**Name :AshnaDahalGyawali**

**Email** **vidya@rapiditconsulting.com** **Status: US Citizen**

**Phone Number : +1 501 510 6218**

**PROFESSIONAL SUMMARY:**

* Over 8+ years of experience in the Information Technology industry in roles of Business Analyst and Software Quality Assurance Analyst.
* Possesses a strong understanding of various SDLC methodologies such as Waterfall and Agile with hands on experience on them.
* Experience assisting in the development of business cases and related financial literacy to support cases, and ability to write business cases demonstrating future direction for leveraging information in the member, product, regulatory care management, and provider domains.
* Expertise creating various artifacts like BRDs, Functional Specs, Use Cases, UML Diagrams, Data Mapping Documents, Test Plans and Test Strategies, pre and post RTMs and Status Weekly Reports.
* Strong visual modeling and business process modeling skills using different tools like Rational Rose, and MS Visio.
* Experience working with Healthcare management systems and Insurance and claims management systems.
* Experience creating test cases while performing white box testing using SQL queries in Oracle SQL.
* Extensive experience in various kinds of testing such as Functional testing, Integration testing, User acceptance testing, Compatibility testing, and System & Back end testing using both Manual and automated tools like QTP, Test Director and Quality Center.
* Extensive experience writing test plans, writing and defining test cases, developing and maintaining test scripts and analyzing bugs and interacting with the development team members in fixing the errors.
* Strong experience and understanding of health care industry, claims management process, Knowledge of Medicaid and Medicare Services.
* Good knowledge of Business Process Development using SDLC.
* Good working knowledge of Claims processing, Enrollment and HIPAA Regulations.
* Strong knowledge of How the EDI Files 276/277, 837P/837I/837D, 835,834 are generated and gets processed for the Healthcare industry.
* Strong knowledge of HIPAA-ready claims and plan administration.
* Expertise in problem solving and bug tracking using various bug tracking and test Management Tools like Quality Center and Test Director.
* Experience interacting with developers and other team members to ensure quality application and played a key role in timely delivery of the application.
* Able to work on multiple projects simultaneously, adjusting priorities as needed and meeting deadlines.

**Skill Matrix**

|  |  |
| --- | --- |
| **Project Methodologies &BusinessModeling Tools:** |  Rational Unified Process (RUP), JIRA, AGILE, SCRUM, Spiral model & Balsamiq Tool for Prototype modeling, MS Visio, Clear Case, Clear Quest, Quality Center, Test Director, Confluence, SharePoint. |
| **Databases:** | MS SQL Server, Sybase, and MS Access, FACETS |
| **Languages:** | Visual Basic ,SQL, HTML. |
| **Operating systems:** | Windows 95/98/00/NT/XP, MS-DOS, MS Visio |
| **Office tools:** | MS Office 2003/2007, Word, Excel, Power Point, Visio, SQL \* Plus, Toad,  |
| **Project management:** | MS Project 2003/2007, JIRA |
| **Defect tracking tools:** | Test Director, Jira, ClearQuest,  |
| **Testing Tools:** | QTP, HP Quality Center |

**PROFESSIONAL EXPERIENCE**

**Anthem Inc,**

**5800 Northampton Blvd**

**Norfolk, VA 23502**

**March 2019- Current**

**Business Analyst**

Anthem is the second largest health care provider in the nation. Working in the GBD Enrollment Team, my role was to work with GBD Facets and different workgroups system to send the member eligibility files by validating and verifying the files. I have also worked on creating the change Request (CNR) requested by the existing clients to make some changes to their applications.

**Responsibilities & Job Roles**

* Worked as a facilitator during the requirement gathering session.
* Created test cases on various test scenarios and executed the test to support the SITesting.
* Used JIRA to create and follow up defects in different builds and Performed extensive testing on multiple platforms.
* Use SQL queries to test data and update the queries as required.
* Defined functional, usability, reliability, performance and support requirements of a system.
* Conducted user interviews, gathered requirements to help create Business Requirement Documentation using MS Word and MS Visio.
* Designed and developed Use cases, Activity Diagrams, Process Flow Diagrams and Data Flow Diagrams by using MS Visio.
* Identified and documented issues, risks, gaps and their impact to the project life cycle.
* Provided recommendations and alternatives.
* Provided periodic status reports to the Manager to serve as the team’s assessment of the project and its schedule.
* Knowledge of the full HIPAA compliance lifecycle from gap analysis, mapping, implementation and testing for processing of Medicaid Claims.
* Worked with Facets accumulator module to validate the claim pricing against the pricing table and benefit plans
* Developed Test Plans, Test Cases for the Facets Modules
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Expertise in Claims, Subscriber/Member, Plan/Product, Claims, Provider, Commissions and Billing Modules of Facets.
* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as EDI 270/271, EDI 276/277, EDI 834, EDI 835 /837 transactions.
* Tested the interface between database and the UI application.
* Participated in requirement walkthroughs and creation of test plan.
* Worked on SSMS Platform to perform back- end testing by executing SQL Queries.
* Checked the data flow through the frontend to backend and used SQL Queries to extract the data from the database.
* Provided key input in working with users in defining project and system requirements.
* Involved in developing Test plan and Test cases based on Use cases and Functional Specification.
* Created Tidal Jobs in the Development Environment in order to check the kickoff the Extracts after deployment.
* Worked together with the developer to create the logic and provide the technical suggestions when Necessary.
* Detected Defects, communicated to the developers and tracking the defects using JIRA Tool.

