Prajwol Shakya

sprajwol1@gmail.com

419-581-9922

**SUMMARY:**

* Six years of experience as a Business System Analyst with Strong knowledge of all phases of System Development Life Cycle (SDLC) in Agile Scrum Methodology.
* Experience in gathering business requirement, evaluating data sources, translating requirement into specification, technical and business writing and testing various methodologies.
* Expertise in Project Planning, Project Design, creating Functional speciation’s and data flow diagrams.
* Analyzed and synthesized results from Joint Application Development(JAD), proposed alternative tasks, benefits to determine if qualitative /quantitative standards are met.
* Experience in User Acceptance testing and training of end users.
* Involved in maintaining Requirement Traceability Matrix and performing GAPanalysis.
* Skills in developing Use Case diagrams, Sequence diagrams and Class diagrams.
* Exposure in creating and analyzing Data flow diagrams, and Entity Relationship diagrams.
* Experience in developing and maintaining Test Scripts, analyzing bugs and interacting with development team members in fixing the defects.
* Experience with Product demonstration to prospective clients, Responding to Request for Proposals (RFP) from clients, conducting consulting workshops with client for IT strategy and Business Process Re-engineering, Requirements Gathering and Analysis, Preparing functional/system specifications, Presenting the documentation to the client, Conducting workshops for transferring the functional knowledge to the technical team, Functional Testing and UAT Support.
* Good understanding of Health Insurance portability and accountability act (HIPPA) 5010 version. Worked with ASC X12 5010 transactions changes and migration strategy.
* Good knowledge of health care plans like Health maintenance organization (HMO), Preferred provider organization (PPO) plan and Exclusive provider organization (EPO) plan.
* Strong knowledge of HIPAA 5010 EDI transaction such as 270/271(inquire/response health care benefits), 276/277(Claim status), 834(Benefit enrollment), 835(Payment/remittance advice), 837(Health care claim). Profound understanding of insurance policies like HMO and PPO and proven experience with

TECHNICAL SKILLS:

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| --- | --- |
| Testing Tools | QTP/UFT, Team Foundation Server (TFS), Quick Test Pro, Rally. |
| Defect tracking Tools | HP/ALM, Jira, Bugzilla, Rally, Microsoft Test manager. |
| Project Management Tools | Microsoft Visio, Rational Rose, share point, Dash board |
| Languages | SQL, HTML & XML, C++ |
| Documentation | MS Office & Adobe Tools |
| Operating Systems | Windows |
| Databases | SQL & MS Access, Oracle. |
| Methodology | Agile, Hybrid (Agile+ Waterfall), Scrum, HP ALM/ QC |

**Professional Experience**

**CareFirst, Baltimore, MD July 2015–November2017**

**Business System Analyst**

CareFirst BlueCross BlueShield is a non-profit, non-stock health services company which offers a comprehensive portfolio of products and administrative services to individuals and groups in Maryland, DC, and portions of Northern Virginia. Involved in Claims Processing System, this project consisted of providing various reports to the management to track how many claims are we processing and what are the efforts being done to contain claims cost.

**Responsibilities:**

* Coordinated with the stakeholders and project key personnel to gather functional and non-functional requirements during JAD sessions.
* Studied the existing business process and created AS-IS workflow to illustrate the existing system.
* Recorded requirements in the Requirement Traceability Matrix (RTM) defining each technical requirement in detail from areas like: main hardware, application software, networks, servers, internet and desktop configuration.
* Participated in Daily Agile Scrum “Stand-up”, Biweekly Sprint Planning and Retrospective Sessions and update the team on status of upcoming User Stories.
* Initiated and crafted project charter by collaborating with senior business executives and technical architects; facilitated document through the global enterprise dispatch process resulting in an expedited approval of project time lines, resources and scope.
* Use Agile systems and strategies to provide quick and feasible solutions, based on Agile system, to the organization.
* Responsible for the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for Medicaid Claims.
* Responsible for gap analysis in changing old MMIS and Involved in testing new MMIS. Also, accountable for Medicaid Claims Resolution/Reimbursement for peach state health plan using MMIS.
* Involved in HIPAA EDI transactions such as 270, 271,837 (P, D, I), 276, 277, 834, 820, 278,999/TA1, and 277 CA.
* Defined Functional Test Cases, documented, Executed test script in Facets system.
* Drafted the Physical Data Mapping document for the data flow from Facets to the data warehouse.
* Performed extensive data modelling to differentiate between the OLTP and Data Warehouse data models.
* Responding to Request for Proposals (RFP) and Expression of Interest (EOI) for clients in various verticals (Used Microsoft Visio to draw Business Process Flow diagram, Context Diagram, Governance Model etc.)
* Developing and executing SQL queries against data warehouses to support data mapping and ad-hoc analysis.
* Identify opportunities for the creation of algorithms and data models to detect incorrect or fraudulent Medicaid billings.
* Manage EDI for business partners world-wide and was Responsible for new trading partner implementation including mapping and testing of various EDI transactions in ASCI-X12 and EDIFACT standards, to/from various internal processes and platforms.
* Facilitate the process for requirements validation that follows the MITA process/sub F process business model.
* Connected to the Oracle database in TOAD and created and executed SQL queries.
* Analyzed HIPAA 4010 and 5010 standards for 837P EDI X12 transactions, related to providers, payers, subscribers and other related entities.
* Worked on IBM mainframe environment for Medicaid Management Information System impact assessment.
* Dealt with the EDI transaction-835 claims payments and remittance advice, which deals the payment from payer to provider.
* Actively involved in updating internal processes (submit claims, check eligibility), updating data collection and data reporting
* Defects and bug testing by using JIRA, also used it for Configuration management and Version control.

