**Raynice Shrestha**

**SUMMARY:**

* Healthcare Business Analyst with 6+ years of experience in HealthCare.
* Good experience in the EDI transactions and knowledge on EDI transaction process flows.
* Strong experience and understanding of health care industry, claims management process, Knowledge of Medicaid and Medicare Services.
* Strong knowledge of managed care payer requirements and procedures.
* Adept at creating and transforming business requirements into functional requirements and designing business models using UML diagrams - Context, Use Case, Sequence, Activity diagrams in MS Visio and Rational Rose.
* Experienced in all phases of software product development and proficient in creating Business Requirements, System Requirement Specifications (SRS), Functional Specification Document (FSD), Design Documents to formulate Test Plans, Test Cases, business rules, Use Cases, Process Flow Diagrams, Activity Diagrams, & Data Flow Diagram (DFD)
* Good documenting and excellent communication skills.
* Organized and led requirement gathering meetings with the purpose of creating and defining the Business Requirement Document (BRD).
* Extensive knowledge on claim processing and adjudication using FACETS system.
* Experience in developing Stored Procedures, Stored Functions, Database Triggers, and Packages using PL/SQL & T-SQL.
* Extensive experience using agile and waterfall methodologies while working in many facets of IT from conceptual design through requirements gathering, documenting, implementation, user training, support and post release reviews.
* Expert in business process engineering and providing solutions to most complex business and IT issues.
* Create Reports with pivot charts and graphs in MS Excel from Data extracted from Teradata and SQL server. Developed and designed the business requirements in creating a new HTML5 all-responsive web portal.
* Expert in creating Use Cases, Use Case Diagrams, Class Diagrams, Sequence Flows using MS Visio and UML concepts.
* Worked with different Business Areas like Claims and Enrollment to document proposed ICD 9 – 10 Code changes.
* Knowledge and expertise in working with Claims, Provider, Enrollment, Finance, Benefits, and Vendor Management Business Areas.
* Worked on FACET modules such as pricing, payer, eligibility under claims processing system.
* Developed Requirement Traceability Matrix (RTM) to map BRD and UAT plan.
* Expert in business process engineering and providing solutions to most complex business and IT issues.
* Analyze and validate data and unusual application behavior using PL/SQL Developer tool and SQL\* Plus.
* Change Control Process – Led the Change Control Process for changes submitted for the BRD once the document was submitted to IT department.
* Experience in conducting User Acceptance Testing (UAT) and documentation of Test Cases.

**TECHNICAL SKILLS:**

Project Methodologies : SDLC, RUP, UML, Agile, Waterfall,

Business Modeling Tools : Microsoft Visio, Rational Rose

Platforms : Windows

Testing tools : Mercury Quality Center,

Change Management Tools : Rational Clear Quest

Office Tools : MS Project, MS Office, MS Visio

Version Control Systems : Rational Clear Case

Database : MS SQL Server, MS Access, and Oracle

**PROFESSIONAL EXPERIENCE:**

**WellCare, Tampa, FL March 2015 - Present**

**Sr. Business Analyst**

Publicly traded company that provides managed Medicare and Medicaid services(MMIS) to over 2.4 million members nationwide. Multi-disciplinary experience as a project manager and business and reporting analyst gathering requirements from upper management, physicians, nurses and end users to develop complex database and/or reporting systems.

**Responsibilities:**

* Conducted numerous JAD sessions with Business users, developer and SMEs.
* Created a healthy backlog by adding the requirements into JIRA and creating user stories.
* Prepared several use cases and designed use case diagram, activity diagram and sequence diagram.
* Established and documented new procedures related to the reconciliation of Medicare and Medicaid enrollment via weekly/monthly reporting according to Medicare
* Working with a cross functional and diverse team of business users, system architects and developers to enable accurate communication of requirements and ensure consensus.
* Worked on SQL\*Loader to load data from various data sources and developed ad-hoc reports
* Developing and documenting data flows with Visio
* Working with Business Analysts to create BPMN compliant business process flow diagrams, Use Cases, Stories, and/or Requirement documents
* Working with Data Warehouse or Business Intelligence Analysts to create data models, data mappings, use cases, stories and/or specs for reports, dashboard and data cubes
* Supporting multiple concurrent development projects, enhancements and retrofitting
* Provide data flow and data mapping documentation as needed.
* Experience in writing SQL queries, stored procedures, functions and triggers.
* Facilitated discussions to understand requirements for the WC web portal and developed business requirement document (BRD), functional requirement document (FRD) and wireframes to be used by the development team.
* Executed SQL Queries for testing and data analysis.
* Performed healthcare data analysis and mapping for transactional database and data warehouse
* Performed gap analyses for the EDI 837 Claim Billing (Institutional and Professional), 835 (Remittance advice or payment) claim adjudications, 27x series, 820 and 834 transactions.
* Applied SQL relational database for all regional health providers and claim applications
* Develop complex management tools reports that required interactive use of multiple resources (SharePoint, Excel, MS Access) that significantly reduced daily administrative work from hours to minutes.
* Scripts were written on an application level and subset by payer resulting in over 600 combined scripts with a maximum of 70 testing scripts steps per script.
* Validated and implemented member enrollment demographic data.

