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SUMMARY

* Seven years of experience as a S**r.** **Business Analyst** in **Health Care.** Extensive working experience with TriZetto’s Facets tool. Data Migration.
* Worked on different EDI healthcare transactions like **837-Institutional, 837-Professional, 837-Dental, 835-Claim Payment/Remittance Advise, 270/271-Eligibility Benefit Inquiry/Response, 276/277-Claim Status Inquiry/Response** Transactions.
* Detail understanding of **ICD 9/ANSI/HL7 to ICD 10/ANSI/HL7** coding standards in **Medicare** and **Medicaid** domains of the healthcare industry.
* Experienced in working with **Business Impact Analysis Template (BIAT)** to analyze and document the effect of proposed changes on the project schedule and costs.
* Proficient in business requirements gathering and writing including the EDI transactions from **4010 to 5010**.
* Possess excellent business writing skills required for documenting **Business Requirements Document (BRD), Functional Requirements Document (FRD), and Non-Functional Requirements Document (NFRD).**
* Expertise in Business **Analysis and** various **Software Development Life Cycle (SDLC)** methodologies like **Waterfall, Agile/SCRUM, RAD,** Rational Unified Process (**RUP) methodology.**
* Experienced in **Data Warehouse** concepts**, ETL (Extract, Transform, Loading), DataMigration, Using Informatica**
* Extensive experience in **PL/SQL** programming: Procedures, Functions, Packages and Triggers
* Developed detailed Requirements specifications through **JAD sessions**, **interviews**, on site meetings with business users & IT team.
* Proficient in creating and transforming **business requirements** into **functional requirements** by using **Use cases diagrams**, **Activity diagram**, **Class diagrams**, **Sequence diagrams**, **Test Cases**, **Test Plans**.
* **Good knowledge of FACETS, and Transaction Manager for 4010-5010 migration.**
* **Knowledge and Implementation experience in Eligibility System, Facets Data model, Configuration Implementation of FACETS module.**
* **Involved in using FACETS for various health insurance areas such as products, enrollment, members and other modules related to FACETS.**
* Documented **Traceability** to ensure all the features for the project has been captured and mapped back to the requirements in the BRD.
* **Experience with** claims process and adjudication in the **Medicare, and Medicaid**.
* Expertise in writing **SQL** Queries, Views and **Stored Procedures** in **Oracle**.
* Broad knowledge of testing concepts and hands on experience writing **test cases**, **test plans** and planning test strategy using testing tool **Quality Center**.
* **Quick learner**, **reliable** and **confident** working independently as well as in a team.
* Exceptional track record for **meeting deadlines** and submitting deliverables on time.
* Highly motivated team leader with **excellent communication**, **presentation** and **inter-personal skills**, always willing to work in challenging environments.

**Technical Skills:**

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| **Methodology** | RUP, UML, Waterfall, Agile, RAD |
| **Defect Tracking tools** | Quality Center, Rational Clear Quest |
| **Project Management** | Microsoft Project, Microsoft Office |
| **Languages** | C, C++, JAVA,.NET, SQL, PL/SQL |
| **Database** | Oracle SQL, MS Access, SQL Server 2008. Teradata |
| **Tools and Applications** | MS Visio, MS Office, MS Project, Excel |
| **Requirement Management Tools** | **Rational Clear Quest, MS Project, Visio,**  Mercury Quality Center |

**PROFESSIONAL EXPERIENCE**

**Blue Cross Blue Shield of Tennessee. TN    Sr. Business Analyst Nov- 2013 –Jul-2015**The goal of this project was to improve member/provider experience, an enhanced way for representatives to see member information, and deliver education opportunities for members regarding specific health care needs (Member Centric Decision Management). It also involves up-gradation of HIPAA 4010 to 5010 and ICD 9 to ICD 10. And also involved up-gradation of HIPAA X12 4010 transaction to HIPAA X12 5010 and ICD 9-CM (Clinical modification) to ICD-10-CM/PCS (Clinical modification/procedure coding system) simultaneously  
**Responsibilities:**