**Molina Healthcare, Long Beach,California July 2014-April 2015**

**Business System Analyst**

Molina Healthcare(Medicaid) contracts with state governments and serves as a health plan, providing a wide range of quality health care services to families and individuals who qualify for government-sponsored programs. It also offers Medicare advantage plans designed to meet the needs of individuals with Medicare and Medicaid coverage including large selection of doctors, hospitals and other health care providers at little or no out-of-pocket cost. The system initiates all the necessary procedures, standardizes and validates the data according to HIPAA regulations, and provides error-processing for the transactions that could not be fully processed through the system. The new application also allows the agents to track and manage the status of a health benefit claims.

**Responsibilities:**

* Worked in Agile Testing and participated meetings every day in iterative environment Created and maintained detailed test cases to perform various types of testing.
* Using Agile methodology and engage in an iterative workflow and incremental delivery of working.
* Prepared, scheduled and lead meetings between enterprise business and technical resources and multiple vendors in preparation for demonstrations and site visits resulting in more efficient and productive meetings with fewer follow up questions and communications.
* Assisted in closing gaps for associated Stories in each individual Sprint.
* Assisted in entering and updating Issues (Epics, Stories, and Tasks) onto JIRA Agile application.
* Worked extensively in the executing of SQL queries on the database to verify data integrity.
* Conducted Requirement Gathering Sessions with the stakeholders.
* Interacted with the project team to help define the Business and System Objectives, confirmation of scope, identify constraints and the measures of success for the system to be developed.
* Conducted the JAD sessions, daily meetings, brainstorming sessions to solve the problems and enhance the workflow.
* Documented, organized and tracked the requirements using JIRA.
* Documented the detailed business as well as technical requirements to upgrade the current system to 5010 transactions.
* Involved in designing future state processes for HIPAA 5010 transaction processing EDI’s 837,835, 270, and 271.
* Perform Gap Analysis of the processes to identify and validate requirements.
* Performed GAP analysis to identify AS-IS a process EDI transaction set 834,837 and 835 of 4010A and TO-BE processes of 5010 standards and based on that developed Business Requirement Documents.
* Used SQL queries for Data Validation and Verification.
* Used the Data Stage Designer to develop processes for extracting, cleansing, transforms, integrating and loading data into data warehouse database.
* Worked on Facets extensions mapping attributes.
* Responsible for integrating with Facets. Designing test scripts for testing of Claims in Development, Integration and production environment.
* Worked with Source System Subject Matter Experts (SMEs) to ensure that the extracts are properly mapped. Used SQL for data mapping and querying.
* Tracked and maintained Stakeholder requested enhancements and changes using Requirement Traceability Matrix (RTM).
* Completed a review of existing documentation for orders, referrals and reports and compared it to the clinical details needed for HIPPA 5010.
* Worked with technical experts to prepare test case scenarios for unit testing, integration testing, user acceptance testing and compliance testing.
* Streamlined the Restatement Financial Data Warehouse access review Process
* Assisted in building a Business analysis process model using Rational Rose and Visio.
* Did Technical documentation for the project using tools like Visio, Word, etc.
* Used MS Project for managing schedules, resources and collaboration.