**Environment:** Agile, SharePoint, MS Visio, MS project, XML, UML, Oracle, MS SQL Server, MS Office, EDI, HIPAA, Web Portal, UML, SQL, PL-SQL, T-SQL.

**Humana, Louisville, KY July 2013 – Feb 2015**

**Sr. Business Analyst**

Worked in a project involving Electronic Claims (EDI) Handling and Transaction Processing of Claimants' records . The project included enhancing applications to include duplicate claim numbers in various systems.

**Responsibilities:**

* Gathered Business Requirements, Interacted with the Users, Designers and Developers, Project Manager and QA Team to get a better understanding of the Business Processes.
* Develop and implement user acceptance test plans, including performance and documentation of testing using SQL technology.
* Worked with FACETS Team for HIPAA Claims Validation and Verification Process (Pre-Adjudication)
* Identified Actors, Activities, Artifacts and Workflows and developed use case diagrams.
* Followed a structured approach to organize requirements into logical groupings such as requirements for Customer, Client, Group, Member, and Reporting that critical requirements are not missed.
* Created complex SQL queries using SQL Server tools to produce Ad-Hoc reports for data quality validation.
* Involved in end-to-end testing of Facets Billing, Claim Processing and Subscriber/Member Eligibility/Membership module.
* Identified Use Cases from the requirements. Created UML Diagrams including Use Case Diagrams, Activity Diagrams, Sequence Diagrams, and Collaboration Diagrams using MS-Visio.
* For Project management purpose worked on Microsoft Project, used Microsoft Share Point for maintaining the updated Documentation.
* Used Microsoft Office (Outlook, Word, Excel, Visio, Access) at various phases of development for documenting the requirements.
* Development of PL/SQL packages, stored procedures, functions, pipelined functions using bulk operations and extensively used objects and collections for ETL solutions
* Worked on the EDI 837-file load to Facets through MMS (Membership maintenance sub-system)
* Worked with FACETS edits and EDI 837/835/834 modules.
* Analyzed and optimized the process, Prepared Business Requirement Document and managed requirements using Rational Requisite pro.
* Performed extensive Business Process Modeling using Sequence diagrams, Workflow diagrams and Activity diagrams using MS Visio.
* Conducted Feasibility Analysis to study the benefits of using the application through Data Flow Diagrams and used Trace-ability Matrix to find out the best possible technologies to be used.
* Data Dictionary as descriptions for the mock-ups screens and wire frames for the development teams.
* Studied and Analyzed the Reporting requirements of agents so as to include them while building the application.
* Facilitated JAD sessions with business and technical units to fine tune prioritize and detail requirements and use cases.
* Created Stored Procedures, Triggers, Functions, Indexes, Tables, Views, and other T-SQL code to implement business rules.
* Coordinate with Subject Matter Expert (SME) on web portal development and business process flow.
* Identifying and understanding the business critical areas from the user perspective.
* Managed change of the requirements and associated requirements to other requirements for traceability using Enterprise Architect.
* Involved in drawing data flow diagrams and process flow diagrams using MS Visio for the Claim Adjudication module.
* Created Test Scenarios, Test Cases, Test Scripts in Quality Center.
* Involved in conducting Manual and Automated testing at various phases of the project development.
* Participated in the bug review meetings, updated requirement document as per business user feedback and changes in the functionality of the application.

**Environment:** MS Visio, Word, Excel, PowerPoint, CMMI, Rational Rose, Quality center, Requisite Pro, SQL Server, J2EE technology, Java, Perl, Excel, Web Portal.

**Affinity Health Plans - New York, NY Jan 2012 – June 2013**

**IT Business Analyst**

The project was to initiates the change of 834, 837 I/P/D, 835, and 271 EDI exchanges from 4010 to 5010. I was in charge of preparing requirement document for transformation of 834 4010 to HIPAA complaint 5010, making test documents, and testing and auditing the migration records. Worked with Facets, billing and EDI HIPAA 835 and 837 processing

