**Kishor Kumar Tamang**

**kishorktamang@gmail.com**

**571-308- 3170**

**PROFESSIONAL SUMMARY**

* System Analyst with 7 years of experience including an understanding of Business Process Flows, Case Tools, and Business Analysis.
* Good understanding of SDLC and have worked on different methodology such as Agile, waterfall and RUP.
* Use Cases, Object Oriented Analysis and Design (OOAD).
* Have tested on client server and web based server application
* Created documents like test scenarios, test cases and assisted in creating test plan
* Wrote and executed test cases manually and using automated tools.
* Familiar with UNIX commands.
* Extensive experience in preparing Healthcare Effectiveness Data and Information Set (HEDIS) reporting.
* Facets support systems were used to enable inbound/outbound HIPAA EDI transaction in support of HIPAA 834, 835, 837 270/271 transactions.
* Build and maintain strong relationships with business partners, customers, technology teams and Data Management team to build Business Intelligence solutions.
* Created RTM to map requirement to test cases to validate all required requirements
* Have extensive knowledge of gap analysis and bug life cycle.
* Used QC extensively to handle bugs.
* Familiarity with numerous data warehousing concepts like pivoting, data slicing/dicing, data cleaning/scrubbing, metadata, data mart, fact table, dimension table, star schema, snowflake schema, fact less fact table, etc.
* Utilized complicated SQL queries to analyze and validate test databases for data integrity
* Used SQL extensively to perform back end testing using inner and outer join
* Generated different kinds of reports
* Expertise in EDI and HIPAA Testing Privacy with multiple transactions
* Performed forward mapping, backward mapping and cross word table on the conversion of ICD9 to ICD10

**TECHNICAL SKILLS**

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| **Databases** | Oracle, SQL Server |
| **Change Management** | Rational Clear Quest |
| **Testing Tools** | HP Quality Center, Jira, Bugzilla |
| **Other Tools** | Toad, SQL**+**, Squirrel, Notepad++/EditPlus, FileZilla/WinSCP |

**WORK EXPRIENCE**

**Client: WellCare, Tampa, FL, July 2015- Present**

**Business System Analyst**

**Responsibilities:**

* Created Use Cases that defined the role of users who receive claims, users who process claims, and users who adjudicate claims. Used MS Visio to develop UML diagrams.
* Facilitated & conducted JAD sessions for requirement gathering, requirement review, and requirement approval.
* Performed Gap Analysis, Feasibility Studies, and Impact Analysis to for implementation of HEDIS changes.
* Responsible for maintaining of HEDIS Measures as per the NCQA specification.
* Perform duties in pre-authorization ICD-10 codes.
* Created Business Requirement Documents for HEDIS reporting.
* Gathered requirements and worked on the accessibility, digital transformation and digital payment.
* Facilitated Joint Application Development (JAD) Sessions for communicating and managing expectations.
* Performed analysis on the member/eligibility information on claim.
* Shared best business practices on all the domain areas.
* Worked directly with implementation team such as developers and configuration team to ensure clear communications on requirements.
* Created Solution summary document.
* Worked on mobile application in digital transformation.
* Provided daily project status report to project manager and project presentation to the high level management on weekly basis.
* Prepared business process and extended features to implement digital transformation using specific web applications.
* Involved in writing extensive SQL Queries to retrieve the data for the purpose of data analysis.
* Implemented Agile approach for requirement gathering continuously prioritized requirements as per needs.
* Developed Data Mapping and Crosswalk documents.
* Worked on different modules of Facets such as Members/subscriber, commissions, provider, billing.
* Membership/enrollment and billing-entered information on Facets to ensure correct eligibility, etc
* Used FACETS to provide seamless transactions between the provider, members and the plan.
* Reviewed Functional Requirements Specifications and documented Test-Scripts and executed Test Cases for MMIS Medicaid billing system functional areas such as Third Party Liability and Claims Front End.
* Involved in preparing several Use Cases, Business Process Flows, and Activity Diagrams using Microsoft Visio, Context diagram and Event Response Table.
* Developed, coordinated and supported Information Technology Division on all operational requirements of FACETS claims processing system and production management.
* Facilitated Brainstorming Session involving business unit stakeholders, technical analyst, SME, portfolio managers to gather requirements and have better understanding of business process.
* Worked in testing the professional, institutional claims processing and adjudication and validate data with facets.
* Assisted in Regression Test, System Test, and UAT.

