitated work sessions (JAD), elicited requirements, wrote requirements and use cases, analyzed requirements, validate & prioritize requirements, trace requirements to related project documentation (process models, designs, test scenarios & scripts).
* Gathered requirements by using interviews, observation, JAD, brainstorming sessions, and documents analysis.
* Determined user/business/functional requirements. Created Business vision, scope, and Use Case documents; Business Process Models, Use Case diagrams, Activity Diagrams, and Sequence Diagrams using MS Visio to clearly define the data process model, and the business process model.
* Documented the Requirements and Approach and circulate to the Business & Tech teams for Signoffs using Clear Quest.
* Worked on different testing on NCPDP D.0 claims.
* Created 837 I & 837 P claims using macro enabled claim spreadsheets.
* Identified testing scenarios and defined Test Cases for detailed functional testing.
* Created Data for XML Requests in Soap UI.
* Tested web services by generating XML SOAPUI Requests and validated the corresponding XML SOAPUI Responses
* Facilitated claims processing while passing 837 claims for compliance check and running through load processing.
* Created and maintained data mapping document(s) in reference to the HIPAA transactions: 270/271, 276/277, 837, and 835
* Involved in forward mapping from ICD 9 to ICD 10 and backward mapping from ICD 10 to ICD 9 using General Equivalence Mappings (GEM).
* In order to extract, transform and load data into staging tables used Informatica as an ETL tool to create source/target definitions.
* Responsible for the analysis, design, development, testing, and support of data extract, transform, and load processes within the enterprise data warehouse
* Developed complex SQL queries to create OLAP cubes inside the data-warehouse.
* Setting of timelines to meet the required time and designing project plans using Microsoft project.
* Documented standard procedures for developing and designing all BI solutions.
* Work closely with the team members to identify any bugs, fixes, any issues regarding the development and designing.
* Research and resolve all data variances prior to submitting required reports to various government agencies and/or clients like CCAR.
* Used Data Mining extensively to analyze data from different perspectives and summarizing.
* Used MDM tool to support Master Data Management by removing duplicates, standardizing data (Mass Maintaining), and incorporating rules to eliminate incorrect data and filter data as per requirements.
* Involved in Data mapping, logical data modeling used SQL queries to filter data within the database tables.
* Participated in Data Analysis and Design and data mining with the Data analyst in defining data sources and required data content for the data warehouse component.
* Maintained the research database, renew and improve it from time to time and make sure safe storage of data
* Worked with the ETL tool like Informatica for data integration and data quality services.
* Developed a Schedule and identified project milestones.
* Analyzed business scenarios to track possible business outcomes for the functions which could be incorporated into more detailed test scripts.
* Reported project progress to the team, senior management and all stakeholders periodically.
* Identified risk and project impact and performed risk assessment and mitigation.
* Reviewed various Re-engineering techniques with Technical Experts to finalize the Approach. Reviewed functional test cases to confirm the expected outcome and behavior.

Environment: SQL, MS Word, Excel, MMIS, NCPDP, ACCESS, Lotus Notes, Soap, File Viewer, Web Client, Clear Quest, Requisite Pro, GEM, MS Visio, SharePoint.

**UnitedHealth Group, Minnetonka, MN Feb 2012 – Jun 2013**

**Business Analyst**

UnitedHealth Group is a leading health insurer which offers a variety of plans and services to group and individual customers nationwide in United States. It serves more than 40 million members. It has variety of healthcare companies engaged in care management, insurance, and other support services. The project was **to implement a web-based technology which 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 web portal 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**. I was responsible for requirements elicitation for each of the features.

**Responsibilities:**

* **Performed elicitation** for both functional and non-functional requirements.
* Communicated with business and developers to validate the requirements package.
* Engaged with end-users to **gather user stories**.
* Worked with clients to understand business processes and determine their specific requirements.
* Worked collaboratively with business analysts, developers, testers to **perform a Gap Analysis** of the company’s existing system functionalities.
* **Facilitated Joint Application Development (JAD) Sessions** for communicating and managing expectations.
* Identified processes for developing and documenting detailed business requirements.
* Ensured Use-Cases were consistent and covered all aspects of the Requirements document.
* Made regular status presentations to senior management.
* Designed **Activity, and Process Flow Diagrams using MS Visio** to simplify and elaborate certain selection criteria and filter conditions.
* Worked directly with software engineers to ensure clear communications on requirements and defect reports.
* **Validate EDI Claim Process** according to HIPAA compliance.
* **Tested HIPAA regulations** in Facets HIPAA privacy module.
* Tested the HIPPA EDI X12 834, 270/271, 276/277, 837/835 transactions according to test scenarios and verify the data with Facets on different modules.
* Designed and developed scenarios based on business requirements.
* Followed **Agile-Scrum methodology** for the entire SDLC.
* Interacting with other teams through **walkthroughs, teleconferences, meetings**, etc. to resolve various issues.
* Worked on all kind of SQL queries like **joins to fetch data from multiple tables**.
* Assisted in implementation plans related to new/revised applications/services.
* Worked with the client to create and execute **UAT testing**.
* Obtained signoff from project stakeholders on tasks completion.