* Expertise in Agile methodology, **Use Cases, Software Development Life cycle (SDLC) Processes.**
* Worked on the EDI 834, 835,837 file load through MMS (Membership maintenance sub-system) and including Claims, Provider, Portal, Billing, Benefits
* Prepared Scrum scope, **product backlog, PRD,RMP and prioritize the backlog.**
* Performed GAP analysis for ICD codes and **EDI 5010 X12 with the 4010 Structure for EDI 834, 835,837 Transactions.**
* Extensive experience in gathering Business and Functional Requirements, developing Use Cases,
* Conducted Gap Analysis and preparing Training manuals.
* Worked on DCO (Direct capture of objectives) in Pega Rules Process Commander for the creation of the use case and the requirements for the ‘to be’ process.
* Using PEGA, developed workflows for services appeals, member maintenance, callback flows, Service Level Agreements etc.
* Detailed understanding of **ACA Edge Server for Risk Adjustment, Reinsurance and Risk Corridors**
* Excellent Business writing in creating Business requirement Document (BRD), Use Case and Product Backlog Item (PBI).
* Migrated data from Heterogeneous data Sources (Datamart, Access, Excel, Flat File) to centralized SQL Server.
* Assisted the Product Managers/Product owner in setting up timelines for the various teams (development and testing teams) as per the Agile SDLC.
* Created process flows for HIPAA **EDI transactions such as 270, 271, 276, 277 and 820.**
* Initiated the Agile Scrum methodology for the project execution.
* Worked in the agile framework & followed scrum.PRD and RMP Documented.
* Extensively worked with **FACETS Implementation, FACETS Billing, Claim Processing and Subscriber/Member module.**
* Managing the project using Agile method and implemented scrum methodology.
* Prepared and maintained requirements traceability matrix (RTM) throughout the project lifecycle.
* Generated queries on **SQL to verify the integrity of database.**
* Documented business process design and created system use cases in the Pega tool using DCO.
* Recognized as a subject-matter expert in Workers' Compensation, Medicare, and Medicaid regulatory interpretation and the translation of policy into information technology systems.
* Supported analysis of EDI infrastructure to receive ACA data from contributing organizations for the ACA Performance Dashboard (ACAPD)
* Proficient soliciting client Requirements through interviews, workshops, existing system documentation and organizing JAD sessions.
* **Maintained Requirement Traceability Matrix (RTM).**

**Environment:** Facets, HIPAA ANSI X12, Rational Rose, Rational Requisite Pro, Microsoft Visio, MS word, MS Excel, MS outlook, MS Access, EDI, Oracle, MS SQL Server, Agile Scrum, Pega, DCO, PowerPoint, Rational Requisite.

**XL Health, Baltimore, MD    Business Analyst        Jan- 2012 – Oct- 2013**  
The project was regarding the Electronic Medical Claim Software System that facilitates providers to send electronic claims in short time, and thereby ultimately increase the revenue cycle efficiency. The primary feature of the software included Electronic verification of insurance eligibility, Electronic claims status inquiry, Financial Ledger, Essential system reports and automated reminders. The system’s goals were to maximize the value of online health information; expand utilization of programs, services and products by updating the Data Warehouse solution for reporting.  
**Responsibilities:**

* **Writing** the detailed user needs, **Gathered business, functional requirements** during inception phase, **documented** and **delivered** functional specification documents, and assisted architecture analysis and design using **UML** and **Rational** tools.
* Worked on Data migration, FACETS version upgrades Reports Implementation, letters, Inbound/outbound Interfaces and FACETS Extensions. Implemented EDI transactions 837, 835, 270/271, 276/277 and 834.
* Designed and developed **Use Cases, Activity Diagrams, Sequence Diagrams**, and **OOD** (Object Oriented Design) using **UML and Visio**.
* Extensively worked with FACETS Implementation, FACETS Billing, Claim Processing and Subscriber/Member module.
* Identified, researched, investigated, analyzed, defined and documented **business process** and **Use Case scenarios**.
* Conduct workflow, process diagram and **GAP analysis** to derive requirements for existing systems enhancements.
* Led **JAD sessions** with stakeholders to **analyze** system needs and integrate requirement to develop a consistent navigation structure
* Worked on insurance data related to **Medicare, Medicaid**, and **Insurance claims**.
* Analysis of inbound and outbound interfaces and extensions to FACETS claims processing system
* Worked on **HL7** to provide framework to carry out transfer of electronic healthcare information.
* Helped manage **risk analysis** and **mitigation plans, status reports**, and **client presentations**; prepared **business process models, defined milestone deliverables**, and established critical success factors.
* Used gap analysis framework to identify AS-IS processes of claims transactions of HIPAA X12 4010/4010A standard and TO-BE processes (ICD-10-CM and ICD-10-PCS compliance requirements) of 5010 standard.
* Write SQL queries to validate that actual test results match with expected results
* Experience with Trizetto Facets System especially with the Managed Care Credit policies.
* Prepared and maintained **requirements traceability matrix (RTM)** throughout the project lifecycle.
* Functioned as the primary liaison between the business line, operations, and the technical areas throughout the project cycle.
* Conducted **GAP** analysis assessment regarding **ICD 9 to ICD 10** conversion and **business work flows** from legacy system to the detailed financial transaction interface
* Provided coaching on Agile values and practice to other teams within the company
* Configured facets modules such as Claims, Membership, Billing, Benefit and plan
* **Used General equivalence Mappings (GEM) to convert ICD 9 to ICD 10.**
* **Formulating the systems** of project to parallel the business strategies.
* Conducted user training pertaining to old and new Affinity Provider ID appearing on documents providers receive from Affinity (mainly occur with EOPs, capitation rosters, PCP membership rosters, provider directory listings and some system generated letters)
* Wrote **SQL** queries in **MS Access** for data manipulations.
* Assist with user testing of systems, developing and maintaining quality procedures, and ensuring that appropriate documentation is in place.
* Develop the **test plan, test conditions** and **test cases** to be used in testing based on business requirements, technical specifications and/or product knowledge.
* Developed SQL scripts and wrote stored procedures to validate the flow of data from Legacy source to target application database and ability to
* Interfaced with **SME**’s to prepare **BPR** documents for ongoing projects.