**Environment**:  Microsoft SharePoint, MS Visio, Teradata, HEDIS, MS Office, UML, HP ALM/Quality Center, .NET, Toad for Oracle, Team Track, AGILE/SCRUM methodology, Facets.

**Client Celtic Health Insurance, Chicago, IL**

**Nov 2012- Jun 2015**

**Position: Business System Analyst**

**RESPONSIBILITIES:**

* Worked as a liaison between the business client and development team for the in compliance with HIPAA standards.
* Identified the business functions and processes, and prepared system scope and objectives based on user needs and industry regulations.
* Defined terms, conducted stakeholder analysis, elicited business needs, conducted business process modeling, and facilitated JAD sessions. Elicited, documented requirements and use cases. Analyzed, validated & prioritized requirements; traced requirements to related project documentation (process models, designs, test scenarios & scripts).
* Responsible for architecting integrated HIPAA, Medicare solutions, Facets.
* Documented the Requirements and circulated them to Business & Technical teams for Signoffs.
* Participated and led daily stand-up meetings in line with Agile Scrum methodology.
* Used agile methodology for gathering requirements and testing them.
* Involved in creating the UI design for the mobile applications for member portal.
* Created User Interface for displaying various information related to providers and claims.
* Gathered, documented and analyzed requirements on implementation of Obama Care Affordable ACT on ELIGIBITY, COVERAGE And PROCEDURE AUTHORIZATIONS.
* Gathered and documented Requirements on New Obama Care Health Insurance exchange pool and Laws governing the implementation.
* Created 837 I & 837 P claims using macro enabled claim spreadsheets.
* Order Process Management – Designed techniques to implement a new Billing and Inventory Management Tool to better track the expanding business' products.
* Processed EDI 837P, 837I, 834 and 837D transactions, verified 837 transactions were converted correctly to XML file format and verified the claims data loaded to Facets for further processing.
* Worked on analysis of FACETS claims processing system and gathered requirements to comply with HIPAA
* Conduct JAD sessions to gather and document requirements that enhance a wide range of functionalities including claims processing, eligibility and enrollment, provider networks, and electronic data interchange for our Facets core application.
* Created a new project using SoapUI and run request with input XML to receive a response XML for the request sent
* Identified testing scenarios and defined Test Cases for detailed functional testing and UAT.
* Facilitated claims processing while passing 837 claims for a compliance check and running through load processing.
* Worked with ANSI X12 HIPAA EDI Transactions 270, 271, 276, 277, 837, 835 and 997
* Created and maintained data mapping document(s) in reference to the HIPAA transactions: 270/271, 276/277, 837, and 835.
* Involved in forward mapping of ICD 9 to ICD 10 and backward mapping of ICD 10 to ICD 9 using General Equivalence Mappings (GEM).
* Developed a Schedule and identified project milestones.

**Client: CNSI/State of MD, Rockville, MD Apr 2010- Oct 2012**

**Position: Business Analyst**

**Responsibilities:**

* Facilitated JAD sessions to collect requirements from system users and prepared business requirement that provided appropriate scope of work for technical team to develop prototype and overall system.
* Involved in gathering, documenting and verifying business requirements.
* Involved in requirement gathering phase (Provider, Claim components and HIPAA)
* Met with report users and stakeholders to understand the problem domain, gathered customer requirements through surveys, interviews (group and one-on-one) along with JAD sessions.
* Involved in understanding the current business process, defining scope of the project along with position statement.
* Wrote BRD, FRD, use cases, test scenarios, test cases for testing the functional requirement.
* Implemented automated COB processing of Medicare claims into Facets
* Validated business rules and all artifacts with users, got approval and sign off.
* Experience with Trizetto Facets System implementation, Claims and Benefits configuration set-up testing, Inbound/Outbound Interfaces and Extensions, Load and extraction programs involving HIPPA 837 and proprietary format files and Reports development.
* Set claim processing data for different Facets Module.
* Involved HIPAA regulations in Facets HIPAA privacy module
* Involved EDI Claim Process according to HIPAA compliance.
* Coordinated with the Release Management Team in order to complete the overall release plan.
* Used Requisite Pro for writing/analyzing project vision, goals, specifications and requirements.
* Compiled Vision and Scope documents to better define the rationale for the project. Gathered requirements from business to determine the functionality that should be provided to the users.
* Created business requirement documents as well as system requirement specification after the JAD session.
* Extensively worked with ANSI X12 HIPAA EDI Transactions 270, 271, 276, 277, 837, 835 and 997
* Involved in testing the Medical and Hospital claims in Facets based on Service, Agreement and Pricing Id's