**Celtic Health Insurance,**

**233 S Wacker Dr**

**Chicago, IL 60606**

**Jan 2018 – Feb 2019**

**Business Analyst**

Celtic Insurance Company is a strong, committed, financially stable individual health insurance company specializing in quality individual health insurance. Its aim is to provide the customers with innovative, consumer-oriented products and services that are easy to understand, access and use.

**Responsibilities & Job Details**

* Performed Requirements Gathering and Analysis, interviewed the SME (Subject Matter Experts), and ensured that contributors and all key stakeholders were motivated to complete assigned tasks.
* Facilitated Joint Application Development (JAD) Sessions for communicating and managing expectations.
* Managed the Requirements (Business as well as System requirements), performed requirements analysis along with the creation of Use Case Scenarios and created business model by using Unified Modeling Language (UML).
* Responsible for Documentation in each phase of SDLC Methodology, Risk Assessment, and Validation & Verification process.
* Good understanding on healthcare price and premium estimation based on income.
* Experience with provider and medical claims data.
* Responsible in collaborating with Provider networking stakeholders to deliver consistent, accurate, and Insightful provider solution.
* Used best practices and knowledge of internal or external business issues to improve products or services like EOB proceeding.
* Created and conducted presentations to inform and influence, with the ability to think laterally and creatively.
* Created Process Workflows and responsible for preparing Functional Requirement Specifications.
* Performed Gap Analysis to identify the deficiencies of the current system and to identify the requirements for the proposed system.
* Followed up with the SME in every module to ensure that HIPPA guidelines are being followed.
* Worked with the development team to make sure that they understood the user requirements and that the system developed met those requirements.
* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios.
* Created and maintained reusable & shared object repositories. Feasibility studies, Document generation and conducting sessions, worked in developing documentation for HL7, HIX (Health Insurance Exchange).
* Wrote SQL scripts to validate the data integrity in the application using various DML statements.
* Worked closely with the Other workgroup’s business analysts to perform UAT and provided Test Scenarios and Test Data.
* Used JIRA to create and follow up defects in different builds. Performed extensive testing on mobile devices on multiple platforms.
* Maintained good coordination with QA manager and team in generating the status report and test matrix.
* Created RTM to align the Test Cases to the Business Requirements.

**Cigna Healthcare,**

**3725 Park Hill Cir**

**Loganville , GA**

**Nov 2016- Dec 2017**

**Business Analyst**

Cigna Health is one of the nation’s leading non-profit networks of community-based healthcare providers, delivering high-quality care. The project was to implement the conversion of 837 P/835 EDI transactions. As a Business Analyst I am responsible for validation of claims workflow in to FACETS, Members Enrollment, validating Members benefits against different products and working in member’s accumulator.