**Cigna Healthcare, Raleigh, NC Apr 2012 – June 2014**

**Business system Analyst**

CIGNA Healthcare provides quality health insurance at affordable prices. The project at Cigna was a data warehousing project which included the warehousing of data from ACES, FACETS and NASCO source systems into the target data warehouse. I worked as a business analyst for the warehousing of ACES and Facets source system data. As a Business Analyst to gathering, analyze, document and map the 4010 to 5010 changes because of the HIPAA 5010 requirements for EDI Transactions; Involved in the Forward Mapping and Backward Mapping analysis of ICD 9 – ICD 10 Conversion for CM (Diagnosis Codes) and PCS (Procedure Codes); Involved in GEM (General Equivalence Mapping) tools for forward mapping of ICD 9 – ICD 10 codes.

**Responsibilities**

* Studied existing business application and processes, current source system, collected end user requirements and suggested the improvised business process model.
* Analyzed the “As is” and “To be” system documents to show the current and proposed functionalities of the system using MS VISIO.
* Gap Analysis of client requirements, generated workflow process, flow charts and relevant artifacts.
* Involved in defining and documenting the vision and scope of the warehousing project.
* Worked with ACES and Facets claims data for claims subject area, Enrollment and billing data for member/Subscriber, and Product subject areas.
* Involved in identifying and studying the ACES and Facets system data for the attribute mapping purpose
* Conducted interviews with management team
* Conducted and participated in the JAD session with the SME’s and project team members.
* Worked as a liaison between the business and technical side to convey the business needs to the system architects.
* ICD 9 – ICD 10 Conversion Project – Worked in the analysis of the ICD 9 – 10 codes conversion Project. Expertise in GEM processes and concepts.
* Developed detailed test scenarios as documented in business requirements documents
* Executed test cases for the existing market’s various lines of business. (The test cases covered: Authorization of claims, Accumulator, Benefits, Claim Payment and Pricing, as well as member and provider data updates)
* Interface with product stakeholders groups to define clear user stories, assisting Product owner prioritize user stories in Product backlog
* Coordinating agile based planning/review activities and meetings, followed Iterative Software Development Life Cycle Process, Agile using Scrum
* Performed Functional, Regression, and system testing for Pricing Application
* Wrote extensive SQL queries for data validation, analysis and manipulation, and maintaining the integrity of the database.
* Responsible for executing SQL Queries for checking duplication in records.
* Continuously improve test models, test data, and test processes based on lessons learned.
* Used Informatica ETL tool for Extraction, Transformation and Loading the data into target database.
* Participated in defect review meeting and providing technical expertise on how to resolve the issues related to configuration and/or test scenarios
* Performed UAT testing with the offshore team
* Logged the errors, reported defects, determined repair priorities and tracked the defects until resolution using Quality Center
* Extensively used SQL statements to query the Oracle database for data validation and data integrity
* Participated in weekly meeting with the management team and walkthroughs.

**United Health Group, Minneapolis, MN Jan 2011 - Feb 2012**

**Business System Analyst**

UnitedHealth Group is one of the leading providers of medical, dental and life insurance services. Company provides solutions to both individual and groups by providing broadest selection of leading health insurance plans. My project involved gathering Business Requirements for the Claims Business Area and updating EDI Transactions with the HIPAA 4010 to HIPAA 5010 changes and for that participated in full life cycle implementations (SDLC) from project initiation to final deployment. The project was also involved upgrade the system that currently uses HIPAA 4010 to comply with HIPAA 5010

**Responsibilities:**

* Responsible for requirements analysis, design and developing technical requirements.
* Identified and developed process flow diagrams for various businesses processes and validated the flows with Subject Matter Experts (SMEs).
* 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.
* Analyzed HIPAA 5010 related to 837,835, 834. Transactions and performed gap analysis between the 4010 and 5010.
* Worked on up gradation program from HIPAA X12 version 4010A1 to HIPAA X12 version 5010 and ICD 9-CM (Clinical modification) to ICD-10-CM/PCS (Clinical modification/procedure coding system) through data mapping.
* Extensively wrote SQL Queries (Sub queries, correlated sub queries and Join conditions) for Data Accuracy, Data Analysis and Data Extraction needs.
* Worked on Data mapping, logical data modeling used SQL queries to filter data within the Oracle database tables.
* Solid expertise with MS Word, Excel, PowerPoint, and Project.
* Interviewed the domain experts and carefully recorded the requirements in the format that can be reviewed and understood by both business people and technical people.
* Assisted project manager for planning and organizing the project activities, and in communicating with other business managers and stakeholder of the projects
* Managed project scope and deadlines.
* Provided weekly project status report to project manager and project presentation to the high-level management on monthly basis.
* Participated in various meetings and discussed enhancement and modification request issues.
* Framed a detailed agenda and conducted JAD sessions with different stakeholders and development team as and when necessary to create use cases.
* Extensively used brainstorming sessions to generate ideas.

**Education**

**Master’s Degree.**