**Environment:**  MS Office Suite, MS Visio, MS Project, MS SharePoint, HP QC/ALM, XML, UML, JAD, SQL Server, Agile-Scrum, HIPPA, Facets

**State Farm Insurance, Bloomington, IL Jun 2010 – Dec 2011**

**BusinessAnalyst**

State Farm Insurance is a leading provider of property casualty insurance, and life insurance services to a wide variety of businesses, organizations and to individuals. The project was **a web-portal which helps the customer to get a free online quote instantaneously**. This **application also enabled the field agents/customer representative of the company to view prospective customers’ data.** As a Business Analyst**, I was involved in two modules of the project**. **First module** was **‘free online quote’** in which the customers could access online by filling a list of fields. **Second module** was the ‘**Customer Rep’** module where a customer service representative had detailed information of the online application filled by the customer.

**Responsibilities:**

* **Elicited and documented** business, user, functional and non-functional **requirements**.
* Used elicitation techniques like **brainstorming, meeting and document analysis.**
* Developed, communicated, and validated requirements package with business and developers.
* Engaged with clients to understand business processes and determine their specific requirements.
* Worked collaboratively with developers and testers.
* Performed **Gap analysis** to find out **the “As is” and “To be” system documents** to show the current and proposed functionalities of the system.
* Conducted **JAD sessions** with the stakeholders (business side and development team).
* Helped end users in creating user stories through **interview and questionnaire**.
* Interacted with business heads to finalize the Business Requirements for the application.
* Closely interacted with designers and software developers to understand application functionality and navigational flow and keep them updated about Business user’s sentiments.
* Interacted with group to facilitate for timely and effective requirement translation.
* Developed **Use case, UML Diagrams like business flow diagrams and Activity/State diagrams** so that developers and other stakeholders can understand the business process.
* Wrote the**functional and technical specifications** and communicated requirements to development teams.
* Created and maintained a project schedule using MS Project showing all of the deliverables target dates.
* Created and maintained complete development plans that included functional specifications, requirements engineering, Use case modeling, risk assessment and mitigation, internal and external workflow.
* Prepared **Requirements Traceability Matrix**to track requirements.
* Involved in the **development of Test Plans, Test Cases and Expected Results**, and **coordinated the tests with the QA team** to verify implementation of new features and enhancements.
* Involved in the Functional System Testing, Integration Testing, Regression Testing and **User Acceptance Test (UAT)** using the test cases before releasing the application.
* **Created UAT plans** with several test cases to ensure that the system runs smoothly after the proposed enhancement changes have been made.
* Wrote **VB script** for automated testing in **HP QTP.**
* **Conducted walkthroughs with the end users and stakeholders** to gather the modification requests from the user to upgrade or change the business specifications for the product.

**Environment:** Windows XP, Agile, UML, SQL, MS Visio, MS Word, MS Excel, MS PowerPoint, MS Project, MS Outlook, HP QTP, VB Script, XML

**Amerigroup, Virginia Beach, Virginia Mar 2009 –Apr 2010**

**Junior Business Analyst**

Amerigroup is a United States health insurance and managed health care provider, delivering high-quality care to low-income people who are eligible for both Medicare and Medicaid through special needs plans. The project was to implement the **conversion of 837 P/835 EDI X12 transactions from 4010 to 5010**. I was also responsible **for preparing requirements documents for conversion of 834 4010 to HIPAA compliant 5010.**

**Responsibilities:**

* Managed the project using the Waterfall Method of project development.
* Created Requirement Specification Documents after conducting interviews with End Users.
* Conducted **JAD sessions** to gain consensus on various issues related to the project.
* Coordinated with the team of developer and testers for migration **of EDI X12 4010 series to 5010 series.**
* Involved in **835/837(P/I/D)/834 (ANSI X12) transaction** with implementation guides.
* Performed **GAP analysis of 4010 and 5010 EDI transaction** using implementation guide to identify the changes in the segments and data elements.
* Used the **mapping tools to map 4010 and 5010 transactions** along with **ICD 9 and ICD 10 codes**, and validated the HIPAA Syntax.
* Performed **Gap Analysis** of client requirements by analyzing the “As is” and “To be” system documents to show the current and proposed functionalities of the system.
* Generated workflow process, flow charts and relevant artifacts using **MS Visio**.
* Worked on **conversion of 4010 to 5010**, **834 compliant transactions**.
* Daily Status reports to the Business owner, Project executives & Team.
* Developed Incident documents and portrayed the as-Is reporting structures versus To-be Reporting needs for data integrity and accuracy.
* Identified the scope, business objective and documented the functional requirements for each release.
* Determined functional requirements.
* Created **UML Models such as Use Case Diagrams, Activity Diagrams and Process Flow Diagrams using Rational Rose** throughout the **Waterfall methodology**.
* Produced **user manuals & training guides for User Acceptance Testing (UAT**) and deployment for end-clients with step-by-step instructions and appropriate **GUI screenshots**.

**Environment**: Windows 2008/XP, MS SQL Server, SQL, HP QC, HIPAA Standards, FACETS, Rational Rose, MS Project, Waterfall.

**EDUCATION**

M.S. in Computer Science