**Responsibilities:**

* Followed a structured approach to organize requirements into logical groupings of essential business processes, business rules, and information needs, and ensured that critical requirements are not missed.
* Followed the UML based methods using MS Visio to create Use Case Diagrams, State Chart Diagrams and Sequence Diagrams
* Worked on FACETS claims processing, payment adjustments, claims inquiry, benefits,
* Enhanced test cases and scripts by adding the required functionality as per the new business requirements.
* Was responsible for Defect Tracking and Bug Reporting, which was performed in HP Quality Center.
* Verified data outputs and transformations between systems remained true and were not compromised as systems were integrated.
* Developed process flows diagrams, DFD in accordance with Medicare and Medicaid rules and regulations pertaining to the Facets configuration and evaluated the impact of proposed changes.
* Responsible for testing Medicaid Claims using MMIS.
* Prepared detailed reports and presentations using SQL and MS Access
* Participated in various meetings and discussed enhancements and modifications request to resolve issues and expand capability of the systems.
* Interacted with stakeholders to get a better understanding of client business processes and gathered requirements.
* Wrote complex SQL queries to perform the backend testing of the Oracle database using PL/SQL developer and UNIX shell commands
* Experience in conducting scrum meetings and sprint planning.
* Executed PL/SQL statements to check if the data integrity has been maintained.
* Collaborating with business partners and cross-functional teams and supporting system documentation.
* Enrolled members and provider in the Facets system.
* Created and modified queries utilizing Facets data tables.
* Responsible for checking member eligibility, provider enrollment, member enrollment for Medicaid and Medicare claims.
* Performed manual back-end testing using PL/SQL to connect to an Oracle 9i database on a UNIX server
* Experience with COB (coordination of benefits) application with in facets, testing of claims status for selected subscribers.
* Involved working with HIPPA-EDI ANSI X12 Transaction Code sets EDI 834, 835 and EDI 837.
* Involved in Testing (271, 277, 820, 834, 835 & 837) Transactions.
* Developed understanding of various transactions involved in transition from HIPAA 4010 to HIPAA 5010 like eligibility, benefit, claim submission transactions in Facets tables.
* Generated on-demand and scheduled reports for business analysis or management decision using SQL Server
* Organized and facilitated meetings with the management and development teams.
* Performed UAT, regression testing on EDI 835 and 837 X12formats in Facets.
* Conducted requirement gathering sessions with the purpose of creating and defining the Business Requirement Document (BRD) and the Functional Requirement Document (FRD) using Rational Requisite Pro.

**Environment:** Rational Requisite Pro, RDBMS, MS Project, Quality Center, MS Visio, Siebel, Clear Case, Rational Clear Quest, XML, JAVA, HTML, Microsoft SQL Server, Agile .NET, Oracle, CMS, MS SharePoint

**BCBS of NE, Omaha, NE                                         June 2010 – Dec 2011**

**Business Analyst**

Helped migrate the Service Operation Reporting department to BCBS of NE, by analyzing the impact to the department, and designing a solution to ensure that Service Operation Reporting workflow continued during and after the migration. Implemented Provider Management, Enrollment functions, Billing and Claim.Another Part of the Project to integrate Claim Processing with eCW and Facets Interface that includes 837 Data Validation and 834/835.

**Responsibilities:**

* Performed GAP analysis on membership management and claims processing to evaluate the adaptability of the new application with existing processes.
* Performed detailed business process assessment of the affected business areas
* Identify, develop, and implement ongoing enhancements, repairs, year-end projects, and annual enrollment projects while maintaining alignment with project plan deliverables and deadlines.
* Generated catalogue of letter templates and attachments with detailed specification of validation logic and Error messages as per Business specifications.
* Analyzed the data in the Facets from various sources such as Providers, Medicare and Medicaid and map into the correct field and attribute in the target storage.
* Extensively used SQL for accessing and manipulating database systems
* Involved in validating the mapping document between the 834 HIPPA Enrollment Data and the Facets.
* Participated in customization of vendor provided solution to accommodate requirement specific to the business.
* Identified Actors, Activities, Artifacts and Workflows and developed use case diagrams.
* Designing test scripts for testing of Claims in Development, Integration and production environment.
* Write Use cases and producing Use Case Model, Analysis model, Behavior diagrams based on UML Methodology & Business process flow diagrams using Visio.
* Monitored data extensively in Facets Integration
* Create UAT test scenarios, test cases and End to End scripts based on functional specification.
* Review UAT test scenarios and test cases of business team members.
* Performed Analysis on several pieces of the General System functionality including Workflow, Letter Generation and Messaging
* Perform relational database design and modeling and conducted multiple SQL querying.
* Performed batch Claims testing via the portal and opened defects as necessary
* Escalated critical issues to Project management and worked on ways to solve the issues
* Involved in Validating the System in Accordance with the HIPAA and Privacy laws
* Involved in completing the CMS checklist for the Claims and Reference System and gathering data
* Performed Eligibility verification testing on the Provider Portal (Submitting of 270/271)
* Translated requirements into UML Diagrams.
* Interacted with Claims, Payments and Enrollment hence analyzing and documenting related business processes.
* Organized meetings and led JAD sessions to ensure legal and compliance deadlines of CMS (Centers for Medicare and Medicaid Services) are met.
* Involved in the testing of web portal of New MMIS system.
* Involved in analysis of requirements for Medicaid and Commercial line of businesses.
* Followed agile methodology to gather the Business Requirements and designed Functional specifications.
* Played major role to create the Business Requirement Documentation (BRDs), using MS Word and MS Visio that provided appropriate scope of work for technical team to develop prototype and overall system.
* Identified the crosswalk table schema to persist the mapping of new system to existing system codes.

**Environment:** Agile, SharePoint, MS Visio, MS project, XML, UML, Oracle, MS SQL Server, MS Office, Excel, PL\SQL, T\SQL.

**Education:** MBA