**Environment**: workflow ,RUP, Agile Scrum, MS Project, ANSI X12 – EDI, Rational Rose, Data Mapping, MS Visio, MS Word, MS Excel, Medicare, Medicaid, Rational Requisite Pro, ETL, Oracle , MS Access. PL/SQL

**Active Health Management, NYC, NY Business Analyst Jun-2010 - Dec 2011**

This project aimed at developing software for auto-adjudication of claims process to improve the efficiency in processing claims. The system primarily aimed at handling Medicare / Medicaid insurance claims and process exceptions.

**Responsibilities:**

* Assisted in identifying **project scope**, to conform to the regulatory compliance related to **X12 837 (I/P) and 835.**
* Worked with Facets data models for Claims, Membership Eligibility etc.
* Prepared the **Business requirement Document (BRD)** and **functional requirement document (FRD), working with Requirements Traceability Matrices (RTM), re-engineering business processes** for the enhancement of the existing services.
* Created complex Mappings, Transformations, Tasks and Sessions to optimize the ETL performance in Microsoft SSIS for Data warehousing project.
* Coordinated the upgrade of Transaction Sets 837P, 835 and 834 to HIPAA compliance. Responsibilities include the - Analysis of inbound and outbound interfaces and extensions to FACETS claims processing system
* Assured that all Artifacts are in compliance with corporate AGILE Policies and guidelines
* Used Oracle SQL\* Loader feature for loading the data from Flat files and XML
* Created standard and Ad hoc reports using Cognos Impromptu designed catalogs and defined User Classes, Security and Privileges.
* Used **Rational Rose/MS Office** Suite for creating **use cases, workflows and sequence diagrams**according to **UML** methodology thus defining the **Data Process Models**.
* Played a key role in project planning activities, **User Acceptance Testing (UAT),** and implementation of the system enhancements and conversions.
* Involved in Relational database design and mapping of Data Warehouse.
* Conducted Business Process **(As Is/To Be)** sessions with various department directors and staff to ensure the **Testing Plan and Test Approach** would meet the identified **Business Requirements**, and the Training Program covered all identified new and changed processes.
* Analysis and Design of the Facets data model to ensure optimal system performance and tuning
* Involved in **Data Analysis** for data mart system for the process of report generation.

**Environment:** Facets ,EDI, Rational Requisite Pro, SharePoint, Rational Clear Case, RUP, Spec Builder, UML, HTML, SSIS, SSRS,SQL Server , Oracle MS Visio, Data mapping, PL/SQL, T-SQL

**Baxter Healthcare, Deerfield, IL Business Analyst Apr-2008-May-2010**The project was to understand the Medicare Claims Adjudication System, end to end, to fill the gaps in the system and incorporate the new CMS directives. Made test scenarios and helped with test cases to test the functionality of the system.

**Responsibilities:**

* **Analyzed business requirements**, **functional requirements**, tested high level and low level **Use Cases** and **Activity Diagrams / State Chart Diagrams** using **Rational Rose**, thus defining the **Data Process** Models.
* Designed the ETL processes using Informatica PowerCenter to load data from Teradata, MS SQL Server, Oracle XML, Flat File and Excel spreadsheets into the target Oracle database.
* Prepared**Business Requirement Document (BRD)** and **Functional Requirement Document (FRD)** for the enhancement of the existing services.
* Held regular **JAD** sessions with the system **architects, developers, database developers**, quality testers during the entire project to assure that the critical as well as the minute details of the project were discussed and issues were resolved beforehand.
* Tracked stakeholder requested enhancements and changes using **Requirement Traceability Matrix (RTM)**.
* Designed and implemented reports, score cards and dashboards using Cognos
* Experience in an outsourced healthcare insurance operations environment and understanding of **MECT and MITA**.
* Involved in working with Multi-Dimensional Model, Star & Snowflake schemas and other Data Modeling and Data Warehouse Applications**.**
* Analyzed Claims adjudication related transactions like **835, 837, 270, 271, 276 and 277** transactions (both inbound and outbound).
* Prepared UML diagrams (Activity diagrams, Sequence Diagrams, Use case diagrams) for Extensions.
* Implemented the entire Rational Unified Process (RUP) methodology of application development with its various workflows, artifacts and activities.
* Experience with data migration (ETL development), document data manipulation processes and scripts.
* Data mapping, logical data modeling, created class diagrams and ER diagrams and used SQL queries to filter the data within the Oracle database.
* Executed **test scripts** in different cycles to get the perfection and logged defects in defect tab of **Quality center.**
* Executed **test cases** manually. **Compared** and **analyzed** actual with expected results and reported all deviations to the appropriate individual(s) for resolution.
* Involved in the Statistical Analysis of Data. Extensively involved in Querying the Database using **OracleSQL** as part of Data Analysis
* Produced a variety of routine and ad-hoc reports, packages for senior management using advanced MS Excel Functions.

**Environment:** MS Project, SQL, Rational Requisite Pro, Rational Rose, Microsoft Visio, Load Runner, Rational Clear Quest, Informatica, XML, Teradata, Oracle .