**Responsibilities & Job Details**

* Elicited requirements from the SMEs and stakeholders to get clarifications on the business requirements to help System Testers to get a better grip on the project.
* Conducted numerous Joint Application Design (JAD) sessions and performed Gap analysis with the help of Business Workflow diagrams to analyze AS-IS and TO-BE scenarios.
* Validating the EDI 837 claim billing (professional, institutional and dental claims) & 835 (remittance advice or payment) claims adjudications.
* Involved in testing the EDI transactions 834, 837/835, 270/271 & 276/277 conversion to FACETS.
* Documented complex Business requirements and made process flow diagram for the 837/835, 270/271, 276/277 Remittance transactions for the Medicaid claim processing system enhancement.
* Full knowledge of the Diagnosis and Procedural Code changes for Healthcare Entities like Payers, Employer Groups, and Providers.
* Worked on EDI Transactions (837/834/835/276/277) for Verification and Validation as part of System Testing.
* Perform Extensive EDI testing on X12/5010 837,835, 270 etc., worked with state vendor to validate inbound /outbound EDI transactions to Facets.
* Performed risk analysis of the requirements to identify the key business risks areas for the project and prioritized the application development and testing.
* Met with SMEs, developers, testers and owners to define functional business requirements, logic and workflow to take the team in an Agile environment.
* Acted as project manager to guide the team for more collaboration between teams and facilities and a fluid transition to Agile.
* Wrote complex queries to extract and validate the data from the Facets database
* Assisted QA team with the understanding of requirements and bug issues.
* Executed SQL scripts to pull the data from the existing database based on the business rules with the help of the DB and Testing Team.
* Extensively involved in the creation of the RTM document initially done in MS Excel, later moved to HP ALM to map the requirements with the test-cases and design elements.
* Benefit configuration and coordination, data abstraction and data mining via AMISYS.
* Monitored projects from initiation through transition and organized interdepartmental or cross-functional team activities and ensuring completion of projects on schedule.
* Worked closely with Business and UAT groups and provide support during the UAT phase.
* Coordinated project management while participating in project scoping, planning, issue and risk management & improvement.

**CVS Health**

**200 Campus Drive**

**Florham Park, NJ 07932**

**April 2014– Oct 2016**

**Business Analyst**

The project involved re-engineering their current processes and enhancing their web integrated application for claims, pricing, and guest experience. The application supported different health care programs with different providers. The implementation resulted in reduced timelines in servicing their customers, better reporting in customized formats, and enhanced capability of customer contact representative to efficiently serve callers using the system.

**Responsibilities & Description**

* Involved in Business Analysis and Project Management, coordinating team members, addressing budget issues and creating test plans according to the Business requirements.
* Worked with the Project Manager to plan and organize the project activities, and also to communicate with other business center mangers and stakeholders of the project.
* Involved with the business partners to define Requirements, determine solution alternatives, and develop high-level designs and estimates.
* Defined and documented vision and scope of the project.
* Met with various workgroups, including Business Owners, SMEs (Subject Matter Experts) and marketing team, for requirements gathering in Definition Stage.
* Gathered requirements, developed Process Model, and detailed Business Policies.
* Designed Use Cases using UML and managed the entire Functional Requirements life cycle using RUP.
* Followed the RUP methodology for the entire SDLC.
* Worked closely with developers and the Business team to fully understand the scope and functionality of the proposed system & functional requirements.
* Created Traceability Matrix for mapping the Test cases with the Requirements.
* Reports were collected from Quality center daily to submit them to Project Management.
* Detected Defects, communicated to the developers using Quality Center Tool and Tracking the Defects using Quality Center.
* Developed and executed numerous test cases for complete testing coverage of many functional areas.
* Utilized release notes to reflect changes /additions into the scripts as needed.
* Conducted regression testing to identify the impact caused by the release modifications.
* Extensively used SQL Queries to validate the Database Updates.
* Responsible for Review and documentation for reporting the status to the project manager.
* Maintained Test Matrices and Traceability Matrix.

**CNSI HealthCare**

**2277 Research Blvd**

**Rockville MD, 20850**

**Feb 2012- March 2014**

**Business Analyst**

CNSI delivers innovative, high-quality; cost-effective solutions that help clients accomplish their missions and improve business performance. The project is about Affordable Care Act (ACA) which establishes the requirement for setting up the federal exchanges such as State based exchanges and also expands Medicaid for the individuals to buy coverage.

**Roles and Responsibilities:**

* Elicited requirements from the SMEs and stakeholders to get clarifications on the business requirements to help System Testers to get a better grip on the project.
* Conducted numerous Joint Application Design (JAD) sessions and performed Gap analysis with the help of Business Workflow models and Workflow diagrams to analyze AS-IS and TO-BE scenarios.
* Performed risk analysis of the requirements to identify the key business risks areas for the project and prioritized the application development and testing.
* Met with SMEs, developers, testers and owners to define functional business requirements, logic and workflow to take the team in an Agile environment.
* Acted as project manager to guide the team for more collaboration between teams and facilities and a fluid transition to Agile.
* Wrote complex queries to extract and validate the data from the Facets database.
* Assisted QA team with the understanding of requirements and bug issues.
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* Extensively involved in the creation of the RTM document initially done in MS Excel, later moved to HP ALM to map the requirements with the test-cases and design elements.
* Benefit configuration and coordination, data abstraction and data mining via AMISYS.
* Monitored projects from initiation through transition and organized interdepartmental or cross-functional team activities and ensuring completion of projects on schedule.
* Worked closely with Business and UAT groups and provide support during the UAT phase.

**EDUCATION:**

**Bachelor of Business Administration**